

Ebola Virus Disease Q&As for Nova Scotia Health Care Workers

EBOLA VIRUS DISEASE

Ebola virus disease is a severe disease that causes hemorrhagic fever in humans and animals. While the likelihood of a case presenting in Nova Scotia is very low, the province's health care system is preparing to manage cases.

The Department of Health and Wellness has been working closely with the Public Health Agency of Canada, other provinces and territories, and partners throughout the Nova Scotia health system to develop an Ebola virus disease response protocol and other guidance for managing cases and ensuring health care providers are protected.

If there is a case in Nova Scotia, a limited number of health care workers would be involved in direct care. Still, it is important for everyone in the health system to understand some basic information about the disease and the province's protocol for managing it.

BASIC FACTS ABOUT EBOLA VIRUS DISEASE

How is Ebola virus disease spread?

Ebola virus disease cannot be transmitted before symptoms appear. If there are no symptoms, the person is not contagious. People cannot get Ebola virus disease through food, water or the air. It is not a respiratory illness like influenza or tuberculosis.

People can only get it from contact with the blood or body fluids of a person who is sick with or has died of Ebola virus disease, touching contaminated objects like needles, equipment or surfaces, or touching infected animals, their blood or other body fluids, or their meat. Application of appropriate infection prevention and control measures such as personal protective equipment will protect those providing health care.

Who is at risk of getting Ebola virus disease?

The likelihood of a case in Nova Scotia is very low. If there is a case, people who have unprotected exposure to the patient's blood and body fluids would be most at risk.

Nova Scotia is preparing with protocols, equipment and training for staff in the health system who would be involved in helping manage a case. Stringently adhering to recommended infection prevention and control protocols will keep health care workers safe.

Where are the outbreaks of Ebola virus disease?

There are Ebola virus disease outbreaks in the West African countries of Guinea, Liberia, and Sierra Leone. There is a separate outbreak in remote north-west Democratic Republic of Congo but it remains localized to that area. The Public Health Agency of Canada has issued travel advisories for these countries.

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Are people coming to Canada from the affected countries being screened?

Yes. While there are no direct flights to Canada from the affected countries, anyone travelling to Canada from one of the affected countries is being directed to a Public Health Agency of Canada quarantine officer at the airport for a mandatory health assessment. These individuals will also be followed closely by local Public Health or a quarantine officer until they are no longer at risk of developing Ebola virus disease. There are a number of mechanisms in place to identify individuals who have traveled to areas of concern as soon as they enter the province.

What are the symptoms?

Symptoms of Ebola virus disease may appear anywhere from 2 to 21 days after exposure to virus. They typically include:

- sudden onset of fever
- intense weakness
- muscle pain
- headache
- sore throat
- vomiting
- diarrhea
- rash
- impaired kidney and liver function
- in some cases, both internal and external bleeding

What is the treatment?

While there is not yet a cure for Ebola virus disease, some experimental drugs are being tested and, in some cases, used as part of treatment. Aside from that, treatment options include supportive care and strict isolation to prevent the infection from spreading.

HEALTH CARE WORKERS

How will health care workers protect themselves if they are treating a suspected or confirmed Ebola virus disease patient?

It's important to remember that the vast majority of health care workers will not be providing direct care to an Ebola virus disease patient. Specific units to accommodate a suspect or infected admitted patient are designated at both the IWK Health Centre and the QEII.

Therefore, not everyone needs the enhanced personal protective equipment or training on indications for use and proper sequencing of donning and removal of this enhanced personal protective equipment. However, everyone should be applying appropriate infection prevention and control practices at *all* times to protect themselves and others.

For those who might be involved in providing Ebola virus disease care, we are adding some extra personal protective equipment (PPE) to our existing stock of supplies for infection prevention and control. Training and refresher training is also being provided to those who may need it, including practicing the protocols to ensure staff are adequately prepared. Health care facilities are identifying those health care workers that will require targeted training and practice with the enhanced protocols for managing Ebola virus disease cases.

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It is crucial that staff avail themselves of the education being provided in their areas. This information should be from factual, accurate, and from expert sources such as Public Health Agency of Canada, Centers for Disease Control, and hospital-based infection prevention and control professionals.

What if health care worker wants more training to feel prepared?

All the training and equipment that's already in place for proper infection prevention and control is what most health care workers would need to manage any infectious disease. It is important for health care workers to review and practice these protocols *repeatedly* to ensure they are second nature.

In each district/IWK, the initial focus of training and exercising of specific infection prevention and control practices that would be used for a case of Ebola virus disease will involve a targeted group of health care workers (e.g. emergency department staff, environmental services in the emergency department, etc) who have the potential to provide care to a suspected or confirmed case and who will require extra PPE and training to manage it.

Infection prevention and control professionals are providing appropriate education, training and real-time auditing of practices to target the donning and removal of personal protective equipment. It is important to keep perspective and seek guidance and direction from expert sources.

What kind of personal protective equipment (PPE) is needed?

First, it's important to remember that the vast majority of health care workers will not be providing direct care to an Ebola virus disease patient.

Second, when a suspected case of Ebola virus disease presents with early symptoms, the risk of transmitting the disease remains very low. Despite the ongoing debate and media coverage, health care workers should be reassured that **Ebola virus disease is not spread through the air**. Therefore, all the equipment that's already available for proper infection prevention and control is what most health care workers need to manage this or *any* infectious disease.

Health care workers providing direct care to an Ebola virus disease patient in later stages would require enhanced PPE. Public Health Agency of Canada has provided guidance on what constitutes enhanced PPE and when it is appropriate to apply. Our interim provincial Ebola virus disease guidelines are consistent with these national, evidenced-based guidelines. Guidelines will be revised as needed, and the most recent version will always be posted on the Department of Health and Wellness website at <http://novascotia.ca/dhw/cdpc/ebola-documents.asp>.

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Why are other jurisdictions or settings using different PPE than Nova Scotia?

Public Health Agency of Canada develops best practice guidelines based on solid, epidemiological data and enlists the expertise of national and international infectious disease experts. In addition, as with any infectious disease, it is important to complete a point-of-care risk assessment to determine what level of PPE you will require – something you do every day when providing care to patients. Practices around PPE will naturally be different for different types of risk.

There is a wide range of messaging, opinions and images which can cause confusion and doubt regarding the safety of the equipment you have been provided. Some messages are simply not based on science. In other instances, the safety risks associated with unfamiliar PPE are not clearly apparent to front-end health care workers. For example, the design may not enable safe removal to prevent self-contamination, but this may not be apparent in a news report or an image on the internet.

Increasing the *level or amount* of PPE worn by health care workers may not provide improved protection. Experience has shown that health care workers are placed most at risk of self-contamination when removing their PPE. This could happen if a health care worker is in a position of using PPE that is unfamiliar and/or more complicated and risky to remove.

Shouldn't health care workers be using the same PPE in Nova Scotia as they are using in West Africa?

There are important differences between providing care or performing public health tasks in West Africa versus in a Canadian health care setting. In field medical settings, additional PPE may be necessary to protect health care workers. In some places in Africa, workers may not have the ability to prepare for potential exposures, or care may be provided in clinics with limited resources (i.e. no running water, no climate control, dirt floors, inadequate medical supplies). Workers could be in those areas for several hours with a number of patients infected with Ebola virus disease at various stages of disease.

In addition, certain job responsibilities and tasks, such as attending to dead bodies or processing Ebola virus disease specimens in a lab setting, may also require different PPE than what is used when providing care for infected patients in a hospital. It's important to be aware of these differences and take guidance and direction from national and provincial subject matter experts for your specific setting. Health care workers should also be engaged in open dialogue about their concerns so they can be addressed quickly by subject matter experts in their organizations.

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Which health care workers would be involved in managing a case of Ebola virus disease?

Our goal is to minimize the number of health care workers involved in a suspected or confirmed case. A core group of staff will be responsible to manage the case, including direct care providers, environmental services, paramedics and lab personnel.

Staff in emergency departments, doctors' offices, clinics, etc. would only be involved if a suspected case arrived in one of these locations. Rigorously following routine infection prevention and control protocols keeps health care workers safe whenever they encounter potential cases of infectious diseases.

How do we know that the protocols will work?

Nova Scotia's protocols and guidelines are based on national guidelines from the Public Health Agency of Canada, the World Health Organization, the Centre for Disease Control, and other expert sources. Our provincial protocol was developed with input from infection prevention and control experts, infectious disease experts, emergency planners, and many other partners in our provincial and national health system. All of these protocols and guidelines are being exercised to ensure we are prepared if a suspected case of Ebola virus disease presents in Nova Scotia.

How can I stay informed?

The Department of Health and Wellness has information about Ebola virus disease on its website, including the provincial protocol and other guidance. Interim provincial guidelines for infection prevention and control have been distributed widely across our health care system. These are evolving documents and any updates will be posted on the Department of Health and Wellness website at <http://novascotia.ca/dhw/cdpc/ebola-documents.asp> as well as sent to partners throughout the health system. The department will work with these partners to help ensure staff at all levels of the system have the specific information they need.

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NOVA SCOTIA'S EBOLA VIRUS DISEASE PROTOCOL

The following is a high level overview of Nova Scotia's Ebola Virus Disease Protocol. You can review the entire protocol and other information at <http://novascotia.ca/dhw/cdpc/ebola-documents.asp>.

What's the preferred way for an ill person who has recently travelled to an Ebola affected country to enter the health system?

1. The person should isolate him or herself from other people, and call 811 immediately. 811 has a screening tool with certain questions to assess the caller.
2. If the caller's responses suggest Ebola virus disease is a possibility, 811 will immediately contact the Medical Officer of Health on call. Other experts will be added to a teleconference as necessary.
3. If it is determined that the caller should be tested for Ebola virus disease, an ambulance will be dispatched to transport the caller from his/her current location to the QEII (or IWK for pediatrics).

What if a person with suspected Ebola virus disease calls 911 instead?

1. 911 has the same screening tool as 811, so the process would be essentially the same.
2. If responses to screening tool questions suggest Ebola virus disease is a possibility, 911 will immediately contact the Medical Officer of Health on call. Others will be added to a teleconference if necessary.
3. If it is determined that the caller should be tested for Ebola virus disease, an ambulance will be dispatched to transport the caller from his/her current location to the QEII (or IWK for pediatrics).

What if a person with suspected Ebola virus disease goes to an emergency department, family doctor or clinic?

1. Emergency departments and primary care physicians also have the same screening tool.
2. If responses to screening tool questions suggest Ebola virus disease is a possibility, the patient will be isolated in a room and with the door closed.
3. The physician will call a Medical Officer of Health.
4. If it is determined that the patient should be tested for Ebola virus disease, an ambulance will be dispatched to transport the patient from his/her current location to the QEII (or IWK for pediatrics) – or to the appropriate treatment space if he/she is already at the QEII or IWK.

Do Nova Scotia health care facilities have the ability to test for Ebola?

The microbiology lab in Halifax now has the ability to test for Ebola virus disease. A suspected case requiring testing will be transported to the QEII or IWK so that testing can be done. To minimize risk to health care workers and others, these are the only places in the province where blood samples will be drawn, following rigorous infection prevention and control guidelines.