



Date: October 17th, 2014
To All Paramedics in Southwest Ontario
From SWORBHP Medical Directors
Subject Suspected EVD & Medical Directives

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Following the recent release of the Febrile Respiratory and Enteric Illness Training Bulletin from MOHLTC Emergency Health Services Branch, the Southwest Ontario Regional Base Hospital Medical Council would like to highlight the following recommendations from the Ontario Base Hospital Group Medical Advisory Committee (OBHG MAC) for paramedics regarding application of Medical Directives in the setting of a patient with potential infectious symptoms and a relevant travel history:

1. There is very limited evidence to suggest that any medical procedures increase the risk of disease transmission when appropriate PPE is being used. There is no evidence that Ebola virus disease is transmitted by aerosols. Use of screening tools and PPE should assist paramedics in taking appropriate steps to protect themselves and others from a variety of potential infections.
2. Paramedics should take note of information gained from dispatch regarding screening for acute febrile illness, and should incorporate screening as part of their own assessment.
3. Paramedics should don PPE if there is even a low threshold of concern.
4. If there is concern for acute febrile illness and a relevant travel history, the following aerosol generating procedures should be avoided unless absolutely necessary: Endotracheal intubation (e.g. utilize BVM during cardiac arrest), CPAP, and nebulized medications.
5. If there is concern for acute febrile illness and a relevant travel history, the following procedures should be applied cautiously when necessary: supplemental oxygen should be applied with a device that filters exhaled gases and manipulation of the mask after application should be minimized, bag valve mask ventilation (a two handed seal with a filter is preferred if feasible), intravenous or percutaneous injections (avoid initiating any injection or percutaneous access in a moving vehicle or with a combative patient).
6. The risk of transmission of EVD through percutaneous injury is high. Paramedic safety is (as always) of paramount importance. A paramedic may defer high risk procedures (including IV and IM injections and other such invasive procedures as detailed in the Advanced Life Support Patient Care Standards) when managing patients with an acute febrile illness and a relevant travel history until they can be performed within the more controlled setting of the Emergency Department (ED) except when a truly lifesaving intervention is required. In these exceptional circumstances, these invasive procedures should only be attempted by paramedics utilizing an abundance of extreme caution. Patching to the BH Physician for Medical Direction in these unusual/rare circumstances is recommended.