Deep South Biosafety Worker Training Program

Risk Management: From a single case to evidenced based improvements

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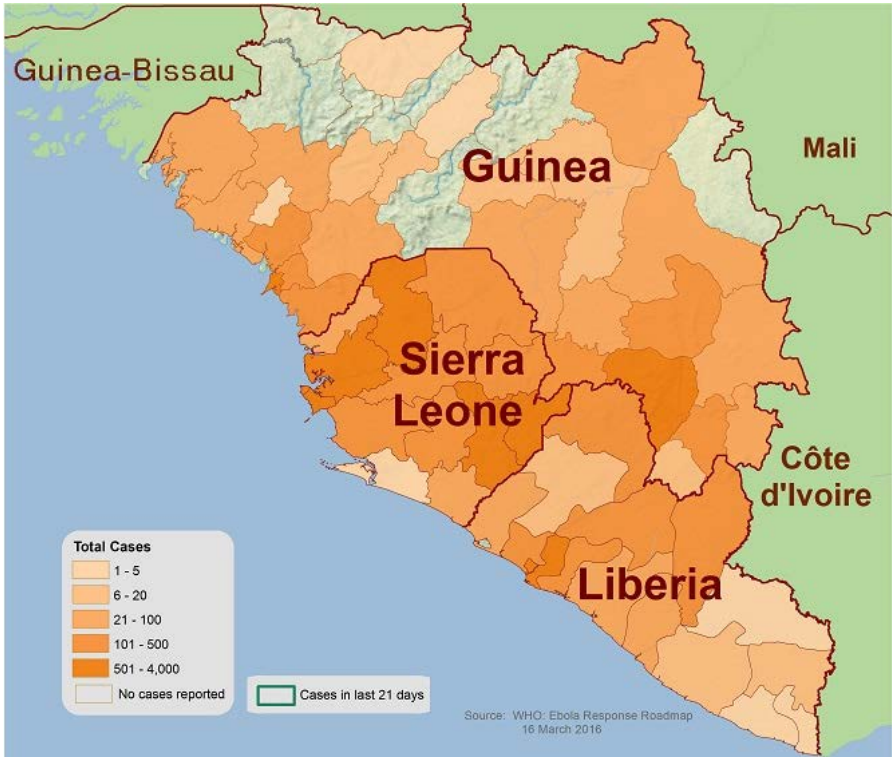
Ebola Virus Disease Outbreak 2014

- In 2014 West Africa experienced the largest outbreak of Ebola in history
  - 28,600+ cases
  - 11,325+ deaths



Ebola Virus Disease in the U.S.

July - September, 2014
4 Americans who contracted Ebola in West Africa transported back to US for treatment

September 30, 2014
CDC confirmed the first-travel associated case of Ebola diagnosed in the U.S. (passed on Oct. 8, 2014)

October 10 & 15, 2014
Two healthcare workers who cared for index patient tested positive for Ebola

October 23, 2014
A medical aid worker who volunteered in Guinea was hospitalized in NYC with Ebola

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Patient taken to UAB Hospital with Ebola-like symptoms; 8 others being monitored

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Birmingham, Alabama (August 2015)

Lessons Learned

01 No matter how much you prepare, mistakes will be made

- Patient didn't follow directions
- Paramedic exposed to potential contamination
- Initial communication on an unsecured channel → media on scene at hospital and patient's home → loss of anonymity

02 Communicate early and with the same message

- Pre-scripted messages for press releases very useful
- Media relations (PIOs) from all involved entities need to work together & have cohesive message

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UPDATE: No Ebola found in Birmingham patient, family members, firefighters

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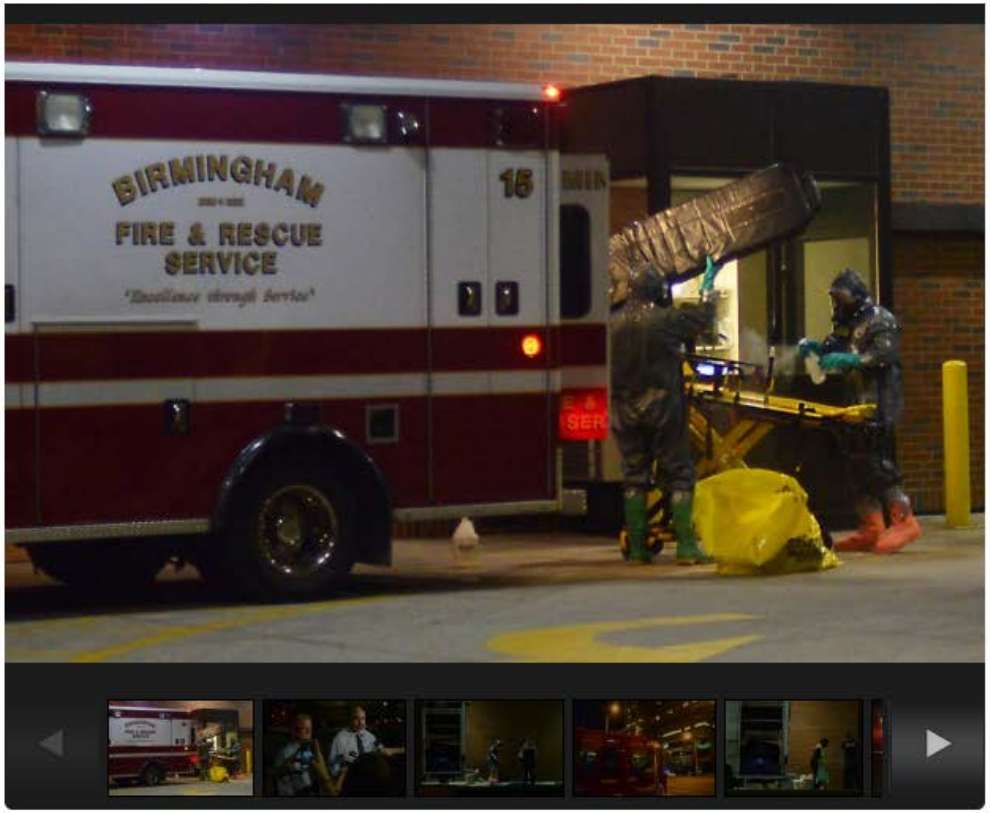

Multiple Birmingham firefighters are being quarantined tonight after treating a patient with Ebola-like symptoms that was transported to UAB Hospital. (Tamika Moore/tmoore@al.com)

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Lessons Learned (cont.)

02 Communicate early and with the same message

- Gray area of what information can be shared with EMS providers once patient has been transferred
- Birmingham PIO shared this information with the media (breach of patient's private medical information)
- **Joint press release early (even if incomplete information). Better than saying nothing because in the void, someone will say something…**

03 Trust is key

- Long working relations between first receivers & Birmingham Fire
- Already had drilled patient transfer piece (respectful of knowledge and authority of ED and State EMS Medical Director)

Risk Management in Mississippi

- Primary focus to reduce risks during patient transfer from EMS to the hospital
- MSDH/UMMC partnered to develop comprehensive plan to address the monitoring of "Known Travelers" with CDC guidance and technical assistance
  - decrease risk to providers (EMS and Hospital)
  - Efficient use of training/equipment expenditures for both EMS and hospitals

AAR – Lessons Learned

- Plan exercised through MSDH/UMMC/UAB partnership.
- Formal review process and exercise with AAR/IP
  - Refinements made in PPE utilized
  - Healthcare staff training
  - Increased use of technology

Active Monitoring Period – 21 days

Use of iPADs in CDC identified known travelers "active" monitoring by Epidemiology RN at the MSDH district-level.

Initial Treatment of Suspected EVD

Increased use of telehealth technology to monitor patient status during treatment including:

- State of the art Telehealth portals
- Stethoscopes to reduce potential exposure to infectious disease

Use of Technology to Reduce Risk

- Use of Human Patient Simulators and simulation lab to teach providers how to care for patients in a PPE environment.

Use of Technology in Future

- Continue to increase usage of technology to improve further improve **patient-provider interactions** and **patient-family interactions** without increasing risks to non-exposed persons.
- Improved **educational opportunities** for students, interns and residents to participate in learning environment.

Questions

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