

Ebola Initial Clinical Assessment and Triage: Rural Yukon Health Centres

5 November 2014

1) Assess Signs & symptoms

Does the patient have **one or more of the following signs/symptoms?**

- Acute onset of fever (>38.0°C or subjective report)
- Malaise
- Myalgia/muscle pain
- Headache
- Abdominal Pain
- Vomiting, diarrhea that can be bloody
- Pharyngitis
- Conjunctival injection (blood shot eyes)
- Macular/petechial rash on trunk
- Unexplained bleeding from gums, nose, GI tract, injection sites (unrelated to injury)

IF YES

2) Assess Travel History

Within 21 days of onset of illness, has the patient:

- Travelled from** specific areas of a country where an outbreak of EVD has recently occurred **OR** Cared for or come into contact with body fluids of or handled clinical specimens (blood, urine, faeces, tissues, laboratory cultures) from an individual strongly suspected to have Ebola
- Guinea, Liberia and Sierra Leone** (Cases of Ebola have occurred in other countries, i.e. Democratic Republic of Congo, Mali, Spain, and the United States but travel to these countries is **not** considered a risk to be infected with Ebola)

IF NO

IF YES

IF NO

If NO to 1) or 2)

Evaluate for other illness

3) Minimize contact with patient.



Immediately place patient in a private room with dedicated washroom (if possible) or commode. Ideally a side room with minimal equipment. Keep door closed.

Rural Yukon Health Centres

Immediately contact:

- **WGH ED physician on call, to discuss potential Ebola.**
- **After consultation, WGH ED physician to contact CMOH if Ebola is part of the differential:**
CMOH cell: (867) 332-1160 (cell), 7 days a week, all hours.
 If no response in 15 minutes, contact YCDC (867) 667-5080 (8:30-4:30) Ask for surveillance nurse
- Contact Emergency Health Coordinator Team: Ron Melanson (867) 335-1805 (cell) or Diane Kirchgatter (867) 335-1693 (cell).
- **Initiate Contact and Droplet Precautions**, in addition to **Routine Practices**.
- Where possible, **post additional personnel at door(s) of isolation room** to observe/assist with proper removal of PPE and **assign clinical personnel exclusively to the patient** and not care for other patients.
- **No visitors. Maintain a log of persons entering the patient's room.**
- A **phone risk assessment** will occur, prior to direct patient contact, between the rural nurse, CMOH & WGH ED physician (may also include ID specialist).
 - This case by case risk assessment may include presentation, stage of illness, travel/contact history and further management required.
 - The nurse may be advised to complete a limited assessment (including vital signs) providing appropriate PPE is available.
 - Depending on the findings, further assessment at WGH may be warranted. Appropriate transportation methods will be recommended depending on patient presentation and risk assessments. Transportation method may include personal vehicle (patient driving self or household contact driving) or EMS if required.
- **Do not use needles/sharps (including IV insertion) unless directed by the ED physician and/or CMOH.** DO NOT draw blood or take lab specimens. Meticulous handling of blood and body fluids is imperative.
- **Carefully and consistently apply the recommended Infection Prevention and Control Precautions as outlined by Community Nursing**
- See current version of *EBOLA UPDATE: Guidance for clinical staff in Rural Health Centres* for further information