

Newfoundland and Labrador Ebola Preparedness Planning Information for Employees

Revision date: April 27, 2015

The Ebola outbreak continues to be a serious concern in the African countries of Sierra Leone, Guinea and Liberia. The risk to our province at this time is very low. **There have been no confirmed cases in Canada.**

While the risk of a case of Ebola presenting in our province is low, the Provincial Government, Department of Health and Community Services and regional health authorities are working to ensure that we are prepared for the diagnosis and/or treatment of any Ebola patient. Ensuring our health care workforce has the best preparation possible including access to personal protective equipment is a top priority.

More information on EVD for health care professionals can be found on the Public Health Agency of Canada website: <http://healthykanadians.gc.ca/diseases-conditions-maladies-affections/disease-maladie/ebola/professionals-professionnels-eng.php>

The Frequently Asked Questions below have been developed to provide you with the most up to date information. The content of this document may evolve. Recommendations may change. Please ensure you refer back to this document regularly for updated information.

Frequently Asked Questions

1. What is Ebola Virus Disease (EVD)?

The EVD causes an acute, serious illness which may be fatal if untreated. The current outbreak in West Africa (first cases notified in March 2014) is the largest and most complex EVD outbreak since the EVD was first discovered in 1976. The most severely affected countries in the current outbreak are Sierra Leone, Guinea and Liberia.

2. How is EVD transmitted?

EVD was introduced into the human population through close contact with the blood, secretions, organs or other bodily fluids of infected animals such as chimpanzees, gorillas, fruit bats, monkeys, forest antelope and porcupines found ill or dead or in the rainforest. EVD then spreads through human-to-human transmission via direct contact (through broken skin or mucous membranes) with the blood, secretions, organs or other bodily fluids of infected people, and with surfaces and materials (e.g. bedding, clothing) contaminated with these fluids. Airborne transmission has not been documented.

Health-care workers have been infected with EVD while treating patients with suspected or confirmed EVD when infection control precautions were not strictly practiced.

3. What are the symptoms of EVD?

The time interval from infection with the virus to onset of symptoms is 2 to 21 days. **Humans are not infectious until they develop symptoms.** First symptoms are the sudden onset of fever, fatigue, muscle pain, headache and sore throat. This is followed by vomiting, diarrhea, rash, symptoms of impaired kidney and liver function, and in some cases, both internal and external bleeding.

4. What is happening in Newfoundland and Labrador to ensure we are prepared?

The Provincial Government has put a number of measures in place to prepare for an EVD response including:

- Implementation of a Provincial Government oversight committee to oversee provincial preparation, chaired by the Deputy Minister of Health and Community Services, with representation from the four regional health authorities (RHAs) and the

Department of Health and Community Services. Each RHA also has an emergency operations centre (EOC) for their region.

- Designation of the Health Sciences Centre and Janeway Children's Health and Rehabilitation Centre in St John's as the provincial sites for adults and children with suspected or confirmed cases of EVD.
- Establishment of two expert teams to support the appropriate management of a suspected case from identification through treatment and discharge. The two expert teams are:
 - **The Containment and Transport Team** which will include the on-call Medical Officer of Health, the attending physician at the local health facility, the receiving physician at the Health Sciences Centre and Janeway Children's Health and Rehabilitation Centre, the manager of Emergency Medical Services, Online Medical Control Physician, the Eastern Health (EH) Clinical Chief of Infection Control, EH Clinical Chief of Critical Care, EH Manager of Occupational Health and Safety, and the EH Director of Infection Protection and Control.
 - **The Medical Advisory Team** which will include EH MOH, EH Clinical Chief of Infection Control, and the EH Clinical Chief of Critical Care, EH Clinical Chief of Pathology and Laboratory Medicine, EH Manager of Occupational Health and other medical specialists to be determined based on the assessment of patient need.
- Mandatory training for designated employees in the RHAs who would be on the front lines. This includes Intensive Care Units, Emergency Rooms, Paramedicine (public and private), Obstetrics (if direct intake) Laboratory Services (selected employees in designated sites only) and Environmental Services (selected employees) across the province.
- Protocols for enhanced personal protective equipment (See FAQ Question # 7).
- Transportation protocols are under development to formalize both road and air transport of patients. This includes appropriate outfitting of ambulances and aircraft, providing training, and ensuring personal protective equipment is in place for first responders.
- Ongoing collaboration with other provincial jurisdictions and the Public Health Agency of Canada for up-to-date information on issues critical to a response.
- Completion of a provincial EVD response simulation exercise in October 2014.
- Ongoing table-top exercises and simulations within the RHAs.
- Held a one day planning session with the Public Health Agency of Canada Rapid Response Team in February 2015.

5. Is there a vaccine for EVD?

There is currently no licensed vaccine or treatment for EVD. More information is available at: <http://healthycanadians.gc.ca/diseases-conditions-maladies-affections/disease-maladie/ebola/index-eng.php>

6. What kind of training will be available for employees?

Mandatory training will be provided for staff in ICU, Emergency Rooms, Paramedicine (public and private), Obstetrics (if direct intake) Laboratory Services (selected employees in designated sites only) and Environmental Services (selected employees) across the province. This may include some non-medical staff and casual and/or temporary call-in staff. The Health Sciences Centre and Janeway Children's Health and Rehabilitation Centre will be the provincial referral sites for any suspect cases of EVD; however, potential patients may have to be referred to the nearest Intensive Care Unit in cases of inclement weather or due to the patients' condition.

Training is ongoing through on- site education sessions. The proper donning and doffing of personal protective equipment is an essential component of the training plan. Personal protective equipment kits are being provided along with on-site demonstrations, posters and videos to ensure all employees are competent in the process. Training materials are available on each RHA intranet. Mask fit-testing is also required.

Employees will be required to participate in mandatory refresher training including demonstrating donning and doffing of PPE at least once a year. Mandatory training has also been integrated into the orientation for new employees and for employees returning to work in the designated areas.

7. What type of personal protective equipment is required?

Other health care organizations and hospitals across the country may have recommended personal protective equipment that may vary slightly. Personal protective equipment in Newfoundland and Labrador is based on Infection Protection and Control Canada recommendations and enhanced in many areas for increased precautionary protection.

***List of Standardized Personal Protective Equipment
(last updated February 3, 2015)***

- Impervious gowns
- Gloves – outer pair; Nitrile 12 with extended cuffs
- Gloves – inner pair; surgical glove
- Face shield
- Boot/leg coverings
- Head and neck coverings
- N95 respirator
- Fluid resistant jumpsuits (Flight teams/paramedicine staff only)

8. What happens if I have a personal protective equipment breach/unprotected exposure to EVD at work?

In the event that you have an exposure to EVD during the delivery of care, you should inform your supervisor immediately. Your supervisor will contact the Occupational Health Nurse (OHN) or the NL HealthLine, who will provide follow-up. The definitions of personal protective equipment breach/unprotected exposure, potential healthcare setting exposure types, immediate actions and the 21-day follow up actions are provided in ***“Health Care Workers (HCW) and Potential Ebola Exposure”*** protocol attached (Appendix A).

As outlined in Appendix A, immediate action would include:

- The nurse observer would direct the HCW to immediately leave the patient care room.
- The exposure should be reported immediately to the manager/supervisor.
- The supervisor/manager will contact the OHN or the NL HealthLine for direction.
- The HCW would remove the PPE in the designated doffing area.
- First aid would be given:
 - The site of a percutaneous injury should be thoroughly rinsed with running water, and any wound should be gently cleansed with soap and water.
 - Mucous membranes of the eyes, nose or mouth should be flushed with running water if contaminated with blood, body fluids, secretions or excretions as per the RHA Blood and Bodily Fluid Exposure Policies/Guidelines.
 - Non-intact skin should be rinsed thoroughly with running water if contaminated with blood, body fluids, secretions or excretions.

9. In all cases, where you are deemed to have some or high risk due to exposure to EVD, you are required to complete an Employee Incident Report Form. Why do I have to complete an Employee Incident/Accident Report Form?

In all cases, where you are deemed to have “some” or “high” risk due to exposure to EVD, you are required to complete an Employee Incident/Accident Report Form.

If you have an exposure to EVD at work or if you develop symptoms of EVD, it is important to follow the incident/accident reporting process as part of your organizations Occupational Health and Safety Program. This ensures your manager is notified of the exposure, can investigate the cause and can work with other staff to prevent further similar exposures. If you are symptomatic or should you become symptomatic at a later time, the Incident/Accident Reporting Form facilitates the process to report to Workplace Health, Safety and Compensation Commission (WHSCC) in a timely fashion. The Incident/Accident Form is necessary for the employer to report to WHSCC and they will have to determine the merits of each case. If it is determined that the onset of your symptoms is due to work related exposure, and if there is a confirmed diagnosis of EVD you may be deemed eligible to receive worker’s compensation benefits.

10. What if I experience symptoms of EVD at work?

If you experience signs or symptoms of EVD at work, stop working immediately and inform your supervisor. Your supervisor will contact the OHN or NL HealthLine for further direction. Self-isolate immediately and stay at least six feet from other people and put on a mask and gloves.

Further details are available in the *“Health Care Workers (HCW) and Potential Ebola Exposure”* protocol attached (Appendix A).

11. What if I experience symptoms of EVD at home?

If you display symptoms while at home during the day between **0800-1600** you should call the **OHN** in your area. RHA have provided the contact numbers in the following table for employees to call with further questions. The numbers will either connect you directly to the Occupational Health Department or to an operator who can appropriately re-direct your call.

Regional Health Authority	Contact Information
Eastern Health	709-777-3170
Central Health	709-256-5709/709-292-2641
Western Health	709-637-5297
Labrador-Grenfell Health	709-454-0306

If you experience symptoms in the evening, between **1600 – 0800** call the **NL HealthLine (1-888-709-2929)** immediately.

Further details are available in the *“Health Care Workers (HCW) and Potential Ebola Exposure”* protocol attached (Appendix A).

12. Can I refuse to come to work or request to work in another area during an EVD outbreak?

While it is understood that employees are concerned about risks to their health, we will continue to monitor the EVD situation and provide regular updates. Through training and proper use of PPE, the risk of transmission of EVD is extremely low.

Any employee who identifies a potential safety hazard must first bring that hazard to the attention of their manager. Employees are required to follow their regional health authority’s process in relation to the refusal of work.

Section 45 of the Occupational Health & Safety Act states that workers have the right to refuse work if they have reasonable grounds to believe that their work is dangerous to their health and safety, or to the health and safety of another person in the workplace.

In the case of a potential EVD case presenting to our Emergency Departments, an employee would not have reasonable grounds to refuse work if they have:

- been trained in donning and doffing of the required personal protective equipment.
- all recommended personal protective equipment available and properly fitting
- been trained in the required waste management guidelines.

Any employee refusing to participate in the mandatory training or refusing to work with a patient who exhibits Ebola-like symptoms without reasonable grounds may be subject to disciplinary action as per the established progressive disciplinary process.

This position is congruent with the Values articulated in Ethics Decision-making Framework for EVD Planning Response and Recovery. An organizational plan relies on

many pre-determined and established terms and conditions. Many health care professionals and workers have codes of ethics and collective agreements that give direction on terms of employment and working conditions.

13. What if it is determined that I do not have EVD? How will I be paid?

If your symptoms are related to another illness than you will receive your accumulated paid sick leave benefits (if available).

If employees are required to self-isolate, they will receive special paid leave until the incubation period has passed.

14. What if I require a medical accommodation due to a health condition?

HCWs who are currently pregnant or HCWs with open skin areas/lesions on hands or forearms should not have contact with suspected or confirmed EVD cases or their environment.

If you are concerned about requiring a medical accommodation due to other pre-existing health condition you can discuss this with your manager and the Occupational Health Department as there is an established process for required workplace accommodations. Supporting medical documentation will be required.

15. Who do I contact if I have further questions?

RHAs have provided the contact numbers below for employees to call with further questions. The numbers will either connect you directly to the Occupational Health Department or to an operator who can appropriately direct your call.

Regional Health Authority	Contact Information
Eastern Health	709-777-3170
Central Health	709-256-5709/709-292-2641
Western Health	709-637-5297
Labrador-Grenfell Health	709-897-3103

More information on EVD for health care professionals can be found on the Public Health Agency of Canada website: <http://healthycanadians.gc.ca/diseases-conditions-maladies-affections/disease-maladie/ebola/professionals-professionnels-eng.php>

Appendix A: Health Care Workers (HCW) and Potential Ebola Disease Virus (EVD) Exposure

EVD Post Exposure Management

In the event that a HCW has an exposure to the Ebola virus during the delivery of care to the patient with EVD the Occupational/Employee Health Nurse (OHN) will provide follow-up. The definitions, potential healthcare setting exposure types, immediate actions and the 21 day follow-up actions are provided in this protocol. The monitoring will be for 21 days following the last possible exposure.

Definitions

In Table 1 an overview of the terms used for the follow-up of the potentially exposed HCW are defined.

Table 1: Definitions for follow-up of HCW contacts

Term	Definition
Active daily monitoring	The HCW is contacted by OHN or Public Health, a minimum of once per day, to assess for the presence of symptoms and fever. This can be at a prearranged time convenient to the HCW.
Measure temperature	Twice daily, the HCW must check and record the temperature with a FDA approved oral thermometer.
Monitor symptoms	HCW will self-monitor for any of the following symptoms: severe headache, muscle pain, malaise, sore throat, vomiting, diarrhea and rash.
Isolation	Separates sick people with a communicable disease from well people.
Self-isolate	The HCW would limit contact with others.
Controlled movement	Limits the movement of people. Travel by air, water, bus or train or other public transport is not allowed.
Nurse observer	A trained observer who supervises the HCW putting on and taking off the personal protective equipment (PPE), monitors the HCW while in the patient care room and documents the names of all those who enter the room.

Potential Healthcare Setting Exposures

- Percutaneous or mucocutaneous exposure to blood, body fluids, secretions or excretions
- HCW has a breach of PPE such as:
 - PPE not covering all the skin and body fluids touch the skin
 - PPE not securely fitting and HCW touches face
 - N95 respirator becomes wet

Appendix A: Health Care Workers (HCW) and Potential Ebola Disease Virus (EVD) Exposure

Immediate action:

- The nurse observer would direct the HCW to immediately leave the patient care room.
- The exposure should be reported immediately to the manager/supervisor and OHN or delegate and immediate medical attention should be obtained.
- The HCW would remove the PPE in the designated doffing area.
- First aid would be given:
 - The site of a percutaneous injury should be thoroughly rinsed with running water, and any wound should be gently cleansed with soap and water.
 - Mucous membranes of the eyes, nose or mouth should be flushed with running water if contaminated with blood, body fluids, secretions or excretions. RHAs should refer to their Blood and Bodily Fluid Exposure Policies/Guidelines.
 - Non-intact skin should be rinsed thoroughly with running water if contaminated with blood, body fluids, secretions or excretions.
- An in-depth assessment of the exposure should be undertaken by OHN and IPAC.
- Management for blood-borne pathogens (as per usual organization policy) would be initiated.
- Consult to Medical Officer of Health (MOH) and/or Clinical Chief of Infection Prevention and Control for guidance on the next step.

Follow-up of HCWs

The Centre for Disease Control (CDC)¹ has recommended that the follow-up of HCW be determined by the degree of exposure. The risk categories are defined in Table 2.

Table 2: Risk stratification for HCW exposure situations

Category of risk	Exposure situation
High risk	<ul style="list-style-type: none">• Percutaneous or mucocutaneous exposure to blood, body fluids, secretions and excretions.
Some risk	<ul style="list-style-type: none">• Close contact with a person showing symptoms of Ebola without the use of PPE. Close contact means being within six feet of the person with Ebola without wearing PPE.
Low risk	<ul style="list-style-type: none">• Being in the same room for a brief period of time (without direct contact) with a person showing symptoms of Ebola• Having brief skin contact with a person showing symptoms of Ebola when the person was believed to be not contagious.• In countries without widespread Ebola transmission (e.g., NL): direct contact with a person showing symptoms of Ebola while wearing PPE.

¹ Center for Disease Control. (October 27, 2014). Interim US Guidance for Monitoring and Movement of Persons with Potential Ebola virus Exposure.

Appendix A: Health Care Workers (HCW) and Potential Ebola Disease Virus (EVD) Exposure

Advice for HCW²

- Temperature must be taken orally and recorded twice daily in the temperature log (Table 5).
- Report any increase in temperature to OHN/NL HealthLine immediately (as opposed to waiting for OHN to contact them as part of active daily monitoring).
- Antipyretic medication should not be taken during the monitoring period if possible.
- Self-monitoring should be undertaken for the appearance of any other early symptoms of EVD including severe headache, muscle pain, malaise, sore throat, vomiting, diarrhea and rash.
- If symptoms develop the individuals should self-isolate as quickly as possible and contact the OHN or NL HealthLine at 1-888-709-2929.

Symptomatic individuals

Symptomatic individuals in any of the risk categories who meet the symptoms category must be followed as a suspect case.

Notification if symptoms occur

Symptoms occur at work:

- HCW should stop work and immediately report to their supervisor/manager.
- The supervisor/manager will contact the OHN or NL HealthLine at 1-888-709-2929 immediately for direction.
- HCW should self-isolate and keep at least six feet from other people, put on a mask and gloves.

Symptoms occur at home:

- During the day (0800-1600) the HCW should notify the OHN.
 - The OHN would interview the HCW on the phone and then call the MOH for further directions.
- Between 1600-0800 hours the HCW should call the NL HealthLine at 1-888-709-2929.

Asymptomatic individuals

The follow up actions are dictated by the risk level as provided in Table 3.

² Public Health Agency of Canada. (August 23, 2014). Public Health Management of Cases and Contacts of Human Illness Associated with Ebola Virus Disease (EVD).

Appendix A: Health Care Workers (HCW) and Potential Ebola Disease Virus (EVD) Exposure

Table 3: Recommended follow-up for asymptomatic individuals

Risk level	Follow-up Actions		
	Monitoring	Restricted Public Activities	Restricted Travel
High Risk	Active Monitoring	Yes	Yes
Some risk	Active monitoring	As determined by MOH	As determined by MOH
Low risk	Active monitoring	No	No

Summary of Follow-up Actions

A summary of the recommendations of the follow-up action for HCW is included in Table 4.

Table 4: Summary of Follow-up Actions for exposed HCWs

Exposure category	Clinical Criteria	Action
High risk		
<ul style="list-style-type: none"> • Percutaneous (e.g., needle stick) or mucous membrane exposure to blood or body fluids of a person with Ebola while the person was symptomatic • Exposure to the blood or body fluids (including but not limited to feces, saliva, sweat, urine, vomit, and semen) of a person with Ebola while the person was symptomatic without appropriate PPE 	Symptomatic	<ul style="list-style-type: none"> • Immediately self - isolate and contact OHN/NL HealthLine
	Asymptomatic	<ul style="list-style-type: none"> • Active daily monitoring • Controlled movement exclusion from all long-distance and local public conveyances (air, water, train, or bus) • Exclusion from workplace • Non-congregate public activities while maintaining a six foot distance from others may be permitted (walk or jog in park)

Appendix A: Health Care Workers (HCW) and Potential Ebola Disease Virus (EVD) Exposure

Some risk		
<ul style="list-style-type: none"> • Close contact in a healthcare facility with a person with Ebola while the person was symptomatic. • Close contact is defined as being for a prolonged period of time while not wearing appropriate PPE within approximately six feet of a person with Ebola while the person was symptomatic. 	Symptomatic	<ul style="list-style-type: none"> • Immediately self-isolate and contact OHN/HealthLine
	Asymptomatic	<ul style="list-style-type: none"> • Active daily monitoring • The activity for the HCW will be determined on an individual basis as directed by the MOH
Low risk		
<ul style="list-style-type: none"> • Direct contact while using appropriate PPE with a person with EVD while the person was symptomatic. 	Symptomatic	<ul style="list-style-type: none"> • Immediately self-isolate and contact OHN/HealthLine
	Asymptomatic	<ul style="list-style-type: none"> • Active daily monitoring • No restrictions on travel, work, public conveyances, or congregate gatherings

Appendix A: Health Care Workers (HCW) and Potential Ebola Disease Virus (EVD) Exposure

Table 5: Temperature Log

Name:

Day	Date	AM Temperature Reading	Time	PM Temperature Reading	Time	Other Ebola symptoms*
Day 1						
Day 2						
Day 3						
Day 4						
Day 5						
Day 6						
Day 7						
Day 8						
Day 9						
Day 10						
Day 11						
Day 12						
Day 13						
Day 14						
Day 15						
Day 16						
Day 17						
Day 18						
Day 18						
Day 20						
Day 21						

*Fever equal to or greater than 38°C (100.4°F), chills, severe headache, muscle pain and weakness, sore throat, diarrhea, vomiting, stomach pain, unusual/new rash, unusual bleeding.