**Ebola Virus Disease (EVD) - Frequently Asked Questions**

[**GENERAL INFORMATION**](http://www.publichealthontario.ca/en/BrowseByTopic/InfectiousDiseases/Pages/EVD_FAQ.aspx)

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| **Q.1:** | **What is Ebola Virus Disease (EVD)?**  EVD is a severe zoonotic illness that can infect humans and non-human primates such as chimpanzees, and gorillas, as well as other animals such as forest antelopes. Bats are thought to be the natural reservoir but this is yet to be confirmed. (August 19, 2014) |
| **Q.2:** | **How is Ebola virus transmitted?**  Ebola virus can be found in bodily fluids from an infected person such as blood, urine, saliva, stool, vomit, sweat, tears, breast milk and semen. An individual can become infected with Ebola virus through direct contact with the bodily fluids of someone who is infected or through contact with contaminated materials such as linens or clothing that are soiled with infected bodily fluids.  Proper, consistent use of personal protective equipment is essential in preventing Ebola virus acquisition while caring for patients.  Information on the use of personal protective equipment can be found in the document entitled [Infection Prevention and Control Guidance for Patients with Suspected or Confirmed Ebola Virus Disease (EVD) in Ontario Health Care Settings](http://www.publichealthontario.ca/en/eRepository/EVD_IPAC_Guidance.pdf).  As well, health care providers must consistently use safety engineered sharp devices and promptly dispose of sharps in a sharps container as needle-stick injuries can result in transmission of Ebola virus.  Ebola virus cannot be transmitted by vectors such as mosquitos or through the air; therefore interactions, such as walking by a person, do not constitute a potential exposure.  Transmission of Ebola virus during the incubation period while a person is asymptomatic has not been reported. An infected person becomes more infectious as they become sicker. (October 1, 2014) |
| **Q.3:** | **What is the incubation period for EVD?**  The incubation period is 2 to 21 days. (August 19, 2014) |
| **Q.4:** | **Are EVD cases infectious during the incubation period?**  Persons with Ebola virus infections are not infectious during the incubation period (i.e. they are not infectious prior to the onset of symptoms). (August 19, 2014) |
| **Q.5:** | **What are the signs and symptoms associated with EVD?**  EVD is a severe illness that starts with the sudden onset of fever, usually with headache, malaise and myalgia. Gastrointestinal symptoms (i.e., diarrhea, abdominal pain, vomiting) are common. Additional symptoms may occur (e.g., sore throat, chest pain, cough, rash, conjunctivitis). Hemorrhagic findings (e.g., petechiae, ecchymosis, hematemesis, hematuria and epistaxis) occur in 50% of cases. Leukopenia, thrombocytopenia and elevated liver enzymes are common laboratory findings. The case fatality rate ranges from 50% to 90%. (August 19, 2014) |
| **Q.6:** | **Can Ebola be transmitted through the air?**  No. Person-to-person transmission occurs primarily through direct contact with body fluids from someone who is sick or through contact with material contaminated with body fluids. (August 19, 2014) |
| **Q.7:** | **Can I get Ebola from contaminated food or water?**  EVD is not a water-borne illness. EVD has been transmitted to people in Africa through handling and/or ingestion of fruit bats, non-human primates or other animals, like forest antelopes (“bushmeat”), that are infected with EVD. (August 19, 2014) |
| **​Q.8:** | **​How long can the Ebola virus survive in the environment?**    The ability for Ebola virus to survive outside a living organism is not well-understood. In general, survivability depends on temperature, humidity and presence of organic matter. Under experimental conditions, the virus has been found to survive for variable periods of time in the environment. In one study under real life conditions, the virus could only be detected on objects contaminated with blood and the virus was not detected from the environment after cleaning. (October 1, 2014)  **References:** Ebola virus: Pathogen Safety Data Sheet, Public Health Agency of Canada  <http://www.phac-aspc.gc.ca/lab-bio/res/psds-ftss/ebola-eng.php>   Baush, D.G., Towner, J.S., Dowell, S.F., Kaducu, F., Lukwiya, M., Sanchez, A., Nichol, S.T., Ksiazek, T.G., Rollin, P.E. (2007) Assessment of the Risk of Ebola virus Transmission from Bodily Fluids and Fomites. JID. 196 (Suppl 2). <http://jid.oxfordjournals.org/content/196/Supplement_2/S142.full> |
| **Q.9:** | **What is the risk of the general public becoming infected with EVD?**  The risk of infection for the general population in Ontario is extremely low, unless a person has recently traveled to an area experiencing an EVD outbreak and has done activities that put them at risk. (August 19, 2014) |
| **Q.10:** | **Is treatment available for a person with EVD? Is there a vaccination?**  Currently there are no approved vaccinations or treatments for EVD. Individuals infected with EVD may be provided with intensive supportive therapy including intravenous fluids to maintain hydration and blood and platelet transfusions to treat hemorrhage. Some experimental drug treatments and a vaccine are now being considered. (August 19, 2014) |
| **Q.11:** | **Has Ontario ever had a case of EVD?**  No. Ontario has never had a case of EVD. Previous outbreaks of EVD have occurred in sub-Sahara Africa including Sudan, Democratic Republic of Congo, Cotê d’Ivoire, Gabon and Uganda. The current outbreak of EVD is occurring in West Africa, with cases being reported in Guinea, Sierra Leone, Liberia and Lagos and Port Harcourt, Nigeria.  These areas are subject to change.  A list of [geographic areas currently affected by EVD](http://www.publichealthontario.ca/en/BrowseByTopic/InfectiousDiseases/Pages/EVD_Geographic_Areas_Affected.aspx) can also be used for reference.  Although the risk is very low, a case of EVD could occur in Ontario if an individual infected with EVD arrives to Ontario. Currently, airports in countries where the EVD outbreak is occurring are screening all passengers leaving the country for symptoms of EVD. Canada has procedures in place to identify sick travellers upon their arrival in Canada. Sick travellers are required to present themselves to a Canada Borders Services Agency agent. The reporting of ill travellers arriving on international flights to Quarantine Officers is also required by airlines and airport authorities.  Currently, there are also no direct flights to Ontario from the countries where the current outbreak is occurring. (August 29, 2014) |
| **Q.12:** | **What are the implications for travel during the Ebola virus disease outbreak in West Africa?**  Due to the continued community transmission of EVD occurring in affected countries, the Public Health Agency of Canada has made recommendations  that Canadians avoid all non-essential travel to Guinea, Liberia and Sierra Leone (current as of August 19, 2014).   Travellers should follow strict infection prevention and control measures and monitor for symptoms upon return to Canada. Please refer to the [Public Health Agency of Canada web site](http://www.phac-aspc.gc.ca/tmp-pmv/notices-avis/notices-avis-eng.php?id=125) for more detailed recommendations regarding travel to areas where EVD is occurring. (August 29, 2014) |
| **​Q.13:** | ​**Is a person infectious after they recover from Ebola?**  An individual is communicable as long as blood or body fluids contain the Ebola virus.  Ebola has been detectable in the semen of those who are recovering from EVD for an extended period of time (up to seven weeks after recovery).   People who have recovered from Ebola are advised to abstain from sex or use latex condoms for three months following recovery. (October 1, 2014) |
| **[PUBLIC HEALTH CONSIDERATIONS](http://www.publichealthontario.ca/en/BrowseByTopic/InfectiousDiseases/Pages/EVD_FAQ.aspx)**   |  |  | | --- | --- | | **Q.1:** | **A public health unit has been contacted by a health care practitioner who has just returned from West Africa and was caring for EVD patients.  What is the public health unit’s role?**  The public health unit should review the Ebola Virus Disease - Interim Risk Assessment and Evaluation of Returning Travellers document with the health care practitioner. A risk assessment to determine the EVD exposure risk level of the health care practitioner should be completed, focusing on the adequacy of the use of personal protective equipment while caring for EVD patients. The public health unit should discuss signs and symptoms of EVD with the health care practitioner and assess whether the person is currently exhibiting any symptoms.  **If the health care practitioner is febrile or has other symptoms associated with EVD, they need assessment at a hospital:**   * Advise the health care practitioner to go to a hospital emergency department immediately and avoid physical contact with others. * Advise the health care practitioner to go by ambulance if they are very ill and to tell the ambulance staff of their symptoms and travel history. * If the health care practitioner is not sent by ambulance, advise them not to use public transportation. They should use a private vehicle and avoid physical contact with others.   The public health unit should notify the emergency department of the receiving hospital that the health care practitioner will be presenting for EVD assessment so that the appropriate precautions can be taken upon the health care practitioner’s arrival at the emergency department.  **If the health care practitioner is asymptomatic**, the public health unit should ensure that the health care practitioner is provided a copy of the  Advice for returning travellers from countries/areas affected by EVD and is aware of the following actions:   * The need for twice daily self-monitoring of temperature and symptoms for 21 days after leaving the affected country/area. * They should use an oral thermometer and record the results on the Temperature Recording Form. Do not share the thermometer. * They should try not to take any medication that may reduce a fever. * They will be contacted daily by public health, but should contact the public health unit immediately if fever or other symptoms compatible with EVD develop. * If the risk assessment has determined that the health care practitioner worked WITHOUT full, appropriate PPE at all times (i.e., a High Risk EVD exposure level), public health should review and provide advice on their daily activities and advise the health care practitioner not to travel outside of the city where they reside. * If they work in a health care facility, the health care practitioner needs to notify their organization of their exposure to Ebola virus prior to returning to work as per PHO guidance. Public health should consult with this organization about return to work policies; the health care facility may want to do additional monitoring over and above the monitoring conducted by public health. (October 1, 2014) | | **Q.2:** | **A public health unit has just received a call from an individual who has returned from travelling in West Africa in the past 21 days and has a fever; what should be recommended?**  A: Fever in a returning traveller may herald a serious, life-threatening illness (e.g., malaria); therefore, the individual requires medical assessment. This does not mean EVD is likely, especially if the individual has not had contact with anyone known or highly likely to have EVD or participated in any activities that increase the risk of exposure to EVD.  [Ebola Virus Disease - Interim Risk Assessment and Evaluation of Returning Travellers](http://www.publichealthontario.ca/en/eRepository/EVD_Risk_Assessment_Evaluation_Returning_Travellers.pdf)  can help assess the risk for the individual.  The individual should be advised to:   * Go to a hospital emergency department immediately and avoid physical contact with others. * Go by ambulance if they are very ill and tell ambulance staff of their symptoms and potential exposure to Ebola virus. * If they do not need to go by ambulance, advise them not to use public transportation. They should use a private vehicle and avoid physical contact with others.   The public health unit should notify the emergency department that the person will be presenting for EVD assessment so that the appropriate precautions can be taken upon the person’s arrival at the emergency department. (October 1, 2014) | | **Q.3:** | **A public health unit has just received a call from a health care clinic/physician’s office that has an individual at their clinic who has travelled to an area affected by Ebola virus disease in West Africa in the past 21 days, experienced a potential exposure to EVD and has a fever. What should be recommended?**  The clinic / office should follow the advice in the [Initial assessment and management of the returning traveller from countries/areas affected by Ebola virus disease: Primary Care Providers](http://www.publichealthontario.ca/en/eRepository/EVD_screening_tool_primary_health_care_providers.pdf) :   * Put the patient in a private room and initiate droplet and contact precautions immediately.   + Droplet and contact precautions consists of eye protection (using a full face shield, if available), a surgical mask, gloves, and a gown (if available) as per [Infection Prevention and Control Guidance for Patients with Suspected or Confirmed Ebola Virus Disease (EVD) in Ontario Health Care Settings](http://www.publichealthontario.ca/en/eRepository/EVD_IPAC_Guidance.pdf). * If the patient is coughing, provide them with a surgical mask to wear. * Based on the clinical presentation and possible Ebola Virus Disease exposure risk levels (as outlined in the [Ebola Virus Disease - Interim Risk Assessment and Evaluation of Returning Travellers](http://www.publichealthontario.ca/en/eRepository/EVD_Risk_Assessment_Evaluation_Returning_Travellers.pdf)), the patient should be referred to a hospital emergency department.   + Call ahead to the emergency department to advise them of the patient’s symptoms and travel history.   + Call an ambulance if the patient is very ill and advise the ambulance of the patient’s symptoms and travel history.   + If the patient is not sent by ambulance, advise the patient not to use public transportation. They should be advised to use a private vehicle and avoid physical contact with others. * Clean the areas touched by the patient with an approved hospital-grade disinfectant.   The clinic/physician’s office should make note of the names and contact information of anyone who may have touched the individual or any of their bodily fluids, or been within one metre of the individual, in case this is needed for contact tracing should EVD be confirmed. (October 1, 2014) | | **Q.4:** | **An Ebola case has just been identified in my jurisdiction.  What are the public health unit’s next steps?**  Public health units are required to notify Public Health Ontario immediately by phone if a report of EVD is received.  It is imperative the health unit speaks with someone directly. During business hours (Monday to Friday, 8:30 am to 4:30 pm), notify Communicable Diseases Prevention and Control at Public Health Ontario:   * by phone 647-260-7619 * by email [cdpc@oahpp.ca](mailto:cdpc@oahpp.ca)   Weekend or after hour notifications should be immediately referred to the PHO manager on-call via the Spills Action Centre: 416-325-3000 or 1-800-268-6060.  The public health unit should obtain a clinical history including date of onset of illness and the symptoms experienced.  In addition, specific information should be obtained regarding travel history of the case, the potential source of the Ebola virus disease, and when the individual was placed in isolation.  A detailed history of all activities and potential contacts since the case became ill should also be obtained.  The minimum data elements to be reported for each case are specified in Ontario Regulation 569 (Reports) under the Health Protection and Promotion Act (HPPA).  Cases shall be reported using the integrated Public Health Information System (iPHIS) within one (1) business day of receipt of initial notification as per iPHIS Bulletin Number 17: Timely Entry of Cases. | | **Q.5:** | **A public health unit has just been informed of a contact of a person with EVD in their jurisdiction. What are the recommended next steps?**  The public health unit must assess the contact’s risk level of exposure to EVD using the [Ebola Virus Disease - Interim Risk Assessment and Evaluation of Returning Travellers](http://www.publichealthontario.ca/en/eRepository/EVD_Risk_Assessment_Evaluation_Returning_Travellers.pdf). This involves completing a risk assessment to determine the EVD exposure risk level of the contact. The public health unit should discuss signs and symptoms of EVD with the contact and assess whether the person is currently exhibiting any symptoms.  **If the contact is febrile or has other symptoms associated with EVD, they need assessment at a hospital:**   * Advise the contact to go to a hospital immediately and avoid physical contact with others * Advise the contact to go by ambulance if they are very ill and to tell ambulance staff of their symptoms and travel history * If contact is not sent by ambulance, advise them not to use public transportation. They should use a private vehicle and avoid physical contact with others   The public health unit should notify the emergency department of the receiving hospital that the person will be presenting for EVD assessment so that the appropriate precautions can be taken upon the person’s arrival at the emergency department.  **If the contact is asymptomatic**, the public health unit should ensure that the contact is aware of the following actions as per the Advice for returning travellers from countries/areas affected by EVD and provide this information sheet to the contact. Advise of following:   * The need for twice daily self-monitoring of temperature and symptoms for 21 days after leaving the affected country/area. * They should use an oral thermometer and record the results on the Temperature Recording Form. Do not share the thermometer. * They should try not to take any medication that may reduce a fever. * They will be contacted daily by public health, but should contact the public health unit immediately if fever or other symptoms compatible with EVD develop. * If the risk assessment has determined that the contact had direct exposure to a patient with Ebola WITHOUT full, appropriate PPE at all times (i.e., a High Risk EVD exposure level), public health should review and provide advice on their daily activities and advise the contact not to travel outside of the city where they reside. * If the contact is a health care provider in a health care facility, they need to notify their organization of their exposure to Ebola virus prior to returning to work as per PHO guidance. Public health should consult with this health care facility about return to work policies; the health care facility may want to do additional monitoring over and above the monitoring conducted by public health. | | **Q.6:** | **A public health unit is informed of an EVD case in their jurisdiction who was symptomatic during their flight back to Canada and Ontario.  What are the next steps?**  Thorough contact tracing efforts will be required if a symptomatic case of EVD travels on an airplane. At the very least those sitting next to the person with EVD will be considered contacts and depending on the individual’s movements, activities and symptoms during the flight, others who were on the flight may also be considered contacts.  If a case of EVD travelled while symptomatic, the public health unit, Public Health Ontario and the Public Health Agency of Canada will work together to ensure appropriate contact tracing is completed. | | **Q.7:** | **What information is being provided to post-secondary institutions and to whom is that information being directed?**  A. The Ministry of Health and Long-Term Care and Public Health Ontario have worked with the Ministry of Training, Colleges and Universities to provide information to support post-secondary institutions. At the start of the school year, a [communique](http://www.publichealthontario.ca/en/BrowseByTopic/InfectiousDiseases/Documents/CMOH_Memo_to_post_secondary_schools_re_EVD.pdf) was shared with the administrators of colleges, universities, private career colleges and institutions designated under the International Student Program to provide advice for students and staff arriving from countries/areas affected by EVD. | | **​Q.8:** | **​Where can a public health unit find more resources?**    Public Health Ontario has set up an Ebola virus disease webpage with several resources to assist public health, clinicians and hospital. Additionally, Public Health Ontario’s EVD website has links to resources developed by the Public Health Agency of Canada, Centers for Disease Control and Prevention and World Health Organization.  The Public Health Ontario EVD webpage can be found at: [www.publichealthontario.ca/ebola](http://www.publichealthontario.ca/ebola). | | **[INFECTION PREVENTION AND CONTROL MEASURES](http://www.publichealthontario.ca/en/BrowseByTopic/InfectiousDiseases/Pages/EVD_FAQ.aspx)**  **[Contact /Droplet Precautions](http://www.publichealthontario.ca/en/BrowseByTopic/InfectiousDiseases/Pages/EVD_FAQ.aspx)** | | | **Q.1:** | **Public Health Ontario had posted an update for Clinicians on Viral Haemorrhagic Fever (VHF) in July 2014. That document recommended use of droplet/contact precautions plus the use of a fit-tested, seal-checked N95 respirator. Why are you changing the level of personal protective equipment protection recommended for EVD? Isn’t this disease a VHF?**  Yes, Ebola virus disease (EVD) is a VHF, however, the clinical document dated July 22nd was written as a broad VHF document. We know that EVD is spread through direct and indirect contact. For this reason, PHO is recommending Contact/Droplet Precautions, including a full face shield when providing care to a suspect/confirmed EVD patient. (August 19, 2014) | | **Q.2:** | **The CDC site says a private room with the door closed. Do we need an airborne infection isolation room (AIIR) and N95 respirator?**  When a suspected case of EVD is identified, the patient should be moved immediately to a single room with a dedicated washroom. The door should remain closed to discourage non-essential personnel and visitors from entering the room.  Although EVD is not transmitted by the airborne route, it may be practical for facilities to isolate suspected EVD patients in an airborne infection isolation room (AIIR). The anteroom will allow an appropriate space for donning and doffing personal protective equipment (PPE), will ensure the presence of a dedicated washroom, and will allow aerosol generating medical procedures (AGMP) to be performed, if required. A fit-tested, seal-checked N95 respirator is used when an AGMP is performed. (August 19, 2014) | | **Q.3:** | **I’m confused about when to use an AIIR and when to use an N95 respirator. With MERS-CoV and H7N9 PHO recommends use of droplet/contact precautions + N95 respirator and to provide care in AIIR. For EBV PHO recommends providing care in AIIR for the room layout but use a regular mask and face shield.**  Both MERS-CoV and Influenza A/H7N9 are emerging respiratory infections. There is very limited information on transmission. For these reasons, the Ministry of Health and Long-term Care has recommended the placement of suspect or confirmed cases in an AIIR and the use of the fit-tested, seal-checked N-95 respirator for care of these cases.  There is no evidence that EVD is spread by the airborne route but rather through contact with infected body fluids, so the recommended practice is to manage a suspected or confirmed case of EVD with Contact/Droplet Precautions including full face shield with a surgical or procedure mask. (August 19, 2014) | | **Q.4:** | **Are fitted goggles recommended? Many employers provide “protective eye wear” or face shields. Will these be sufficient?**  PHO recommends a full face shield be used by Health Care Providers (HCPs) that would protect the mucous membranes and the use of a surgical/procedure mask. Any facial protection must cover all skin of the face, and provide a barrier to splashes from the sides. (August 19, 2014) | | **Q.5:** | **Is a combined mask/face shield acceptable when caring for a patient with suspect/confirmed EVD?**  For this particular disease, and the high degree of risk when there is contact with body fluids or droplets, this would not suffice. It offers eye protection but not sufficient protection for the full face. There are varying degrees of fluid resistance in masks, especially procedure masks and there is not a tight seal over the mouth. A full face shield AND surgical/procedure mask is recommended.  (August 21, 2014) | | **Q.6:** | **What is the sequence for removal of PPE including additional recommended PPE (i.e., hair and shoe (leg) covers) when providing care to a suspect/confirmed EVD patient?**  The sequence is as follows; remove shoe covers (and leg covers if worn), remove gloves, remove gown, clean hands. Remove head/hair cover, remove face shield, remove mask, and clean hands again (in the donning sequence, head/hair cover should be applied after mask and face shield). Always begin removal from the most contaminated piece of equipment (dirty) and work through to the least contaminated (clean). Hands must always be cleaned before reaching toward face. Each health care provider should assess if there is a need for additional hand hygiene within this sequence based on their risk assessment of that particular activity; i.e., if hands have become contaminated during the sequence, clean hands at that point of the sequence before proceeding. (October 1, 2014) | | **Q.7:** | **Does the door to the room where a suspect/confirmed EVD patient is present need to be closed at all times?**  While Airborne Precautions are not required, a closed door will minimize unnecessary entry into a suspect/confirmed EVD patient’s room by visitors and non-authorized persons. (August 19, 2014) | | **Q.8:** | **Where should PPE be donned or doffed if an anteroom is available?**  Determining the location of PPE donning and doffing space is important as part of the planning for patient accommodation within a facility.  Key principles include the clear separation of “clean” and “dirty” processes.  A single room with a dedicated washroom is the recommended accommodation for care of patients with suspected or confirmed EVD.  An Airborne Infection Isolation Room (AIIR) may be a practical location for patient placement as it generally includes a washroom and anteroom.   As each facility will have different physical layouts for an isolation room or  AIIR and anteroom (if available), it will be necessary to conduct an organizational risk assessment to determine the optimum designation of areas for storage and donning of clean PPE and then the area to be designated for doffing and collection of waste.  The anteroom can be designated as a clean area for the storage and donning of PPE as there may be additional supplies required than are normally stocked in a PPE caddy or mobile cabinet. The anteroom is then considered a “clean” zone. This may be different from the way the anteroom is normally used for Airborne Precautions and any staff accessing this area for care of an EVD patient will require orientation and education regarding this change in function and designation.  For doffing of PPE, an area just within the doorway of the patient room will then be designated for that purpose.   There will need to be access to hand hygiene along with a waste receptacle to collect the used PPE.  Doffing and disposal of used PPE should not be done in an external corridor.   If space within the patient room is limited and safe doffing of PPE would be difficult due to proximity to the patient or other equipment, the hospital can designate the ante-room for doffing purposes (i.e. dirty).  Space in the outside corridor would then be dedicated to the storage and donning of PPE.  The ante-room is either a “clean” or “dirty” space, **never both**.  Additional considerations in assessing where a patient with suspected or confirmed EVD should include location of hand hygiene sinks or point –of-care ABHR, general traffic flow, areas for equipment staging and storage, space for visitors etc.  (October 1, 2014) | | **Q.9:** | **You suggest that a HCP observe another HCP removing their PPE, specifically PPE that is unfamiliar to them, on exiting the room of a patient with EVD. Where should the other HCP be situated and do they too require PPE?**  The process of PPE removal requires strict adherence to formal protocols to prevent self-contamination. The use of a second HCP to observe the process will reduce the risk of contamination when removing PPE. The second HCP should stand close enough that they can clearly see the HCP but far enough away that they will not come in contact with the contaminated PPE. The observer does not need to wear PPE. Refer to PHO's PIDAC: [*Routine Practices and Additional Precautions (Appendix L)*](http://www.publichealthontario.ca/en/eRepository/RPAP_All_HealthCare_Settings_Eng2012.pdf), Recommended Steps for Putting On and Taking Off Personal Protective Equipment (PPE). (August 19, 2014) | | **Q.10:** | **The CDC site lists isolation gowns that are “fluid resistant/impermeable”. I can’t see anything on the Canadian sites more descriptive and the basic level of gowns used in isolation procedures would not meet this requirement. Is there any clarification on this issue that PHO can provide?**  Long sleeved fluid resistant gowns are sufficient for care of a suspect or confirmed EVD patient unless there is uncontrolled drainage. At that point, a risk assessment would indicate the addition of an impermeable gown/covering. (August 19, 2014) | | **[Aerosol-Generating Medical Procedures](http://www.publichealthontario.ca/en/BrowseByTopic/InfectiousDiseases/Pages/EVD_FAQ.aspx)** | | | **Q.1:** | **Why are shoe and hair covers added to the recommended PPE for HCPs performing Aerosol Generating Medical Procedures (AGMP)?**  Each HCP must conduct a risk assessment with each patient and procedure to assess risk of exposure to blood and/or body fluids that will determine what PPE is needed. AGMPs can increase the likelihood of contact with body fluids therefore, additional coverage of the body is recommended. (August 19, 2014) | | **[Medical Devices and Sharps](http://www.publichealthontario.ca/en/BrowseByTopic/InfectiousDiseases/Pages/EVD_FAQ.aspx)** | | | **Q.1:** | **How do we handle and transport used medical devices to the reprocessing area?**  Used medical devices must be rinsed and wiped down with an approved hospital grade disinfectant within the room and placed into a transport container/bag. The transport container/bag is then wiped with the approved hospital grade disinfectant, prior to transporting directly to the reprocessing area. Reprocessing staff handling the contaminated medical devices must use the same PPE as other HCPs. (August 19, 2014) | | **[Environmental Cleaning, Waste Disposal and Linens](http://www.publichealthontario.ca/en/BrowseByTopic/InfectiousDiseases/Pages/EVD_FAQ.aspx)** | | | **Q.1:** | **What should health care facilities be using for cleaning? Is an approved hospital grade disinfectant sufficient?**  Most hospital grade disinfectants are sufficient to inactivate Ebola virus on non-critical hard surfaces and patient care equipment when used as recommended by the manufacturer (any and all approved hospital-grade disinfectants should not be sprayed as per current recommendations in PIDAC’s Environmental Cleaning Best Practice document). Ebola virus is an “enveloped” virus and these types of viruses are relatively easily inactivated with hospital-grade disinfectants.  Due to the infectivity and high mortality associated with EVD, both the CDC and PHAC have recommended using a broad-spectrum virucidal disinfectants that will also kill non-enveloped viruses which are more difficult to inactivate (e.g.  noroviruses).  Hospitals may wish to consider the use of a broad-spectrum virucidal disinfectant.  For blood and body fluid spills, hospitals should follow their body fluid spills policy. (October 1, 2014) | | **Q.2:** | **If a suspect/confirmed EVD patient is stable with no signs of severe illness or hemorrhage, is routine daily cleaning of the room sufficient?**  Yes. An assessment of the amount of environmental soiling and the nature of the activities that have taken place in the room may indicate more frequent cleaning is required. (August 19, 2014) | | **Q.3:** | **Should housekeeping equipment be disposable or remain in the room for the duration of the patient admission?**  Housekeeping equipment and supplies should be disposable and dedicated to that room. This includes items such as mops, buckets, toilet brushes, and cleaning products. (August 19, 2014) | | **Q.4:** | **Why do linen and waste bags need to be wiped down prior to removal from the room?**  All items in the room may be potentially contaminated. To minimize the risk of contamination outside of the suspect/confirmed EVD patient’s room, all items removed from the room, including linen and waste bags/receptacles should be wiped down with an approved hospital grade disinfectant prior to removal. (August 19, 2014) | | **Q.5:** | **What should be done with soiled linen, curtains, etc. from a room of a suspect or confirmed EVD patient? The CDC guidance for environmental infection control now says cloth products should be discarded as medical waste or incinerated.**  While it may be more practical for facilities to discard linen into biomedical waste, soiled linen including curtains can be laundered safely to remove any contamination of EVD. For linen that is grossly soiled, staff should not rinse or soak it but rather they should dispose of it in a biomedical waste container. They should place all other soiled linen from a room of a patient with suspect/confirmed EVD in leak-proof bags at the site of use and store in a container with surfaces that can be wiped down with an approved hospital grade disinfectant prior to removal. Laundry handlers should wear the same PPE as all HCPs as per Routine Practices. Remove any unnecessary cloth/linen items from the room to reduce the need for cleaning or disposal. (August 26, 2014) | | **Q.6:** | **What PPE is required for laundry handlers?**  Linen handlers require IPAC training and should use recommended PPE when handling contaminated linens to ensure they do not come into unprotected contact with blood and body fluids. A risk assessment of the amount of soiling of the linen may help with a decision around whether to launder or to discard it. (August 19, 2014) | | **Q.7:** | **Does linen need to be washed separately from other linen?**  The process used for washing of all linens is sufficient to remove any contamination of EVD. For that reason, laundry does not need to be washed separately. (August 19, 2014) | | **Q.8:** | **How should the food trays/utensils for a suspected or confirmed case of EVD be handled?**  Routine processing of food trays and utensils is adequate for decontamination of EVD.  Used dishes must be contained for transport to dishwashing area. Dietary staff should adhere to usual PPE and dish handling procedures.  For convenience, consideration may be given to the use of disposable food trays and utensils. (August 26, 2014) | | **[Duration of Precautions](http://www.publichealthontario.ca/en/BrowseByTopic/InfectiousDiseases/Pages/EVD_FAQ.aspx)** | | | **Q.1:** | **Do we need to maintain precautions only until all symptoms have resolved or should precautions be maintained until the patient has been discharged, even after symptoms have resolved?**  Duration of precautions should be determined on a case-by-case basis, in consultation with an Infectious Diseases Specialist. (August 19, 2014) | | **[Monitoring and Management of Potentially Exposed Health Care Providers](http://www.publichealthontario.ca/en/BrowseByTopic/InfectiousDiseases/Pages/EVD_FAQ.aspx)** | | | **Q.1:** | **What should I do if I have inadvertently touched my face with my contaminated gloved hands after caring for a suspect/confirmed EVD patient?**  Stop working and immediately wash the affected skin surfaces with soap and water. Mucous membranes (e.g., conjunctiva) should be irrigated with copious amounts of water or eyewash solution. Immediately contact the Occupational Health and Safety (OHS) office for immediate assessment and access to post-exposure management services for all appropriate blood-borne pathogens based on the risk/type of the exposure. (August 19, 2014) | | **Q.2:** | **May I continue working if I have been exposed to blood and body fluids from a suspect/confirmed EVD patient?**  Yes. All exposures must be immediately reported to the Occupational Health and Safety office for assessment and follow-up, including other blood-borne pathogens. Staff with an unprotected exposure should be monitored for the development of fever or other symptoms associated with EVD twice daily for 21 days from the last time they were potentially exposed. If the staff person develops a fever or other symptoms within the 21-day time period, they must stop working and be investigated for EVD. They should receive immediate medical assessment. (August 19, 2014) | | **[Transportation of Suspect or Confirmed Patients](http://www.publichealthontario.ca/en/BrowseByTopic/InfectiousDiseases/Pages/EVD_FAQ.aspx)** | | | **Q.1:** | **What PPE should be worn by staff transporting patients with suspected/confirmed EVD?**  If HCPs are transporting a suspect/confirmed EVD patient, the HCP prepares the patient for transport, removes the current PPE, performs hand hygiene, dons new PPE and then conducts the transport. Once the transport is completed, the HCP will remove the PPE and perform hand hygiene when exiting the room. (August 19, 2014) | | **[Visitor Restriction](http://www.publichealthontario.ca/en/BrowseByTopic/InfectiousDiseases/Pages/EVD_FAQ.aspx)** | | | **Q.1:** | **Can we allow visitors to enter the room of a suspect/confirmed EVD patient?**  Visitors must be restricted to only those absolutely necessary to assist in patient care (i.e., to help with patient history if a patient is unable to communicate). A log must be maintained of all visitors entering and leaving the patient room (with times documented). Case-by-case exceptions may be made when it is essential for the well-being of the patient. Consideration may be given to the use of alternate methods of communication (e.g., telephone) to keep patients connected to friends and family without risk of exposure. (August 19, 2014) | | **[LABORATORY SPECIMEN COLLECTION](http://www.publichealthontario.ca/en/BrowseByTopic/InfectiousDiseases/Pages/EVD_FAQ.aspx)** | | | **Q.1:** | **Why are you recommending double gloving for specimen collection and single gloves for other types of clinical care?**  We do not usually recommend wiping the external container after collecting a specimen. However, Ebola is highly biohazardous for laboratory technicians and technologists. Double gloving for specimen procurement (not for other types of clinical care) allows the person taking the specimens to remove the first pair of gloves and then wipe the containers clean without exposing themselves while in the patient room. This protects both the health care worker at the beside and the lab technician/technologist receiving the specimens. (August 19, 2014) | | **Q.2:** | **What is required for decontamination of lab specimen containers?**  Clinical laboratory specimens should each be collected as per the Ebola Virus Disease (EVD) Interim Sample Collection and Submission Guide. The outside of the biohazard bags should be wiped down using an approved hospital grade disinfectant before leaving the patient's room. Specimens should then be placed in a durable, leak-proof secondary container prior to direct delivery to the specimen handling area of the laboratory (do not use pneumatic tubes for this delivery). (August 19, 2014) | | **Q.3:** | ​**Who should be contacted prior to collection of laboratory specimens to diagnose EVD?**  Before the collection of specimens to be submitted for Ebola virus testing, contact the PHOL Customer Service Centre at 416-235-6556 or 1-877-604-4567. Local hospital infection prevention and control and infectious disease specialist, laboratory director and microbiologist and the local public health unit should also be contacted prior to the collection of any specimens.  For further detail please refer to the [Ebola Virus Disease (EVD) Interim Sample Collection and Submission Guide](http://www.publichealthontario.ca/en/eRepository/Ebola_Virus_Disease_(EVD)_Sample_Collection_Submission_Guide.pdf). | | **[OTHER](http://www.publichealthontario.ca/en/BrowseByTopic/InfectiousDiseases/Pages/EVD_FAQ.aspx)** | | | **Q.1:** | **A staff member is returning from a vacation in Africa. What precautions do we need to take?**  Unless the staff member was in an area where EVD has been identified, no additional precautions are required. If they were in an area where EVD has been identified, they need to self-monitor for signs and symptoms including fever monitoring twice daily for 21 days after the last known exposure and contact their health care provider if they should become symptomatic. They do not need to be off work unless symptoms are present. (August 19, 2014) | | **Q.2:** | **How should mortuary care for a suspected or confirmed case of EVD be handled?**  Handling of a body should be kept to a minimum. The body should not be sprayed, washed or embalmed. Personnel involved in the handling of the body of suspect/known EVD patients must wear the same PPE as all HCPs. PPE should be put on at the site of collection of the body and worn during the process of collection and placement of the body in a sealable leak-proof body bag. PPE should be removed immediately after the body has been sealed and placed inside a coffin. (August 26, 2014) | | |