Ontario Health

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Clinical Memorandum

Issued To:	Chief Executive Officers, Chief Medical Officers, and Chief Nursing Executives, Ontario hospitals
Issued From:	Dr. Chris Simpson, Executive Vice President Acute and Hospital-Based Care, and Chief Medical Executive, Ontario Health Dr. Gerald Evans, Clinical Lead, Infectious Diseases, Ontario Health
Subject:	Summary of Guidance for Quarantined Persons presenting with any condition requiring medical care to an Emergency Department

This clinical memorandum provides guidance for hospitals on assessing quarantined individuals requiring care in emergency department settings. Given the Ebola outbreak in the Democratic Republic of Congo (DRC), Ontario Health recognizes the critical role that clinicians and health system partners play in supporting safe, coordinated care and mitigating the risk of viral hemorrhagic fever transmission within Ontario's health system. As always, hospitals should be prepared to complete a screening and risk assessment, and implement the measures required to safely assess individuals with potential exposure to a special pathogen such as Ebola.

What is a quarantined person?

Under the current Federal Quarantine Order, persons entering Canada with a travel history within the past 21 days from the DRC, Uganda or South Sudan are required to quarantine for 21 days starting from the date of entry. They are screened by a Public Health Agency of Canada (PHAC) quarantine officer (QO) who determines their screening category (Federal Category 1 or 2). Where possible, local public health units are also assessing individuals who are quarantining in the community with the Public Health Ontario (PHO) Viral Hemorrhagic Fever (VHF) Clinical Risk Assessment Tool to support local transfer of care if the individual develops symptoms or requires non-emergency health care.

What defines a Federal Category 1 versus Federal Category 2 quarantined individuals?

- Federal Category 1 are persons who have been found to have a low risk for developing VHF by the PHAC QO.
- Federal Category 2 are persons who have been found to have an elevated risk due to a potential or known exposure to a case of VHF by the PHAC QO.

Emergency Department recommendations:

1. *Initiate droplet/contact/airborne precautions* at the point of triage/identification

- All Emergency Department (ED) or office assessment and management should be in a *single room with no return to waiting areas*.
- When presenting to ED, consider the patient to be at a minimum Canadian Triage Acuity Scale (CTAS) Level 3
- Note: Ideally local public health will be contacting the hospital prior to individuals seeking health care services and include the results of their VHF risk assessment.

2. Conduct a local risk assessment based on PHO's VHF Clinical Risk Assessment Tool
    - **For low risk** – *Routine precautions or droplet/contact precautions based on a point-of-care risk assessment* relating to the clinical presentation (e.g., fracture/soft tissue injury = routine); non-febrile other symptoms (e.g., chest pain/dyspnea = droplet/contact).
        - *De-escalate to routine precautions* if patient does not meet the combination of travel history, symptoms, plus potential or known exposure as per the assessment tool or, if appropriate, initiate additional precautions as required for the presenting symptoms.
    - **For intermediate-risk*** (i.e., someone with a potential or known exposure to a case of VHF, but who is *asymptomatic*, or a Category 1 with unexplained fever) – *droplet/contact precautions* and discussion with regional infectious diseases specialist for in-depth review of the risk assessment.
    - **For high-risk*** (e.g., *symptomatic* with potential or known exposure to a case of VHF requiring testing) – *full VHF precautions* and contact the Healthcare Provider Hotline (1-866-212-2272, ext. 1) to initiate the Ministry of Health's Notification Pathway for Special Pathogens.

Ebola virus disease resources

- Any health sector organization that has conducted a local risk assessment using PHO's VHF Clinical Risk Assessment Tool and suspects they may have a case of a special pathogen should **immediately notify the Ministry of Health through the Health Care Provider Hotline at 1-866-212-2272, ext. 1.**
    - See the Ministry of Health Emergency Management plans and strategies Special Pathogens section, including the Notification Pathway for Special Pathogens.
- PHO has refreshed its VHF landing page to reference the current VHF outbreak, and has made updates to the following key VHF resources:
    - Electronic Canadian Triage Acuity Scale (eCTAS) alert on VHFs noting countries with current outbreaks (updated May 22, 2026)
    - Viral Hemorrhagic Fever (VHF) Clinical Risk Assessment Tool (June 2026) to support clinicians in conducting a thorough history to support VHF risk assessment, including an appropriate review of the patient's symptoms, travel history, and potential exposures to a VHF
    - Laboratory Guidance: Diagnostic Testing for Viruses That Cause Hemorrhagic Fevers (May 2026)

** If being seen in a primary care setting, reach out for transfer to nearest local ED*

- VHF Test Information Sheet (May 2026)
- Infection Prevention and Control Management of Viral Hemorrhagic Fever in Acute Care (June 2026)
- IPAC Guidance for VHF Specimen Collection and Handling in Acute Care Settings (June 2026)
- Infection Prevention and Control Management of Viral Hemorrhagic Fever in Pre-Hospital Care and Ground Transport (June 2026)
- VHF Triage Assessment Algorithm (June 2026)

Thank you for your ongoing vigilance – together, we can make a positive difference for patients across Ontario. We encourage all health system partners to review infection prevention and control (IPAC) practices, confirm personal protective equipment (PPE) supply, and revisit donning and doffing training to ensure continued readiness and safe, high-quality care.