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Ebola Preparedness - An ED Perspective

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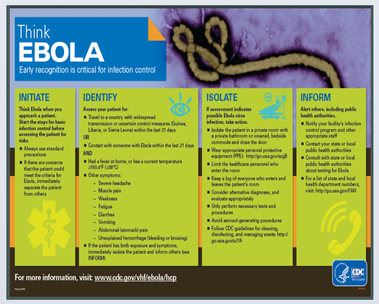
INTRODUCTION

- The presentation of an Ebola patient in a U.S. hospital last year caused a lot of attention and concern for the safety of the public. Emergency Departments (ED) across the country were scrambling to come up with a plan to care for an Ebola patient should they arrive at their hospital.
- This situation provided Homestead Hospital an opportunity for collaboration with other departments to come up with protocols that would safely take care of an Ebola patient, as well as protect the staff at the front lines. A task force was created that developed an algorithm to follow if a potential Ebola patient arrived in our ED.



Ebola Training

PLANNING

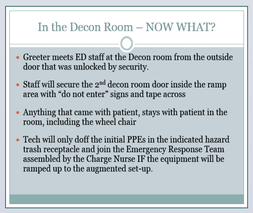
The purpose of the task force was to identify areas at risk of for exposure if a potential Ebola patient arrived in the ED, create a protocol to follow to minimize this risk, and effectively care for the patient. Our Evidence-Based Practice project was guided by the CETEP Model. Our objectives were to:

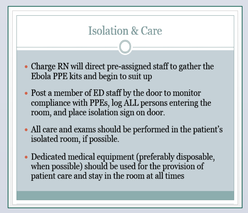
- Identify areas of vulnerability for potential Ebola patients to enter the ED
- Create a plan to safely care for an Ebola patient
- Train ED staff regarding donning and doffing of biological personal protective equipment (PPEs).
- Review logistics to ensure there are rooms & equipment ready
- Hold drills to become familiar with the plans

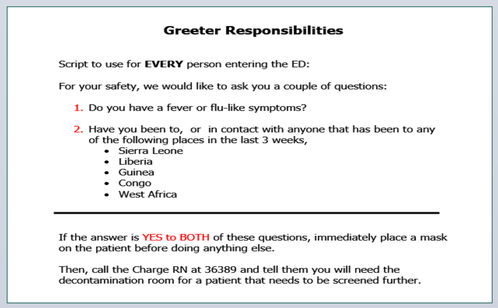
- Multidisciplinary meetings were held with Administration, ED Leadership, Patient Care Supervisors (PCS), Infection Control, Security, Clinical Educators and the Emergency Response Team (ERT).
- Based on protocols developed by the ERT for other types of exposures, a plan was created to handle a biological exposure, such as Ebola.

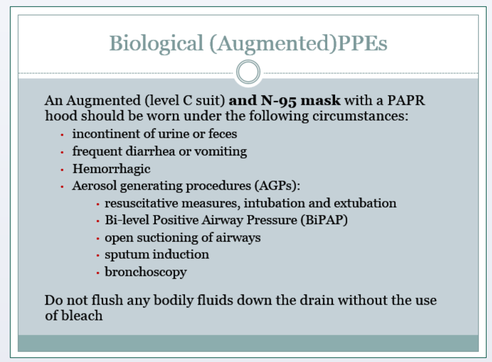
IMPLEMENTATION

- The role of the triage tech was expanded to include a greeter position, and was placed at the front door of the ED after training was performed regarding risk factors for exposure to Ebola
- Using a pre-established script, the greeter screened all individuals arriving to the ED for risk factors identified by the CDC.
- If needed, a patient would be transported to the ambulance entrance of the ED where outside access into a decontamination room would be used and then serve as the patient care area.
- The Charge RN would be notified by the Greeter of the patient and activate the ERT in the ED as well as initiate calls to leadership on a call tree.









Training and Drills

- Training sessions were held for all RNs and Techs in the ED.
  - Included training on donning and doffing personal protective equipment (PPE) for biological hazards.
- The instructors were members of the ERT.
- System-wide drills were also held on several occasions.

EVALUATION

- A patient presented to the ED lobby with a history that was suspicious for exposure to Ebola.
- The greeter transported the patient outside, by wheelchair, to the decontamination room and notified the charge nurse.
- The Ebola protocol was initiated, and the staff donned their gear.
- The infection control nurse came to the ED and by history, the patient was ruled out.
- At the debriefing session, when the situation was over, the protocol was deemed effective, but some areas needed modification.
- Improved communication was necessary between the hot and cold zones as well as creating a private area for the command center to allow for communication between the staff and the state health department.

CONCLUSIONS

- Caring for a potential Ebola patient proved to be a challenge.
- A lot of time and preparation was needed to solidify details and plan logistics that would work for a busy emergency department, especially at peak hours.
- Our plan was created and modified to incorporate as many contingencies as possible.
- We feel that we are ready should a patient arrive at our ED again.

REFERENCES

For more information regarding the contents of this presentation, follow the links below:

CDC websites: http://www.cdc.gov/vhf/ebola
WHO website: http://www.who.int/csr/disease/ebola/en

ACKNOWLEDGEMENTS

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