Ebola Virus Disease
Protocol
(Version 2)

October 17, 2014
Department of Health and Wellness
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Purpose
This protocol serves as the guidance document for the Nova Scotia health system for planning and responding to a case of Ebola Virus Disease (EVD).

Authority
This protocol is developed under the authority of the Deputy Minister, Department of Health and Wellness (DHW). Authority can also be used under the Nova Scotia Health Protection Act as required by the situation.

Background
An outbreak of Ebola Virus Disease (EVD) in West Africa has been ongoing since March 2014, originating in Guinea, with spread to Liberia, Sierra Leone, with limited travel related cases in the United States.

It is important to maintain situation awareness as the Ebola outbreak unfolds. Up-to-date information on the situation in Africa and on EVD can be found at:

http://www.who.int/csr/don/archive/disease/ebola/en/

Scope
This protocol is intended to be used as a planning guide for all components of the Nova Scotia health system for EVD Persons Under Investigation, Probable Cases, and Confirmed Cases.

Detailed in this document are the assumptions, planning factors, roles and responsibilities, and the concept of operations.

Assumption
The risk to the Nova Scotia health system of encountering an EVD patient remains low. However, reasonable and responsible measures and precautions must be taken to plan for and respond to this potential situation.

Planning Factors
There are several key factors that serve as the core planning principles for this protocol:

1. All EVD Persons Under Investigation, Probable Cases, and Confirmed Cases patients will be treated at the Capital District Health Authority (CDHA) or the IWK (pediatrics).

2. Phlebotomy and laboratory for EVD Persons Under Investigation, Probable Cases, and Confirmed Cases is only to be done at CDHA/IWK. No blood is to is to be drawn in any other DHAs
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3. Existing infection control protocols in regional hospitals are appropriate to manage a patient in isolation until transport arrangements can be finalized.

4. Any EVD related fatality, including any fatality related to EVD in a health care facility, will be co-managed with the Nova Scotia Medical Examiner’s Office.

Education and Exercises

A critical component to the health system preparedness is a robust education and exercise program in order to ensure individual staff is familiar with their role in an EVD response.

Roles and Responsibilities

Department of Health and Wellness

Medical Officer of Health (MOH)

- Conduct Level 2: Medical Officer of Health Screening of EVD Persons Under Investigation, Probable Cases, and Confirmed Cases
- Initiate and participate in Level 3: Health Care Screening by teleconference
- Lead outbreak management, case investigation, and surveillance/epidemiology
- Coordinate on behalf of Nova Scotia health system entry of persons under investigation, probable cases and confirmed cases of EVD with PHAC Quarantine, New Brunswick and Prince Edward Island

EHS Provincial Medical Director

- Participate in a Level 3: Health Care Screening by teleconference
- Provide guidance and direction on education and exercises to prepare and maintain an appropriate level of pre hospital care readiness

DHW Duty Officer

- Ensure affected DHW leadership is made aware of activations of the EVD protocol.
- Serve as initial point of contact for all DHW branches should additional assistance or consultation is required during the Level 3: Health Care Screening.

Note: DHW Duty Officer activation constitutes a DHW Alert Outlook Contact Group notification (senior branch leadership within DHW). The notification shall include but not be limited to:

- Location of patient (ie patient from home, patient identified through EHS response, patient identified at hospital, etc.)
- Disposition of the patient (ie transported to CDHA/IWK, or kept in isolation at location)
- Name of MOH leading the EVD protocol activation
- Any specific needs or requests from DHW outside of the EVD protocol (Reference: page 23, 25, or 27 of the DHW Duty Officer Manual)
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Infection Prevention and Control Nova Scotia
- Coordinate the Level 1: EVD Screening for Emergency Departments, EHS Coms Centre, 811 and primary care offices and clinics
- Provide support and ongoing timely communication to district infection prevention and control programs and other health care settings, and provide subject matter expertise on infection prevention and control measures/requirements
- Ongoing evaluation/support of infection prevention and control capacity in the system
- Support DHW HEOC Response Exercises to test protocol efficiency and effectiveness
- Develop and revise IPC EVD guidelines

All District Health Authorities / IWK
- Implement the standardized provincial EVD Triage Screening Tool
- Institute and ensure appropriate infection prevention and control precautions
- Upon direction, coordinate the transportation of the patient with EHS
- Implement a robust, targeted education program for appropriate staff focusing on mode of transmission, PPE selection and donning & removing of PPE, cleaning and disinfection
- Regularly exercise and refine local response protocols during heightened activity (ongoing transmission risks)

Capital District Health Authority
- Provide infectious disease and infection prevention and control expertise for Level 3: Health Care Screening by teleconference
- Be prepared to receive and care for EVD Persons Under Investigation, Probable Cases, and Confirmed Cases
- Participate in a Level 3: Health Care Screening by teleconference

IWK
- Provide Infectious Disease and Infection Prevention and Control expertise on the Level 3: Health Care Screening by teleconference
- Be prepared to receive and care for EVD Persons Under Investigation, Probable Cases, and Confirmed Cases
- Participate in a Level 3: Health Care Screening by teleconference

EHS Operations
- Implement an EHS Communication Centre and On Scene Level 1: EVD Triage Screening
- Report individuals who screen positive on the EVD Triage Screening Tool to the Medical Officer of Health
- Initiate through the EHS Communications Centre a Level 3: Health Care Screening by teleconference

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- Participate in a Level 3: Health Care Screening by teleconference
- Be prepared to transport an EVD Persons Under Investigation, Probable Cases, and Confirmed Cases to CDHA or IWK
- Institute appropriate infection prevention and control precautions
- Implement a robust, targeted education program for appropriate staff focusing on mode of transmission, PPE selection and donning & removal of PPE, cleaning & decontamination

811
- Implement an 811 Level 1: EVD Triage Screening
- Report individuals who screen positive on the EVD Triage Screening Tool to the Medical Officer of Health
- Liaise with EHS Communications Centre and 211 for coordination

Primary Care Physicians and Providers
- Implement an 811 Level 1: EVD Triage Screening
- Report individuals who screen positive on the EVD Triage Screening Tool to the Medical Officer of Health
- Institute appropriate infection prevention and control precautions

CDHA Microbiology Lab
- Conduct EVD Persons Under Investigation, Probable Cases, and Confirmed Cases specimen testing
- Be prepared to implement the Emergency Response Assistance Plan (ERAP)
- Participate in a Level 3: Health Care Screening by teleconference
- Institute appropriate infection prevention and control precautions

Nova Scotia Medical Examiner’s Office
- Provide coordination and equipment for the collection and disposition of any EVD fatality including retrieval in any health care facility
- Provide direction to funeral home directors concerning the disposition of any EVD fatality

Concept of Operations

The EVD protocol provides a mechanism for prompt assessment, effective communication, seamless coordination, timeliness in decision making and an appropriate level of response.

A key component to the EVD preparedness is the targeted communication to key stakeholders including universities, communities of interest, and the Nova Scotia health system. As the circumstances change, broader public health messaging will be implemented. Persons entering Nova Scotia from EVD affected countries/regions that do not have symptoms are being informed to contact 811 if they become symptomatic.

The screening process is divided into three levels of screening, namely:
• Level I: EVD Triage Screening

The standardized provincial EVD Triage Screening Tool (Annex A) is designed for persons who contact 811, EHS Communications Centre, or present in emergency departments, Collaborative Emergency Centres (CECs) or primary health care setting (e.g. university health clinics, family practice clinic, etc.) with EVD like symptoms. Additionally, PHAC Quarantine, the Canadian Forces, or the New Brunswick and Prince Edward Island Medical Officers of Health may screen a patient that potentially requires transfer to the Nova Scotia health system.

In all circumstances of an EVD Person Under Investigation, Probable Case, or Confirmed Cases, the appropriate Nova Scotia Medical Officer of Health will be contacted for further assessment. During business hours, the local MOH is contacted through the local public health office (http://novascotia.ca/dhw/publichealth/cpho-contact-information.asp). After hours, the MOH on call is contacted through QEII Locating.

• Level 2: Medical Officer of Health Screening

The MOH will coordinate further assessment and decisions regarding patient assessment and disposition.

Based on the outcome of the MOH review, the decision will be made to either manage the patient through normal policies and procedures, or the MOH will contact the EHS Communication Centre to initiate a Level 3: Health Care Screening.

• Level 3: Health Care Screening

A health care screening via teleconference includes the following participants:

  o Medical Officer of Health
  o CDHA and/or IWK Infectious Disease Staff On Call
  o EHS Provincial Medical Director
  o Microbiologist Staff On Call
  o EHS Communication Centre Supervisor will remain on the call to coordinate caller participation and advise on paramedic resource availability

Additional participants may include:

  o CDHA/IWK Infection Prevention and Control On Call
  o DHW Duty Officer
  o Infection Prevention and Control Nova Scotia

Based on the outcome of the discussion at the Health Care Screening level, the patient will either be managed through normal health system policies and procedures or the EHS/CDHA/Microbiology EVD plan will be implemented for transfer to CDHA or the IWK.

In the event a caller/patient does not require EHS transportation, whether for EVD or any other condition, the caller/patient will be contacted by either the RMOH/MOH on Call or 811. The RMOH/MOH On call will contact the DHW Duty Officer to inform them of the event.
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In the event that a caller/patient requires transportation to a health facility for an EVD or any other medical reason, EHS will contact the caller directly with pre-arrival instructions.

- Level 4: Deceased Patient
  - The Nova Scotia Medical Examiner’s Office must be contacted to coordinate the disposition of EVD patient fatalities, including deaths in health care facilities.
The following diagram outlines the Ebola Virus Disease (EVD) Screening Process:

Level 1: EVD Triage Screening

811 911
DHA/IWK ED
Primary Care Provider
PHAC Quarantine Services
NB & PEI MOH
Cdn Forces

Regional MOH or MOH on Call

Patient Requires Further Investigation

Yes

MOH

EHS Communications Centre Conference Call

Level 2: Medical Office of Health Screening

No

Level 3: Health Care Screening

Regional or MOH On Call Contacts Caller or requests 811 to contact the caller

Regional or MOH On Call Contacts DHW Duty Officer

Decision to Transport

Medical Officer of Health

CDHA and/or IWK Infectious Disease Staff On Call

EHS Provincial Medical Director

Microbiologist Staff On Call

CDHA and/or IWK Infection Prevention & Control On Call

DHW Duty Officer

Infection Prevention & Control NS (IPCNS)

Yes

Determine Most Appropriate Destination

EHS Contact Caller with Pre Arrival Instructions

Medical Officer of Health

Emergency Transfer

Emergency Transfer

Stage at Closest Appropriate ED*

Urgent Transfer

CDHA/IWK

*The staging will only take place in situation involving prohibitive weather or based on medical circumstances in consultation with the ED

Level 4: Deceased Patient

Deceased Patient

NS Medical Examiner’s Office Contacted

Regional or MOH On Call Contacts DHW Duty Officer

DHW Duty Officer

CDHA Duty Officer

IWK Duty Officer

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The DHW Health Services Emergency Management branch is responsible for the update of this protocol. Amendments can be forwarded to the Manager of Planning, Exercises and Training.

Peter W. Vaughan, CD, MA, MD, MPH
Deputy Minister
Nova Scotia Department of Health and Wellness
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ATTACHMENTS

EVD Triage Screening Tool V9

Nova Scotia Infection Control Guidelines for the Health System

NS Ebola Surveillance and Reporting Guidelines

Ebola Virus Public Health Guidelines

PHAC Guidelines for Handing the Deceased

NS Medical Examiner’s Protocol

Laboratory Guidelines

Note: Attachments will be circulated as they become available