Initial assessment and management of the returning traveller from countries/areas affected by Ebola virus disease for Emergency Medical Services

October 20, 2014

This document is intended to assist in the initial assessment and management of both symptomatic and asymptomatic returning travellers from countries/areas affected by Ebola virus disease. As the risk of Ebola virus disease in Ontario is currently very low, routine screening specifically for Ebola virus disease is not currently recommended. Usual screening practices for your setting should continue. Patients with a recent travel history should be asked about travel to countries/areas affected by Ebola virus disease. Please visit www.publichealthontario.ca/ebola for updated information on Ebola virus disease.

ASSESSMENT

1. TRAVEL HISTORY

In the past 21 days, have you been to any of the following countries/areas?

Note: These countries/areas are current as of October 20, 2014. For updated geographic information, visit the Public Health Ontario website

- Guinea
- Sierra Leone
- Liberia
- Democratic Republic of the Congo (Equateur Province)

   YES ☐   **NO** ☐

2. FEVER OR OTHER SYMPTOMS (Note: patients WITHOUT symptoms CANNOT transmit EVD)

Are you feeling unwell with symptoms such as:

• Fever of 38°C (101°F) or greater	Yes ☐ No ☐		• Diarrhea	Yes ☐ No ☐
• Feeling feverish	Yes ☐ No ☐		• Vomiting	Yes ☐ No ☐
• Severe headache	Yes ☐ No ☐		• Sore throat	Yes ☐ No ☐
• Muscle pain	Yes ☐ No ☐		• Stomach pain	Yes ☐ No ☐

YES to ANY of the above ☐   **NO** to ALL of the above ☐

Travel history	Fever or other symptoms	Action for Emergency Medical Services (EMS)
Yes	**Yes**	• Dispatch should advise paramedics that the patient has a travel history to an affected country/area and symptoms compatible with Ebola virus disease • Paramedics should initiate contact and droplet precautions immediately (Note: Ebola virus disease is NOT spread through the airborne route); For paramedics as per the Ambulance Act, PPE would consist of a full face shield, a fit tested sealed N95 mask, gloves and fluid resistant gowns. Except for the N95 mask, this is as per IPAC Guidance for Patients with Suspected or Confirmed Ebola Virus Disease (EVD) in Ontario Health Care Settings. Additional precautions such as a fluid impermeable gown, head covering and leg/foot covering (as per IPAC Guidance for Patients with Suspected or Confirmed Ebola Virus Disease (EVD) in Ontario Health Care Settings) may be indicated based on the clinical presentation of the patient, such as in situations where gross contamination is possible (e.g., significant bleeding, vomiting or diarrhea) • Isolate the patient from any further direct contact with persons not wearing full PPE. Transfer patient to the ambulance as soon as possible. Wrap patient in linen as much as possible to avoid environmental contamination • If the patient is coughing, provide them with a surgical mask to wear if tolerated. If the patient requires oxygen, a nasal cannula under the mask can be used or an oxygen mask with a filter system should be used (e.g., high concentration / low flow oxygen mask) as appropriate • Do not attempt aerosol generating medical procedures such as nebulized therapy or endotracheal intubation unless absolutely necessary. If patient is in cardiac arrest, provide CPR and bag valve mask (BVM) only • Both dispatch and the paramedics should notify the receiving emergency department of the travel history and symptoms of the incoming patient in order to ensure appropriate assessment and infection prevention and control precautions on arrival • Do not wear PPE in the cab of the ambulance. The driver should remove PPE and perform hand hygiene as per PIDAC's Routine Practices and Additional Precautions document and videos. If assisting with transferring the patient to the ER on arrival at the hospital, the driver should put on appropriate PPE • All discarded PPE and materials contaminated with blood or body fluids must be taken to the hospital in a bio-hazard bag and disposed of there; do not discard any on the scene or outside of a hospital setting • Once the patient has been transferred to the emergency department stretcher, immediately clean any surfaces or equipment the patient or their body fluids have physically contacted (e.g., stretcher, ambulance surfaces) with an approved hospital-grade cleaner/disinfectant as per PIDAC's Environmental Cleaning for Prevention and Control of Infections • Soiled linen should be placed in leak-proof bags at the point of use and placed in linen containers as per service procedure. Container surfaces should be disinfected before removal from site. Services should speak with their contracted linen supply company for specific direction. Laundry staff should be aware of the potential risk and wear appropriate PPE while handling soiled linen. • Remove PPE and perform hand hygiene as per PIDAC's Routine Practices and Additional Precautions document and videos
Yes	No	• Check the patient's temperature. If febrile, or the patient gives a history of fever greater than 38.0°C, manage as per above. • Otherwise provide usual care
No	**Yes**	• Follow usual EMS protocols based on presentation
No	No	• Usual EMS care

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