First Responder Ebola Virus Disease FAQ

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 of the mucous membranes or non-intact skin with blood or body fluids from an infected person or animal.

What are the symptoms of EVD?

Symptoms can begin 2 to 21 days after exposure.

- Initial symptoms include sudden onset of:
  - Fever
  - Chills
  - Headache
  - Muscle pain and weakness

- Additional symptoms may include:
  - Rash
  - Nausea, vomiting and diarrhea
  - Chest and abdominal pain
  - Jaundice
  - Swelling and pain in the stomach area
  - Severe weight loss
  - Delirium
  - Shock
  - 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;
- blood, body fluids or tissues of infected persons; or
- medical equipment, such as needles and syringes, contaminated with infected body fluids.

Using appropriate personal protective equipment (double gloves, fluid resistant gown, mask, eye protection) is the best way to protect oneself against Ebola. Please refer to your site specific infection control manual or protocols for more information. Use extreme care when working around sharps to reduce risk of percutaneous injury. As long as rigorous routine, contact, and droplet precautions are used, the risk of contracting Ebola is very low. Ebola is not spread through airborne transmission.

Ebola cannot be spread:
- In the air
- Through food or water
- Via an infected person who does not have symptoms

When is a person infectious?

A person is considered infectious once they begin experiencing symptoms.

When is a first responder considered to be exposed to Ebola?

A first responder is considered to be exposed at the worksite if he/she meets 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

What happens if a first responder is exposed at the worksite?

If a first responder is exposed (contact without wearing appropriate PPE, or a BBF/bloodsplash) to either a suspected or confirmed case of Ebola at work, he/she will be required to immediately perform first aid:

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

After performing first aid he/she should contact their appropriate health and safety officer. Immediately phone the dedicated BC Ambulance phone number for your area that is used for immediate contact with BCAS Dispatch. Direct consultation with the Medical Health Officer for their
geographical area will be arranged, and depending on their scenario, the Medical Health Officer will advise the first responder on the specific recommended actions for their personal care and monitoring for signs and symptoms of Ebola.

When should a first responder self-monitor at home?
A first responder 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. All first responders who are self-monitoring will be contacted daily by occupational health and/or their local MHO.

What should first responders who are self-monitoring do?
- Record temperature twice daily and report any reading ≥ 38.0°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 symptoms including headache, muscle pain and weakness, sore throat, rash, diarrhea or vomiting.
- If symptoms appear, they must SELF ISOLATE as quickly as possible and immediately call their local Public Health Department. Public Health will arrange direct discussion with the medical health officer for your geographical area to provide you with step by step instructions on how to travel to the hospital for medical treatment without exposing others.
- Communication and notification within your own organization should be immediately established internally.

When should a first responder contact their health and safety officer?
First responders should contact their health and safety officer if they:
- Are caring for/have cared for a person with suspected/confirmed case of Ebola without the appropriate use of personal protective equipment.
- Are unsure if they meet the exposure criteria.
- Meet the exposure criteria.
- Are caring for/have cared for a suspected/confirmed case of Ebola and have symptoms of Ebola.

References:

Additional Information:
- Public Health Agency of Canada: Ebola Virus Disease - Health Professionals
Settings and Self-Monitoring at Home

WHO: Ebola Global Alert and Response

WHO Ebola: Protective measures for medical staff

BCCDC: Ebola Virus Disease Overview

Information for travellers returning from Africa

This information is current as of November 10, 2014 and is subject to change.