



Volume 11 | Issue 6 | Editorial

AUSTRALASIAN JOURNAL OF
PARAMEDICINE



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When SBS's Insight program on the topic of 'Pandemic' aired on September 23, 2014, it wasn't hard to notice the lack of an Emergency Medical Service (EMS) or paramedic reference, or presence. Although the show was centred around a hypothetical influenza pandemic there was no mention of prehospital management and EMS personnel safety (1).

According to the World Health Organization since the Ebola virus outbreak in March a total of 4,555 deaths have been "confirmed, probable, suspected" and attributed to Ebola in Liberia, Guinea, Sierra Leone and Nigeria (2). The spread of the disease to countries outside of the African continent has resulted in four confirmed deaths from fewer than 20 confirmed infected cases. In the United States of America (USA), one person has died and two medical workers that treated this patient have contracted the virus (2). How did this occur? What failed: the protocol, the system or the personnel? Consider the culture and accessibility to primary emergency health care in Australia. Traditionally, if it is an emergency, patients call 000. So is Australia prepared to manage and treat people who may have contracted or been exposed to Ebola in the prehospital setting? Is the Australian primary healthcare setting and hospitals prepared? The peak doctors body in Australia, the Australian Medical Association (AMA) don't think so (3).

The view of some countries' government officials that they can control the entry and spread of Ebola within their borders is naive. The recent cases of hospital healthcare workers contracting Ebola in the USA, even though they had apparently followed their hospital's protection protocols demonstrates this and poses questions about EMS protocols/guidelines about paramedic protection.

One of the many issues in the prehospital environment is the identification of potential carriers and infected patients. Identification of a person who has been in the affected area is relatively easy, but what about the person who has been in contact with a potentially/actually infected patient and doesn't know about it? How are these people identified?

Another consideration is how many EMS workers will show up to work if Ebola cases increase in their jurisdiction? How many paramedics will not attend a patient when the call taking system identifies the patient as a potential Ebola infected patient? Will the paramedic think twice about managing a patient if they believe their life and the lives of their families are at potential risk? There are many issues which EMS systems need to identify about the identification and management of a patient potentially or actually infected with the Ebola virus, but how many EMS systems are truly ready and do their paramedics have confidence in them and the protective measures provided?

In Australia it appears each state health department has differing guidelines about how and what protection and management methods should be utilised. This begs the question about an Australian organisation that dictates appropriate management methods in healthcare matters such as an Ebola outbreak, similar to the Centers for Disease Control and Prevention (CDC) in the USA. But what about the EMS systems in Australia, have they just followed their health department guidelines or do they have a national guideline statement?

The CDC provides up-to-date information for all aspects of healthcare from first responders through to hospital staff, with the EMS related information expansive (4), but are other jurisdictions this well organised and prepared? The world needs to learn from this current epidemic and be better prepared for further like epidemics.

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