



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive



## Clinical Advisory

To: EMTs, Paramedics, Advanced Paramedics, Call Takers, Call Dispatchers, Supervisors, Managers

c.c.: NAS Leadership Team

From: Medical Director

Date: October 16th 2014

Subject: **EBOLA VIRUS DISEASE – UPDATE No 3**

Dear colleagues,

Further to Clinical Advisory on EVD issued on August 20<sup>th</sup> and September 19<sup>th</sup> please find below an update:

1. The National Ambulance Service are taking this issue very seriously. NAS are represented on the two national HSE committees co-ordinating the HSE response to this threat – the Emerging Viral Threat Committee (Mr Pat Grant) and the Specialist Advisory Committee of the Health Protection Surveillance Centre (myself). This means NAS are up to date on both the global and Irish situation as it evolves, and can provide input in to how the HSE manage this issue.
2. Staff safety: we are very conscious of the need to ensure staff safety. Despite global demand, NAS have secured sufficient quantities of PPE of the highest specification that meets all international standards. This will be distributed nationally in the coming days.
3. Risk assessment: all staff have been issued with a Risk Assessment Tool specifically for use in ambulance settings. This should be used in all 999 call situations where EVD is a possibility.

**EVD is only a possibility if the patient a) has symptoms as per the risk assessment tool and b) a travel history within 21 days to an affected region or contact with a confirmed or probable case of EVD. Both of these conditions must exist for EVD to be a possibility.** Most patients with a febrile illness returning from Africa will have an alternative diagnosis eg malaria.

**The key messages are:**

1. **Follow the algorithm in the Risk Assessment Tool**
2. **Contact Control for up to date information on affected countries (available at [www.hpsc.ie](http://www.hpsc.ie))**
3. **If a patient satisfies the conditions for EVD being a possible diagnosis, use PPE and contact the National Isolation Unit in the Mater Hospital for further advice.**

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4. EVD can only be spread by contact with bodily fluids (eg blood, vomit, diarrhoea) from an infected patient. It cannot be spread by aerosolization (eg coughing or sneezing) in the same way that, for example, influenza viruses spread.
5. Training: The Education and Competency Assurance Team are currently finalising a training module on EVD and specifically on the safe donning and doffing of PPE, which will be supported by online resources. This training will be provided to all staff in the coming days and weeks, and will take priority over other planned training.
6. The existing diagnostic tool in our Control Centres to assist calltakers identify potential EVD cases has recently been upgraded and the upgrade is being installed in all NAS Control Centres. This will allow us to give responding crews accurate information on the possibility of EVD prior to arrival on scene.
7. Any confirmed EVD patient in a hospital that is being transferred to the National Isolation Unit in the Mater Hospital as an interhospital transfer will be transferred by the NAS Incident Response Team , who have received specific training for this purpose.

The likelihood of a confirmed case of EVD in Ireland remains low. Despite this, NAS will continue to treat this issue as a high priority, with the safety and wellbeing of our patients and staff paramount.

All documentation, protocols, clinical advisories etc relevant to EVD can be found on the NAS website at the following link:

<http://www.hse.ie/eng/services/list/3/nas/educationcompetencyassurance/rptspoliciesandprocedures/ebolavirus.html>

or by navigating from the NAS home page to: "*Education and Competency Assurance*"; then "*Reports, Policies and Procedures*"; then "*Ebola Virus Disease – NAS Staff Information*".

**Dr Cathal O'Donnell,  
Medical Director.**