

PHSA Ebola FAQ and Exposure Protocol

What is Ebola?

Ebola Virus Disease (EVD) is a potentially severe, acute viral disease, caused by the Ebola virus which causes haemorrhagic fever in humans and some animals. Early stages of the disease are characterized by fever, malaise and headache, which can progress to vomiting, diarrhea and in severe cases bleeding, organ dysfunction and death.

Ebola is contracted through direct contact (through mucous membranes or non-intact skin) with blood or body fluids from an infected person or animal. A number of outbreaks have been recorded in African countries since the mid 1970's, with the most recent serious outbreak affecting Liberia, Sierra Leone and Guinea in West Africa.

What are the symptoms of Ebola?

Symptoms can begin 2 to 21 days after exposure.

Initial symptoms include sudden onset of:

- Fever (38.0C)
- Chills
- Headache
- Muscle pain and weakness
- Sore throat

Additional symptoms include:

- Rash
- Nausea, vomiting and diarrhea
- Haemorrhaging (bleeding from inside and outside the body)

How is Ebola spread?

Ebola virus can spread through direct contact of mucous membranes or non-intact skin:

- With infected animals
- With blood, body fluids or tissues of infected persons
- With medical equipment, such as needles and syringes, contaminated with infected body fluids

Ebola cannot be spread:

- In the air
- Through food or water
- Via an infected person who does not have symptoms

Where will patients with suspected or confirmed Ebola be treated in BC?

The following sites have been designated as regional centres to assess those at higher risk of having Ebola:

- Lower Mainland: Surrey Memorial Hospital
- Island Health: Royal Jubilee Hospital
- Interior Health: Kelowna General Hospital
- Northern Health: University Hospital of Northern B.C.
- Pediatric Clients: BC Children's Hospital

What personal protective equipment is required when caring for an Ebola patient?

Using appropriate personal protective equipment is the best way to protect oneself against Ebola. Prior to patient care of a suspected or confirmed Ebola patient, health care workers should be trained in infection control procedures, including procedures for donning and doffing of personal protective equipment. Recommended personal protective equipment includes double gloves, mask, eye protection, full face shield, fluid resistant gown, hood, leg and foot covers. Please refer to your site specific infection control manual or protocols for more information or talk to your manager/supervisor if you are unsure of the proper procedures.

Ebola is not spread through airborne transmission. The use of N95 respirators is only recommended during medical procedures (e.g. intubation) where blood or body fluids could become aerosolized.

Ensure you speak to your manager prior to caring for an Ebola patient and review your site specific infection control policy for more details on contact and droplet precautions and the safety procedures that will be followed when caring for an Ebola patient.

When is a person infectious?

A person is only infectious once they begin experiencing symptoms.

When is an employee considered to be exposed to Ebola?

An employee is considered to be exposed at the worksite if he/she meets any of the following conditions:

He/she did not wear the recommended personal protective equipment AND:

- Had direct contact (through broken skin or mucous membranes) with the blood, feces, secretions, organs or any other bodily fluids of infected people, or with surfaces and materials (e.g. bedding, clothing) contaminated with these fluids OR
- Sustained a sharps injury with medical equipment, such as needles, contaminated with infected body fluids.

When should an employee self-monitor at home?

An employee should self-monitor for signs and symptoms of Ebola while caring for and for 21 days after termination of care for a person with a suspected or a confirmed case of Ebola, or at the direction of the Medical Health Officer.

All employees who are self-monitoring will be contacted daily by their local MHO or a designate from Public Health.

What should employees who are self-monitoring do?

- Record temperature twice daily and report any reading $\geq 38.0^{\circ}\text{C}$ to their local Public Health Department.
- Refrain from taking any medications that reduce fever (e.g. Acetaminophen or Ibuprofen) for the duration of the monitoring period, if possible.
- Monitor for appearance of any other early Ebola symptoms including headache, muscle pain and weakness, sore throat, rash, diarrhea or vomiting.

What if symptoms appear when an employee is self-monitoring?

If symptoms appear, employees must **SELF ISOLATE** as quickly as possible.

Call the Medical Health Officer for their geographical location. The Medical Health Officer will provide you with step by step instructions on how to travel to the hospital for medical treatment without exposing others.

Geographic Health Authority Region	Medical Health Officer On-call Phone Number
Vancouver Coastal Health	(604) 527-4893
Fraser Health	(604) 527-4806
Island Health	1 (800) 204-6166
Northern Health	(250) 565-2000
Interior Health	1 (866) 457-5648

Call the Workplace Health Call Centre Occupational Health Nurse at **1-866-922-9464**.

What do staff returning from travel or work in West Africa need to do?

If you are returning from travel or work in West Africa, please contact PHSA Occupational Health occupationalhealthnursing@phsa.ca for further direction. Notify your manager and report to your local Medical Health Officer for further direction.

PHSA Ebola Exposure Protocol

What happens if an employee is exposed at the worksite?

If an employee is exposed (contact without wearing appropriate PPE, or a BBF/blood splash) to either a suspected or confirmed case of Ebola at work, he/she will be required to:

1. Immediately perform first aid.

- a. The site of a percutaneous injury should be thoroughly rinsed with running water, and any wound should be gently cleansed with soap and water.
- b. Mucous membranes of the eyes, nose or mouth should be flushed with running water if contaminated with blood, body fluids, secretions or excretions.
- c. Non-intact skin should be rinsed thoroughly with running water if contaminated with blood, body fluids, secretions or excretions.

2. Notify their Supervisor.

3. Contact their site specific Occupational First Aid Attendant (OFA)

- a. The OFA will provide you with a [Blood and Body Fluid Exposure Package](#) containing two copies of the BC Ministry of Health Forms, HLTH 2339 "Management of Percutaneous Exposure to Blood and Body Fluid/Laboratory Requisition".

4. Go directly to the hospital emergency department.

- a. The emergency physician will contact the Medical Health Officer (MHO) that oversees the employee's workplace geographical location.
- b. The regional MHO will advise the physician of required blood testing for the source and the exposed employee, and specific actions for assessment, treatment, and self-monitoring.
- c. The regional MHO 24/7 on call phone numbers are:

Geographic Health Authority Region	Medical Health Officer On-call Phone Number
Vancouver Coastal Health	(604) 527-4893
Fraser Health	(604) 527-4806
Island Health	1 (800) 204-6166
Northern Health	(250) 565-2000
Interior Health	1 (866) 457-5648

5. Call the Workplace Health Call Centre at 1-866-922-9464

- a. Follow the telephone prompts to speak with an Occupational Health Nurse and to report the exposure as a workplace incident. The employee will need to provide the following information:

Employee full name, Birthdate, and PHN Daytime contact phone number Location/Department Source Name, birthdate and PHN (if known) Exposure Details
--

This information is current as of September 2017 and is subject to change.