

Ebola Initial Clinical Assessment and Triage: Whitehorse General Hospital

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 or commode. Keep door closed.

Whitehorse General Hospital

• **Immediately contact:**

CMOH by cell: (867) 332-1160 (cell), 7 days a week, all hours.

WGH Infection Control Practitioner: (867) 393-8933 (during regular work hours) or Clinical Nurse Leader (outside of normal work hours) (867) 332 9441

BC CDC Medical Microbiologist (604) 661-7033

• **Initiate Contact and Droplet Precautions, in addition to Routine Practices.**

- **Impermeable or fluid resistant gloves and gowns, surgical mask and eye protection** when caring for patient with suspected or confirmed to have EVD.
- Use **additional PPE** (i.e. disposable leg, shoe coverings) if patient is experiencing bleeding or uncontrolled diarrhea or emesis.
- **Aerosol generating medical procedures** (i.e. intubation, open airway suction, bronchoscopy) should be performed in **airborne isolation rooms** and only if medically necessary. The number of healthcare workers present should be limited during these procedures and a N95 mask should be worn in addition to other PPE.

• Where possible, **post additional personnel at door(s) of isolation room** to observe/assist with proper removal of PPE and **assign clinical and non-clinical personnel exclusively to the patient** and not care for other patients.

• **No visitors. Maintain a log of persons entering the patient's room.** Exceptions will be considered on a case by case basis, in consultation with Infection Control.

• **Limit use of needles/sharps** and immediately dispose of them in a puncture-proof, sealed container. **Do NOT draw blood or take lab specimens unless ordered by physician in consultation with ID, CMOH and WGH Lab manager.** Lab specimens will not be taken outside of the WGH setting. Meticulous handling of blood and body fluids is imperative.

• Decision to test for Ebola will occur between ER MD, CMOH & BC CDC Medical Microbiologist under the co-ordination of WGH Lab manager. Other testing will be recommended as indicated e.g., CBC, malaria thin smear, etc.

• **Carefully and consistently apply the recommended Infection Prevention and Control Precautions as outlined by your facility**