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

**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 contact\(^1\) with a confirmed or probable\(^2\) COVID-19 case in the last 14 days prior to onset of symptoms; **OR**
3. Sudden onset of anosmia\(^3\), ageusia\(^4\) or dysgeusia\(^5\)

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

**INITIAL ACTIONS**

1. **ISOLATE PATIENT**
2. Implement **STANDARD CONTACT & DROPLET PRECAUTIONS** and explain the **NOW and NEXT** to the patient
3. **SURGICAL MASK** for patients with respiratory symptoms (if tolerated)

**ADDITIONAL ACTIONS IF ATTENDING PATIENT ON AIRCRAFT**

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 **DESEMBARK**, using the nearest exit.

**STANDARD PRECAUTIONS (SP)**

Surgical face masks should be worn:
1. When providing care to all patients (within 2 metres)
2. For all encounters, ≥15 minutes, with other HCWs in the workplace where a distance of 2 metres cannot be maintained

**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/](https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/)