**Transport considerations for potential/confirmed Ebola patients**

**Summary**

The following document describes the precautions and considerations for transfer of a patient either known or suspected to be infected with Ebola virus. This is based upon specific clinical advice provided by Public Health England:

Dr Nick Gent Consultant in Health Protection

Dr Andrew Simpson Consultant Clinical Microbiologist

**Initial Transport considerations**

If the case is suspected but not confirmed Ebola then a patient showing no symptoms can me transported without special arrangements or PPE.

If the suspected case has symptoms such as bruising, bleeding, or uncontrolled diarrhoea or vomiting then they should be transported using the same precautions as a confirmed case of Ebola.

For confirmed or symptomatic Ebola cases (as described above) then the following precautions should be taken.

**Transport Arrangements**

The transporting ambulance should be stripped of all but essential equipment and minimal consumables.

The standard ambulance stretcher should be used and this should be covered with an impervious material (such as a CBRN body bag) and then a layer of highly absorbent material for the patient to lie upon. This arrangement makes disposal of the transporting bedding very easy.

The vehicle driver does need to wear any PPE

The window/door between the cab and the rear of the ambulance must be kept closed until the cleaning process has been completed. Consideration should be given to sealing the window/door between the cab and the rear of the ambulance with tape, though this is not essential.

**PPE**

Staff involved in the ambulance with the patient should wear a PPE ensemble to include a Tyvex suit, FFP3 respirator, eye protection and double gloves.

It is anticipated that staff can manage a transfer of 2-3 hours duration without a need for a comfort break. However if a transfer is planned to last more than 2.5 hours then arrangements should be made for a staff changeover in a discrete location where following disembarkation from the vehicle (preferably in the open air) disrobing can occur in an approved order and an approved manner. Ideally facilities for showering should be available at this location (the rear of an ambulance station would be a suitable location).

The same procedure should be followed for staff to disrobe following the end of the patient transport and after the vehicle has been cleaned.

**Decontamination**

Staff driving the vehicle should be in normal uniform and require no decontamination or follow up.

Staff working in the rear of the vehicle should follow the approved disrobing procedure.

After transporting suspected cases staff should not require any follow up unless any breaches of safe practice have occurred and may return to other patient duties immediately. If the case is subsequently confirmed then appropriate follow up arrangements will be arranged.

The rear of the vehicle is decontaminated by disposal of all contaminated materials into appropriate waste systems followed by an initial wash down using approved detergents. Surface decontamination then follows with approved disinfectants. Following this cleaning procedure the vehicle may be returned to normal service.

John Stephenson 1st August 2014

NARU Medical Director