

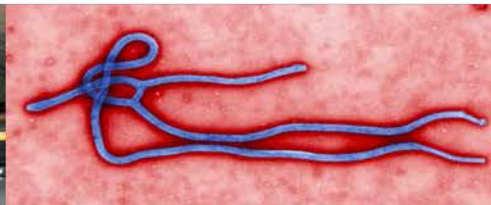
# 6th Collaborative Arrangement for the Prevention and Management of Public Health Events in Civil Aviation (CAPSCA) Meeting

Protea Hotel Midrand, Johannesburg South Africa

12 – 16 October 2015

## EMERGENCY MEDICAL SERVICES ROLE IN AN OUTBREAK RESPONSE TEAM

**JP VON BENECKE**



# GAUTENG EMS



Management of Gauteng EMS recognised the need for a strengthened Outbreak response from within the department.

3 Advanced life support Paramedics was sent to attend training at University of Witwatersrand under the watchful eye of Prof. Adriano Duse.

The special operations unit was identified and tasked to transport all infectious disease cases. This would ensure minimal interruption of normal operations. This unit is on 24 Hour standby and staff trained specifically in the safe handling of any high risk patient transport.

Gauteng EMS forms an integral part of the Provincial outbreak response team and regularly attend the Provincial Outbreak response meetings.

Strengthened relationships has also been established with Port / Environmental health.

# Understanding the risk

- ❖ Very few countries has granted permission for the intentional importation of suspected or known cases of VHF, although technically countries could not exclude their own citizens.
- ❖ Unwittingly cases do slip through the cracks often with disastrous effect.  
(Nigeria 2014)
- ❖ As with other countries, South African regulations pertaining to the importation of suspected or known cases of VHF are intended to give effect to the [International Health Regulations of 2005 \(IHR 2005\)](#), which aim to control national and international spread of contagious diseases.
- ❖ Note the amount of travel bans issued and airlines suspending their flight services to western Africa.
- ❖ Permission have to be pertained from Minister of health office for non essential travel to affected countries.

# Understanding the risk

**The importation of patients into South Africa by air occurs in two ways:**

**Scheduled importation of patients:**

Done by Aeromedical companies via Air ambulance or chartered commercial airline flights. Strict legal requirement and procedures have to be followed.

**Unscheduled importation of VHF patients:**

- Patient flown to South Africa for non- contagious medical assistance but develop signs and symptoms of VHF case during flight.
- Person who is suffering from suspected VHF symptoms travel to South Africa on their own initiative on commercial airline to seek better medical care without declaring their illness.
- South Africans working in affected countries returning home and developing symptoms of VHF whilst still in 21 day incubation period.
- Person in transit at airport but could still pose significant risk.

# Intentional/ Scheduled transport

Air ambulances should have available the same safety equipment as recommended for road ambulances (e.g. PPE FED packs and DECON packs, (and apply the same operational principles in transporting patients as described for ambulances.

The use of an transport isolation unit is advisable within the confined space and long exposure time of an air ambulance.

**Very strict legislation apply ,with numerous departments and roll players involvement.**



# Unscheduled air transport

What to do if you suspect an EVD case on a Commercial flight to RSA?

## **Flight crew**

### **During flight :**

1. Patient presents with suspected EVD symptoms in flight
2. Cabin Crew informs the Captain in command of suspected case.
3. Captain in command immediately inform ground operations and air traffic control as per WHO IHR 2005,Article 28(40).NICD contacted and informed.
4. Ground operations informs Port health office. NICD contacted and informed.
5. Move suspected passenger to a more isolated area if airplane has available seats, on condition that :
  - a. Two rows immediately in front and behind can be cleared
  - b. Two rows immediately in front of solid bulkhead or
  - c. Open seats immediately adjacent to passenger.
6. Do not reuse vacated seat, disinfect location as soon as possible.

7. Call for Medical assistance on flight or designate one cabin crew member to look after ill passenger, preferably crew that has had most exposure to passenger.
8. Cabin crew to don appropriate PPE and hand hygiene practiced.
9. Designate one lavatory on airplane to the ill passenger.
10. Passenger advised to practice proper hand hygiene and cough etiquette. Sick bags must also be provided to passenger.
11. Ask accompanying travelers if they have similar symptoms.
12. Store all waste generated from traveler in bio hazardous bag or plastic bag marked as bio-hazardous.
13. Ask all travelers seated in the same row, 2 rows to the front and two rows behind for their details as contact tracing might be necessary at Post health's discretion.

### **Once the plane has landed: Flight crew and Port Health Officials.**

1. Air traffic control advises Captain in command as to where to park the plane.
2. Captain instructs all passengers to remain in seats until further notice.
3. Port health officials don appropriate PPE and board the plane to brief passengers.

4. All passengers and crew disembarked except ill traveler and contacts.
5. Then disembark contacts and take them to demarcated room for brief.
6. Suspected EVD traveler taken to medical room if available at airport or alternatively a room for isolation.
7. Port Health to designate a competent in IPC person to oversee cleaning and decontamination of aircraft in correct manner ,ensuring that cleaning staff wear correct PPE and are also briefed on situation.
8. Arrangement made for obtaining ill traveler baggage ,customs and security clearance.
9. Update NICD and designated referral facility.
- 10. Arrangements made with EMS for medical evacuation of traveler to referral facility.**

# The EMS response

- Port health phones dedicated contact person regarding the possible transport and briefs the contact on the situation.
- Gauteng EMS Outbreak coordinator, logs the case with the Metro Emergency Command Centre and arranges for additional resources if required in mass casualty incidents for example.
- The Metro ECC activates the outbreak response team, and the special operations team readies and prepare ambulance and equipment. The unit is in Pretoria and a response time of an hour is expected. The Team will consist of at least 3 people, 1 patient handler, one driver and one coordinator.
- Port Health keeps communication active with EMS coordinator , details on patient condition, NICD information, where the patient is(isolation room),and entrance information to the facility.
- If the patient is air side special arrangement is made by Port health official to meet and escort EMS to the patient.
- On arrival ,EMS dons one practioner with necessary PPE.This person enters designated area and patient is handed over to EMS.The coordinator ensure that route to ambulance is clear.
- On route the coordinator liaises with the receiving facility and updates them on our status.
- On arrival at the receiving facility the coordinator clears the route to the ward ,and patient will only be moved from ambulance one the coordinator gives the all clear to do so.
- The patient is then moved and handed over.

- The patient handling practitioner doffs their PPE inside the facility and decontaminates before leaving the facility.
- The ambulance is closed off at the back and decontaminated at the closest appropriate facility using set SOP and guidelines.
- A debrief meeting is generally set up or report done.

# References

- **WHO-Travel and transport 2014 Ebola Virus Disease (EVD) outbreak in West Africa Travel and transport risk assessment: Recommendations for public health authorities and transport sector**
- **IATA-Specific Issues for Public Health Emergencies**
- Port Health Guidelines 6 11 08-JUNE2009 Final 2 051009
- Gauteng EMS SOP on transport and treatment of suspected EVD case.