

Acute Hospital Services Patient Care pathway for an adult patient with possible Ebola Virus Disease (EVD) presenting in Ireland

17.12.2014

This document is intended provide guidance for clinical care delivered by appropriately trained health care professional staff. Its application to individual patients must take account of the clinical circumstances. The document should not be applied or interpreted in an way that impedes delivery of safe and effective clinical care.

Via:

Referral from GP, Public Health, ambulance service or airport to designated location within acute hospital for assessment of cases, when notified in advance

OR

Self-referral to Emergency Department without prior notification, with history of fever and travel to an affected country within the past 21 days, or contact with a confirmed or probable case of EVD.

Step 1: Put patient in a single room straight away. Give the patient an immediate brief explanation of the process and why this is needed. If direct observation of the patient in the single room is not possible ensure that the patient has access to a means of communication (e.g. a mobile phone) and a number that will be answered. The patient is likely to be frightened and should not feel abandoned in the single room. Apply standard, contact and droplet infection control precautions. Inform local infection control team/microbiologist.

Step 2: Risk Assessment. Senior member of the medical team responsible for acute care of patients (e.g. Emergency Medicine Consultant, ID consultant or admitting team Consultant) is to commence clinical risk assessment, using the Ebola virus disease risk assessment for use in hospital settings algorithm and the clinical risk assessment form, available at <http://www.hpsc.ie/A-Z/Vectorborne/ViralHaemorrhagicFever/Assessingapossiblecase/>, using appropriate personal protective equipment. On call Consultant in Infectious Diseases at the Mater Hospital National Isolation Unit is available for consultation at this stage, if required (Tel. 01 830 1122 and ask for ID consultant on call).

- **If local risk assessment determines no identifiable risk:** Undertake local investigations as normally appropriate – apply standard precautions. Transmission based precautions may be required to manage other suspected infections/colonisation.
- **If local risk assessment determines some risk but No high risk exposure:** Patient remains in a single room, with standard, contact and droplet infection control precautions, and investigations are undertaken to determine the cause of the illness, including a malaria test. In such cases an EVD test (next working day) may be appropriate both to reduce diagnostic uncertainty and in part to address patient and staff anxiety.

- **If local risk assessment determines high risk exposure:** Initial evaluation and management necessary for immediate care of the patient should be undertaken. Contact NIU to discuss detailed risk assessment, case management and investigation (including urgent EVD test, malaria test, blood cultures and other investigations). If urgent EVD test required, contact NVRL prior to sending sample. Patient to remain in single room, with staff continuing to apply standard, contact and droplet precautions. Patient can be transferred in consultation with NIU before results of EVD tests are available, if patient has clinical features strongly suggestive of EVD and no alternative diagnosis. Notify the Director of Public Health. Contact the local ID clinician/microbiologist and infection control team urgently if not already informed at time of assessment.

Step 3: Actions to be taken when EVD test available:

If high risk exposure and EVD is not detected on the initial test, maintain possibility of EVD until an alternative diagnosis is found, and consider repeat EVD test particularly if sample taken less than 3 days since symptom onset and no alternative diagnosis. Continue to apply standard, contact and droplet precautions.

If EVD test is positive, patients should be transferred without delay to the National Isolation Unit, ensuring appropriate infection control and PPE for management of a confirmed case. The Director of Public Health should be notified, so that contact tracing investigations can commence. Patients can be transferred also prior to laboratory confirmation of EVD if there is no alternative diagnosis and they have a

High risk exposure – i.e. close face to face contact (e.g. within 1 metre) without appropriate personal protective equipment (including eye protection) with a probable or confirmed case who was coughing/vomiting/bleeding/had diarrhoea, or direct contact with any material soiled by body fluids from a probable/confirmed case of EVD, or been identified as a contact of a probable or confirmed case, or had unprotected sexual contact with a case up to three months after recovery, or had a percutaneous injury (e.g. with a needle) or mucosal exposure to bodily fluids, tissues or laboratory specimens of a probable or confirmed case, or participated in funeral rites with direct exposure to any human remains (not just those of a probable/confirmed case) in/from an affected area without appropriate personal protective equipment, or had direct contact with fruit bats/rodents/primates, living or dead, in/from affected areas, or bushmeat

AND

Symptoms consistent with EVD: Fever, AND/OR any of severe headache, vomiting, diarrhoea, abdominal pain, unexplained haemorrhagic manifestations or multi-organ failure

Step 4: Transfer to the National Isolation Unit, Mater Hospital.

- Transfer is arranged by NIU who contacts the National Ambulance Service and activates the Ebola transfer protocol.
- Stable patients can be transferred to NIU by the National Ambulance Service EVD trained paramedic team.
- Where patients require critical care management, referring hospital critical care team to be consulted and liaise with Mater Hospital Critical Care Team and NIU. The National Ambulance Service to be advised of patient's condition and requirements to ensure appropriate vehicle and equipment.
- All patients transferred to the Mater Hospital, will be admitted directly to the NIU.