

Medical Health Officer Ebola Virus Disease (EVD) Risk Assessment Algorithm

In the 21 days prior to symptom onset, has the patient:

- ▶ Lived in or travelled to/from Guinea, Liberia or Sierra Leone?
- OR ▶ Been exposed to a suspected or confirmed case of Ebola?
- OR ▶ Been told to self-monitor for EVD?

YES

NO

Fever in the last 24 hours
or EVD symptoms?

NO

Ensure public health monitoring
in place for 21 days after leaving
affected area or last exposure.
Make plan for care in case
symptoms develop.

- Routine practices.
- Triage normally.

YES

Advise regarding EVD infection control precautions

- Provide mask and gown to patient.
- Avoid contact with patient and body fluids.
- Single room.
- Don personal protective equipment:
 - don and doff according to protocol, and
 - refer to the B.C. PPE guidelines for equipment, and donning and doffing.
- Limit and record all staff and visitors involved with patient.

Medical health officer (MHO) performs risk assessment and will convene expert risk assessment team if EVD is in the differential diagnosis

Members include:

- MHO, attending physician, medical microbiologist, infection control, infectious diseases, intensive care
- Provincial laboratory
- Provincial health officer (will notify the Fraser Health MHO and BC Ambulance Service medical director if patient will be tested for EVD)
- Patient Transfer Network: 1 866 233-2337
- Receiving hospital (contact made by Patient Transfer Network)

Refer to the risk factor list (over) and B.C.'s *Recommendations for Emergency Departments in Caring for Potential Ebola Virus Disease (EVD) Patients* for additional assessment questions.

Decision to transfer (decision should be made in collaboration with the receiving site)

- Probability of Ebola?
- Patient stable?
- Duration of symptoms?
 - If >72 hours since symptom onset, can be quickly ruled out with one test if lab is nearby.
 - If <72 hours since symptom onset, may need to manage for 72 hours.
- Distance to lab that can run Ebola PCR?
- Availability of transport and distance to receiving hospital (Patient Transfer Network)?
- Beds at receiving site?

Initiate public health follow-up: www.phac-aspc.gc.ca/id-mi/vhf-fvh/cases-contacts-cas-eng.php
Remember to connect with first responders if they transported patient to clinic/hospital.

EVD Signs and Symptoms

Fever, malaise, myalgia, severe headache, conjunctival injection, 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.

Risk Factors

In the 21 days prior to symptom onset:

- Travel to outbreak areas (Guinea, Liberia, Sierra Leone)
- Percutaneous or mucous membrane exposure to fluids of a confirmed or probable case of EVD
- Direct skin contact with body fluids of a confirmed or probable case of EVD
- Health care provider of confirmed or probable case of EVD
- Direct exposure to human remains (funeral or burial rites) in an outbreak area
- Patient or visitor to a facility where confirmed or probable cases of EVD are being treated
- Direct unprotected contact with bats or primates from EVD-affected country

Aerosol Generating Medical Procedure (AGMP)

Any procedure conducted on a patient that can induce production of aerosols of various sizes, including droplet nuclei:

- Intubation and related procedures (e.g., manual ventilation, open endotracheal suctioning)
- Cardiopulmonary resuscitation
- Non-invasive positive pressure ventilation (CPAP, BiPAP)
- Nebulized therapy
- Sputum induction
- Bronchoscopy

If patient received AGMP, ensure health care workers involved are documented and monitored.

24/7 Teleconference Line 1 877 385-4099

(moderated by the medical health officer)

Lower Mainland: **604 899-2339**

Participant Conference Access code: **8356009 #**

Moderator code: **1410174 #**