

First Responders Management of Suspected or Confirmed Ebola Virus Disease

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Approval:

- *Provincial EVD Preparedness Task Group (version 2.0): 18-Nov-2014*
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Consultations:

- Office of the Chief Medical Officer of Health

Department of Health

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The following guidance has been released by the Department of Health to assist in the management of possible cases of suspected and confirmed Ebola virus disease related to 2014 Ebola Virus Disease (EVD) outbreak in West Africa. Although the risk is very low, Canada could see a small number of cases of EVD among people travelling from the affected areas and/or having close contact with persons sick with EVD. It is likely that these patients will be identified clinically and hospitalized.

Enhanced border measures are in place at international borders to identify travellers from countries where Ebola transmission is occurring. Symptomatic travellers with a possible diagnosis of Ebola will not be allowed to continue travel and will be immediately isolated in nearby hospital. Asymptomatic travellers are allowed to continue to travel and will have to report to public health. Public Health will be monitoring these persons for any signs of illness for 21 days. With enhanced border measures, it is unlikely that a traveller will arrive in NB and Public Health not be aware. However, initial screening for symptoms, travel and exposure history is also done by several points of care. First Responders may be the first to arrive on the scene and have the initial contact with potential cases. The following provides an overview of EVD including risk and recommended precautions.

Transmission

The Ebola virus is transmitted by direct and indirect contact (as defined below) with infected body fluids/tissues. The virus enters the body through small breaks in the skin and through the mucosal membranes. Ebola has a very small infectious dose. Ebola is not transmitted through the air. A person is only contagious once they have symptoms.

Transmission can occur from:

- Direct contact of blood or body fluids (**all** body fluids are potentially infectious) with mucous membranes or broken skin,
- Indirect contact via surfaces and patient care equipment that has been contaminated with blood or body fluids

Notification

- Screening for Ebola has been integrated into ambulance dispatch (MCMC) protocols to enable notification and activation of infection prevention and control protocols as well as specific destination policies.

- Ambulance dispatch (MCMC) can notify 911 (PSAP) within 90 seconds so that police/fire/RCMP can be alerted if they are first on the scene.

Screening

If necessary, First Responders may need to gather information – from client, other sources, or by observation. First Responders should ask if client has at least one of the following symptoms:

- fever (fever or subjective fever or history of fever)
- extreme fatigue or weakness
- sore muscles
- headache
- bloodshot eyes
- sore throat
- abdominal pain
- vomiting
- diarrhea that can be bloody
- bleeding not related to injury
- red rash on the trunk

LIST OF AFFECTED COUNTRIES
Guinea, Liberia and Sierra Leone

If yes, information regarding exposure criteria and travel history must be obtained, specifically

- Has the client travelled to an Ebola affected country within 21 days before onset of symptoms
- OR
- Has contact with an Ebola patient in the 21 days before onset of symptoms.

First Responders must contact PMCC to reach the Medical Officer of Health on call for additional advice and risk assessment if above symptom and exposure criteria are met.

Precautions (if notified of possible Ebola virus disease)

- Use good hand hygiene practices
- Maintain a distance of at least 1 metre from client and the surrounding environment - including blood and body fluids
- Avoid touching or leaning against potentially contaminated objects.
- Only personnel with appropriate training and PPE specifically for EVD should approach the client and the client's environment.