

Ebola Virus Disease

Directive #3

Issued under Section 77.7 of the Health Protection and Promotion Act, R.S.O. 1990, c. H.7 (“HPPA”)

WHEREAS under section 77.7(1) of the HPPA, if the Chief Medical Officer of Health (“CMOH”) is of the opinion that there exists or there may exist an immediate risk to the health of persons anywhere in Ontario, he or she may issue a directive to any health care provider or health care entity respecting precautions and procedures to be followed to protect the health of persons anywhere in Ontario;

AND WHEREAS, under section 77.7(2) of the HPPA, for the purposes of section 77.7(1), the CMOH must consider the precautionary principle where in the opinion of the CMOH there exists or there may exist an outbreak of an infectious or communicable disease and the proposed directive relates to worker health and safety in the use of any protective clothing, equipment or device.

AND HAVING REGARD TO Ebola Virus Disease (EVD), associated with a high fatality rate, and is currently spreading in certain countries in West Africa and is at risk of spreading to Canada and to Ontario.

I AM THEREFORE OF THE OPINION that there exists or may exist an immediate risk to the health of persons anywhere in Ontario from EVD;

AND DIRECT pursuant to the provisions of section 77.7 of the HPPA that:

This Directive includes guidance on control measures for EVD that may include a higher level of precautions than is being recommended by the Public Health Agency of Canada or the World Health Organization. The CMOH is recommending these control measures based on the application of the precautionary principle. Where there is a discrepancy, health sector employers and health care workers in Ontario are encouraged to follow the control measures in this Directive.

Precautions and Procedures for Primary Care Settings

Date of Issuance: December 9, 2014

Effective Date of Implementation: December 9, 2014

Issued To:

- Primary Care Providers

All facilities/personnel providing care in:

- Ambulatory Care Settings that deliver primary care to patients that present with acute illness
- Specific sector(s): _____

Affected Local Health Integration Networks:

- X All
- Erie St. Clair
- South West
- Waterloo Wellington
- Hamilton Niagara Haldimand Brant
- Central West
- Mississauga Halton
- Toronto Central
- Central
- Central East
- South East
- Champlain
- North Simcoe Muskoka
- North East
- North West

Introduction

Ebola virus disease (EVD) is associated with a high fatality rate, and widespread transmission is currently affecting several countries/areas in West Africa. Although the risk in Canada is very low, Ontario's health care system must be prepared for the possibility of persons with the disease, or incubating the disease, entering the province.

In Ontario, those most at risk are individuals recently returned from affected countries/areas in West Africa who were exposed to a person with EVD and health care workers that manage suspect¹ or confirmed cases of EVD in Ontario health care settings. The Ministry of Health and Long-Term Care maintains a list of the affected countries/areas on its EVD Website at www.ontario.ca/ebola.

This Directive provides guidance to primary care providers in ambulatory care settings that deliver primary care to patients that present with acute illness, such as physicians' offices (including walk-in clinics) and nurse practitioner offices. This Directive provides information on the precautions and procedures necessary to protect the health of patients and workers and significantly reduce the risk of spreading EVD.

The guidance in this directive can be implemented in principle for primary care providers not working in ambulatory care settings, such as pharmacies, midwifery practice groups, dental offices and others.

EVD infection occurs from direct contact with the blood or other body fluids of infected people. Infection can also occur if a person comes into contact with environments that have become contaminated with a confirmed case's blood or body fluids (urine, saliva, sweat, feces, vomit, breast milk and semen). A person infected with EVD cannot transmit the virus unless he/she exhibits symptoms. Contagiousness is low at the beginning of illness and progresses with the course of illness.

Public Health Monitoring of Travellers from West Africa

The Public Health Agency of Canada's (PHACs) Quarantine Services Program identifies travellers from affected countries/areas in West Africa at the Canadian border. All passengers arriving from EVD affected countries/areas are referred to a PHAC Quarantine Officer for an assessment, including a temperature check.

Travellers with EVD-like symptoms are immediately isolated and sent to a locally-identified hospital emergency department for a medical assessment.

Asymptomatic travellers from EVD affected countries/areas are ordered to report to their public-health unit for follow-up and monitoring. The public health unit advises these travellers to monitor their temperature twice daily for 21 days from the time they leave an affected country/area. If symptoms become apparent, the traveller is advised to notify the public health unit and seek care at a hospital emergency department. Travellers are strongly advised not to present at a primary care setting.

¹ A suspect case is also known as a person under investigation. The terms "suspect case" and "suspect patient" are used in this Directive.

The public health unit also advises healthy travellers to defer non-essential health care during the monitoring period. In the event that they do require health care during the monitoring period, they are advised to inform all health care workers of their travel history.

The public health monitoring process should minimize the number of travellers that present at primary care settings.

Precautions and Procedures

Education and Training

Primary care settings must ensure that staff members (including primary care providers and other staff) are familiar with the low level of risk posed by the EVD outbreak in West Africa for Canadians.

Primary care settings must provide staff members with education on the following topics:

- EVD symptoms, transmission and level of risk
- countries/areas currently affected by the EVD outbreak in West Africa
- process to screen patients for EVD (by telephone, through signage, at the reception desk)
- recommended measures to stop the transmission of EVD in primary care settings
- requirement to notify the public health unit^{2, 3} and contact local paramedic services to transfer a patient suspected of having EVD to a hospital emergency department

Screening

Telephone screening

Staff members should ask patients booking appointments over the phone about travel to countries/areas affected by EVD and symptoms compatible with EVD.^{4, 5} Patients with travel history and symptoms must be told not to visit the primary care setting – they should speak with a primary care provider for advice (either during the initial phone call or during a prompt return phone call).

The primary care provider must review the patient's travel history and symptoms with the patient (or a companion) over the phone. If the primary care provider suspects the patient may have EVD, he/she must advise the patient to remain where they are and to minimize exposure to household members and others near them. The primary care provider must inform the public health unit and call 911 to alert the ambulance dispatch centre that the patient is suspected of having EVD.

² EVD is a reportable disease under the [Health Protection and Promotion Act](#).

³ Primary care settings can locate their local public health unit by using the Ministry of Health and Long-Term Care's [public health unit locator tool](#).

⁴ Staff members should use judgment about whether to screen each patient over the phone for EVD based on their knowledge of the patient.

⁵ Staff members may use the sample screening tool available at www.ontario.ca/ebola to screen patients over the phone.

Passive screening

Signs⁶ in languages appropriate to the facility must be posted at all entrances to the primary care setting, as well as at the reception desk, asking patients about travel history to an affected country/area. The signs should instruct patient with travel history to use alcohol-based hand rub, put on a surgical mask and proceed to the reception desk.

Reception desk screening

Staff members should ask patients about travel history to an affected country/area and symptoms compatible with EVD.^{7, 8} Staff members should be at least two metres (six feet) away from the patient during the screening process or, where available, preferably behind a suitable structural barrier (e.g., glass or Plexiglas shield).

Results of In-Person Screening

Patients with travel history and symptoms compatible with EVD

A patient with travel history and symptoms compatible with EVD must immediately be isolated.

- The patient should use alcohol-based hand rub and put on a surgical mask.
- The patient should be placed in a private room or area separate from other patients and staff. Before the patient is placed in the room or area, a staff member should clear all removable items to reduce the cleaning and disinfection that will be required.
- Staff members should avoid unnecessary direct contact with the patient.
- If PPE is available and direct contact with the patient is necessary, a single staff member should be designated to interact with the patient. The designated staff member should not interact with other staff and patients in the office until PPE has been removed. At a minimum, the designated staff should use the following PPE during direct patient contact:
 - gown
 - gloves
 - surgical mask
 - eye protection
- A staff member must contact the public health unit⁹ to notify them of the suspect patient and coordinate his/her transfer to the locally-identified hospital emergency department.

⁶ Sample signage will be available on the Ministry of Health and Long-Term Care's EVD Website at www.ontario.ca/ebola.

⁷ Staff members should use judgment about whether to screen each patient at the reception desk for EVD based on their knowledge of the patient.

⁸ Staff members may use the sample screening tool available at www.ontario.ca/ebola to screen patients at the reception desk.

⁹ The staff member and public health unit can decide which organization will call 911 to arrange transportation of the patient to the hospital emergency department.

Patients with travel history and no symptoms compatible with EVD

A patient with travel history that self-identifies as having no relevant symptoms must be advised to self-monitor for fever and symptoms for the monitoring period in consultation with his/her public health unit.

- The patient should be moved to a private room or area separate from other patients or staff.
- The primary care provider should review the patient's health status. If it is determined that the presenting complaint might be compatible with EVD then the patient (or caregiver) can be asked (where possible) to take his/her temperature using a thermometer.
- If the patient has a temperature of 38°C or greater, the primary care provider must manage the patient as outlined in the section entitled [Patients with travel history and symptoms compatible with EVD](#). This includes immediately contacting the public health unit and working with them to coordinate the transfer of the suspect patient to the locally-identified hospital emergency department.
- If the patient has no fever, the primary care provider can provide usual care in the primary care setting.
- The primary care provider must contact the public health unit and verify that the returning traveller is being monitored (see the section on [Public Health Monitoring of Returning Travellers](#) for more information).

After the Suspect Patient Leaves the Primary Care Setting

After the suspect patient is transported to the locally-identified hospital emergency department, the primary care setting must:

- cordon off any areas that the suspect patient occupied
- post a “do not enter” sign on the door of the private room
- ensure that no one enters any areas that the suspect patient occupied until disinfection is completed
- record the names and contact information of all staff, patients and visitors that were in the reception area and/or had contact with the patient in the event that contact management activities are required by the public health unit
- clean and disinfect any areas that the suspect patient occupied

Cleaning, Disinfection and Waste Management

Clean and disinfect any surfaces contaminated with blood or other body fluids that are suspected or known to contain EVD. Use a hospital-grade disinfectant following the manufacturer's recommendations to disinfect surfaces. Equipment used to clean contaminated areas must be disposable.

Staff must wear appropriate PPE when conducting cleaning and disinfection activities. At a minimum, the following PPE should be used:

- impermeable gown
- two pairs of gloves (one under and one over cuff)
- surgical mask
- face shield

All used cleaning wipes/cloths and PPE must be disposed of in a single use biomedical waste container¹⁰ that has a red label and is clearly marked with the universal biohazard symbol. The outer container must be wiped with disinfectant before removal.

Staff members can contact their public health unit for assistance or additional information on cleaning and disinfection.

Questions

Health sector employers and health care workers may contact the ministry's Health Care Provider Hotline by phone at 1-866-212-2272 or by email at emergencymanagement.moh@ontario.ca with questions or concerns about this Directive.

Health sector employers and health care workers are also required to comply with applicable provisions of the [Occupational Health and Safety Act](#) and its Regulations.



Dr. David L. Mowat, MBChB, MPH, FRCPC
Interim Chief Medical Officer of Health

¹⁰ [Guideline C-4: The Management of Biomedical Waste in Ontario](#) states that a single use biomedical waste container consists of an unlined rigid and leak proof plastic drum or pail.