

Ebola Virus Disease

Directive #3 for Primary Care Settings – Revised April 13, 2015

THIS DIRECTIVE REPLACES THE DIRECTIVE #3 ISSUED ON DECEMBER 9, 2014. DIRECTIVE #3 ISSUED ON DECEMBER 9, 2014 IS REVOKED AND THE FOLLOWING SUBSTITUTED:

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 currently spreading in certain countries in West Africa and 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:

Ebola Virus Disease Directive #3 for Primary Care Settings

Date of Issuance: April 13, 2015

Effective Date of Implementation: April 13, 2015

Issued To: community-based primary care organizations (e.g., primary care physician practices, community health centres, Aboriginal Health Access Centres, nurse practitioner-led clinics and walk-in clinics) and community-based primary care providers (i.e., a regulated health professional such as a family physician, registered nurse or nurse practitioner) that deliver care to patients who present with acute illness

Introduction

Ebola virus disease (EVD) is associated with a high case fatality rate, particularly when care is initiated late in the course of illness. There is currently transmission of EVD in several countries in West Africa. Although the risk in Canada is currently very low, Ontario's health care system must be prepared for persons with the disease, or incubating the disease, entering the province.

In Ontario, those most at risk are individuals recently returned from affected countries in West Africa¹ who had direct exposure to a person with EVD and health care workers who manage suspect EVD patients², persons under investigation (PUIs) for EVD³ and confirmed EVD cases.⁴

This Directive provides instructions to community-based primary care organizations and community-based primary care providers⁵ that provide services to patients who present with acute illness⁶ concerning control measures necessary to protect workers and reduce the risk of spreading the disease.

This Directive includes control measures for EVD that may be a higher level of precaution than is being recommended by the Public Health Agency of Canada (PHAC) or the World Health Organization. The CMOH has issued this Directive based on the application of the precautionary principle. This Directive does not prohibit primary care settings from adopting additional safeguards and precautions where appropriate.

¹ The Ministry of Health and Long-Term Care maintains a list of the affected countries on its EVD website at www.ontario.ca/ebola.

² A person who fails the EVD active screening process is known as a suspect patient. A suspect patient becomes a PUI when an infectious disease physician at a hospital (in consultation with the public health unit and Public Health Ontario Laboratories (PHOL)) determines that the patient requires EVD testing.

³ A PUI is a person 1) who has travel history to an EVD-affected country, 2) who has at least one clinically compatible symptom of EVD and 3) for whom EVD laboratory testing is recommended (based on a clinical assessment by an infectious disease physician in consultation with the public health unit and PHOL) or laboratory results are pending.

⁴ A confirmed case is a person with laboratory confirmation of EVD.

⁵ For the purpose of this Directive, community-based primary care organizations and community-based primary care providers are referred to as 'primary care settings'.

⁶ The control measures in this Directive can be used to inform control measures in other community-based health care settings, such as pharmacies, midwifery practice groups and dental offices.

Ontario's Three-Tier Hospital Framework

The Ministry of Health and Long-Term Care (ministry) has developed a three-tier hospital framework⁷ to ensure that the health care system is prepared to manage patients with EVD in Ontario safely. Hospitals serve one of three roles:

- treatment hospitals manage suspect patients, PUIs and confirmed cases of EVD⁸
- testing hospitals manage suspect patients and PUIs⁹
- screening hospitals¹⁰ screen ambulatory patients, isolate and assess suspect patients, and manage PUIs until they are transferred by paramedic services to a designated treatment or testing hospital

In Ontario, PUIs and confirmed cases must be cared for in a designated testing or treatment hospital. Primary care settings must consult their public health unit¹¹ regarding patients that fail the primary care active screening process to arrange for their transfer to a designated testing or treatment hospital.

Public Health Monitoring

As of November 10, 2014, PHAC has [implemented measures to manage travellers from countries affected by EVD](#). Quarantine Officers at Canadian borders are issuing orders (under the federal [Quarantine Act](#)) to all travellers from EVD affected countries to report to their public health unit.

Public health units monitor¹² travellers' symptoms for a 21-day period. Public health units support travellers who develop symptoms compatible with EVD to access a testing or treatment hospital –public health units instruct travellers not to present at a screening hospital or primary care setting for EVD-related care.

Public health units also advise travellers to postpone elective medical visits during the monitoring period. If travellers require essential health care during the monitoring period, the public health unit advises them to inform health care workers of their travel history.

The public health monitoring process reduces the likelihood that travellers will present at primary care settings during the monitoring period.

⁷ The ministry's document entitled [A three-tier approach to Ebola virus disease \(EVD\) management in Ontario](#) outlines the designated testing and treatment hospitals. The hospitals designated under the ministry's three-tier hospital framework are subject to change.

⁸ Treatment hospitals also perform the functions of testing and screening hospitals.

⁹ Testing hospitals also perform the functions of a screening hospital.

¹⁰ Screening hospitals include all hospitals (except for testing and treatment hospitals) with emergency departments and/or urgent care centres.

¹¹ Primary care settings may locate their local public health unit by using the Ministry of Health and Long-Term Care's [public health unit locator tool](#).

¹² The ministry's document entitled [Public Health Management of Travellers from Countries Affected by Ebola Virus Disease](#) provides more details on the public health unit monitoring process.

Transmission

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 symptomatic infected person's blood or other body fluids (e.g., urine, saliva, sweat, feces, vomit, breast milk or semen). A person infected with EVD cannot transmit the virus until exhibiting symptoms. Communicability is low at the beginning of illness and progresses with the course of illness.

Control Measures

Education and Training

Primary care settings must provide education and training for staff on the following topics:

- EVD symptoms, transmission and level of risk
- countries currently affected by the EVD outbreak in West Africa
- process to screen patients for EVD (active screening over the telephone and at the reception desk, passive screening through signage)
- other control measures in this Directive

Primary care settings must provide staff with updated education and training when there is a change in circumstances that may affect the health and safety of a worker (e.g., additional countries are added to the list of affected countries, etc.).

Screening

Active screening over the telephone

Staff must ask patients booking appointments over the phone about travel to countries affected by EVD and any symptoms compatible with EVD.^{13,14} Staff must connect any patients who fail the telephone screening process with a primary care provider for an assessment.

The primary care provider must review the patient's travel history and symptoms in consultation with the public health unit.

If the patient is suspected of having EVD the primary care provider and public health unit must arrange for the transfer of the patient to an appropriate hospital by local paramedic services for further assessment by an infectious disease physician (in consultation with the public health unit and Public Health Ontario Laboratories).¹⁵

If the patient has a travel history to an EVD-affected country in the past 21 days but no EVD compatible symptoms, he/she should be instructed to use alcohol-based hand rub, put on a surgical mask and proceed immediately to the reception desk upon arrival at the primary care setting.

¹³ Staff may use judgment about the need to screen particular patients over the phone based on their knowledge of each patient.

¹⁴ Staff may use the screening tool available at www.ontario.ca/ebola to screen patients over the phone.

¹⁵ The primary care setting and public health unit can decide which organization will call 911 to arrange for paramedic services to transport the suspect case to an appropriate hospital.

Passive screening

Primary care settings must post signs¹⁶ in languages appropriate to the facility at all entrances and the reception desk asking patients about travel to an EVD-affected country in the past 21 days. The signs must instruct patients who have been to an EVD-affected country in the past 21 days to use alcohol-based hand rub, put on a surgical mask and proceed immediately to the reception desk.

Active screening at the reception desk

At the reception desk, staff must ask patients about travel history to an affected country and any symptoms compatible with EVD.^{17,18,19}

Patient Management

Management of a patient with travel history and no EVD compatible symptoms

A primary care provider must further assess patients who self-identify as having travel history to a country affected by EVD and no symptoms in order to rule out EVD:

- if the primary care provider suspects that patient may have EVD, the primary care setting must manage the patient as outlined below (see [Management of a patient with travel history and EVD compatible symptoms](#))
- if the primary care provider does not suspect that the patient has EVD, he/she can provide usual care in the primary care setting²⁰

Management of a patient with travel history and EVD compatible symptoms

Staff must instruct a patient who fails the active screening process (i.e., has a travel history to a country affected by EVD and EVD compatible symptoms) to use alcohol-based hand rub and put on a surgical mask (if the patient has not already done this). Staff must immediately don personal protective equipment (PPE) and place the patient in a private room or area separate from other patients and staff.

A primary care provider must review the patient's travel history and symptoms in consultation with the public health unit. The primary care provider and public health unit must arrange for the transfer of patients suspected of having EVD to a hospital by the local paramedic service

¹⁶ A sample sign is available on the ministry's EVD website at www.ontario.ca/ebola.

¹⁷ Staff may use judgment about the need to screen particular patients at the reception desk based on their knowledge of each patient.

¹⁸ Staff may use the sample screening tool available at www.ontario.ca/ebola to screen patients at the reception desk.

¹⁹ During the screening process, staff should be behind a suitable structural barrier (e.g., glass or Plexiglas shield). If a barrier is not available, staff should try to maintain a distance of at least two metres (six feet) away from the patient if practicable.

²⁰ The primary care provider should provide advice to the traveller on self-monitoring for symptoms compatible with EVD for 21 days after leaving the affected country. In addition, the primary care provider should establish that the patient is being monitored by the public health unit. If the traveller is not being monitored, the primary care provider should notify the public health unit.

for further assessment by an infectious disease physician (in consultation with the public health unit and Public Health Ontario Laboratories).²¹

Staff must avoid unnecessary contact with the patient.²²

After the patient is transported to the hospital by local paramedic services, 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 patient occupied until cleaning and disinfection are completed
- record the names and contact information of all staff, patients and visitors who were in the reception area and/or had contact with the patient²³

Personal Protective Equipment

Staff at risk of exposure to a suspect patient and/or that patient’s environment or waste should wear the following PPE:

- long-sleeved cuffed gown
- gloves
- surgical mask
- eye protection

Cleaning and Disinfection²⁴

Primary care settings must clean and disinfect any areas that the patient occupied.²⁵

Primary care settings must isolate any waste generated during the management of the patient – including waste generated during the cleaning and disinfection of areas occupied by the patient – until EVD is confirmed or ruled out.^{26,27}

²¹ The primary care setting and public health unit can decide which organization will call 911 to arrange for paramedic services to transport the suspect case to an appropriate hospital.

²² Where possible, a single staff member should be designated to interact with the patient.

²³ If the patient is determined to have EVD, the public health unit will require the names and contact information of all contacts in the primary care setting.

²⁴ Primary care settings can contact their public health unit for advice on cleaning, disinfection and waste management.

²⁵ Staff should use an approved hospital-grade disinfectant and follow the manufacturer’s recommendations. Equipment used to clean and disinfect contaminated areas should be disposable.

²⁶ If the patient is confirmed to have EVD, primary care settings may dispose of waste that was generated by the patient in a single-use biomedical waste container (if available). See [Guideline C-4: The Management of Biomedical Waste in Ontario](#) for more information.

²⁷ Primary care settings may liaise with the public health unit to determine if EVD was confirmed or ruled out in the patient.

Questions

Primary care settings 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.

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



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