ISSofBC Ebola Risk Assessment and Decision Tree

Document Control

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Author	Kathy Sherrell, Chief Program Officer
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Internal distribution list	CEO; CPO; COO; ELT; Director, Refugee Services; RAP Managers; RAP Case Management Supervisor; HR / OHS lead; Communications lead (if staff notice is issued)

Public Health Grounding

- BCCDC Ebola overview: https://www.bccdc.ca/health-info/diseases-conditions/ebola
- Government of Canada Ebola guidance: https://www.canada.ca/en/public-health/services/diseases/ebola.html
- Ebola is a severe illness with early flu-like symptoms progressing to more serious complications.
- **Transmission occurs via direct contact with body fluids. It is not transmitted through the air.**
- Incubation period: 2–21 days; early symptoms include fever, fatigue, headache, and muscle pain; later symptoms can include vomiting, diarrhea, rash, and bleeding.
- Risk to Canada remains low overall based on cited public health information.
- ISSofBC HR Policies & Procedures Manual V4, Sept 2025 confirms ISSofBC maintains an Exposure Control Plan. The plan requires identification of risks, procedures to minimize exposure, and staff training on response protocols.

Ebola Risk Assessment Framework

Colour-Coded Thresholds

Status	Trigger condition	Required posture
GREEN	No exposure or symptoms	Routine operations
AMBER	Travel within 21 days and mild symptoms	Monitor and consult Public Health
RED	Symptoms + exposure or severe illness	Immediate escalation

Trigger Points for Enhanced Protocol Activation

- Client with travel history (21 days) and symptoms.
- Public Health identifies a suspected or confirmed case.
- Cluster of symptomatic clients.
- Staff exposure to bodily fluids.
- New federal or provincial direction.

Internal Communication Protocol by Escalation Level

Purpose: To clarify who needs to be informed at different escalation points and close the communications gap identified in feedback.

Escalation level	Typical triggers	Who must be informed internally	Timing / method
GREEN	No exposure or symptoms; routine operations	No formal escalation required. Supervisor may be informed if active monitoring is being recorded.	Routine line management / file note as needed
AMBER	Travel within 21 days; mild/early symptoms; awaiting Public Health direction	Immediate supervisor/manager; Health Lead / Health Navigator; Director, Refugee Services if Public Health is contacted or service delivery is affected	Notify promptly the same business day; record actions taken. Written Incident record
RED	Symptoms + exposure; severe illness; staff exposure; Public Health identifies a suspected/confirmed case; symptomatic cluster	Immediate supervisor/manager; Health Lead / Health Navigator; Director, Refugee Services; CPO; CEO/ELT if site operations, safety, or media/reputation issues are engaged	Immediate phone / Teams escalation plus written incident record

Communication principle: Escalation should be need-to-know, timely, and fact-based, with one documented internal point person coordinating updates once AMBER or RED status is reached.

RACI Escalation and Coordination Chart

Legend: R = Responsible | A = Accountable | C = Consulted | I = Informed

Activity	Frontline staff	RAP Manager - Case Management	Case Management Supervisor	Director, Refugee Services	CPO	OH&S	COO - Facilities	CEO / ELT
Identify travel history / symptoms	R	A	C	I	I	I		
Assess severity and immediate safety needs	R	A	C	I	I	I		
Call 911 for severe case	R	A	C	I	I	I	I	
Contact Public Health / obtain guidance	C	A	R	I	I	I	I	
Initiate internal incident notification	C	R	C	A	I	I	I	
Activate enhanced protocol (AMBER/RED)	I	R	C	A	C	I	I	I
Approve executive / organization-wide communications	I	I	C	R	A	C	C	C
Document incident and maintain record	R	A	C	I	I	I	I	

Decision Tree: Suspected Ebola Case (ISSofBC)

Step 1 – Initial Screening

- Question: Has the client traveled from a high-risk country (DRC, Uganda, South Sudan) within the last 21 days?
- If No → GREEN: proceed with standard service protocols; monitor for symptoms; no escalation required.
- If Yes → move to Step 2.

Step 2 – Symptom Check

- Question: Is the client experiencing symptoms consistent with Ebola (for example fever, severe fatigue, vomiting, diarrhea, bleeding)?
- If No → AMBER: continue services with caution, provide symptom awareness guidance, and monitor.
- If Yes → move to Step 3.

Step 3 – Severity Assessment

- Question: Are symptoms severe (visibly unwell, acute distress, vomiting, bleeding)?
- If Yes → RED / immediate response: call 911 immediately, avoid physical contact, notify supervisor and Health Lead, then notify Public Health and document hospital / incident after transfer.
- If No → AMBER / controlled response: do not proceed with in-person service, contact Public Health for direction, escalate internally to supervisor plus Health Lead, and monitor / document the case.

Step 4 – Override Triggers

- Activate enhanced protocol immediately if any of the following occur:
  - Public Health identifies a suspected/confirmed case;
  - Staff exposure to body fluids;
  - Multiple symptomatic clients (cluster);
  - New directive from PHAC / Province;
  - Client linked to known outbreak or confirmed case.

One-Page Visual: Ebola Response

GREEN	AMBER	RED
No exposure or symptoms Routine operations	Travel within 21 days and mild symptoms Monitor and consult Public Health	Symptoms + exposure or severe illness Immediate escalation

Decision flow

1. Travel within 21 days?
No → GREEN
Yes → 2. Symptoms present?
No → AMBER (monitor)
Yes → 3. Severity?
Mild → AMBER (consult Public Health)
Severe → RED (call 911, escalate immediately)

Override triggers (always RED): Public Health alert; symptomatic cluster; staff exposure to body fluids; federal/provincial directive change; known outbreak/confirmed case link.