



National Ambulance
Resilience Unit
NARU

EBOLA:

Information for ambulance staff



“Front line staff have a personal responsibility to make sure that they find out where their PPE (personal protective equipment) is... they must listen to the training.”

Chief Medical Officer
Dame Sally Davies,
October 2014

Ebola – brief facts

- Ebola is a viral haemorrhagic fever.
- It is not particularly infectious and cannot be caught by being in the same room or sitting next to someone - you would have to be in direct contact with infected body fluids to risk catching Ebola.
- Patients are not contagious in the early stages when they only have a fever. They are most infectious once they have developed multiple organ failure, which is when the virus is in its most advanced stages.
- Ebola does not affect the whole of West Africa, the risk population are those that have returned from Sierra Leone, Liberia or Guinea in the last 21 days or who have cared for someone who has Ebola.

Transporting suspected Ebola patients

All ambulance telephone triage systems (AMPDS or Pathways and 111) have had extra questions included to try and establish if the patient may have Ebola, but if the patient does not volunteer the information during the phone call you may quickly find a history that makes you suspect Ebola.

Low risk patients

Patients with appropriate travel or exposure history and just a fever will not be secreting infected body fluids, so these patients can be safely managed with Universal Infection Control Procedures. These are classed as low risk patients who can be transferred to hospital in a normal ambulance, with pre-alert, and taken direct into an isolated area in the emergency department. This is because the relevant tests may take several hours to be ready and the patient may deteriorate in this time. The hospital staff may greet you in a higher level of PPE as they will be performing a close clinical assessment of the patient and could be potentially exposed to blood during sampling.

ACTION: If they have low risk symptoms then withdraw and establish your Universal precautions before returning to complete assessment and transferring the patient.

High risk patients

Patients with appropriate travel or exposure history and diarrhoea, vomiting or bleeding are infectious through contact with their bodily fluid. These are classed as high risk patients and so they need to be transported by staff in higher level PPE and in a stripped out ambulance to make cleaning of the vehicle easier at the end of the patient transfer.

ACTION: If they have high risk symptoms then withdraw, inform control and await arrival of the HART team and manager for a planned transfer to the emergency department. It is safe to maintain reassurance with the patient and family, but do not engage in any direct contact that could expose you to bodily fluids.

For more information visit www.naru.org.uk/ebola