

## Screening and Management of Patients with Suspected Ebola Virus Disease (EVD) in Emergency Rooms

Sudden onset of fever **AND** at least one of the following additional signs & symptoms:

- Malaise (weakness)
  - Myalgia (muscle pain)
  - Headache
  - Abdominal Pain
  - Vomiting
  - Diarrhea; with or without blood
  - Pharyngitis (sore throat)
  - Conjunctival injection (red eyes)
  - Macular/petechial rash on trunk
  - Unexplained bleeding /hemorrhage
- [Link to NS Case definition for EVD](#)

Yes



Yes



**Within 21 days of onset of illness the patient has:**

- **Travelled from** a specific areas of a country where an outbreak of EVD has recently occurred (Outbreaks have been declared in **Sierra Leone, Liberia, Guinea**)
- Had contact with ill individual(s) who has developed symptoms of EVD **or**
- Been exposed to bats, rodents, or primates from disease-endemic areas or laboratories that handle Ebola viruses.

*Clinicians can find additional information in the Nova Scotia Department of Health and Wellness' [EVD Standardized Triage Screening Tool](#)*

- Once affirming symptoms & travel: stop interview and ask patient to don mask and clean hands. Patients with suspected or confirmed EVD should be **immediately placed in a private room with its own washroom. Use dedicated commode with waste management bags, in absence of washroom.** Remove unnecessary supplies/equipment from room, prior to placing patient in room. After in room, mask may be removed by patient, if no presentation of respiratory symptoms; based on your risk assessment.
- **Notify:** Physician must call **The Medical Officer of Health (MOH)** at 902-481-5800 (or after hours through locating at 902-473-2220; ask for MOH on call). Delegated department person to make internal CDHA notification as per EVD Communications protocol.
- **Avoid unnecessary direct contact with patient.** Cordon off area patient has used and notify housekeeping for an Ebola clean.
- **Initiate Contact and Droplet Precautions**, in addition to **Routine Practices.**
- **Level of PPE required, is determined by your Point of Care Risk Assessment, based on patient's clinical status.**
  - Use at least: **Impermeable or fluid resistant blue gowns, nitrile gloves, surgical mask and eye protection (face shield)** when caring for patient with suspected or confirmed to have EVD.
  - Use **Enhanced PPE (impermeable disposable boot/leg covers, head/neck covering, double gloves)** if there is a high risk of heavy exposure to blood and /or body fluids. This is based on the Point of Care Risk Assessment.)
  - **Aerosol generating medical procedures** (I.e. intubation, open airway suction, bronchoscopy) should be performed in **airborne isolation rooms** and only if medically necessary. The number of healthcare workers present should be limited during these procedures and a respirator (N95) mask should be worn in addition to other PPE. See Best Practice Guidelines for Management of Patient with EVD.
- **Post additional personnel at door(s) of isolation room** to observe/assist with proper removal of PPE. **Assign clinical and non-clinical personnel exclusively to the patient** and must not care for other patients.
- **Maintain a log of persons entering the patient's room. Restrict visitors.** . Exceptions will be considered on a case by case basis, in consultation with Infection Control.
- **Limit use of needles/sharps** and immediately dispose of them in a puncture-proof, sealed container. Do NOT draw blood or take lab specimens unless ordered by physician. Lab must be notified prior to drawing blood. Meticulous handling of blood and body fluids is imperative.
- **Use disposable medical equipment and supplies** when possible. **Dedicate any reusable medical equipment** for the provision of patient