

EBOLA PREPAREDNESS

LESSONS LEARNED

Affiliates demand enforcement of CDC guidelines

ROGER WOODS IS MAKING sure his colleagues will be able to properly care for Ebola patients, should the situation ever arise. Woods, an emergency room nurse at Danbury (Conn.) Hospital, has been training nurses there on how to safely use personal protective equipment or PPE to prevent them from contracting the virus. The full-body protective gear includes masks, face shields, gloves, gowns, suits and other equipment. Woods decided to pursue first-responder training through the Federal Emergency Management Agency in 2009 and is now a U.S. Department of Homeland Security/FEMA certified instructor. He also spent several weeks at the Centers for Disease Control and Prevention learning how to prepare and manage a crisis such as this.

“There is opportunity in confusion,” says Woods, a member of the Danbury Nurses Union at the hospital. Woods sees the chaos and confusion that followed the Ebola cases in Dallas and New York as an opportunity to educate healthcare workers. “Now the big focus is on PPE,” he says. “This has been a wake-up call for a lot of people. It’s a matter of protecting ourselves. Today it’s Ebola. Tomorrow it could be something else.” After two Dallas nurses contracted Ebola while caring for Thomas Eric Duncan, who died of the disease in early October, the CDC struggled in its efforts to clarify what hospitals needed to do to safely evaluate and treat suspected Ebola patients; the CDC did manage to get back on track by issuing updated guidelines for healthcare workers. In an effort to protect workers and their communities, the AFT called on hospitals to step up their preparedness and staff training for possible Ebola cases. As guidance from federal agencies continues to evolve, the AFT has called for hospitals to establish proper infection control protocols and specially trained teams of volunteer staff to handle these cases.

Woods says his hospital has been working with the union and its members to address concerns and provide necessary training to volunteers. In addition to the training, the hospital has also revamped its bio-contamination unit. Still, Woods would like to see more training offered during work shifts. “People want the training, but the hospital requires nurses to take scheduled time off,” he says, “and sometimes short staffing at the hospital keeps people from attending.”

More work to be done

Some hospitals are stepping up to the plate, but many still have work to do. An October survey by AFT Nurses and Health Professionals of its members found that 40 percent of facilities do have protective equipment available, and 70 percent have had training on its use, although that training was not specific to PPE for Ebola.

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Roger Woods, an ER nurse at Danbury Hospital in Connecticut, trains his colleagues on how to use PPE.



Members of the Danbury Nurses Union get a chance to practice donning the personal protective equipment provided by their hospital. The equipment is used to protect them when caring for patients with infectious diseases such as Ebola.

PHOTOS BY JOHN MULDOON

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There currently are four hospitals in the United States with specialized biocontainment units and experience in handling emerging contagious diseases that have been designated by the CDC to take on Ebola patients. There is also another group of hospitals that are serving as receiving hospitals for regions or the entire state. The AFT says that although these hospitals may be ready to treat possible Ebola patients, all hospitals should be prepared to handle patients until they can be transferred.

AFT's Washington State Nurses Association ramped up its efforts around Ebola right after the news broke that one of the Dallas nurses who cared for Duncan had become infected with the virus. WSNA surveyed members about what preparations their hospitals had made to manage a patient suspected of being infected with Ebola, or a confirmed case. The results did not inspire confidence.

Eighty-six percent of WSNA members did not feel prepared to deal with an infected patient. More than 70 percent of these nurses reported that they did not know if their facility had a plan for evaluating a suspected or confirmed case of Ebola, or that the facility definitely had no plan.

"It was startling to see the number of nurses who said they did not know if their hospital had a plan," says Anne Tan Piazza, assistant executive director of WSNA. Piazza says her organization welcomed the CDC's updated guidelines, but quickly recognized the limitations of voluntary rules in regulating a deadly disease. "Now our focus is to ensure that healthcare facilities are following the guidelines and are providing training to staff—and that includes nurses and other healthcare workers." WSNA is monitoring facilities to make sure they are conducting practice drills "and ensuring that not only is the right equipment available but that it is readily accessible," notes Piazza. Although Washington state will likely see few travelers coming from West Africa, WSNA is working closely with the state's department of health, the hospital association and the state medical association to make sure that all types of facilities are as prepared as possible. "Readiness is going to be different in different communities," Piazza says.

Closer to where we need to be

In a number of states, hospitals have been designated as facilities that will handle suspected Ebola patients until they can be transferred to

one of the four specialized hospitals. University Hospital in Newark, N.J., is one such facility. It has worked for years with the CDC to handle sick travelers suspected of having contagious diseases who come to the U.S. through Newark Liberty International Airport. Workers in the hospital have been seeing patients with suspected cases of Ebola since August.

Banita Herndon, an emergency room nurse and a member of Health Professionals and Allied Employees, was on duty when the first suspected case came in last summer, and she continues to see suspected cases. Herndon has volunteered to work with these patients and says she does have concerns, like the need for extended training.



ER nurse Banita Herndon says her employer, University Hospital in Newark, N.J., has taken steps to address workers' concerns about Ebola preparedness.

"Initially suspected patients were quickly isolated, yet the staff were not adequately trained in the donning and doffing of the PPE in those first weeks of the crisis. Since then, a volunteer team of nurses has been recruited and trained to treat patients who are suspected or confirmed to be infected with the Ebola virus."

Still Herndon feels the hospital has taken the right steps to protect workers. The command center or extended treatment area where nurse Kaci Hickox was held under New Jersey's mandated quarantine upon her return from a voluntary medical mission in Sierra Leone has been significantly improved. With each new suspected case the hospital sees, holes in the care process are being filled.

"We still have a lot to iron out with the hospital," Herndon says, "but people are being educated and our voices are being heard. We are moving closer to where we need to be."

—ADRIENNE COLES AND AMANDA SPAKE

AFT presses Senate to boost public health funding

THE U.S. SENATE Appropriations Committee held a full committee hearing on Nov. 12 regarding the federal response to the Ebola outbreak and the Obama administration's request to Congress for emergency funding. The AFT, which represents 112,000 health professionals, including 84,000 registered nurses, submitted testimony urging the lawmakers to approve the request for \$6.18 billion in emergency funds to fight Ebola.

"Preparedness and capacity have been a central focus of our healthcare members and leaders in the wake of the outbreak," AFT President Randi Weingarten noted in the written testimony. The outbreak "highlights the need for greater investment in the U.S. public health infrastructure in order to strengthen the capacity of state and local public health departments to respond swiftly and effectively to developing emergencies."

Funds that would help public health departments, hospitals and communities prepare for threats to public health have been slashed over the last decade; the shortsightedness of these divestments has complicated local efforts to respond effectively to crises as well as to ensure that nurses and health professionals have the training and equipment they need to keep themselves, patients and their communities safe.

In her written testimony, Weingarten also took the opportunity to once again urge the Senate to confirm Dr. Vivek Murthy as surgeon general. "In times of crisis, strong leadership is essential. As the 'nation's doctor,' the surgeon general provides the public with clear evidence-based information and helps us discern fact from fiction during complex and emotional public health crises."