

## CMG 40 – HIGHLY INFECTIOUS PATIENT

(Revised: February 2019)



This guideline contains general guidance only, to be used in the event that a crew happens across a patient they suspect of having a highly infectious disease with potential for catastrophic outbreak (for example, a viral haemorrhagic fever).

In the event of a known outbreak, specific advice (including case definitions and management) will be provided by the ACTAS via ACT Health.

*This guideline DOES NOT apply to routine infectious patients (e.g. seasonal influenza, MRSA, VRE, etc.), nor to the suspected meningococcal patient – these patients should be managed as described in the ACTAS Infection Control and Prevention Manual, with appropriate PPE and handover to receiving facilities.*

Paramedics should retain a high index of suspicion, especially in the event of known outbreaks.

ICP	IDENTIFY POTENTIAL PATIENTS (keep up to date with outbreak advice that has been provided by the ACTAS; maintain a high index of suspicion)	AP
ICP	Remove from the contaminated area all persons who have not made contact with the patient and/or their surrounds	AP
ICP	Don PPE – contact, airborne and droplet precautions (P2/N95 mask, disposable gown, eye protection and gloves [consider double gloving]) <b><i>Wash and disinfect yourself prior to donning PPE if you have had contact with the contaminated patient/area.</i></b>	AP
ICP	Minimise direct contact with the patient – no invasive procedures or aerosolising procedures	AP
ICP	Immediately contact the Duty Operations Officer and/or ComCen Clinician, and await advice	AP
ICP	Continue case management according to advice received	AP
ICP	If transporting, ensure EARLY pre-notification of the receiving facility	AP
ICP	Decontamination – staff, equipment, vehicle: follow specific advice received regarding case, ± ACTAS Infection Control and Prevention Manual	AP