

**Manitoba Health  
Ebola Virus Disease (EVD)  
Public Health Contact Management Interim Guidelines**

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# Manitoba Health, Seniors and Active Living (MHSAL) Ebola Virus Disease (EVD) Public Health Contact Management Interim Guidelines

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## **Introduction**

This document is intended to support the work of public health staff that are dealing with travelers who are coming from Ebola affected countries, as well as managing the contacts of domestic cases of Ebola Virus Disease (EVD) and potential laboratory Level 4 exposures at the National Microbiology Laboratory (NML) in Winnipeg, Manitoba. Periodic updates to this document will occur as necessary.

## **Manitoba categorizes the risk status of EVD affected countries into three categories:**

1. Those with ongoing, widespread, and intense EVD transmission, or;
2. Those with an initial case or cases and/or localized transmission, or;
3. Those with a previous EVD case or cases, now declared free of EVD.

**For a list of the current risk status of EVD affected countries, please visit**

**<http://www.gov.mb.ca/health/publichealth/diseases/ebola.html>**

Travelers to Canada from countries with ongoing, widespread, and intense EVD transmission, as well as some countries with an initial case or localized transmission, will be screened at their port of entry by Canadian Border Services and referred immediately to a Quarantine Officer (QO) who will do an EVD risk assessment. Travelers classified as risk Group 5 (refer to Section 1 table below) will be given a federal order to report to the public health authority at their port of entry into Canada (the majority being in Montreal and Toronto). Travelers classified as risk Group 4 (refer to Section 1 table below) for EVD during the screening risk assessment will be given a federal order to report within 24 hours to the appropriate regional public health authority.

In addition to the federal orders discussed above, other special requests may be made of the returning traveler. All travelers from countries with ongoing, widespread, and intense EVD transmission returning to Manitoba who do not have Winnipeg as a final destination will be requested by a port of entry QO to contact the Medical Officer of Health prior to, or immediately after, arrival in Winnipeg and before any onward travel beyond city limits. This request is voluntary and cannot be legally enforced. However, this process will allow the Medical Officer of Health, in consultation with regional public health staff, to assess the final destination for public health follow-up. See Appendix A for guidelines on remote or rural areas where public health follow-up of EVD contacts during the 21 day symptom monitoring period could be difficult.

For applicable contact management tools and forms, see the Resources list at the end of Section 1.

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**Section 1: Public Health Management of Asymptomatic Individuals Based on Risk Group**

Risk Group	Scenario/Example	Intervention
<b>Group 1</b>	<ul style="list-style-type: none"> <li>• Travel within the last 21 days to countries with an initial case or cases and/or localized transmission <b>OR</b></li> <li>• Travel to a country with ongoing, widespread, and intense EVD transmission <b>MORE</b> than 21 days ago,</li> <li>• <b>And</b> - No history of contact with a confirmed EVD case</li> </ul>	<ul style="list-style-type: none"> <li>• Education (provided by Quarantine Officers at port of entry)</li> <li>• No Public Health (PH) contact required</li> <li>• No restrictions</li> </ul>
<b>Group 2</b>	<ul style="list-style-type: none"> <li>• Travel to a country with ongoing, widespread, and intense EVD transmission within the last 21 days;</li> <li>• <b>And</b> – no known contact with a confirmed EVD case</li> </ul>	<ul style="list-style-type: none"> <li>• Individual is to contact PH within 24 hours or as per federal order, which is shared with local PH by a Public Health Agency of Canada (PHAC) Quarantine Officer (QO) at the port of entry. (It is at the discretion of the region if they would prefer to make first contact with the individual instead, to account for special circumstances such as holidays).</li> <li>• Should phone contact not be made within 24 hours, local PH will make additional attempts using contact information provided by the QO, including the potential of a home visit. Repeated unsuccessful attempts to contact the individual in-person and by phone should be reported to the regional Medical Officer of Health (MOH). The MOH is to immediately notify a QO if the traveler fails in their duty to report to the regional PH unit.</li> <li>• Confirm travel history, confirm settings and activities in country of origin</li> <li>• Teach symptom recognition</li> <li>• Teach twice daily temperature checks (supply thermometer if necessary)</li> <li>• Instruct individual to avoid use of anti-pyretic medications</li> <li>• Instruct individual to postpone elective medical visits and other elective procedures</li> <li>• Instruct individual to advise any health care workers they come into contact with of their potential exposure to EVD</li> <li>• Instruct individual not to donate blood or any other body fluid/tissues</li> <li>• Instruct individual to maintain good respiratory and hand hygiene</li> <li>• Instruct individual to self-isolate and call 911 or local emergency number if signs or symptoms occur</li> <li>• Advise individual to report any planned travel expected over the subsequent 21 days (see Appendix A for recommendations advising against travel to remote or rural areas)</li> <li>• Ongoing PH follow-up determined based on assessment of competency and compliance</li> </ul>

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<p><b>Group 3</b></p>	<ul style="list-style-type: none"> <li>Health Care Worker (HCW) with direct contact with a confirmed EVD case using appropriate personal protective equipment (PPE), without breach, in a clinical setting with no history of HCW transmission (e.g., Canadian hospital).</li> </ul>	<ul style="list-style-type: none"> <li>PH or Occupational Health (OH) to contact HCW</li> <li>Teach symptom recognition</li> <li>Teach twice daily temperature checks (supply thermometer if necessary)</li> <li>Instruct individual to avoid use of anti-pyretic medications</li> <li>Instruct individual to postpone elective medical visits and other elective procedures</li> <li>Instruct individual to advise any health care workers they come into contact with of their potential exposure to EVD</li> <li>Instruct individual not to donate blood or any other body fluid/tissues</li> <li>Instruct individual to maintain good respiratory and hand hygiene</li> <li>Instruct individual to self-isolate and call 911 or local emergency number if signs or symptoms occur</li> <li>Advise individual to report any planned travel expected over the subsequent 21 days (see Appendix A for recommendations advising against travel to remote or rural areas)</li> <li>Active daily monitoring by PH or OH</li> <li>No PH restrictions (employers such as health agencies may have additional recommendations with respect to employment restrictions)</li> </ul>
<p><b>Group 4</b></p>	<ul style="list-style-type: none"> <li>HCW who has had direct contact with a confirmed EVD case in a clinical setting with documented HCW transmission using PPE (includes all hospitals/clinical care settings in countries with ongoing, widespread and intense transmission as well as specific hospitals in countries with an initial case or localized transmission); <b>OR</b>,</li> <li>Visitor who has had direct contact with a hospitalized EVD case in a clinical setting with documented HCW transmission as above, using PPE, with no previous exposure to a confirmed EVD case; <b>OR</b>,</li> <li>An individual who has had direct unprotected contact with a confirmed EVD case but no direct contact with</li> </ul>	<ul style="list-style-type: none"> <li>If applicable, individual is to contact PH within 24 hours or as per federal order, which is shared with local PH by a PHAC QO at the port of entry. (It is at the discretion of the region if they would prefer to make first contact with the individual instead, to account for special circumstances such as holidays).</li> <li>Should phone contact not be made within 24 hours, local PH will make additional attempts using contact information provided by the QO, including the potential of a home visit. Repeated unsuccessful attempts to contact the individual in-person and by phone should be reported to the regional MOH. The MOH is to immediately notify a QO if the traveler fails in their duty to report to the regional PH unit.</li> <li>Teach symptom recognition</li> <li>Teach twice daily temperature checks (supply thermometer if necessary)</li> <li>Instruct individual to avoid use of anti-pyretic medications</li> <li>Instruct individual to postpone elective medical visits and other elective procedures</li> <li>Instruct individual to advise any health care workers they come into contact with of their potential exposure to EVD</li> <li>Instruct individual not to donate blood or any other body fluid/tissues</li> <li>Instruct individual to maintain good respiratory and hand hygiene</li> <li>Instruct individual to self-isolate and call 911 or local emergency number if signs or symptoms occur</li> <li>Advise individual to report any planned travel expected over the subsequent 21 days (see Appendix A for recommendations advising against travel to remote or rural areas)</li> <li>Active daily monitoring by PH or OH</li> </ul> <p>Interventions Based Upon Additional Risk Assessment by PH/OH:</p> <ul style="list-style-type: none"> <li>Consider Direct Active Monitoring (if compliance and competence cannot be assured.) Refer to Appendix C</li> <li>Consider Movement and/or Work Restrictions (no public conveyance (plane/bus/taxi), maintain 2 metres (6 ft) perimeter when outside of home, furlough from work or working from</li> </ul>

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	blood/body fluids, may be included in 'group 4' following a thorough contact risk assessment.	home) <ul style="list-style-type: none"> <li>○ Consider use of statutory powers of the <i>Public Health Act</i> if compliance cannot be assured</li> </ul>
<b>Group 5</b>	<ul style="list-style-type: none"> <li>• Direct contact with blood/body fluids of a confirmed EVD case (including HCW using PPE with breach).</li> <li>• Travelers in group 5 returning from a country with ongoing, widespread and intense EVD transmission will be issued a federal order at the port of entry into Canada, with a restriction on any onward travel, and as such may not be located in Manitoba. Should there be a group 5 contact in Manitoba, the intervention listed would apply</li> </ul>	<ul style="list-style-type: none"> <li>• PH or OH contacts client</li> <li>• Teach symptom recognition</li> <li>• Teach twice daily temperature checks (supply thermometer if necessary)</li> <li>• Instruct individual to avoid use of anti-pyretic medications</li> <li>• Instruct individual to postpone elective medical visits and other elective procedures</li> <li>• Instruct individual to advise any health care workers they come into contact with of their potential exposure to EVD</li> <li>• Instruct individual not to donate blood or any other body fluid/tissues</li> <li>• Instruct individual to maintain good respiratory and hand hygiene</li> <li>• Instruct individual to self-isolate and call 911 or local emergency number if signs or symptoms occur</li> <li>• Active Monitoring (Direct Active Monitoring if compliance and competency cannot be assured, refer to Appendix C)</li> <li>• Restrict Travel using 'no fly list'</li> <li>• Restrict Movement (no public conveyance {plane/bus/taxi} individual cannot come within 2 metres (6 ft) of another individual in a public setting, no public gatherings)</li> <li>• HCW excluded from work for 21 days <ul style="list-style-type: none"> <li>○ Individual may work if this can be accomplished without violating the above interventions/restrictions</li> </ul> </li> <li>• Consider use of statutory powers under the <i>Public Health Act</i> if compliance cannot be assured</li> </ul>
<b>Group 6 – NML Level 4 Exposures</b>	a) Suit Breach – No work with infectious agent	<ul style="list-style-type: none"> <li>• Employee reports to NML if sick (as per normal NML internal procedure)</li> </ul>
	b) Suit Breach – working with an infectious agent within primary containment (e.g., biosafety cabinet)	<ul style="list-style-type: none"> <li>• NML notifies MHSAL regional MOH (where employee lives) <a href="http://www.gov.mb.ca/health/publichealth/contactlist.html">http://www.gov.mb.ca/health/publichealth/contactlist.html</a></li> <li>• Teach symptom recognition</li> <li>• Employee to monitor temperature twice per day and report to NML if sick</li> <li>• Instruct employee to avoid use of anti-pyretic medications</li> <li>• Instruct individual to postpone elective medical visits and other elective procedures</li> <li>• Instruct individual to advise any health care workers they come into contact with of their potential exposure to EVD</li> <li>• Instruct individual not to donate blood or any other body fluid/tissues</li> <li>• Instruct individual to maintain good respiratory and hand hygiene</li> <li>• Advise employee to report any planned travel expected over the subsequent 21 days (see Appendix A for recommendations advising against travel to remote or rural areas)</li> <li>• Active daily monitoring by PH or OH</li> <li>• No PH restrictions (unless specified by NML)</li> </ul>
	c) Suit Breach – working with an infectious agent outside of primary containment (no direct	<ul style="list-style-type: none"> <li>• NML notifies MHSAL regional MOH (where employee lives) <a href="http://www.gov.mb.ca/health/publichealth/contactlist.html">http://www.gov.mb.ca/health/publichealth/contactlist.html</a></li> <li>• Teach symptom recognition</li> <li>• Employee to monitor temperature twice per day and report to NML if sick</li> </ul>

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<p>contact with infectious agent)</p>	<ul style="list-style-type: none"> <li>• Employee stays within 2 hours of Health Sciences Centre, Winnipeg</li> <li>• Instruct employee to avoid use of anti-pyretic medications</li> <li>• Instruct individual to postpone elective medical visits and other elective procedures</li> <li>• Instruct individual to advise any health care workers they come into contact with of their potential exposure to EVD</li> <li>• Instruct individual not to donate blood or any other body fluid/tissues</li> <li>• Instruct individual to maintain good respiratory and hand hygiene</li> <li>• Instruct employee to self-isolate and call 911 or local emergency number if signs or symptoms occur</li> <li>• Advise employee to report any planned travel expected over the subsequent 21 days (see Appendix A for recommendations advising against travel to remote or rural areas)</li> <li>• Active daily monitoring by PH or OH</li> </ul>
<p>d) Direct Skin Contact with infectious agent</p>	<ul style="list-style-type: none"> <li>• NML notifies MHSAL regional MOH (where employee lives) <a href="http://www.gov.mb.ca/health/publichealth/contactlist.html">http://www.gov.mb.ca/health/publichealth/contactlist.html</a></li> <li>• Excluded from work for 21 days <ul style="list-style-type: none"> <li>○ Client may work if this can be accomplished without violating the above interventions/restrictions</li> </ul> </li> <li>• Self-quarantine for 21 days</li> <li>• Teach symptom recognition</li> <li>• Employee to monitor temperature twice per day and report to NML if sick</li> <li>• Instruct employee to avoid use of anti-pyretic medications</li> <li>• Instruct individual to postpone elective medical visits and other elective procedures</li> <li>• Instruct individual to advise any health care workers they come into contact with of their potential exposure to EVD</li> <li>• Instruct individual not to donate blood or any other body fluid/tissues</li> <li>• Instruct individual to maintain good respiratory and hand hygiene</li> <li>• Instruct employee to call 911 or local emergency number if signs or symptoms occur</li> <li>• Restrict Travel using 'no fly list'</li> <li>• Restrict Movement (no public conveyance {plane/bus/taxi} employee cannot come within 2 metres (6 ft) of another individual in a public setting, no public gatherings)</li> <li>• Active daily monitoring by PH or OH</li> </ul> <p>Interventions Based Upon Additional Risk Assessment by PH/OH, in conjunction with NML and Health Sciences Centre (HSC) consultants:</p> <ul style="list-style-type: none"> <li>○ Consider Direct Active Monitoring (if compliance and competence cannot be assured.) Refer to Appendix C</li> <li>○ Consider use of statutory powers of the <i>Public Health Act</i> if compliance cannot be assured</li> <li>○ Possible offering of non-approved prophylactic measures (at Health Canada's discretion –e.g., VSV – Ebola vaccine)</li> </ul>
<p>e) Needle stick or inoculation with infectious agent</p>	<ul style="list-style-type: none"> <li>• NML notifies MHSAL regional MOH (where employee lives) <a href="http://www.gov.mb.ca/health/publichealth/contactlist.html">http://www.gov.mb.ca/health/publichealth/contactlist.html</a></li> <li>• Employee placed in containment isolation for 21 days</li> <li>• Possible offering of non-approved prophylactic measures (at Health Canada's discretion –e.g., VSV – Ebola vaccine)</li> </ul>

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**Notification**

1. After an individual reports to a local public health unit, the local public health unit will be required to confirm that the individual has discharged their duty to report by contacting the QO specified on the original order to report. Notification of the end of the 21 day monitoring period should also be communicated to the QO, as well as any failure to comply with public health restrictions during the 21 day monitoring period.
2. National Microbiology Laboratory (NML) employees undergoing a 21 day period of symptom monitoring are followed by the NML occupational health nurse, who coordinates with local public health to fulfill the requirements of the federal order to report. NML Occupational Health staff can be contacted at 204-789-2099.
3. The local public health unit should notify the Manitoba Health, Seniors and Active Living (MHSAL) Epidemiology & Surveillance Unit when the monitoring period starts and when the file is closed after the 21-day period of monitoring by e- mailing the outbreak address at [outbreak@gov.mb.ca](mailto:outbreak@gov.mb.ca).

**Resources**

1. Use a regional Ebola Contact Assessment form for the initial interview of individuals required to report to local public health. Should a region specific form not be available, one can be found at <http://www.wrha.mb.ca/extranet/publichealth/files/tool.doc>
2. Use a regional temperature monitoring form if applicable. Should a region specific form not be available, one can be found at <http://www.wrha.mb.ca/extranet/publichealth/files/post.pdf>
3. Additional recommendations for individuals in Groups 2 – 5 returning to remote or rural areas are available in Appendix A.

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## Section 2: Public Health Management of Symptomatic Individuals

Public Health staff may be contacted by symptomatic EVD individuals in two distinct situations;

- A) Symptomatic individuals not followed by the public health team, or
- B) Those in groups 2 – 6 above who are being followed up as part of a 21 day monitoring period.

### **Scenario A**

Symptomatic individuals concerned about EVD who contact public health and are not known to be in a 21 day period of symptom monitoring should be screened using a regional EVD screening tool for public health nurses if available. If not available, one can be accessed at

<http://www.wrha.mb.ca/extranet/publichealth/files/EbolaScreen.pdf> .

Should an individual screen positive, the individual should be instructed to call 911 or the local emergency number, and the public health nurse should notify the Medical Officer of Health (MOH) or Communicable Disease (CD) coordinator. Should the symptomatic individual be classified as a confirmed case of EVD, public health will follow up to identify contacts.

### **Scenario B**

Individuals in groups 2 – 6 followed by public health staff during their 21 day monitoring period may become symptomatic. Symptomatic individuals should be advised to call 911 or the local emergency number. Public health staff who are notified of a symptomatic individual should advise the individual to call 911 or the local emergency number and staff should also inform the MOH or CD coordinator. Should the symptomatic individual be classified as a confirmed case of EVD, public health will follow up to identify contacts.



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#### Appendix A

#### **Management of Potential EVD Contacts in Remote or Rural Area**

The purpose of this appendix is to highlight and discuss issues related to the management of potential EVD contacts that are in or destined to travel to remote and rural areas.

#### **Difficulties to EVD Contact Management in Remote and Rural Areas:**

1. Communication limitations may impair the ability to actively monitor.
2. There may be difficulties with assessing compliance with Public Health recommendations.
3. Human resource limitations may impair the ability to actively monitor and put undue strain on staff.
4. A contact that develops symptoms will require transfer to Winnipeg by Emergency Medical Services (EMS). This can be delayed substantially by weather issues, which could potentially overwhelm staff in certain health centres with low staffing capabilities or lack of trained staff, in addition to potentially compromising timely and appropriate care for the symptomatic individual. Further contact tracing and management of individuals in contact with the symptomatic individual will face the above stated difficulties.
5. Experience with past outbreaks of disease in some remote and rural areas has shown that transmission dynamics may be altered by local factors, potentially increasing the chance of secondary cases.

#### **Considerations for MOHs when Assessing a Remote or Rural Area as a Destination:**

1. What EVD contact group would the individual be placed in based on the contact management guideline recommendations?
2. Is there all-season road access to the remote community or rural civic address?
3. Is the address of the EVD contact accessible by local EMS within a reasonable time frame?
4. How close is the nearest health centre and what capacity does it have to deal with a symptomatic EVD contact (assessment, isolation, staging for transport if necessary)?

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5. Could EMS transport of a symptomatic individual from the home or nearest health centre to Health Sciences Centre in Winnipeg be subject to undue delay (total EMS transport time by land or air greater than 2 hours), increasing the risk to individual and public health?

#### **Process for Assessing Travelers to Remote or Rural Areas:**

1. The PHAC screening QO at the port of entry will ask the question, “Will your primary residence be located outside of Winnipeg over the next three weeks?” If the answer is no, then the traveler would proceed as normal under usual protocols and communications channels. If the answer is yes, then the traveler would be asked (but not mandated) to contact the MOH prior to, or immediately after, arriving in Manitoba at 204-788-8666.
2. The MOH should collect initial information from the traveler which will inform the decision on whether to advise or restrict travel to a remote or rural area (see considerations directly above). If the final destination is not within a city or town, the rural civic address should be ascertained from the traveler.
3. The MOH should strongly consider consulting with regional health authority (RHA) staff to discuss the suitability of the final destination for public health follow up. This may include contacting the after hours regional administrator on-call.
4. Group 2 contacts that are planning travel to remote and rural areas should be discouraged from such travel until the incubation period expires. The difficulties above should be relayed with a focus on the limited access to care should symptoms develop. Those individuals that elect to travel to a remote or rural area should be considered for direct active monitoring.
5. For contacts in groups 3 – 5, travel to a remote or rural area should be prohibited. For those individuals that decline this advice, careful consideration of the use of the *Public Health Act* to restrict such travel should be undertaken. For individuals with extenuating circumstances that do travel for short durations (e.g. for compassionate reasons) to a remote or rural area, management should be undertaken as a Group 5 contact.
6. Those individuals that are identified as contacts while living in a remote or rural area should receive education and advice regarding the difficulties posed to contact management in remote or rural area. In groups 3 – 5 the use of the *Public Health Act* should be considered in order to mandate that the follow up take place in a non-remote setting.
7. The Office of Disaster Management should be notified of travelers who are advised against travel to a remote or rural area should there be a need for temporary provisions for EVD contacts away from home.

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#### **Appendix B**

#### **Guide for MOHs Communicating with a Quarantine Officer (QO)**

Travelers to Canada from countries with ongoing, widespread, and intense EVD transmission, as well as some countries with an initial case or localized transmission, will be screened at their port of entry by Canadian Border Services and referred immediately to a QO who will do an EVD risk assessment. Travelers classified as risk Group 4 for EVD (refer to Section 1 table) will be given an order to report within 24 hours to the public health unit at their final destination for further follow up. Travelers from risk Group 5 (refer to Section 1 table) that live in Manitoba would normally be managed at the port of entry.

The QO will discuss traveler details with the MOH to notify them of the order. This discussion will be facilitated through the Manitoba Office of Disaster Management (ODM) duty officer who will field the initial call from the QO, make contact with the MOH, and then provide the MOH with the QO call-back number.

The MOH should consider the following when speaking with the QO:

Obtain relevant traveler details including name, home address, phone number(s) where they can be reached, and as much detail about travel/exposure history as is reasonable. The QO may ask for the following information:

- a) Name of public health staff member to contact (MOH on-call consider deferring decision on this until after regional public health staff member is identified by regional administrator on-call)
- b) Contact number for public health (MOH on-call consider using after hours number 204-788-8666 until regional contact is identified by regional administrator on-call)
- c) Fax number for regional public health unit where order will be faxed (MOH on-call consider calling QO back once fax number identified through regional admin on-call)

The MOH will be notified by the QO if a traveler will be residing in a location outside of Winnipeg, and the traveler will be advised by the QO to contact the MOH prior to, or immediately after arriving in Manitoba. Should the final destination of the traveler be in a location outside the City of Winnipeg limits, the MOH should contact regional public health staff to discuss the location to assess the suitability for public health follow-up. See Appendix A above for suggested processes and guidelines on remote or rural areas that would not be conducive to appropriate public health follow-up during the 21 day symptom monitoring period.

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Management of contacts is to be coordinated through the regional public health office, including on evenings and weekends in which case the rural regional administrator on-call or Winnipeg Regional Health Authority (WRHA) Team Manager on-call should be immediately notified. The after hours rural regional administrator on-call and WRHA Team Manager on-call list has been provided to MOHs as a resource to aid in arranging regional follow-up.

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## Appendix C

### Direct Active Monitoring (DAM)

- DAM serves the dual purpose of aiding individuals in complying with their duty to monitor for symptoms of EVD, as well as providing a means of ensuring any restrictions are being followed. Regional protocols may also be applicable over and above those mentioned here.
- Contacts identified for DAM will be visited in their residence by a public health nurse (PHN) on a regular basis, the frequency of which should be decided on a case by case basis by local public health.
- A phone call should be placed from the PHN to the individual undergoing DAM prior to the visit.
  - If the contact states that they are asymptomatic during the phone conversation, an in-person home visit can be undertaken.
  - Should the contact relay a history of any symptoms to the PHN during the initial phone conversation, the PHN should not present to the residence in person. Instead, the contact should be advised to call 911, and the Medical Officer of Health or CD coordinator should be notified.
- On arrival at the residence, no PPE is required. The PHN should enter the residence, maintain a distance of 2 metres (6 feet) of spatial separation from the individual, and ask again if they are symptomatic.
  - If asymptomatic, the individual should be advised to take his or her own temperature. If this is not possible, the PHN should take the individual's temperature.
  - If a contact is found to be febrile or have other symptoms during the home visit, the contact should be advised to call 911 if well enough to do so, while the PHN informs the Medical Officer of Health or CD coordinator. Should the contact not be able to complete a 911 call, the PHN should call 911 on behalf of the contact.
- Provide household members with the Public Health FAQ "Information for Household Members of a Person being Monitored for Ebola Virus Disease". Refer to Appendix E or [http://www.gov.mb.ca/health/publichealth/factsheets/ebola\\_household.pdf](http://www.gov.mb.ca/health/publichealth/factsheets/ebola_household.pdf)

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## Appendix D

### Environmental Cleaning/Disinfection Guidelines for Community Settings

#### Purpose

To provide direction for cleaning and disinfecting environments in the community that may be exposed to Ebola virus and to reduce opportunities for community transmission of Ebola Virus Disease (EVD) via contact with Ebola virus contaminated fomites. This document is intended to be used by public health officials (Medical Officers of Health, Public Health Inspectors, Public Health Nurses and other employees of Manitoba Health, Seniors and Active Living [MHSAL] and/or Regional Health Authorities).

#### Scope

This guideline deals with the management of blood and/or other body fluid spills and environmental cleaning and disinfection in community settings, such as in private homes, workplaces, physician offices, and public places used by an individual diagnosed with EVD. This information only applies to a setting where there is a symptomatic person under investigation for EVD, or a person with laboratory confirmed EVD.

#### Level of Cleaning and Disinfection Required

Once an individual has been confirmed to have EVD, the method of disinfecting the residence or other community setting depends on the symptoms of the individual at the time they were in the applicable location:

- **Cleaning/Disinfection by Residents or Regular Cleaning Staff (in Other Community Settings)** – The environment is not considered contaminated if the individual with EVD had **ONLY** a fever and did not have gastrointestinal (e.g., diarrhea, vomiting) or hemorrhagic (e.g., bleeding) symptoms. Other household members or regular cleaning staff can clean and launder as usual using detergent and/or disinfectant, and it is not necessary to have the setting cleaned by a contract cleaning company. NOTE: If preferred, a contract cleaning company can be hired to perform the cleaning/disinfection.
- **Cleaning/Disinfection by Contract Cleaning Company** – The environment is considered contaminated if the individual with EVD had a fever **AND** gastrointestinal (e.g., diarrhea, vomiting) or hemorrhagic (e.g., bleeding) symptoms. Public Health and/or assigned authorities should contact a contract cleaning company who will assess the setting and determine the proper disinfection and disposal procedures. Other individuals (e.g., household residents, staff) should avoid contaminated rooms and areas in the setting until after the completion of the assessment and disinfection. ***In this situation, other residents or individuals in the location should not handle contaminated materials, and should not touch any body fluids or soiled surfaces and materials. If this is not possible (i.e. majority of setting is contaminated) then other residents or individuals may be***

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*required to leave the residence/setting altogether, until it has been completely disinfected. All cleaning and disinfecting is to be done **ONLY** by the contract cleaning company.*

**Table 1. Decision Making Chart for Ebola Virus Cleaning and Disinfection in Community Settings**

Category	Criteria	Disinfection and Disposal	Training and PPE
Cleaning/disinfection by residents/staff of the setting NOTE: If preferred a contract cleaning company can be hired to perform the cleaning/disinfection	Setting where an individual with EVD had a fever <b>ONLY</b> and <b>NO</b> other symptoms	<ul style="list-style-type: none"> <li>• Residents or regular cleaning staff can clean and launder as usual using household detergent and/or disinfectant</li> <li>• Waste can be discarded as usual</li> </ul>	<ul style="list-style-type: none"> <li>• No training required</li> <li>• Follow cleaning/disinfectant product instructions</li> </ul>
Cleaning/disinfection by contract cleaning company	Setting where a person with Ebola had a fever <b>AND</b> additional symptom(s) including diarrhea, vomiting, bleeding	<ul style="list-style-type: none"> <li>• Residence members or property owners should <b>NOT</b> handle contaminated materials</li> <li>• Contact local Public Health or assigned authorities</li> <li>• Contract cleaning company shall conduct disinfection and disposal procedures</li> </ul>	Contract cleaning companies shall follow municipal, provincial and federal policies

For settings that are cleaned by household members or regular cleaning staff, information regarding proper cleaning, disinfection and disposal should be provided by a Public Health Nurse (PHN). For cleaning by a contract cleaning company, information regarding proper cleaning, disinfection and disposal is provided by a Public Health Inspector (PHI).

**All of the following instructions apply *ONLY* to settings that are contaminated by body fluids and require disinfection by a contract cleaning company. They do *NOT* apply to settings that are cleaned by residents or other regular cleaning staff.**

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## Selection of Cleaning Contractors

Cleaning of Ebola virus contaminated environments should be conducted by a cleaning contractor who is competent in cleaning, disinfecting, handling and discarding infectious agents, and has experience in cleaning biohazards and/or trauma scenes. The contractor(s) must comply with all applicable Occupational Health and Safety (OSH) legislation.

The cleaning contract company is responsible for providing a safe system of work, and selecting and providing personal protective equipment (PPE) to protect its workers from exposure to the Ebola virus and from chemical hazards due to the cleaning and disinfection agents. The company is also responsible for providing workers with proper instruction, training and supervision. This includes:

- Safe putting on and removing of PPE using a methodical sequence, hand hygiene and a trained observer/monitor
- Safe use of PPE (e.g. not to touch or adjust PPE when working in the contaminated area)
- Ongoing training of putting on and removing of PPE according to their approved procedures
- Safe management of accidental exposure (e.g. accidental contact with blood/body substances, PPE failure)
- Maintaining a log of staff who have been in the contaminated environment and communicate this with the public health authorities

Staff from the MHSAL Health Protection Unit and/or Office of Disaster Management can assist in finding a qualified contract cleaning company.

## Principles of Cleaning and Disinfecting

### Overview of Cleaning Process

- Remove grossly contaminated items.
- Clean up blood or other body fluid spills following the spill management process.
- Clean the toilet, using an appropriate disinfectant
- Perform final cleaning and disinfection using an appropriate disinfectant.
- Store and dispose of biomedical waste, according to Transportation of Dangerous Goods (TDG) regulations.



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**Non-porous Surfaces (e.g. door handles, tile floors):** Health Canada recommends products with the following approved criteria:

- Registered in Canada with a Drug Identification Number (DIN)
- Labeled as a “broad spectrum virucide” claim and/or acknowledge effective testing against any of: Adenovirus type 5, Bovine Parvovirus, Canine Parvovirus and Poliovirus type 1.

**Porous Surfaces (e.g. linens, carpet, mattress, pillows):**

- Follow procedure for “Grossly Contaminated Items” below.

#### **Cleaning and Disinfection Process**

##### **Passenger Vehicles**

A vehicle that has transported a symptomatic individual suspected of having EVD should be quarantined after all passengers and staff have disembarked. If the symptomatic individual tests positive for Ebola virus, cleaning and disinfection must be undertaken on all areas in the vehicle that potentially were contaminated by the case during travel. The public health authorities will take a detailed history on the movements of the case while in transit to determine potentially contaminated areas.

Appropriate PPE should always be used when cleaning and disinfecting vehicles potentially contaminated with Ebola virus. Only people who have been trained in the correct use of PPE should undertake cleaning and disinfection of the vehicle using an appropriate disinfectant as described above.

##### **Grossly Contaminated Items**

If items are grossly contaminated (e.g. seats or carpets covered in blood or other body fluids) and difficult to clean properly, they need to be removed and treated as biomedical waste. The items should be cleaned and disinfected as much as possible prior to removal to reduce the bioburden. The items should then be placed in a leak-proof container. The container should be stored in a room that is not being used until it can be collected for disposal. The container should be transported according to Transportation of Dangerous Goods (TDG) regulations.

Individuals removing these items (if different from the contract cleaning company) need to be instructed in the safe use of PPE prior to commencing removal. A trained observer should also be on-site to ensure there are no breaches.

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#### Blood or Other Body Fluid Spills

*If the contract cleaning company has procedures that differ from those described below, the alternate procedures must be approved in advance by the public health authorities.*

- i. Put on appropriate PPE for EVD and begin cleaning/disinfection process (described below) as soon as aerosols have been allowed to settle.
- ii. Gather and use appropriate tools (e.g., tongs or forceps) for spills involving sharps or broken glass.
- iii. Establish a spill parameter (contain the spill and section off area immediately, as appropriate).
- iv. Clean spill area removing the organic material, cleaning the area, and disinfecting the area.
  - Gently cover the spill with dry absorbent pad(s); **remove** organic material. Discard in biomedical waste container.
    - Cover spills of potentially contaminated material from the outside-in with an incontinence/absorbent pad saturated with disinfectant. Allow pad(s) to soak for the required contact time specified on the product label.
    - Do not splash or spray disinfectant.
    - Wipe up with absorbent material soaked in disinfectant.
    - **Clean** spill from outside-in. Start at one end of the affected area and move in one direction until all surfaces have been cleaned. Do not use a circular motion.
- v. Dispose as biomedical waste.
- vi. **Disinfect** after cleaning by pouring disinfectant directly onto the spill area.
  - Cover and saturate the spill area. Refer to product label for required contact time.
  - Wipe the area with disposable absorbent material and dispose of as biomedical waste.
  - Remove outer gloves with caution and discard. Do not remove other PPE until finished cleaning.
- vii. Mop area with disinfectant using a fresh mop head.
- viii. Allow the surface to air dry completely.

#### Cleaning the toilet

- Add approved disinfectant or bleach tablets to achieve a 5000 ppm disinfectant strength (i.e. five bleach tablets = 5 x 1000 ppm).
- Follow manufacturer's instructions for contact disinfection time.
- After disinfection time, ensure the toilet lid is down and flush.
- The toilet's surface and the floor should be cleaned with an approved disinfectant after flushing. If the toilet is

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visibly soiled after flushing, treat the toilet as a spill and follow spill management processes.

#### Final Clean and Disinfection

- Cleaning should be performed using a damp cloth. Do not dry sweep or dust. Avoid cleaning methods that create splashes and aerosols.
- Use tools, such as tongs from a spill kit, as much as possible rather than doing clean-up work directly with gloved hands.
- Wipes holding dust and mop heads should be discarded as biomedical waste. Do not shake to clean.
- Clean and disinfect.
  - **Clean:**
    - Horizontal work surfaces and frequently touched surfaces (such as doorknobs, light switches, tap handles, bathroom and kitchen areas) thoroughly with a household detergent and water using a wipe and then rinse.
    - Floor areas with a household detergent and water, using a mop, and then rinse.
  - **Disinfect\*:**
    - Horizontal work surfaces and frequently touched surfaces thoroughly with approved disinfectant using a wipe.
    - Floors with approved disinfectant with a fresh mop head.

\*If using hypochlorite to disinfect, it must be made fresh. Pour approved disinfectant into a container for surface cleaning and in a clean bucket for mopping. Do not use disinfectants in spray bottles

- Dispose of all cleaning equipment including buckets, mop handles, mop heads, cloths into the biomedical waste.
- After cleaning and disinfection work is complete, remove PPE and dispose of as biomedical waste with a trained observer/monitor present.
- Perform hand hygiene after removal of PPE.

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#### Storage and Disposal of Waste

- Porous materials (e.g. linens, carpet, mattress, pillows) should be properly contained and disposed of as biomedical waste, according to TDG regulations (Class 6.2, UN2814, Category A). This requires using a leak-proof primary bag, which is sealed and then placed inside a leak-proof secondary bag, which is also sealed and then placed in a rigid outer packaging.
- Store the properly contained contaminated material in a room that is not being used until it can be collected for disposal.
- If there have been no spills, the room should be cleaned and disinfected with approved disinfectant as per normal cleaning protocols.
- If there has been a spill, follow the spill management process.

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**Appendix E: Information for Household Members of a Person being Monitored for Ebola Virus Disease**

**Why has someone in my home been given an order to report to public health?**

Your household member has been given an order to report to public health because it is possible they were exposed to Ebola during a recent trip to a country where Ebola is found. The order means they must contact local public health staff, who will monitor them for symptoms of Ebola.

Because Ebola symptoms can start from two to 21 days after exposure, local public health staff will be monitoring them for symptoms for 21 days. People can catch Ebola after coming into contact with bodily fluids such as blood, urine (pee), feces (poop), vomit, saliva (spit), sweat or semen from a person who has Ebola.

**What will local public health staff do?**

Public health monitoring will include checking the person to see if their temperature is normal and that there are no symptoms of Ebola. More information on this is included in the kit provided by the quarantine officer.

If your household member becomes sick during the 21 days, they will be taken by ambulance to a hospital for care. Going to the hospital in the early stages of their illness means a better chance for them to get well and less chance of them spreading Ebola to other household members.

If your household member does not get sick during the 21 days, they will no longer be considered at risk. Public health staff will stop monitoring.

**Am I at risk of getting Ebola?**

The risk of getting Ebola in Manitoba is very low. However, it is normal to be worried about Ebola, especially when a household member is being monitored by public health. Just because someone has recently been to an affected country does not mean they will become sick. You can't get Ebola from someone who has no symptoms.

Even if your household member becomes sick, it does not mean it is Ebola. Public Health monitors people coming from affected countries as a precaution, and has plans about what to do if someone gets sick. That is why this order to report is in place.

**What precautions should my household take?**

Continue to use basic personal hygiene and household cleaning practices like:

- Washing your hands regularly with soap and running water or an alcohol-based hand sanitizer, especially after going to the bathroom or before preparing, serving or eating food.
- Flushing body wastes like urine (pee) and feces (poop) down the toilet. The bathroom may be cleaned using regular household cleaners and disinfectants.
- Washing used towels, bedding and other laundry as usual.
- Disposing of other household waste, such as tissues, as you normally would.

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#### What should I do if my household member gets sick?

- Call 911 and tell them that your household member is sick and is being monitored for Ebola. Do not bring the sick person to the hospital or a clinic yourself.

#### If my household member gets sick, what should I do after calling 911?

- **Do NOT touch** or come into any contact with the blood or other body fluids (like urine, feces, saliva, vomit, sweat and semen) of the person who is sick.
- **Do NOT handle** items (like clothes, towels, bedding, needles or medical equipment) that may have come into contact with the blood or body fluids of the person who is sick.
- **Keep household pets like dogs or cats away** from the sick person to prevent them from coming into contact with the sick person's blood and body fluids. Any other animals should also be kept away from the person who is sick.
- **Do NOT try to clean** areas that are soiled with the blood or body fluids (like vomit, diarrhea or urine) of the sick person. Avoid the area that has been soiled, and if possible keep the door to the room closed. Public health staff will give you information on who to call for the clean-up if necessary.
- **Public health staff will contact your household within the next 24 hours with additional information.**

#### What will happen once the ambulance comes?

- The household member who is sick will be taken to the hospital to find out whether or not they have Ebola and to be properly cared for if they have Ebola.

#### Can I go with my household member in the ambulance to the hospital?

- No, unless the household member is a minor. The ambulance attendants need to devote all of their time to your household member.

#### What should I do after my household member is transported to a hospital?

- Public health staff will contact you within 24 hours with further information and resources.

#### If my household member has Ebola, will I get sick?

Just because someone who has recently been to an affected country is sick, it doesn't mean they have Ebola. Ebola is not easy to spread. It is not spread through the air, by water or in general, by food. Ebola can spread by contact with body fluids, primarily blood, vomit and feces of infected people; some animals (bats, monkeys and apes in Central or West Africa); or medical equipment that was in contact with infected body fluids, like needles.

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- The risk of getting sick is low if you have not been in contact with the blood or body fluids of the person who is sick. The risk of getting sick is higher if you have had contact with the blood and body fluids of the sick person.
- Public health nurses will be checking up on all of the other household members for 21 days if your household member has Ebola. If any other household member becomes sick during this time, someone in the household should call 911 so that the sick person can be taken to the hospital right away to get proper care.

#### How is Ebola diagnosed?

- Ebola is diagnosed by a blood test. Because the National Microbiology Lab is in Winnipeg, lab results are known quickly.

#### Can Ebola be cured?

- People can recover from Ebola when they receive proper and timely medical care for their symptoms. Scientists are working to develop a vaccine and treatment options for Ebola.

#### What about my pet?

- It is not known if an animal's body, feet or fur can act as a carrier to spread Ebola to people or other animals. If any animals (pets, service animals or farm animals) have been exposed directly to the sick person or to any body fluids of the sick person, it should be reported immediately to the Office of the Chief Veterinarian in Manitoba (204-470-1108).
- Any exposed animal will be handled on a case-by-case basis. Depending on the nature of the exposure, an animal may require quarantine.

#### Where can I get more information on Ebola?

- For Ebola information in Manitoba, visit: <http://www.gov.mb.ca/health/publichealth/diseases/ebola.html>.
- The Public Health Agency of Canada <http://www.phac-aspc.gc.ca/index-eng.php>.

#### If you or a household member is feeling extremely anxious or stressed and it is affecting daily life, you can contact the following organizations:

- Clinic Community Health Centre 24-hour Crisis Line at 204-786-8686 in Winnipeg or toll-free elsewhere at 1-888-322-3019.
- Manitoba Farm and Rural Support Service toll-free at 1-866-367-3276 (1-866-FOR-FARM).
- Health Links – Info Santé can help find appropriate resources through the local regional health authority at 204-788-8200 or toll-free at 1-888-315-9257
- The Public Health Agency of Canada <http://www.phac-aspc.gc.ca/index-eng.php>.

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#### Appendix F

#### Interim Protocol for Handling Human Remains Infected with Ebola Virus

These guidelines may change as more information becomes available. This guidance is intended for the management of any person who has died and is suspected or confirmed to have Ebola virus disease (EVD). Ebola virus is a designated disease under the *Public Health Act* (C.C.S.M. c. P210) Dead Bodies Regulation <https://www.canlii.org/en/mb/laws/regu/man-reg-27-2009/latest/part-1/man-reg-27-2009-part-1.pdf>. The following processes and transportation arrangements are in effect for Winnipeg and all regions in the province.

1. Infected or potentially infected human remains come under the jurisdiction of the Office of the Chief Medical Examiner (OCME) whether the death occurs in-hospital or in the community. Prior to handling the body, contact the OCME at 204-945-2088. If after hours, listen to the message to obtain the on-call Medical Examiner Investigator's (MEI) contact information and contact the MEI directly. The OCME will consult with Infectious Diseases to determine if cadaveric sampling for EVD is recommended (i.e., person meets the person under investigation case definition).
2. In rare circumstances, where EVD is suspected after consultation with Infectious Diseases, but no prior testing for EVD has been performed, cadaveric sampling is required. When cadaveric sampling is required:
  - i. Contact the Diagnostic Services Manitoba (DSM) Medical Administrator On Call (AOC) at 1-877-437-4861 and the Cadham Provincial Laboratory (CPL) physician on call to advise that cadaveric sampling is required at Neil Bardal Funeral Centre, 3030 Notre Dame Avenue, Winnipeg, Manitoba, and to arrange sample submission and testing.
  - ii. Follow instructions below for infection control management and transfer of the body.
3. Handling of the human remains of confirmed EVD cases as well as those still under investigation for EVD must be kept to a minimum.
4. Routine Practices and Contact Precautions must be followed for handling confirmed Ebola-infected remains as well as those still under investigation. For detailed infection prevention and control information as well as PPE that is required for EVD, refer to the *Manitoba Health, Healthy Living and Seniors Ebola Virus (EVD) Infection Prevention and Control Interim Guidelines* available at <http://www.gov.mb.ca/health/publichealth/cdc/protocol/ebolainfectionguidelines.pdf> Routine practices and droplet/contact precautions must be followed when transferring the remains to other facilities or mortuary services.
5. Only persons wearing personal protective equipment (PPE) required for EVD should touch, or move, any confirmed Ebola-infected remains or those considered under investigation. A trained individual to observe the selection, putting on, removal and disposal of PPE to ensure health care workers (HCWs) are not contaminating themselves, must be done.
6. Medical devices (i.e., intravenous or urinary catheters or endotracheal tubes) must be left in place. The body must not be washed.
7. Wrap the body in a plastic shroud at the site of the death. Place the body in an approved body bag and securely seal the shrouded body within the approved body bag. Then place the body in a second approved body bag (containing an absorbent pad) before it is removed from the place



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where the death occurred. Wrap the body in a way that prevents contamination of the outside of the shroud and body bags.

8. A red colour coded "toe tag" should be attached to the outer body bag indicating that the person is under investigation or has confirmed Ebola Virus Disease. This will alert technicians at the receiving facility that special instructions are required for handling the body.
9. Decontaminate the surface of the body bag by using the RHA/organization approved disinfectant. Remove all visible soil.
10. Following removal of the body, clean and disinfect the patient room and reusable equipment according to RHA/organization procedures.
11. Keep transportation of the human remains to a minimum.
12. Autopsies are **NOT** permitted on confirmed cases or on persons under investigation for EVD. Autopsies are **NOT** permitted on bodies where a negative EVD test result is received from cadaveric sampling on a person under investigation for EVD.
13. The remains of the confirmed EVD cases or persons under investigation should be transported by the mortuary service, Winnipeg Funeral Transfer Services (204-257-0877) directly from the place of death to the Neil Bardal Funeral Centre (3030 Notre Dame Ave, Winnipeg, MB) (204-949-2200). The mortician must be informed that the body has or may have EVD, the body bag is not to be opened, and that embalming must not occur. During transport:
  - i. Use routine practices and droplet/contact precautions.
  - ii. Wipe environmental surfaces of the transport vehicle with organization/facility approved disinfectant and allow them to air dry.
14. When cadaveric sampling is required, DSM staff will follow the DSM Standard Operating Procedures (SOP) for Cadaveric Sampling in suspect EVD cases and will forward sample to Cadham Provincial Laboratory for testing<sup>1</sup>.
15. If the body is not destined for cremation, the body must, at the earliest time possible after death, be enclosed in a coffin:
  - i. That is constructed of or lined with, metal or other impervious material and hermetically sealed, or
  - ii. Which is placed in a tightly constructed outer container that is constructed of, or lined with metal or other impervious material and that is hermetically sealed.
16. A label stating the following should be attached immediately to the head of the coffin or to the outer container, whichever has been hermetically sealed.
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<sup>1</sup> All samples must be shipped in accordance with the Transportation of Dangerous Goods Regulation (TDGR) by an individual and courier certified in TDG. TDGR requires handling and transport of EVD samples according to the international procedures for transport of category A infectious substances (UN2814). See Section 8.0 of the online CPL Guide to Services for Packaging and Transport instructions ([www.gov.mb.ca/health/publichealth/cpl/docs/guide.pdf](http://www.gov.mb.ca/health/publichealth/cpl/docs/guide.pdf)). Taxis and other casual transport are not appropriate. The certified courier must proceed directly to the receiving laboratory as quickly as possible with no other deliveries during this period.

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This body is or is suspected to be infected with a designated disease specified in the Dead Bodies Regulation under *The Public Health Act* and must be handled in accordance with that regulation.

- Do not open the hermetically sealed container.
  - Do not remove this label.
17. Viewing of the body is not permitted.
  18. The body must be buried or cremated as soon as possible after death (within 48 hours), unless written permission to postpone burial or cremation has been obtained from a Medical Officer of Health. The body must not be accompanied by any contaminated articles. If the body is cremated, the ashes are not an infectious risk and can be released to the family.

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**Process Flow for Confirmed or Suspected EVD Body**

