RH ASSESSMENT OF POTENTIAL COMMUNICABLE VIRAL HEMORRHAGIC FEVER (VHF) eg. Ebola Virus Disease (EVD)

TRIAGE

1

1. Have you travelled within 21 days to VHF-affected areas, **OR** had contact with an individual with onset of symptoms within 21 days of travel to an VHF-affected area **OR** have been instructed to self-monitor for VHF in the past 21 days?

2. Do you have any of the following symptoms: fever, malaise, muscle aches, severe headache, red eyes, sore throat, abdominal pain, vomiting, diarrhea that can be bloody, bleeding not related to injury, unexplained bleeding, or a red bumpy rash on your body?

YES to BOTH

NO to EITHER

INITIAL ISOLATION

2

INITIAL ISOLATION PENDING PHYSICIAN ASSESSMENT

- 1. Contact + Droplet + Airborne Precautions
- 2. Have patient put on surgical mask.
- 3. Use designated ED isolation room (ED-4 in the RH ED). Post "Restricted Access" sign and "Sign in sheet"
- 4. Notify EP; do not draw blood until MD assessment complete

Continue routine triage assessment

TEAM RISK ASSESSMENT

3

- 1. Emergency Physician (EP) Assessment (see page 2 for more details)
- 2. EP notifies Medical Microbiologist on Call (MMOC) (604-875-5000)
- 3. MMOC liaises with:
 - a. Infection Prevention and Control Team (IC) (604-244-5156)
 - b. Medical Health Officer (MHO) (604-527-4893) [should already be involved in most cases]
 - c. Infectious Diseases (ID) if possible
 - d. Duty Administrator on Call (AOC) 604-707-1344
- 4. Patient Care Coordinator (PCC) notifies Staff Support Coordinator (SSC)

ISOLATE AND TEST

4

EVD SUSPECTED: Management is based on Team Risk Assessment

Phlebotomy to be performed by experienced phlebotomists only. Until EVD is ruled out, order only the following:

- 1. Malaria Screen (repeat q8-12h X 2, if initially negative)
- 2. Blood cultures x2, CBCD, Lytes, AST, T-bili, PTT, SCr, Glucose, lactate, Trop
- 3. Ebola PCR (blood)

EVD NOT SUSPECTED

Investigate and isolate as appropriate

DISPOSITION

5

Hold in designated area or transfer to designated institution as appropriate, in consultation with EP, MMOC, IPAC, MHO, ID, AOC.

Transfer as appropriate



Case Definitions

(3a)

Team Risk Assessment: PHAC Point of Care Risk Assessment (PCRA)

"HCWs should have sufficient knowledge, skills and resources to perform PCRA before every interaction with a patient to apply appropriate control measures."

- Patients with symptoms should be assessed in a timely manner for EVD and for other alternative or co-existing potential communicable infections (e.g. malaria, dysentery, typhoid fever, tuberculosis, measles, gastroenteritis).
- Assess for travel within 21 days to Ebola-affected areas, or contact with an individual with onset of symptoms within 21 days of travel to an Ebola-affected area.
- Assess for symptoms of EVD: presenting with a fever of ≥ 38.6°C (101.5°F) and at least one of the following additional symptoms: malaise, myalgia, severe headache, conjunctival injection, pharyngitis, abdominal pain, vomiting, diarrhoea that can be bloody, bleeding not related to injury, unexplained haemorrhage, and erythematous maculopapular rash on the trunk".

References

PHAC, Table 1: Monitoring and Surveillance of Travelers arriving from Ebola Virus Disease (EVD) affected areas

CDC reference for evaluating patients with EVD

CDC reference for Assessing VHF in a returning traveler

Refer to the WHO website for the most up to date information on Ebola-affected areas.

Exposure Risk Assessment

(3b)

HIGH RISK EXPOSURE - CDC recommends testing for EVD*

- Direct contact with symptomatic EVD case, their body fluids, their corpse, or any other known source of Ebola virus without adhering to recommended Infection Prevention and Control (IPC) precautions; or due to a breach in IPC precautions.
- Unprotected sexual contact with an acute or convalescent EVD case.

LOW RISK EXPOSURE - CDC recommends testing for EVD*

- Direct contact with a symptomatic EVD case, their body fluids, their corpse, or any other known source of Ebola virus **while** adhering to recommended IPC precautions and no known breach in IPC precautions.
- Living in the same household but did not have direct contact with a symptomatic EVD case or their body fluids (e.g. through contaminated surfaces).
- Having only casual interactions (e.g. sharing a seating area on public transportation or the same waiting room) and no direct contact with an EVD case or their body fluids.

NO KNOWN RISK EXPOSURE - CDC recommends consulting IPAC and Local Health Department re: assessing need for testing*

- Present in EVD outbreak country within the last 21 days BUT has no high or low risk exposures.
- May have interacted with an asymptomatic person who has been providing care or living in the same household as an EVD case.