

## **Ebola Preparedness in British Columbia**

FAQ for Health Authority Staff and Health Care Workers, May 2015

*Please note – while a small number of health authority staff will actually be involved with treating persons under investigation for or confirmed as having Ebola, this information is being shared with all staff, to help answer questions you may have about British Columbia’s Ebola response protocols. To read all of the provincial documents and guidelines around Ebola preparedness, please visit the Provincial Health Officer website, at*

<http://www2.gov.bc.ca/gov/topic.page?id=CA65B72A0D5C4B40A8CD90E346D447A7>.

### **Q. I have not been trained on Personal Protective Equipment (PPE) – will I be expected to treat a patient with Ebola?**

- If you have not been trained on proper PPE use, you would not be expected to treat a patient who is confirmed or under investigation for Ebola – that would be a health and safety issue.
- If you work in an area where a potential Ebola patient may present (such as an emergency department) and you are not familiar with the assessment procedures or PPE (based on your facility), contact your supervisor to ask to be trained.
- Most staff who work in a Type 1 facility will only need to be trained on lower transmission risk guidelines, using lower transmission risk PPE, which is similar to that used in many infectious disease situations you may already face. That said, how to put the PPE on and take it off is very specific for EVD, and you will need to be trained to do that safely.
- To read the full provincial PPE guidance and training documents, visit <http://www2.gov.bc.ca/gov/topic.page?id=CA65B72A0D5C4B40A8CD90E346D447A7>.

### **Q. Will I be forced to care for an Ebola patient if I do not want to?**

- All employees are required to perform the work outlined in their job descriptions – which includes providing care for all patients who present to their place of work, unless the work is deemed not safe (see Occupational Health and Safety regulation 3.12).
- Having said that, only staff who volunteer will work in the designated Ebola Virus Disease (EVD) treatment areas for confirmed EVD patients, and they will receive the training they need to provide this care safely.

### **Q. Will nurses or doctors be expected to perform different duties than they would normally do (such as cleaning rooms)?**

- If there is a person under investigation for EVD or confirmed to have EVD in BC, we will be following a principle of “fewest people in the room” during their care and treatment. This will ensure the lowest possible chance of contamination, and will ensure that only properly trained and protected health care workers are involved.
- That means that, while these duties may not specifically be found in the nurses’ or physicians’ job descriptions, performing additional duties such as cleaning are reasonable related duties.

- The provincial Expert Clinical working group has provided a comprehensive reference document that outlines the expected roles and responsibilities of health care staff in these situations. That document can be found at <http://www2.gov.bc.ca/gov/DownloadAsset?assetId=B142C49B89F046F2A1D0504D127ACDD1&filename=recommended-personnel-for-evd-cases.pdf>.

**Q. Will I have to work over-time if there are not enough staff to care for an Ebola patient?**

- While overtime is always a possibility in health care settings, caring for a patient who is confirmed to have Ebola, or is under investigation for Ebola means that you will be dealing with donning and doffing extensive personal protective equipment, and working under circumstances that are perhaps more stressful and onerous than usual.
- That means that every effort will be made to ensure that shifts are not overly long, and that there is sufficient staff coverage to ensure a safe, effective work environment.

**Q. Will I be forced to be trained on Ebola safety precautions if I do not want to treat any Ebola patients?**

- All employees are required to perform the work outlined in their job descriptions, which includes caring for any patients that present to their health care facility.
- That means that to ensure patient and staff safety, you may be required to be trained on Ebola safety procedures, including donning and doffing of PPE, assessment and referral protocols for patients under investigation and other general safety procedures.

**Q. Why do you say that when treating lower transmission risk patients, health care staff only need to wear lower transmission risk PPE, but when they are brought in by ambulance, the paramedics are wearing the higher transmission risk PPE?**

- Ambulance paramedics will likely be wearing an additional level of personal protective equipment to transport lower transmission risk patients – this does NOT mean that you also need to wear higher transmission risk PPE to assess or care for lower transmission risk patients.
- Paramedics are instructed to wear higher transmission risk PPE when transporting patients under investigation, simply because of the working conditions they are in – they are driving in a confined space for a potentially long period of time with a patient.
- These are very different circumstances than assessing and caring for a lower transmission risk patient in hospital.
- Our provincial guidelines (which are consistent with those issued by the Public Health Agency of Canada and the US Centers for Disease Control) recommend using lower transmission risk PPE when assessing and managing any lower risk patients, and are used along with other controls (such as minimizing the number of staff in the room, conducting initial assessment with no contact, and potentially preparing to transfer the patient to another facility) to minimize the risk to health care workers and ensure we can safely care for patients.

**Q. I have facial hair, but have not been fit-tested for an N95 respirator. Do I need to shave to be properly fit tested?**

- The N95 respirator is NOT required as part of the designated lower transmission risk Ebola personal protective equipment unless an aerosol generating medical procedure is planned (please see the full PPE guidelines at <http://www2.gov.bc.ca/gov/topic.page?id=CA65B72A0D5C4B40A8CD90E346D447A7>).
- That said, there are many other instances where an employee may be required to wear a properly fit-tested N95 respirator – including when treating a higher transmission risk or confirmed Ebola patient.
- Shaving is a pre-requisite for fit testing to ensure safety and a proper fit, and as long as the requirement to shave does not violate the Human Rights Code (for example, on religious grounds), the employee is expected to comply.
- If you have concerns about fit-testing you should speak to your supervisor or occupational health and safety department.

**Q. What compensation will be paid to staff who are exposed to suspected or confirmed Ebola patients? Am I entitled to “danger pay” or an extra stipend for working on a unit where an Ebola patient is being cared for?**

- Caring for a person under investigation for Ebola is considered to be no different from caring for any other patient, given that there is always the risk that a patient may have an unknown infectious disease.

**Q. If I provide care to an Ebola patient, am I allowed to care for other patients as well? Will I be quarantined for 21 days?**

- In general, if you are caring for an EVD patient you will not be working on other wards at the same time.
- As long as infection control precautions have not been breached, team members caring for an EVD patient will not be restricted in their movements in the hospital and community, as long as they remain well and asymptomatic, and are self-monitoring daily with occupational health/public health.
- It is not expected that staff will be quarantined or asked to self-isolate if they have cared for an EVD patient, unless infection control precautions were breached. In that situation, an assessment would be done on a case-by-case basis with public health and occupational health to ensure the health care worker is carefully monitored and can receive care immediately should they develop symptoms, and will likely be asked to stay close to a Type 2 or 3 designated facility. In most cases, staff will self-monitor daily, working closely with occupational health/public health for the time they are caring for an EVD patient and for 21 days after.
- That said, if you have been treating a person confirmed as having Ebola and you plan to travel during the 21-days post exposure, contact your local Medical Health Officer ahead of time to

ensure arrangements for ongoing follow up can be made during your travel.

**Q. If I am required to be quarantined, will living accommodations be provided?**

- “Quarantine” in the strict sense is not required because of exposure to a patient with Ebola. Depending on the nature of the exposure, some people may be asked reduce or limit their contact with others (or self-isolate), or limit travel. Our Ebola working groups have developed detailed contact management guidelines, which outline the requirements for people potentially exposed to Ebola. They have been shared with health authorities and are posted on the Provincial Health Officer website, at <http://www2.gov.bc.ca/gov/DownloadAsset?assetId=AC34B877F5244770A4B0FF2190150BD2&filename=british-columbia-ebola-virus-disease-evd-contact-investigation-and-management-guideline.pdf>.
- Under certain circumstances, the contact management guidelines may result in potential out-of-pocket expenses – such as the need for alternate living arrangements.
- While each situation will be looked at on a case-by-case basis, if alternate accommodation is needed for the duration of a quarantine period, it will be provided at no expense to the health care worker.
- Any potential additional expenses will be looked at on a case-by-case basis, but as a general principle, staff should not expect to be negatively affected financially as a result of following the contact management guidelines.

**Q. What does “Avoid mass gatherings” mean (e.g. can I go to a grocery store)?**

- There are a couple of reasons that you are asked to avoid mass gatherings if you are in the 21-day monitoring period.
- The first is it reduces the possibility that you may pick up a common infection, like a cold or flu, which have similar symptoms to EVD in the early stages. Should you come down with those symptoms, you may need to be tested for EVD, so it is important that you reduce that risk as much as possible.
- If you DO develop symptoms, you will need to self-isolate as quickly as possible, to reduce the number of people you come into contact with, potentially exposing them to illness. For that reason, you are advised to avoid mass gatherings, such as a large concert/sporting event, where it would be difficult to leave quickly without exposing other people.
- Those in the at ‘at-risk’ or ‘at low risk’ category can make short trips, such as going to the grocery store, and attend events where it is possible to leave quickly without exposing others in the event that symptoms develop. However, you are advised to practice strong infection control practices, such as regular hand washing, and staying away from individuals who are sick.

**Q. If I am 'at higher risk', what does limiting contact mean?**

- Those at higher risk have had a known exposure or a breach in their PPE and need to take precautions to prevent exposing others should symptoms develop from their exposure.
- Because symptoms may develop overnight, it is recommended to sleep in a separate bedroom to avoid inadvertently exposing a bed partner.
- Self-isolating and limiting social interactions have two goals: first, to avoid being exposed to others who may be infectious with a more common illness (e.g., a cold), and second, to avoid being in a setting where others would be exposed if symptoms developed.
- Important social interactions should be discussed with the Medical Health Officer who can provide direction on how best to manage these events.

**Q. Am I allowed to cross the border?**

- Those in the 'at risk' and 'at low risk' categories are required to report any planned travel to Public Health during their monitoring period. This includes border crossings, or travel outside of the region (e.g., from Surrey to Vancouver Island or Kelowna).
- The purpose of reporting travel is to ensure that monitoring is continued for the time away, and that the Care Plan is updated to include what should be done if symptoms develop away from home.
- Those in the 'at higher risk' category are recommended to self-isolate and therefore not allowed to travel.

**Q. What if anti-pyretics (such as Tylenol) are part of the HCW's usual medication?**

- Medications should be reviewed at the start of the monitoring period to identify any medications that might interfere with the identification of symptom onset. Continued use of usual medications should not interfere with symptom monitoring. However, you may be advised on how best to take medications so that they are less likely to interfere with temperature monitoring times.

**Q. What will happen to my pet if I develop symptoms?**

- The Contact Management guidelines for BC have updated as of April 2015 with regards to recommendations for the care of pets. Please see at: <http://www2.gov.bc.ca/gov/topic.page?id=CA65B72A0D5C4B40A8CD90E346D447A7>.
- A Care Plan for the care of your pet should you develop symptoms needs to be identified at the start of your monitoring period, or earlier if possible. This includes who would provide care for the pet if symptoms develop and contact needs to be ceased immediately.
- In the event that a pet was exposed to a symptomatic owner and the owner tests positive, the pet will need to be assessed for its risk of exposure/infection. If the pet was exposed, it will need to be quarantined or euthanized depending on the risk and the feasibility of quarantine.

**Q. What kind of intimate contact can I have with my partner?**

- Those in the 'at-risk' or 'at low risk' categories may have intimate contact with their partner during their monitoring period as long as they are asymptomatic.