



Client Health Record #
Client Surname
Given Name
Date of Birth
Gender
MFRN
PHIN

Patient Travel / Contact History – Ebola Virus Disease - (EVD)

[Section I: Booking a Patient Appointment](#)

[Section II: Patient Attends In Person or for a Clinic Appointment](#)

[Section III: In-Depth Assessment](#)

SECTION I: TRAVEL QUESTIONS TO ASK WHEN BOOKING A PATIENT APPOINTMENT:

Confirm Travel / Contact History of the Patient

1. Ask the following: *Have you travelled from Guinea, Liberia or Sierra Leone in the last 21 days?*

Have you lived, worked in or traveled from the following areas in the last 21 days?*

	Yes	No	Comments
Guinea			
Liberia			
Sierra Leone			

2. Ask the following: *Have you been in contact with an EVD Case in the last 21 days?*

Have you been in contact with ill person(s) or at risk groups (Health Care Workers, Laboratory Workers), Health care facilities, laboratories or animals in or who have been in Guinea, Liberia, or Sierra Leone in the last 21 days?*

	Yes	No	Comments
Ill person(s)			
Health Care / Lab Workers			
Health Care / Lab Facilities			
Animals			

3. Ask the following: *Have you been told to self-monitor for Ebola Virus Disease in the last 21 days?*

	Yes	No	Comments
Self-Monitoring			

BOOKING INTERVENTIONS:

NO TO TRAVEL /CONTACT HISTORY (No to Questions 1, 2 and 3)

- ☐ Clinical Support Staff to follow the standard appointment triage booking. No further action required.

YES TO TRAVEL / CONTACT HISTORY (Yes to either Question number 1, 2 or 3)

- ☐ Clinical Support Staff **DOES NOT** book appointment. Patient is not to attend clinic or report to hospital emergency department. Immediately notify clinical team to complete the In-Depth Assessment.

SECTION II: TRAVEL QUESTIONS TO ASK WHEN A PATIENT ATTENDS IN PERSON OR FOR A CLINIC APPOINTMENT:

Confirm Travel / Contact History of the Patient

1. Ask the following: *Have you travelled from Guinea, Liberia or Sierra Leone in the last 21 days?*

Have you lived, worked in or traveled from the following areas in the last 21 days?*

	Yes	No	Comments
Guinea			
Liberia			
Sierra Leone			

2. Ask the following: *Have you been in contact with an EVD Case in the last 21 days?*

Have you been in contact with ill person(s) or at risk groups (Health Care Workers, Laboratory Workers), Health care facilities, laboratories or animals in or who have been in Guinea, Liberia, or Sierra Leone in the last 21 days?*

	Yes	No	Comments
Ill person(s)			
Health Care / Lab Workers			
Health Care / Lab Facilities			
Animals			

3. Ask the following: *Have you been told to self-monitor for Ebola Virus Disease in the last 21 days?*

	Yes	No	Comments
Self-Monitoring			

ROOMING GUIDE INTERVENTIONS:

NO TRAVEL HISTORY (No to Questions 1, 2 and 3)

- ☐ **Stop Ebola Virus Disease Screening and follow routine IPC precautions:** Patient to use alcohol based hand rub (ABHR) put on a procedure / surgical mask (if coughing). If Patient is coughing (not able or declines request), primary care team member to use Alcohol Based Hand Rub and put on a procedure / surgical mask as per Routine practices. Room Patient as per usual exam room criteria. Continue with Routine Care.

YES TRAVEL HISTORY (Yes to either Question number 1, 2 or 3)

- ☐ Patient/Family/Escort to **ALL** use Alcohol Based Hand Rub and **ALL** put on a procedure/ surgical mask as per Routine Practices.
- ☐ Clinical Support Staff to immediately room Patient/Family/Escort, using a **HANDS OFF APPROACH** and maintain a two metre (six feet) distance with any of the individual(s). Ensure the single use thermometer and manual instructions are in clear view to the Patient (**DO NOT ATTEMPT TO TAKE PATIENT TEMPERATURE AT THIS POINT**) and ensure land line or cell phone is on. Advise Patient to try to not leave the designated room and if they must to speak to MD/NP/RW prior to leaving. Close door to designated room. Refer to **OESH Safe Work Plan to Secure Environmental Decontamination Area of the Stable Patient**.
- ☐ **VIA IN PERSON:** Inform Patient the assessment will be conducted by the MD/NP/RM using the phone in the exam room and will need to pick up phone when it rings. Consider providing Patient the Public FACT sheet to assist with identification of symptoms.
- NOTE:** Clinical Support Staff to begin logging all Patients/Family/Escorts and Staff. Log to be forwarded to Team Manager. The Log will be reviewed to determine if actual exposures have occurred with any of these individuals within the clinic environment.

SECTION II: TRAVEL QUESTIONS TO ASK WHEN A PATIENT ATTENDS IN PERSON OR FOR A CLINIC APPOINTMENT:

VIA IN PERSON: UNSTABLE PATIENT

- ☐ If Patient is not able to walk to the designated room, collapses or Patient emits infectious material(s) (blood, body fluids, secretions, or excretions) prior to arriving at designated space, safely stop any current tasks, leave and secure the patient care area as **NO** Personal Protective Equipment available to provide any emergency care.
 - ☐ Site contacts Regional Director for Patient Transport **204-794-2192**
AND
 - ☐ Site contact EMS **204-986-6336** and advise of EVD potential with need for emergent transport to JK3/PICU at HSC to advise of possible Ebola Virus Disease and need for transport to HSC-JK3/PICU. Refer to **OESH Safe Work Plan to Secure Environmental Decontamination Area of the Unstable Patient. Personal Protective Equipment must be worn to secure environmental area (impermeable gown, N95 respirators, face shield, leg and shoe covers) and team members must be trained & competent to perform.**

NOTE: When Patient Travel /Contact History and signs and symptoms cannot be verified, respond as per Emergency Management protocols and activate **EMS (Call 911)**.

SECTION III: IN-DEPTH ASSESSMENT:

COMPLETE THE IN-DEPTH PATIENT TRAVEL HISTORY /CONTACT HISTORY SCREENING QUESTIONS:

NOTE: If not possible to conduct assessment over the phone, Personal Protective Equipment must be worn to secure environmental area (impermeable gown, N95 respirator, face shield, leg and shoe covers) and team members must be trained & competent to perform.

Complete Travel / Contact History of the Patient

1. Ask the following: **Have you travelled from Guinea, Liberia or Sierra Leone in the last 21 days?**

Have you lived, worked in or traveled to the following areas in the last 21 days?*

Area (mark "X")	Yes	No	Comments
Guinea			
Liberia			
Sierra Leone			

NOTE: As of November 2014, Risk areas will change over time, for regular updates see below link:

[World Health Organization Situation reports: Ebola Response roadmap](http://www.who.int/csr/disease/ebola/situation-reports/en/)

See <http://www.who.int/csr/disease/ebola/situation-reports/en/>

2. Ask the following: **Have you been in contact with an EVD Case in the last 21 days?**

Have you been in contact with ill person(s) or at risk groups (Health Care Workers, Laboratory Workers), Health care facilities, laboratories or animals in or who have been in Guinea, Liberia, Sierra Leone in the last 21 days?*

	Yes	No	Comments
Ill person(s)			
Health Care / Lab Workers			
Health Care / Lab Facilities			
Animals			

SECTION III: IN-DEPTH ASSESSMENT:

Have you had exposure to any of the following?

	Yes	No	Comments
Have you been in contact with ill person(s)? Direct person to person contact (via blood or body fluid from an infected person)?			
Were you in contact with any person(s) ill with Ebola from the date of onset of fever?			
Have you provided care to a probable or confirmed EVD case and may have not strictly adhered to recommended Infection Prevention & Control measures?			
Have you had contact with surfaces or equipment contaminated by the virus, particularly needles, syringes or other?			
Have you had close physical contact or have you embalmed an infected dead body that may have resulted in unprotected exposure to blood or other body fluids?			

What blood or body fluids have you had contact with that may have transmitted Ebola Virus Disease?

	Yes	No	Comments
Saliva			
Mucus			
Vomit			
Feces			
Sweat			
Tears			
Breast milk			
Urine			
Semen			

3. Ask the following: *Have you been told to self-monitor for Ebola Virus Disease?*

	Yes	No	Comments
Self-Monitoring			

CONFIRM SIGNS/SYMPTOMS

A patient with EVD-compatible symptoms is defined as an individual with **any** of the following signs and symptoms:

<input type="checkbox"/> Patient reports fever (confirm antipyretics use in the last 4-6 hours? confirm if patient has low temperature?)	<input type="checkbox"/> Sore throat may describe painful to swallow
<input type="checkbox"/> Malaise	<input type="checkbox"/> Jaundice skin and the whites of your eyes to turn yellow
<input type="checkbox"/> Intense Weakness	<input type="checkbox"/> Abdominal pain
<input type="checkbox"/> Myalgia (muscle aches)	<input type="checkbox"/> Nausea/Vomiting
<input type="checkbox"/> Headache (may be severe)	<input type="checkbox"/> Diarrhea that can be bloody
<input type="checkbox"/> Conjunctival Injection	<input type="checkbox"/> Erythematous maculopapular Rash (chest, back, stomach)
<input type="checkbox"/> Pharyngitis	<input type="checkbox"/> Bleeding not related to Injury (petechiae, ecchymosis, epistaxis(nose bleed) unexplained bleeding

SECTION III: IN-DEPTH ASSESSMENT:

Record Temperature (good to know, not required for Infectious Disease Specialist Consultation)

[Digital Temperature Instructions](http://www.wrha.mb.ca/prog/ipc/files/EVDMgmt-TF.pdf) See <http://www.wrha.mb.ca/prog/ipc/files/EVDMgmt-TF.pdf>

Temperature Reading	Comments (i.e. unable to confirm as patient has taken an antipyretic, no thermometer available etc, patient has history of low temperatures.)

If yes to the signs and symptoms above, provide further details in this section:

Travel / Contact History of the Patient:

Date of Onset of Symptoms: ____/____/____

Duration & Frequency of Symptoms:

(If applicable):

Date of Last Contact: ____/____/____

Frequency of contact with (Contact Case identified):

Note: Infectious Disease Specialist to assist with identification of the need for further investigation for other acute infectious or medical conditions to be ruled out before a diagnosis of Ebola Virus Disease (EVD) is made. These may include: malaria, typhoid fever, shigellosis, cholera, leptospirosis, plague, rickettsiosis, relapsing fever, meningitis, hepatitis and other viral haemorrhagic fevers.

NOTES:

CLINICAL MANAGEMENT & INTERVENTIONS FOR PERSONS UNDER INVESTIGATION / PROBABLE CASE:

PERSONS UNDER INVESTIGATION OF EVD

POSITIVE TRAVEL HISTORY (Yes to 1,2 or 3) WITH ANY SIGNS OR SYMPTOMS PRESENT

- ☐ Consultation with an Infectious Disease must occur. Page the HSC I. D. Specialist 24/7 @ **204-787-2071**.

Infectious Disease Specialist to determine whether to send Patient to HSC ER for further blood work to rule out Person Under Investigation. All blood work to be done at HSC-ER department. At no time should lab work be drawn at the Primary Care Clinic.

SECTION III: IN-DEPTH ASSESSMENT:

- ☐ If Patient is **Under** the 21 Day self-monitoring period: Notify the WRHA Medical Officer of Health.

Rationale: Public Health Agency of Canada requires individuals returning from EVD affected countries to report to WRHA Public Health upon arrival to their destination (i.e., home). The nature of the reporting depends on the individual's risk profile. Therefore, WRHA Public Health for Person's Under Investigation may actively intervene. In instances where Public Health does intervene, they are requesting Patients to contact Health Links and Emergency Medical Services if they are experiencing signs and symptoms.

NOTE: The rationale for notifying Medical Officer of Health is the Patient who is self-monitoring may decide to call or present to the clinic with symptoms, despite where they have been asked to contact Health Links/911. The patient may also be calling for medical reasons outside of Ebola self-monitoring (pre-existing medical conditions, prescription refills etc.).

POSITIVE TRAVEL / CONTACT HISTORY (1,2 or 3) SIGNS OR SYMPTOMS NOT PRESENT

- ☐ If Patient is **Under** the 21 Day self-monitoring period: Notify the WRHA Medical Officer of Health.

- ☐ If Patient is **Over** the 21 Day self-monitoring period: Provide reassurance as no further action required.

NOTE: The rationale for notifying the Medical Officer of Health, is if Patient has been asked to self-monitor however, decide to call or present to the clinic with no symptoms, the patient may be calling for medical reasons outside of Ebola self-monitoring (pre-existing medical conditions, prescription refills etc.).

PROBABLE CASE OF EVD

- ☐ Consultation with an Infectious Disease must occur. Page the HSC I. D. Specialist 24/7 @ **204-787-2071**.
- ☐ The Infectious Disease Specialist's role is to ensure additional diagnostic considerations are determined. All blood work to be done once admitted to the designated EVD site HSC-JK3/PICU. At no time should lab work be drawn at the Primary Care Clinic to confirm a probable case.
- ☐ If Infectious Disease Specialist deems admission for further investigation is necessary, Site to initiate transport arrangements by **notifying** the following:
- WRHA Patient Transport Regional Director/ designate @ **204-794-2192 AND**
 - Emergency Medical Services @ **204-986-6336** advise of Ebola Virus Disease potential with need for either (emergent or non-emergent) transport to JK3/PICU at HSC **AND**
 - HSC Central Support Services Director: Monday – Friday (08:00 – 16:00) @ **204-612-7795** or through HSC paging @ **204-787-2071 OR**
 - Outside of “regular business hours” site to contact the HSC Nursing Supervisor through HSC paging @ **204-787-2071**.
 - Inter-facility transfer team to provide estimated time of arrival to both sending and receiving sites. Patient will bypass HSC Emergency Department.
- ☐ Call patient to inform of ID consultation follow-up required. Provide support and inform the ambulance attendants will be dressed in Personal Protective Equipment to support an abundance of caution until further investigation is completed.
- NOTE:** If patient refuses hospitalization or transport, notify the WRHA Medical Officer of Health who has the authority to invoke Manitoba Public Health Act-Legislation & Guidelines.
See <http://www.gov.mb.ca/health/publichealth/surveillance/legislation.html>
- ☐ Determine if Family/Escort in attendance with the patient have **any** signs or symptoms:
Select the following that applies:

SECTION III: IN-DEPTH ASSESSMENT:

- ☐ **NO SIGNS/ SYMPTOMS**-obtain the Family/ Escort contact information and advise them they are able to return to their place of residence (exception: person needed for the patient's wellbeing Parent/Guardian/Caregiver)

***NOTE:** Infectious Disease Specialist is responsible to activate the Public Health response. As the decision is based on the level of probability of the probable case, Public Health will then interview the Patient and identify Contacts to make further medical recommendations on Patient contacts.*

AND / OR

- ☐ **YES SIGNS/SYMPTOMS**- the accompanying Family/Escort to remain in the exam room along with the patient who is the probable case.
- ☐ **VIA IN PERSON OR TELEPHONE:** Provide '**Patient Travel Contact History form**' and any other relevant corresponding documentation to EMS (medication list).

MANAGEMENT OF THE RECOVERED PATIENT WITH EBOLA VIRUS DISEASE

- ☐ A Patient who survives is infectious as long as their blood and secretions contain the virus. For this reason, infected patient(s) receive close monitoring at HSC-JK3 and receive laboratory tests to ensure the virus is no longer circulating in their systems before they return home., When Infectious Disease Specialist determines the patient is able to return home, they are no longer infectious and cannot infect anyone else. It is important to understand the post hospital discharge care. For example, WHO (2014) states "Men who recovered from the Ebola Virus Disease can still spread the virus to their partner through their semen for up to 7 weeks after recovery. For this reason, it is important for men to avoid sexual intercourse for at least 7 weeks after recovery or wear condoms during the 7 weeks after recovery".