

# **Tasmania's Biocontainment Plan for the Management of Viral Hemorrhagic Fever including Ebola Virus Disease**

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# Tasmanian management

Strict national border control measures are protective

Designated Tasmanian Quarantine Hospital is the Royal Hobart Hospital (RHH)

Regional Tasmanian Health Service (THS) Hospitals EVD protocols which cover:

- Governance
- Patient management including IPC framework
- Communication
- Laboratory testing
- Staffing
- Cadaver management

Tasmanian Health Service <b>GUIDELINE</b>		TASMANIAN HEALTH SERVICE	
<b>Management of patients with suspected, probable or confirmed Ebola Virus Disease (EVD)</b>			
<b>SDMS Id Number</b>	P2012/0544-048		
<b>SDMS Category</b>	SDMS – THS South – Clinical – Infection Control		
<b>Effective Date</b>	December 2022		
<b>Review Date</b>	December 2025		
<b>Applies to</b>	All THS-South staff involved in the management of a case		
<b>Key Words</b>	Ebola – Ebolavirus – Ebola Virus - Haemorrhagic – Haemorrhagic fever - EVD		

## Part A – Guideline

### I Guideline Statement

Staff are required to adopt these guidelines when responding to and providing care to persons in a risk category for Ebola Virus Disease (EVD); suspected, probable or confirmed EVD to prevent the transmission of EVD.

### Evidence Based Rationale

EVD is caused by an Ebola virus. There have been six species of the genus Ebolavirus that have been identified. Fruit bats are considered the likely natural host of the Ebola [virus](#), however, human infection has been identified with sporadic infections and outbreaks described.

Ebola virus spreads through direct contact with the blood, secretions, [organs](#) or other bodily fluids of infected people via broken skin or mucous membranes, and indirect contact with environments contaminated with such fluid, including in healthcare settings. Airborne transmission, as occurs for measles or smallpox, has never been documented.

The incubation period is from 2 to 21 [days](#); most commonly 8-10 days. People with EVD are not infectious until they develop symptoms [ie](#) the infection cannot be transmitted during the incubation period. The framework contained within this document is consistent with the EVD Communicable Diseases network of Australia (CDNA) Set of National Guidelines and the Infection Prevention and Control Expert Advisory Group (IPCEAG) Infection prevention and control principles and recommendations for Ebola Virus Disease.

EVD is a quarantinable disease in Australia and is nationally notifiable. As such it can be controlled through a range of measures including the enforcement of appropriate quarantine strategies if suspected, probable or confirmed cases are identified.

The RHH is the designated Quarantine facility for EVD in Tasmania.

# Initial Management – External to RHH

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Patient presents for medical assessment within the community setting with EVD risk factors

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Call to Communicable disease Prevention Unit (CPDU)

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Contacts ID Physician at the RHH

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EVD protocol triggered

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Transfer to the RHH into the DCCM Quarantine room for further assessment and treatment

# Initial Management (Direct to RHH)



Patients presents to the Emergency Department with fever and recent travel to an area of EVD transmission.



Immediate isolation within in the Emergency Department Quarantine Room via an external entrance



ID Physician and MOIC contacted immediately upon presentation for testing requirements, triggering the EVD protocol



Timely transfer to DCCM quarantine room for further management

# Training

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<div> <div>STOP</div> <div> <b>QUARANTINE ISOLATION</b>  <b>ESSENTIAL STAFF <u>ONLY</u></b> </div> <div>STOP</div> </div>					
Before entering room: ESSENTIAL TRAINED STAFF ONLY			On leaving room: UNDER DIRECTION		
1		SCRUBS	1		APRON
2		OVERSHOES	2		OVERSHOES
3		GOWN	3		GLOVES
4		P2 MASK	4		FACE-SHIELD
5		HEAD-COVER	5		HEAD COVER
6		FACE-SHIELD	6		GOWN
7		APRON	7		P2
8		DOUBLE-GLOVE	8		GLOVES
UNDER DIRECTION			CHANGE SCRUBS, SHOWER IF REQUIRED		

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# Identified risks



The Royal Hobart Hospital is the only designated Tasmanian Quarantine Hospital for EVD.



Logistics of travel and transfer from other locations (up to 6 hours) can be complex requiring significant engagement with Ambulance Tasmania.



Only 1 quarantine room located in the Emergency Department and 1 quarantine room within DCCM, not allowing for full outbreak capacity.



Staffing challenges with ensuring adequate competently trained staff available with an ongoing requirement for updates to ensure ongoing capacity.