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**Primary Care Presentation Pathways for Ebola (EVD)**

If potentially EVD, advise the patient not to come to your facility and to remain at home to await further instructions.

**Ring your Medical Officer of Health,**

**Ph: 03 364 1777** who will then arrange for case assessment and if appropriate arrange for transfer of the patient into secondary care

**Indirect Presentation**

If a patient with suspected EVD should contact your general practice/community pharmacy via phone

If **YES**

* Explain to the patient they will need to be seen, give them a mask to wear, the patient information sheet re need to isolate, etc. and escort them to a designated assessment area (preferably choose a room that would minimise contamination to the practice or facility
* Do not allow the patient to sit in the waiting room
* Contact key GP/PN to advise of ‘at risk’ patient

**Direct Presentation**

If a patient with suspected EVD should present directly to your general practice

* Ensure MOH signage alerting patients to travel can easily be seen at Reception
* Triage questions
	+ Have you returned from travel within the past 4 weeks
	+ Have you travelled to any of the following countries – Guinea, Liberia, Sierra Leone?

**Patient Assessment**

* Obtain “Ebola Readiness” pack (refer to attached list for pack contents)
* Limit clinical staff involved in assessing “at risk” patient to **TWO persons**
	+ One to “don” PPE and undertake assessment
	+ Second person to act as a “Buddy” - check PPE is put on correctly and to remain outside of room and follow up with instructions
* Donning PPE – refer to ‘Alberta Health Donning PPE’ poster. “Buddy” to assist by reading out correct sequence for putting on PPE
* Undertake an patient assessment using the following assessment criteria –
	+ Travel history specific to EVD affected countries and risk activities
	+ History of fever or recording of temperature only
	+ No laboratory tests or diagnostics to be undertaken
* “Buddy” to arrange contact with Medical Officer of Health, **Ph: 03 364 1777** for assistance with case assessment and ongoing management including any necessary transfer to secondary care.
* Once the assessment is completed, “buddy” to support colleague with removing (“doffing”) of PPE as per ‘Removing PPE’ instruction sheet (separate sheet). Dispose of PPE in a yellow infectious waste bag in the assessment room
* Advise patient of transfer arrangements and ensure they are made comfortable and have access to toilet facilities
* Cleaning of assessment room – see separate sheet
* Disposing of waste – see separate sheet

**Additional Information:**

* Patient not identified as “at risk” at Reception but history confirmed during consultation – isolate the patient and contact Medical Officer of Health – **Ph: 03 364-1777**
* If the “at risk” patient has limited symptoms e.g. fever and no diarrhoea or vomiting then you do not need to close your facilities and the clinician involved in the care of the patient can continue consulting – remember thorough hand hygiene
* Consider keeping everybody (patients and staff) on site until you have discussed with the Medical Officer of Health how best to manage potential contacts. Also consider closing the doors for new arrivals in the interim.