

COVID-19 Risk Assessment for Use by Ambulance Services when PRIMARY POINT of Contact



Version 8.2
 Publication date: 09/06/2020

Please note background colour coding indicates infection control precautions as per right-hand panel

CLINICAL CRITERIA

1. A patient with acute respiratory infection (sudden onset of at least one of the following: cough, fever, shortness of breath) **AND** with no other aetiology that fully explains the clinical presentation;
OR
2. A patient with any acute respiratory illness **AND** having been in close contact¹ with a confirmed or probable² COVID-19 case in the last 14 days prior to onset of symptoms;
OR
3. Sudden onset of anosmia³, ageusia⁴ or dysgeusia⁵

Paramedics and Advanced Paramedics should be alert to the possibility of atypical (including non-respiratory) presentations in older patients, younger patients and in those who are immunocompromised

¹ Close contact: <2 metres face-to-face contact for greater than 15 minutes
² Probable case: A suspected case for whom testing for virus causing COVID-19 is inconclusive (according to the test results reported by the laboratory)
³ Loss of sense of smell; ⁴ Loss of sense of taste; ⁵ Distortion of sense of taste

NO → **COVID-19 UNLIKELY**

Transport to nearest **EMERGENCY DEPARTMENT**

STANDARD PRECAUTIONS (SP)

See [here](#). Surgical masks should be worn:

1. When providing care to all patients (within 2 metres)
2. For all encounters, ≥15 minutes, with other HCWs in the workplace where a distance of 2 metres cannot be maintained

↓ YES

INITIAL ACTIONS

1. **ISOLATE PATIENT**
2. Implement **STANDARD CONTACT & DROPLET PRECAUTIONS** and explain the **NOW and NEXT** to the patient
3. **SURGICAL MASK** for patients with respiratory symptoms (if tolerated)

If patient is **NOT** deemed well enough to remain at home, following risk assessment

TRANSPORT patient to nearest **RECEIVING HOSPITAL** AND INFORM the **RECEIVING TEAM** in **ADVANCE** of arrival

If patient is deemed well enough to remain at home, following risk assessment

Refer to **NAS/DFB** relevant procedure on **COVID-19 non-conveyance**

CONTACT & DROPLET PRECAUTIONS:

- **Gloves**
- **Long-sleeved gown**
- **Eye protection**
- **Respiratory protection** (surgical mask use with all patients, with FFP2/3 masks reserved for aerosol generating procedures)
- **Respiratory hygiene** and cough etiquette

CONTACT DETAILS

NIU:
 01-830 1122 (Ask for ID Consultant on call)

PUBLIC HEALTH MOH: (OOH 0818 501999)

HSE E: 01 635 2145
 HSE M: 057 935 9891
 HSE MW: 061 483 337
 HSE NE: 046 907 6412
 HSE NW: 071 985 2900
 HSE SE: 056 778 4142
 HSE S: 021 492 7601
 HSE W: 091 775 200

HPSC:
 01-8765 300
 OOH: 086 7810393

ADDITIONAL ACTIONS IF ATTENDING PATIENT ON AIRCRAFT

AMBULANCE PERSONNEL should:

- A. In addition to Standard Precautions initiate **CONTACT & DROPLET PRECAUTIONS** before entering.
- B. **DISTRIBUTE and COLLECT PUBLIC HEALTH CONTACT TRACING CARDS** for (i) Passengers in close contact with a possible case (ii) crew serving the person or that section.
- C. **FORWARD** these **PUBLIC HEALTH CONTACT TRACING CARDS** directly to local **PUBLIC HEALTH** Medical Officer of Health (MOH)
- D. **REQUEST CABIN CREW** to: (i) Broadcast the Travel Health Alert Announcement (ii) Distribute and collect **PUBLIC HEALTH CONTACT TRACING CARDS** from ALL OTHER passengers and crew (iii) Distribute a copy of the Travel Health Alert Announcement leaflet to all passenger and crew (iv) Send completed **PUBLIC HEALTH CONTACT TRACING CARDS** to the local Public Health MOH
- E. **ALL WELL PASSENGERS** should then be allowed to **DISEMBARK**, using the nearest exit.