



HOMES AND SENIORS SERVICES

POLICY & PROCEDURE NUMBER: 4.36

DEPARTMENT: *Infection Control*

SUBJECT: *Ebola*

APPROVAL DATE:

REVISION DATE: March 2016

REVIEW DATE: March 2017; Nov 2018

Page 1 of 4

POLICY:

In response to the Ebola Virus Disease (EVD) outbreak in West Africa, a Medical Advisory has been issued by Public Health Ontario giving health care providers response and clinical direction for patients presenting with suspected Ebola Virus Disease (EVD) symptoms. This document outlines the steps that will be taken when responding to suspected EVD patients.

PROCEDURE:

Clinical Signs and Symptoms

Ebola Virus Disease has an incubation period of 21 days. It is important to note that an infected individual is NOT contagious during this period. Current knowledge indicates they are only contagious when symptoms are present.

Initial symptoms are vague and may include sudden onset of:

- Fever/chills
- Headache/sore throat
- Muscle/joint/abdominal pain
- Vomiting/diarrhea

4-5 days after onset, hemorrhagic symptoms begin:

- Hemorrhagic conjunctivitis
- Bleeding gums/nose
- Melena/hematuria/vaginal bleeding

Clinical Implication

The risk to most is considered low; however, we should be vigilant for persons with symptoms compatible with EVD. During initial patient assessment, look for signs and symptoms compatible with EVD and a recent travel history from affected areas, having returned within 21 days of symptom onset. Strict infection control practices shall always be implemented for any suspected or probably communicable disease including EVD.



HOMES AND SENIORS SERVICES

POLICY & PROCEDURE NUMBER: 4.36

DEPARTMENT: *Infection Control*

SUBJECT: *Ebola*

APPROVAL DATE:

REVISION DATE: March 2016

REVIEW DATE: March 2017; Nov 2018

Page 2 of 4

Ebola is transmitted through contact with infected blood and bodily fluids; it is not airborne transmissible. Following routine practices and additional precautions for contact as outlined in the Infection Prevention and Control: Best Practices Manual for Land Ambulance Paramedics posted on the Intranet site is required to prevent self-contamination.

Central Ambulance Communication Centre (CACC)

CACC has been directed to screen calls (i.e. all calls of problem nature type: abdominal pain, headache, breathing problem, decreased LOC/unconscious and generally unwell) for travel history. Specifically the questions are:

1. Has the person travelled outside of Canada or been in close contact with someone who has?
Action: "Document - Inform All Responders"
2. What country or countries did the person visit?
Action: "Document - Inform all Responders"

Ambulance Deployment Procedure for EVD

1. All suspected EVD calls will have a modified emergency response.
2. When notified by CACC of a possible EVD case, a second response unit will be dispatched.
3. The second response unit will not enter the patient residence nor have contact with the patient.

On Scene Procedure

While CACC is conducting FREI screening, not every DPCI II card includes the FREI questioning. Paramedics should always maintain a high level of suspicion even on calls with no CACC FREI indication. The FREI assessment (Appendix to this policy) should be part of the paramedic's initial patient assessment, and conducted at a minimum distance of two metres from the patient. A "yes/yes" (fails the screening tool) finding will prompt retreat of the paramedics until the proper PPE is applied.

4. A member of the second response unit will be designated as the Safety Officer.



HOMES AND SENIORS SERVICES

POLICY & PROCEDURE NUMBER: 4.36

DEPARTMENT: *Infection Control*

SUBJECT: *Ebola*

APPROVAL DATE:

REVISION DATE: March 2016

REVIEW DATE: March 2017; Nov 2018

Page 3 of 4

5. The responding crew will notify the patient and/or caller of the requirement for PPE and advise them not to leave the premises until advised to do so.
6. Don the appropriate PPE utilizing the buddy system to ensure proper procedure
7. Paramedics shall limit activities and treatment, especially during transport, which can increase the risk of exposure to infectious material.
8. An N95 mask will be placed on the patient. If the patient requires oxygen, a nasal cannula under the mask can be used or a Fio2 mask as appropriate.
9. Do not attempt aerosol generating medical procedures, eg nebulized therapy or endotracheal intubation.
10. The Safety Officer will ready the vehicle by removing any unnecessary equipment that may become contaminated from bodily fluids and will place it in the front cab or the second response unit vehicle.
11. All cupboards inside the ambulance will be sealed shut along with the sliding window between the cab and the patient compartment area.
12. Patients shall be wrapped in sheets with their arms and legs inside to prevent them from touching anyone or anything.
13. The patient will be placed in the patient compartment area of the ambulance with both of the treating paramedics.

Clean Zone: At no time will the cab of the ambulance be accessed by anyone or anything that is possibly contaminated.

No family members or unnecessary escorts will be permitted in the ambulance (cab or patient compartment) at any time during care and transportation to hospital in order to maximize isolation.

14. A member of the second response unit will drive the ambulance to the designated hospital.

NOTIFY ACCEPTING HOSPITAL DURING PATCH OF PATIENT'S "FREI & TRAVEL STATUS"

15. After transfer of patient care to the receiving facility, paramedics will doff and discard PPE in designated hospital area to minimize any possible further contamination.



HOMES AND SENIORS SERVICES

POLICY & PROCEDURE NUMBER: 4.36

DEPARTMENT: *Infection Control*

SUBJECT: *Ebola*

APPROVAL DATE:

REVISION DATE: March 2016

REVIEW DATE: March 2017; Nov 2018

Page 4 of 4

The transporting ambulance is out-of-service until it has been decontaminated.

All EMS staff that have had contact with a suspected or confirmed EVD case will have appropriate documentation prepared. Follow-up will be provided by Elgin St. Thomas Public Health, who will provide direction.

RETURN TO WORK

The incubation period is 2 to 21 days; during this period Elgin St. Thomas Public Health may monitor. During this period paramedics may continue to report to work as normal. Individuals who show no symptoms are NOT contagious. Should symptoms develop, Elgin St. Thomas Public Health will provide direction.

INFORMATION

As of October 21, 2014:

The World Health Organization has identified the following countries as currently affected by EVD:

- Guinea
- Sierra Leone
- Liberia
- Democratic Republic of Congo (Equateur Province)

<http://www.publichealthontario.ca/en/BrowseBVTopic/InfectiousDiseases/Pages/EVDGeographicAreasAffected.aspx>

For updated information on Ebola virus disease, please visit

<http://www.publichealthontario.ca/en/BrowseBVTopic/InfectiousDiseases/Pages/Viral-Hemorrhagic-Fevers.aspx>