An Unscheduled Stopover

Medical Leader	•
Medical Expert	•
Communicator	
Advocate	•
Scholar	
Professional	
Collaborator	
Manager	

2014 (November) - DAY 2 – Q2 (COMPULSORY)

You are the Medical Director at a large regional hospital. Your region is a famous tourist destination and has a small airport that receives around 15 international flights a week.

One winter's morning, your hospital is contacted by the Airport Medical Officer (AMO). She advises that an international flight inbound to Australia from Singapore has been diverted to your area because your capital city international airport has been closed due to thick fog and is unlikely to open for at least four hours. This type of diversion affects your airport about twice per year.

The AMO further advises that the pilot of the aircraft has requested an ambulance and medical assistance for a sick patient on board. The passenger, a 39 year-old male, has experienced a sudden onset of severe headache, fever, sore throat, fatigue and muscle weakness. He is known to be an international health volunteer who has been working in tropical West Africa. He had left there three days ago and, in transit, had an overnight stay in an airport hotel in Singapore. He has a past history of Dengue fever and has told airline staff that he believes that this is another bout of Dengue.

However, the AMO is concerned that it could be Ebola virus infection. She indicates that, after an initial assessment at the airport, the patient will be transferred to your hospital for diagnostic work-up and care.

The passenger will potentially arrive in your hospital within 3 hours.

Questions:

1. What would you do immediately after receiving this call and before the passenger arrives at your ED?
2. In particular, what would you do if your hospital does not have a secure isolation facility?

Guidance for Censors:

ISSUES

1. **Management of a Public Health Emergency**

- Follow any Ministry or jurisdictional guidelines for the initial management, including the notification of Public Health and the Chief Medical Officer for the jurisdiction of suspected case, as well as the CE of the health service.
- Public health priority: Urgent. Ebola virus disease (EVD) is a disease that requires quarantine and is nationally notifiable (Australia and New Zealand).
- Expected PHU response time: Respond to suspected and confirmed cases immediately. Enter confirmed cases on notification data base within 1 working day.
- Case management: Immediately investigate all notified cases (suspect, probable or confirmed).
- Contact management: Identify and follow-up contacts of probable or confirmed cases (and suspect cases, depending on patient risk assessment and particular circumstances) from the onset of symptoms in the case.
- A suspected case is notified from an international border, decisions concerning case and contact management, including assessment, transport, isolation and quarantine will be made by the jurisdictional Chief Human Quarantine Officer (CHQO) or delegated by the CHQO to the Human Quarantine Officer (HQO). In some jurisdictions, this role may be played by the Director of Public Health or equivalent.
- Isolate the case and institute appropriate infection control and the use of personal protective equipment
- Conduct a clinical and exposure risk assessment in consultation with the C/HQO and relevant infectious diseases service, using the EVD case definition and the patient assessment flow chart.
- Use the outcome of the risk assessment to determine whether the person under investigation requires laboratory testing for EVD
- Assess the risk to contacts before or after confirmation, depending on the circumstances and the C/HQO advice – low and high risk exposure guidelines
- Seek advice from ID physician and guidelines regarding testing laboratories and authorisation requirements, defer other blood tests for the patient because blood is highly infectious, considered testing for other causes e.g. Dengue Fever after ensuring patient is negative.
- • Contact management – identify all contacts of suspect, probable or confirmed cases
- • Disinfection and environmental decontamination

- Laboratory suggestive and definitive guidelines for results
- Collecting, handling and transport laboratory specimens and management of risks
- Requirements for retesting is negative result
- Patient housed in a single room with private bathroom and an anteroom, with the door closed. In hospitals where such facilities are not available, interim arrangements may be required, such as use of commodes in the patient's room and unoccupied adjacent rooms for anterooms.
- Discussions with patient, family and caregivers regarding clinical situation.
- Clinical care requirements of patient.
- Quarantine requirements for patient and close contacts.
- PPE for staff and training
- Management of staff who are exposed to blood, body fluids, secretions, or excretions from a patient with suspected EVD
- Management of visitors
- Public health team to do contact tracing, interviews and management of any suspected high risk exposures. Issues include identification of exposed persons / persons at risk, providing information, assessment, testing, education, quarantining and other restrictions.
- Media attention and control of the media
- Community concern, and consider information provided to the community regarding risks
- Consider patient confidentiality
- Release of patients from quarantine
- Convalescent patients must be meticulous about personal hygiene due to the possibility of the presence of virus in bodily fluids, particularly semen, in which the presence of virus been demonstrated for up to three months after recovery. The patient should be given advice about the use of condoms, or abstinence from sex, and divert blood donation for 12 months from the date of recovery
- Consideration of requirements for environmental cleaning
- Terminal cleans, body fluids skills
- Patient equipment and linen.
- Should patient die of EVD – management of deceased patient.