

KershawHealth implements Ebola preparedness plan October 22, 2014

The current focus on the death of a patient with Ebola in Dallas and the subsequent infection of two nurses at the same hospital, as well as the global nature of travel today, has led some to wonder how community hospitals might deal with possible Ebola patients.

As it does with any actual or potential public health emergency, KershawHealth has created policies and procedures for Ebola preparedness. In addition, the hospital is working closely with the S.C. Department of Health and Environmental Control (DHEC) and the S.C. Hospital Association (SCHA) to amend its plan as necessary, and is continually updating and educating staff members.

"We take infection prevention and control, and public health, very seriously," KershawHealth Infection Prevention and Control Director Paula Guild, MSN, RN, CIC, said, "and we have been thinking about and working on our preparedness since early August. We have an Ebola plan in place, and our staff has been trained on the proper procedures, and is being updated regularly. In addition, we would not hesitate to contact DHEC if we had any concerns about a patient." Public health officials have emphasized that the risk of contracting Ebola in the U.S. is extremely low. The disease is spread by direct contact with bodily fluids of an infected person who is showing symptoms of the disease (fever, vomiting, diarrhea). There is very little risk of transmission from those who have been exposed to the virus but are not yet showing symptoms.

KershawHealth has already begun implementing key portions of its Ebola plan, including:

- * posting signs at all patient intake areas to alert patients to disclose travel to West Africa (particularly Guinea, Liberia and Sierra Leone), and indicating potential Ebola symptoms such as fever, severe vomiting or diarrhea, intense weakness or muscle aches, etc;
- * providing in-service education on Ebola for personnel in patient intake positions, including the Emergency Department, EMS, nursing, registration and others;
- * ensuring adequate inventory of PPE (personal protective equipment) and training appropriate personnel on the proper use of such equipment;
- * identifying potential isolation rooms and appropriate isolation and infection prevention procedures to be used if necessary; and
- * implementing daily briefings of appropriate staff members to keep them apprised of the evolving situation.

Other portions of the plan will be implemented if and when they become necessary.

"Our nurses and clinical staff are very aware of Ebola symptoms, and are being diligent about identifying patients with appropriate symptoms or a history of travel to affected areas," Chief Nursing Officer Stacy Collier, MSN, RN, said. "As always, our concern for patients and visitors is foremost, and we are exhibiting the utmost professionalism."

Thinking carefully about the current situation, constantly evaluating how tasks are performed, and always employing the most effective infection prevention techniques are key to keeping both the public and KershawHealth staff members safe.

Naturally, KershawHealth is monitoring Centers for Disease Control and Prevention and DHEC reports daily for any new updates related to Ebola preparedness. As public health officials often stress, training and education are the best way to maintain an adequate level of readiness for any emergency. (This information provided by KershawHealth.)

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