

Viral Hemorrhagic Fever (VHF) / Ebola Guidance for Acute Care Settings

Infection Prevention and Control (IPC) & Workplace Health and Safety (WHS)

Context/background

Viral Hemorrhagic Fever (VHF) are viruses, including Ebola, Lassa and Marburg, transmitted to humans from direct contact (e.g., through broken skin or mucous membranes) with blood, other body fluids and tissues of infected persons or wild animals

Personnel must take appropriate measures to decrease the risk of transmission by following the IPC guidance below. Refer to the [VHF/Ebola webpage](#) for further details and access to resources.

Triage area preparation

Ensure waiting areas are equipped with:

- Signs to direct patient with symptoms of acute infection,
- Products for respiratory hygiene (masks, tissues, hand hygiene products, and no-touch waste receptacles),
- A physical barrier, such as a plastic partition, or physical separation of 2 m located between the patient and staff.

Healthcare areas that admit, see or register patients (including clinics, inpatient facilities, urgent care centres, or emergency departments) should direct patients who call ahead and indicate they have a fever and have a travel history to a VHF affected area, to an appropriate care setting and initiate necessary IPC measures upon arrival. Refer to [poster for staff facing areas](#).

Exposure criteria must be present in conjunction with Clinical Illness Criteria below)

History of one or more of the following within 21 days prior to onset of fever:

- Residence in or travel to any area experiencing an outbreak of VHF
- Contact with a suspect, probable, or confirmed case(s) of VHF
- Direct contact with blood, body fluids, and/or tissues of a person/patient with a confirmed, probable, or suspect case of VHF
- Direct handling of bats, rodents or primates from affected areas
- Work in a laboratory or animal facility handling VHF virus

Clinical illness criteria

Sudden onset fever – 38.0°C or higher, and at least one of the following:

- Malaise
- Myalgia
- Severe Headache
- Conjunctival injection
- Pharyngitis (sore throat)
- Abdominal pain
- Vomiting

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- Diarrhea that can be bloody
- Bleeding not related to injury
- Unexplained hemorrhage
- Erythematous maculopapular rash on trunk

Notify zone MOH immediately and site IPC and WHS regarding all possible cases (meeting both the Exposure OR Clinical Illness Criteria for additional assistance).

Triage, screening and assessment

- Immediately triage and place any patient who meets both exposure and clinical illness criteria in a single room (with private bathroom).
Use the [IPC Screening and Rapid Assessment at Presentation to ED/UCC Triage](#)
- Implement IPC measures including [VHF / Ebola specific contact and droplet precautions](#) **including meticulous hand hygiene**.
- Keep the room door closed; only essential personnel wearing appropriate PPE to enter
- Keep a log of all persons entering the room
- Laboratory testing for patients suspected to have VHF will only be collected and/or processed after appropriate consultation with the Zone MOH and/or microbiologist/virologist on call. See: [Evolving Viral Haemorrhagic Fever \(VHF\) Outbreak in Uganda -Operational Update](#)

The following recommendations are intended as guiding principles and may need to be adapted to suit the staffing model and/or physical environment of the individual facility.

Patients presenting to Health Information Management (HIM) areas

If patients present directly to areas staffed by HIM personnel (such as admitting or registration clerks) and indicate they have a fever and have a travel history to a VHF affected area.

If triage is present on site, the triage nurse should be contacted immediately.

- If the patient requires an escort to triage, any staff member escorting the patient should maintain a distance of 2m from patient.
- If no escort is required, patient should be instructed to don a procedure mask and perform hand hygiene.
- HIM personnel should perform hand hygiene frequently.

If no triage is present on site, HIM staff should:

- Ensure patient is wearing a procedure mask; and
- Maintain a distance of 2m from patient.
- Immediately contact a site administrative or medical lead and if feasible, escort or direct the patient to a separate room while waiting for a decision to be made. If the patient is deemed suspect/confirmed VHF/Ebola and moved to an isolation room, clean the separate room (patient contact area) as per [Contact & Droplet Precautions Suspect / Confirmed VHS / Ebola](#).

The site administrative or medical lead should immediately call the zone Medical Officer of Health for further direction.

Triage recommendations

Follow the [VHF / Ebola Emergency Department & Urgent Care Centre Triage Protocol \(Screening & Rapid Assessment at presentation to ED/UCC\)](#) and [poster for staff facing areas](#).

IPC requirements

IPC [Contact and Droplet Precautions Suspect/Confirmed Viral Hemorrhagic Fever \(VHF\) / Ebola](#) are required for suspected or confirmed VHF/Ebola patients :

- [Airborne Precautions](#) are required for [Aerosol Generating Medical Procedures \(AGMP\)](#). Airborne precautions include the use of a seal-checked and fit-tested N95 respirator by all personnel present in the room during the AGMP. **Avoid AGMP unless considered medically necessary.**
- AHS disinfectants for cleaning and disinfecting environmental surfaces and non-critical devices have the broad spectrum virucide claim and drug identification number (DIN) required by Health Canada to be effective for killing the VHF/Ebola virus. Use AHS approved/provided disinfectants according to manufacturer's instructions. Refer to table in the [Ready-to-Use Disinfectant Wipes - Key Points](#) for examples.

Training sessions: VHF modules are available on My Learning Link for AHS employees. Contact your site ICP for information on training.

Workplace Health and Safety considerations: The wearing of the PPE ensembles described in this guidance will result in increased heat stress and wearers can expect to perspire considerably after several minutes of working in this equipment. HCPs caring for these patients and wearing this PPE will require more break time (both in terms of frequency and duration) to allow for adequate rest and hydration. Caring for suspect or confirmed VHF patients while wearing the necessary PPE, and diligently adhering to the PPE doffing procedures, requires consistent concentration and careful attention to detail. Excessive fatigue can impair concentration, which can increase the risk of contamination. Fatigue should be taken into consideration when determining appropriate staffing levels for VHF patient care teams. HCPs should identify when they are becoming fatigued or overheated while wearing the PPE and indicate to the buddy that they will be exiting the room.

Duration of precautions: Period of communicability is uncertain. Maintain precautions until symptoms resolve and until cleared by IPC.

Handling and transport of laboratory specimens: Laboratory testing for patients suspected to have VHF will only be collected and/or processed after appropriate consultation with the Zone MOH and/or microbiologist/virologist on call. Refer to [Laboratory Bulletin: Ebola Testing & Outbreaks \(October 14, 2022\)](#).

Information regarding the safe handling of laboratory specimens collected from patients with possible or confirmed VHF can be found at: [Evolving Viral Haemorrhagic Fever \(VHF\) Outbreak in Uganda -Operational Update](#)

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Equipment

Single-use or single-patient use equipment is required. If reusable items must be used they may only be removed from the room after consultation with AHS IPC. IPC advises if the item can be safely decontaminated and reprocessed including how and where to transport it, e.g., covered and transported to MDRD or cleaned/disinfected in the room according to the usual procedures.

Care of deceased bodies: Consult the MOH immediately upon death for detailed direction on the management of the deceased body. [PPE Requirements for Suspect/Confirmed Viral Hemorrhagic Fever \(VHF\) / Ebola](#) must be maintained when handling and transporting the deceased. Body must be placed into an AHS approved body bag. Refer to [Alberta Public Health Disease Management Guidelines: Ebola](#) page 11 and [Alberta's Bodies of Deceased Persons Regulation](#) for more details.

For further details about VHF/Ebola and access to resources refer to the [VHF / Ebola webpage](#).

References

[Public Health Agency of Canada, Interim Guidance: Ebola Virus Disease \(EVD\); Infection Prevention and Control \(IPC\) Measures for Borders, Healthcare Settings, and Self-Monitoring at Home. September 12, 2014](#)

<https://www.canada.ca/en/public-health/services/diseases/ebola/health-professionals-ebola.html> Alberta Health/Alberta Health Services Communicable Disease Advisory – Ebola Virus Disease, August 8, 2014. <http://www.albertahealthservices.ca/assets/info/hp/diseases/if-hp-dis-ebola-ed.pdf>

Alberta Health Public Health Notifiable Disease Management Guidelines for the full case definition at: <https://open.alberta.ca/publications/ebola-virus-disease>

Health Canada. [Infection Prevention and Control Measures for Ebola Virus Disease in Healthcare Settings](#). Available at <https://www.canada.ca/en/public-health/services/diseases/ebola/health-professionals-ebola/infection-prevention-control-measures-healthcare-settings.html#a23>



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