



November 7, 2014

To: First Responder Agencies

Re: Ebola Virus Preparedness (EVD) and Protocols

Ebola virus causes serious illness with a high case fatality rate and is currently causing widespread outbreaks in three West African countries. Liberia, Guinea and Sierra Leone. Ebola virus is transmitted by direct contact of non-intact skin or mucous membranes with the blood or body fluids of an infected person, or indirectly through contact with contaminated environments or medical equipment. The virus is not airborne, and patients infected with Ebola do not transmit the virus until they are symptomatic. During early stages of the illness, viral loads are low. As symptoms worsen the viral load and hence the risk of transmission, increases.

To date, there have been no confirmed cases of Ebola in Canada, and the likelihood of a case in a returning traveller from the three affected countries in West Africa is very low. People who have been to affected areas and are returning to Canada are first assessed at the point of exit from Africa, re-assessed by Quarantine Officers at their point of entry and any passenger from that region who is unwell is referred for medical assessment. Travellers who pass this screening are then referred to local public health officials, and follow contact tracing and symptom monitoring protocols as deemed appropriate based on an assessment of their exposure risk. These protocols are followed for 21 days post Africa, which is the longest known incubation period for Ebola virus disease (EVD)

These measures significantly diminish the risk to anyone in Canada, and mean British Columbia is highly unlikely to experience an unanticipated case of Ebola virus disease. However, while the probability of EVD in British Columbia is very low, preparedness to ensure the safety of first responders and other healthcare workers is essential.

In addition to public health monitoring efforts, the Ministry of Health, working with BC Emergency Health Services (BCEHS) as part of the Provincial Ebola Preparedness Task Force, has developed precautionary measures for first responder call response, patient assessment and patient transfer. These protocols further decrease the likelihood that a first responder will encounter a severely ill and contagious patient.

It is important that we provide our first responders with a clear understanding of the protocols for response and to follow these protocols to provide optimal safe and rapid transfer of person under investigation from a primary care site in the community to a designated care facility.

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At the first point of contact, 911 call-takers use specific screening questions to identify situations where callers:

- show the symptoms of Ebola AND have recently travelled from the implicated countries in West Africa, or
- have had an Ebola virus risk exposure (by direct exposure to a confirmed EVD case).

Regional public health officials expect to have the identity of all notified travellers and can assist the dispatcher in assessing possible risk.

If a risk situation is determined, these cases should only be responded to by a specially trained first responder paramedic team equipped with the appropriate PPE and vehicle. If the protocols are followed, non-specialty teams and non-paramedics should not be attending a call where Ebola may be on the differential diagnosis. If, however, you have reason to believe you have in error been dispatched to such a call and your resources are already on site, and the person in need of care fits the profile above, you should contact the dispatcher and you should stand down while a specially trained and equipped team is deployed.

Direct contact with the patient should be avoided and the patient asked to stay in a separate room with the door closed. The first responder should minimize contact with others at the site and potential contamination of their vehicle should be avoided. These protocols will ensure that exposure of care providers to patients that are under investigation or are at potential for having EVD will be minimized.

If a case of EVD is subsequently diagnosed, a rigorous contact tracing process to identify ALL possible contacts of the case will be initiated.

For Your Action: Please ensure that all first responder personnel in your organization are familiar with this precautionary approach.

First responders who are attending and/or providing care to patients with other infectious diseases, such as influenza, are reminded to wear the standard Personal Protective Equipment (PPE).

Further questions can be directed to my office or your local public health officer.

Sincerely,

A handwritten signature in black ink, appearing to read 'P.R.W. Kendall', is written over a solid black horizontal line.

P.R.W. Kendall
OBC, MBBS, MHSc, FRCPC
Provincial Health Officer