



Office of the
Provincial Health Officer

Primary Care Guideline for the Management of People Concerned About/Potentially Exposed to Ebola

Provincial Ebola Response Task Force

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Primary Care Guidelines for the Management of People Concerned About/Potentially Exposed to Ebola

The recommendations and information contained in this document are subject to change as new evidence emerges. This document is effective as of Nov. 6, 2014.

Preamble

While the probability of Ebola virus disease in British Columbia is low, preparedness to ensure those working in primary health care centres/clinics/services can safely and effectively care for patients is essential.

This document provides, at a high level, British Columbia's guidelines on how to safely assess and manage people who call or present to a primary health care centre/clinic/service concerned about or possibly exposed to Ebola. The British Columbia Primary Care Guidelines for the Management of People Concerned About/Potentially Exposed to Ebola is aligned with the Public Health Agency of Canada *Interim Guidance – Ebola Virus Disease: Infection Prevention and Control Measures for Borders, Healthcare Settings and Self-Monitoring at Home*.

For supplementary information, see the Provincial Health Officer's [Ebola Website for B.C. Health Care Providers](#).

Introduction

This guideline is to assist primary care office staff and clinicians in responding to patients who are concerned about Ebola risk, or patients who present with a history of potential exposure to Ebola. Due to the very broad range of primary care settings in British Columbia, this guideline **should be adapted for your specific setting**. Attached are summary flow charts that summarize these guidelines.

Office staff are often the first point of contact and, in some clinics, play a critical role in the initial assessment and triage of patients. They should be made aware of their role as described below.

The outbreak of Ebola virus disease affects the West African countries of Guinea, Liberia, and Sierra Leone.¹ It remains highly unlikely, but not impossible, that travelers infected in these countries could develop symptoms after returning to British Columbia.

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** considered a risk to be infected with Ebola.

Transmission of Ebola virus occurs through direct contact with infected animals; exposure through broken or non-intact skin or mucous membranes with blood, body fluids or tissues of infected persons; or medical equipment that is contaminated with infected body fluids. People do not transmit Ebola before they develop symptoms.

The incubation period (time from exposure to onset of symptoms) of Ebola virus disease ranges from two to 21 days. For asymptomatic people who may have been exposed more than 21 days ago, Ebola does not need to be considered in the differential diagnosis.

Ebola virus disease is a severe, often fatal, acute viral infection that causes hemorrhagic fever in humans and animals. Symptoms consist of sudden onset of fever, intense weakness, muscle pain, headache and sore throat. This is followed by vomiting, diarrhea (sometimes bloody), rash, impaired kidney and liver function and, in about 50% of cases, both internal and external bleeding. Treatment is supportive.

This guideline covers **two possible scenarios** for people with Ebola-related concerns – people who call a primary health care provider and people who arrive at a primary health care centre unannounced. For both scenarios, the overall approach consists of:

1. an initial risk assessment to determine:
 - whether the person may have been exposed to Ebola, and
 - whether the person has symptoms;
2. consultation with a medical health officer for further risk assessment; and
3. subsequent investigation, treatment and care.

In addition, please note that while obtaining a travel history is an important part of clinical care, the reality is that there are very few travelers to B.C. from Guinea, Liberia, and Sierra Leone. This guideline *does not suggest* that every patient calling or presenting be queried about potential Ebola exposure.

Medical health officer phone numbers are at the end of this guideline.

Scenario A – People who call a health care provider

Office Staff Role

If someone calls concerned about Ebola, determine:

- 1. Has the person has been potentially exposed to Ebola?**
- 2. Does the person have any symptoms?**

To determine a potential exposure to Ebola, ask whether the patient:

- ▶ has traveled from the West African countries of Guinea, Liberia, or Sierra Leone within the past 21 days;
- ▶ may have had contact with an Ebola patient; and
- ▶ is well or if they have any symptoms.

If the person does not have any symptoms and has not had a potential exposure, they can be reassured that they are not at risk of Ebola, and reminded that they can call 8-1-1 if they continue to be concerned about Ebola or have other health concerns.

If potential exposure is ruled out, but the person has symptoms, normal telephone protocols should be followed to determine whether the person should be seen in the clinic regarding the possibility of another illness.

If the person calling reports a potential exposure and does not have symptoms, tell them that you will ask the medical health officer to call them to provide advice. Call the medical health officer (numbers listed at end) and provide the patient contact information (name, phone numbers, email and street address).

If the person calling reports a potential exposure and has symptoms (i.e., fever 38⁰C or higher; or reports feeling generally unwell, with muscle aches, headache, red eyes, sore throat, stomach ache, vomiting, diarrhea, unusual bleeding or bruising, rash on the trunk), they should be told not to come to the clinic or any other clinic, and their health status should be assessed by a clinician over the telephone.

Clinician Role

If, on telephone assessment, the person with potential exposure and symptoms is relatively well, tell them you will ask the medical health officer to call them to provide advice. Call the medical health officer and provide the clinical and patient contact information (name, phone numbers, email and street address).

If the person calling is unwell, the clinician should keep the person on the line or tell them to stand by, and then call the medical health officer on an urgent basis to assist with the risk assessment. If feasible, arrange a three way conversation between the patient, clinician and medical health officer – or connect the patient to the medical health officer – to determine whether the patient should be investigated for Ebola.

Scenario B – People who arrive at a primary health care centre

Office Staff Role

The following description assumes that the entire clinic assessment will be done by the clinician. If office staff are to do the preliminary assessment, then this guideline should be modified accordingly.

Clinician Role

If someone arrives for an appointment concerned about Ebola, determine:

- 1. Has the person has been potentially exposed to Ebola?**
- 2. Does the person have any symptoms?**

To determine a potential exposure to Ebola, ask whether the patient:

- ▶ traveled from the West African countries of Guinea, Liberia, or Sierra Leone within the past 21 days, if symptom free; or
- ▶ traveled within the past 21 days of symptom onset from the West African countries of Guinea, Liberia, or Sierra Leone, if the person has symptoms; or
- ▶ may have had contact with an Ebola patient; or
- ▶ worked in a laboratory that handles Ebola specimens.

If the person does not have any symptoms and has not had a potential exposure, they can be reassured that they are not at risk of Ebola, and reminded that they can call 8-1-1 if they continue to be concerned about Ebola or have other health concerns.

If potential exposure is ruled out and the patient has symptoms, normal assessment protocols should be followed to evaluate their symptoms for other infectious diseases such as malaria and gastroenteritis.

If the person has had a potential exposure and is symptom free, tell the patient the medical health officer or a public health nurse will contact them to evaluate their risk and provide advice about monitoring their health. Release the patient and advise them that if, after leaving, they have additional questions or concerns, in addition to calling the health care centre, the patient may also call 8-1-1. Call the medical health officer to arrange for the medical health officer after-visit follow up and provide the medical health officer with the patient contact information (name, phone numbers, email and street address).

If the person with a potential exposure has symptoms (i.e., fever 38°C or higher; or one symptom of malaise, myalgia, severe headache, red eyes, 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), do the following:

1. **Immediately place them in a separate room** (with a private bathroom if available);
2. **Call the medical health officer on an urgent basis** to assist with further risk assessment and advice;
3. If the patient has respiratory symptoms, **provide them with a surgical mask**;
4. If the history (i.e., vomiting, diarrhea, appearance) suggests they have contaminated clothing, **provide them with a gown** to cover their clothing.

Direct contact (i.e., touching the patient) should be avoided, but if direct contact with the patient is deemed necessary, appropriate infection control precautions must be instituted based on the clinical presentation (i.e., leave records, instruments, other objects outside the room; put on a surgical facemask, eye protection, gloves, and single use gown; and perform hand hygiene after removing personal protective equipment). **Please check now to make sure you have these supplies available in your clinic.**

If the medical health officer advises to transfer the patient to the emergency department, the patient may take their own vehicle if well enough to drive themselves, or be driven by someone who has already had contact with them. Otherwise, patients should be transferred via ambulance by calling 911. **Notify the receiving emergency department (and the ambulance dispatch service if being used) that a “person under investigation for Ebola” is being sent**, so they can take appropriate precautions.

Room Decontamination

Do not use the examination room in which a patient transferred to the emergency department was examined and/or isolated in until you speak with a medical health officer about cleaning and decontamination.

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

Calling the Medical Health Officer

When you call, be explicit that you are calling about an urgent matter related to Ebola.

The medical health officer for your region can be reached at the following numbers:

Fraser Health: 604 587-3828 (M-F, 8:30-4:30) **OR** 604-527-4806 (after hours)

Interior Health: 1 866 457-5648 (24/7)

Island Health: 250 519-3406 (M-F, 8:30-5:00) **OR** 1 800 204-6166 (after hours)

Northern Health: 250 565-2000 (24/7)

Vancouver Coastal Health: 604 675-3900 (M-F, 8:30-5:00) **OR** 604-527-4893 (after hours)