

# Employee/Occupational Health Management of Healthcare Workers who are Close Contacts or Contacts of Ebola Virus Disease (EVD)

Version 2.0: 17-December-2014

## Approval:

- Provincial EVD Preparedness Task Group (version 1.0): 29-Oct-2014
- Provincial EVD Preparedness Task Group (version 2.0): 17-Dec-2014

## Consultations:

- Infection Prevention and Control Team (Ambulance New Brunswick, Horizon Health Network, Vitalité Health Network, Department of Health)

Department of Health

# Employee/Occupational Health Management of Healthcare Workers who are Close Contacts or Contacts of Ebola Virus Disease (EVD)

## Ebola Virus Disease Case

The patient has been screened and assessed to be either a suspect (probable or under investigation) or is confirmed case of Ebola virus disease (EVD)

## Fitness to Work with EVD Cases

Factors that influence an individual healthcare worker's (HCW) ability to safely perform their duties are considered in fitness to work determinations. These determinations will be made by the HCW's Manager/Chief in consultation with Infection Prevention and Control and Employee Health—at times it may be necessary to consult with a primary care physician. Factors may require some HCWs be excluded from providing direct care for EVD patients include:

- Inability to safely wear the required PPE for the patient care being provided
- Demonstrated or expected higher EVD mortality based on underlying health condition(s)
- Inability to comply with the required Public Health Measures for Contacts/Close Contacts of EVD
- Medical conditions that could reasonably require the HCW to exit the room quickly
- Medical conditions where it be could reasonably anticipated that another HCW may be required to provide urgent medical assistance to the HCW
- Skin integrity (e.g. intact skin on hands and arms; eczema; psoriasis)
- Immunocompetency
- Pregnancy (due to reported maternal mortality of >95% and fetal mortality of 100%).

## Actions Immediately Following an Unprotected Exposure to EVD

Potential exposure to EVD (e.g., direct exposure without appropriate PPE, percutaneous injuries) must be reported to immediate supervisor, occupational health services or designate as well as to Regional Public Health (routine hours Public Health offices and after-hours communicable disease pager) See Appendix A.

When such an exposure occurs the HCW must immediately implement exit procedures and safely remove personal protective equipment (PPE) in a slow controlled step-by-step manner. First aid should be performed immediately following PPE removal:

- The exposure should be reported immediately to employer and immediate medical attention should be obtained.
- 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.

- Non-intact skin should be rinsed thoroughly with running water if contaminated with blood, body fluids, secretions or excretions.

## Contact Management

The purposes of PH monitoring contacts of confirmed and/or probable cases are to identify symptomatic contacts as early as possible to facilitate treatment; prompt laboratory diagnostic testing and to reduce the amount of time between the onset of illness and isolation in order to reduce the opportunity for transmission to others.

**Coordinate with your local Public Health Office regards roles and responsibilities regarding the public health management of healthcare workers who are Contacts and Close Contacts.**

## Close Contacts

Public Health Agency of Canada defines a close contact as an individual who has:

- Provided care to a confirmed or probable case or who has had other close physical contact with the case or deceased body that may have resulted in **unprotected exposure** (not wearing appropriate personal protective equipment, failure of that equipment, or a mucocutaneous or percutaneous exposure) to blood or other body fluids from the case
- OR**
- Had **unprotected** contact with surfaces or equipment contaminated with blood or body fluids of a confirmed or probable case;
- OR**
- Worked in a laboratory handling specimens from confirmed or probable cases and may have had **unprotected** exposure to these specimens through the course of their work.

Regional Public Health is responsible to ensure the HCW is:

- Interviewed **twice** daily assessing for symptoms
- Instructed on self-isolation measures
- Instructed on self-monitoring for fever through temperature checks twice daily and for other symptoms of EVD
- Instructed on actions to take should fever plus or minus other symptoms occur
- Instructed on travel restrictions

## Contacts

Public Health Agency of Canada considers **ALL** health care workers who cared for a case while strictly adhering to recommended Infection Prevention and Control measures as having **protected** (wearing appropriate personal protective equipment) exposure to an EVD patient and/or the patient's blood/body). Healthcare workers with protected exposure are considered contacts.

Regional Public Health is responsible to ensure:

- The HCW is interviewed **once** daily assessing for symptoms
- The HCW is advised to self-monitor for fever through temperature checks twice daily and to self-monitor for other symptoms of EVD
- The HCW is instructed on actions to take should fever plus or minus other symptoms occur
- A case-by-case consideration of travel restrictions ( e.g. remaining within one hour of a designated EVD hospital) is completed
- A case-by-case basis consideration on restrictions to participation in public activities is completed

Summary Public Health Measures for Domestic Healthcare Worker Close Contacts and Contacts

Public Health (PH) Measures	Close Contacts	Contacts
PH Monitoring	Twice daily	Daily
Self-isolation	Yes	No
Self-monitoring for fever and other symptoms	Yes	Yes
Restrictions on public activities	Yes (Self-isolated)	Consider on a case-by case basis
Restrictions on travel	Yes (self-isolated)	Consider on a case-by case basis

**Key Points for Managing both Close Contacts and Contacts**

- Regional Public Health must be informed **immediately** of any healthcare worker who becomes a **Close Contact** of an EVD case
- Regional Public Health must be informed **daily** of all healthcare workers who are **Contacts** of an EVD case
- Close Contacts are under self-isolation and are not permitted to work
- Close Contacts require specific education regarding self-isolation
- Measures for Close Contacts remain in effect until 21 days after the unprotected exposure
- Measures for Contacts remain in effect until 21 days after the last exposure to an Ebola case
- The HCW may need to be provided with both a thermometer and education on how to take and record their temperature
- The HCW will need to strategize regarding timing of temperature checks and fever masking medications
- The HCW will require education early signs and symptoms of EVD: severe headache, muscle pain, malaise, sore throat, vomiting, diarrhea, abdominal pain
- HCW Contacts who refuse or are unable to comply with self-monitoring and/or public health checks must be excluded from the workplace for the 21 day incubation period
- HCWs returning to work after working with EVD patients in affected areas in West Africa will be monitored as Contacts or Close Contacts by Regional Public Health based on the risk

assessment completed by Border Screening services at the border of entry. Occupational health should be notified prior to returning to work.

**HCWs who have been caring for or exposed to EVD patients, and subsequently develop signs and symptoms of EVD must:**

- Not report to work or immediately stop working
- Self-isolate away from others
- **Implement notification as per direction of Public Health**
- Notify Employer/Supervisor and Employee/Occupational Health or Designate
- Comply with work exclusions until they are deemed no longer infectious to others per Regional Public Health and local Infectious Diseases Specialist

## References

1. Public Health Agency of Canada: Interim Guidance: Ebola Virus Disease: Infection Prevention and Control Measures at Borders, for Healthcare Settings and Self-Monitoring at Home, 2014. Accessed September 6, 2014 at: <http://www.phac-aspc.gc.ca/id-mi/vhf-fvh/ebola-ipc-pci-eng.php>
2. Public Health Agency of Canada: Public Health Management of Cases and Contacts of Human Illness Associated with Ebola Virus Disease (EVD). Accessed September 15, 2014 at: <http://www.phac-aspc.gc.ca/id-mi/vhf-fvh/cases-contacts-cas-eng.php>
3. Public Health Agency of Canada: Infection Prevention and Control Expert Working Group: Advice on Infection Prevention and Control for Ebola Virus disease. December 2014  
Unpublished.
4. Public Health Agency of Canada: guidance Document—Minimizing the Risk of Exposure to Ebola Virus Disease in Canada through Strengthened Quarantine Measures. November 2014
5. Province of New Brunswick: Public Health Ebola Virus Disease Outbreak Guideline. December 2014

Appendix A

<b>COMMUNICABLE DISEASES (CD) TELEPHONE LIST LISTE TELEPHONIQUE DES COORDINATEURS DES MALADIES TRANSMISSIBLES (MT)</b>				
<b>ZONE / ZONE</b>	<b>REGIONAL MEDICAL OFFICER OF HEALTH /LE MÉDECIN-HYGIÉNISTE RÉGIONAL</b>	<b>CD PHONE LINE / LIGNE TÉLÉPHONIQUE DES MT (Office Hours)</b>	<b>MAIN OFFICE / DU BUREAU PRINCIPAL (Office Hours)</b>	<b>PAGER / TÉLÉAVERTISSEUR (After Hours)</b>
ZONE 1-MONCTON	Dr. Yves Leger	856-3220	856-2401	1-506-861-5078
ZONE 2-SAINT JOHN	Dr. Scott Giffin	658-5188	658-2454	1-506-646-1540
ZONE 3-FREDERICTON	Dr. Na-Koshie Lamptey	444-5905	453-5200	1-506-462-0574
ZONE 4-EDMUNSTON	Dr. Mariane Paquet	735-2258	735-2065	1-506-558-0254
ZONE 5-CAMPBELLTON	Dr. Mariane Paquet	789-2543	789-2266	1-506-558-0254
ZONE 6-BATHURST	Dr. Mariane Paquet	547-2134	547-2062	1-506-558-0254
ZONE 7-MIRAMICHI	Dr. Yves Leger	778-6104	778-6102	1-506-861-5078