

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



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

CLINICAL CRITERIA

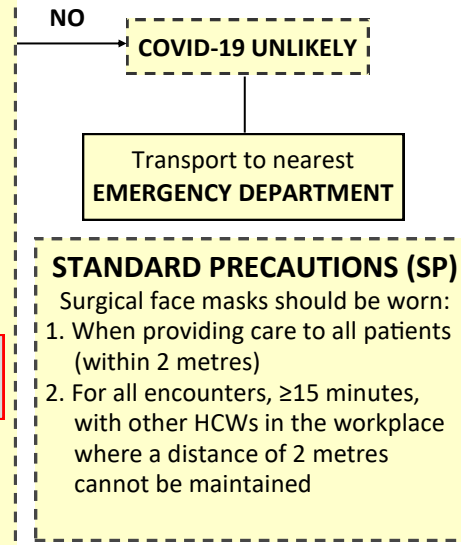
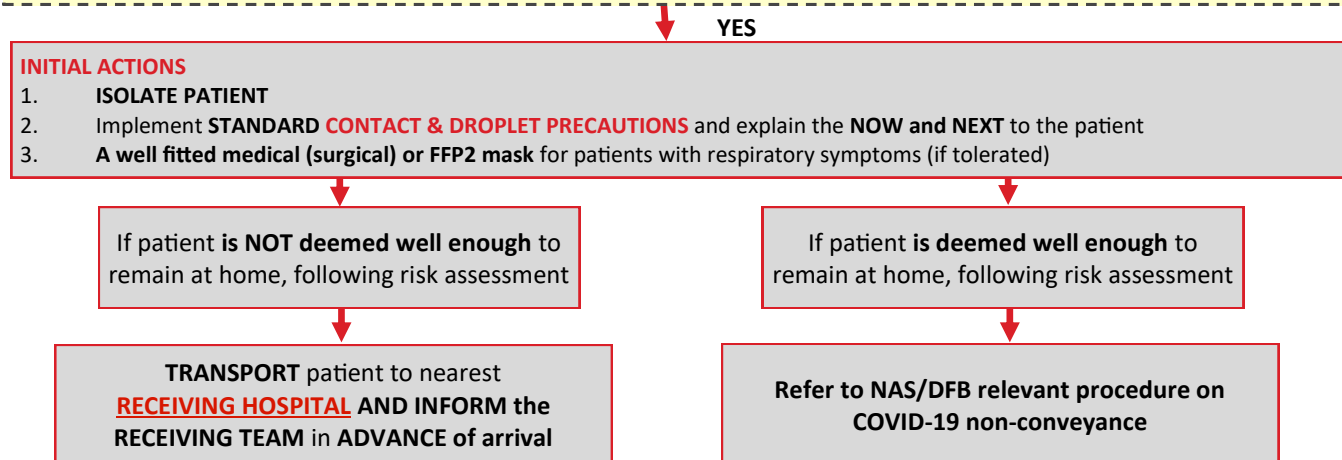
1. A patient with acute respiratory infection (sudden onset of at least one of the following: cough, fever, shortness of breath) **AND** with no other aetiology that fully explains the clinical presentation;
OR
2. A patient with any acute respiratory illness **AND** having been in close contact¹ with 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

Please note other symptoms that are less common may include fatigue, sore throat, nasal congestion, headaches, muscle/joint pain, nausea or vomiting, diarrhoea, chills/dizziness, different types of skin rash, conjunctivitis.

Symptoms of severe COVID-19 disease may include shortness of breath, loss of appetite, confusion, persistent pain or pressure in the chest, high temperature (above 38 °C). Clinical judgement should be applied in application of these criteria to determine who requires testing.

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 over a 24-h period (even if not consecutive)
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



CONTACT & DROPLET PRECAUTIONS:

For face to face contact and within 2m of a case:
 Gloves, Apron/long sleeved gown, eye protection
 Surgical face mask or FFP2 respirator mask
 FFP2/FFP3 for all aerosol generating procedures
 See <https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/>

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.

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