Yukon
Health and Social Services

EBOLA UPDATE: Guidance for Clinical Staff in Rural Yukon Health Centres

As the devastating outbreak of Ebola continues in West Africa, it remains possible, albeit unlikely, that someone with recent travel to the affected countries and/or contact with an Ebola patient could present to a primary care setting in Yukon. Countries currently affected by the disease are **Guinea, Liberia and Sierra Leone**[1]. This guidance, based on a document developed in BC, is to help you prepare for such an event. Please share this information with your colleagues who interact with patients, including your administrative staff.

Ebola virus disease was first identified in 1976, and the clinical and epidemiologic features of this infection are well known. In particular, we know that:

- **People do not transmit Ebola before they develop symptoms.**
- Ebola can only be transmitted from an infected person with symptoms through direct contact with blood or bodily fluids (particularly diarrheal feces and vomitus).
- The incubation period (time from infection to onset of symptoms) of Ebola virus ranges from 2 to 21 days. For patients who returned from an affected country more than 21 days ago, Ebola does not need to be considered in the differential diagnosis.
- Usual course of illness is an abrupt onset of fever and non-specific flu like illness, headache, malaise, myalgia, sore throat and gastrointestinal symptoms such as nausea, vomiting, diarrhoea and abdominal pain. Although cough can occur, it is not a primary feature of this illness. A maculopapular rash and conjunctival injection may occur. Postural hypotension, confusion and coma precede death. Haemorrhagic manifestations, occurring in fewer than 50% of clinical cases, arise toward the end of the first week of illness and include petechiae, blood loss from venipuncture sites, bruising and gastrointestinal bleeding (Ebola clinical care guidelines, A guide for Clinicians in Canada, Oct 28, 2014 http://www.ammi.ca/media/73235/Ebola%20Clinical%20Care%20Guidelines%20v2%2028%20Oct%202014.pdf).

Consider Ebola virus disease in the differential diagnosis of patients who:

• Have at least one EVD compatible symptoms not attributable to another condition. EVD compatible symptoms are:

> *fever of >38.0°C (or subjective report),malaise, myalgia, severe headache, conjunctival injection, pharyngitis, abdominal pain, vomiting, diarrhea that can be bloody, bleeding not related to injury (e.g., petechiae, ecchymosis, epistaxis), unexplained hemorrhage, erythematous maculopapular rash on the trunk*

AND

- Have returned from an affected country (as outlined above) in the previous 21 days **OR**
- Have 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.

[1] 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** in itself considered a risk to be infected with Ebola.

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This guideline covers **two possible scenarios** – people who arrive at a rural Yukon health centre unannounced and people who call a rural Yukon health centre.

What to do if Ebola is in your differential diagnosis for patients presenting at your clinic:

Isolate your patient in a dedicated single room as soon as possible (i.e. clinic room)

Do not use your one and only exam room. If you have a separate room with a bathroom or commode, this would be ideal, but it is better to use a side room with or without a commode rather than your only exam room.

Where possible this room should contain minimal items to reduce the cleaning requirements later if the patient is diagnosed with Ebola.

Please make your administrative staff aware that patients who identify themselves as being unwell and having visited an Ebola affected area in the past 21 days OR having been in direct contact with an individual strongly suspected to have Ebola, should not sit in the general waiting room area. They should be isolated in a side room.

- **Immediately contact the WGH ED physician on call, to discuss potential Ebola case**
- After consultation, **WGH ED physician to contact CMOH** if Ebola is part of the differential diagnosis:
    - **CMOH** at (867) 332-1160 (cell), 7 days a week, all hours.
      If no response within 15 minutes:
    - Contact YCDC (867) 667-5080 (8:30-4:30) and ask to speak to a surveillance nurse about a potential Ebola patient.

- **Avoid direct contact with the patient until** after a phone risk assessment[2] between the rural nurse, CMOH and the WGH ED physician.
    - This case by case risk assessment will include clinical presentation, stage of illness, travel/contact history and further management required.
    - The nurse may be advised to complete a limited assessment (including vital signs) provided appropriate personal protective equipment (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 (see "how to transfer" section below).

[2]Even in urgent or life threatening situations, if Ebola is possible due to a travel history and compatible symptoms, a conversation with WGH MD on call and CMOH consultation (as above) MUST take place prior to any direct patient assessment, in order to protect our health care workers from inadequately protected exposures.

- If examination or physical contact is deemed necessary then staff who are familiar with the required PPE (at a minimum this includes: surgical facemask and eye protection, gloves, single use gown) and have had the opportunity to practice putting on (donning) and removal of (doffing) the required PPE, should put on the appropriate PPE prior to direct patient contact and perform hand hygiene after removing PPE. More advanced symptoms (such as vomiting, diarrhea or haemorrhagic manifestations) will require additional PPE (such as, face shield, head covers) and a more advanced clinical setting prior to patient assessment.

Please check that you have the minimal required PPE supplies in your health centre.

How to transfer patients from rural Health Centre to WGH if further assessment or management is required (ONLY in consultation with the CMOH and WGH ED physician):

- **It is very important that patients are transferred for further assessment in a controlled and organized manner.** Efforts should be made to limit the use of ambulance service unless deemed medically necessary.
- When transportation is deemed necessary, the involved receiving facility/agency must be made aware that Ebola is on the differential diagnosis, in order to ensure the appropriate infection prevention and control precautions are in place.
- The transportation plan will be developed in conjunction with the CMOH and WGH ED physician. Recommendations will depend on the information gathered in the phone risk assessment. Some of these options may include:
    - Patients taking their own vehicle if they are able to drive themselves.
    - Patients being driven by someone who has already had close contact with them.
    - Patients being transported by EMS. This may be local EMS or a team coming from Whitehorse. Communications surrounding the decisions for EMS and transport plans will be led by the CMOH and the Director of EMS services.

Decontamination of rooms:

Cleaning and decontamination of rooms and equipment in which a patient has been isolated, or any facilities used by the patient, should be discussed with the CMOH or YCDC.

- Routine cleaning with a disinfectant having both a broad spectrum virucide claim (i.e. “broad spectrum sanitizer, virucidal”) and a drug identification number (DIN) as printed on the product label, when used according to the manufacturer's instruction is sufficient. This includes alcohol-based products, and dilutions (1:10-1:100 for ≥10 minutes) of 5.25% household bleach (sodium hypochlorite). Cleaning process, including use of PPE, is dependent on patient symptoms. As such, do not re-use the dedicated clinic room, bathroom, or equipment until you have spoken with either of the above.

- Public areas where the patient has passed through and spent minimal time (such as waiting rooms) but which are not visibly contaminated with bodily fluids do not need to be specially cleaned and disinfected.

What to do if Ebola is in your differential diagnosis for patients on the telephone:

Individuals who telephone the rural Health Centre and report that they are unwell and have visited an affected area in the past 21 days or have been in direct contact with an individual strongly suspected to have Ebola, **should be advised to stay at home and not to visit the Health Centre** until further discussion with WGH ED physician and CMOH has taken place[2]. Effective, reassuring and calm communication with the patient is vital.

- **Gather** information from the patient on phone regarding symptoms, travel history, contact with Ebola. Include name, phone numbers, email and street address. Inform the patient that you will contact him/her within XXX minutes once you have spoken to WGH ED physician and/or CMOH and can then provide advice about monitoring their health, and arrange further assessment if required.
- **Contact** WGH ED MD to discuss potential Ebola case.
- After consultation, **WGH ED physician to contact CMOH** if Ebola is part of the differential diagnosis:
    - **CMOH** at (867) 332-1160 (cell), 7 days a week, all hours.
      If no response within 15 minutes:
    - Contact YCDC (867) 667-5080 (M-F 8:30-4:30) ask to speak to a surveillance nurse about a potential Ebola patient.
- A phone risk assessment will occur between the rural nurse, CMOH and the WGH ED physician. From these discussions, further decisions and a plan of care will be made on case by case basis. Discussions may include when, where and how further follow up will occur. For example:
    - does the patient go to the Health Centre and if so, what are the transport options?
    - does the patient bypass the Health Centre and go directly to a hospital ED?
    - does EMS need to be involved? If EMS, can the patient meet the EMS crew at the door to their home; does the rural nurse with/without need to go into the home to collect patient?

[2]Even in urgent or life threatening situations, if Ebola is possible due to a travel history and compatible symptoms, a conversation with WGH MD on call and CMOH consultation (as above) MUST take place prior to any direct patient assessment, in order to protect our health care workers from inadequately protected exposures.