Fighting Ebola to Convert Risk to Opportunity in Proliferating Collaborative Team Spirit

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Introduction
Since March of 2014, the World Health Organization reported the outbreak of Ebola virus disease (EVD) in West Africa has been evolving with more cases and areas involved. The virulence and mortality rate have awakened the population at risk of life threatening. Therefore, Infection Control Team (ICT) of North District Hospital (NDH) has coordinated an Ebola Drill with Accident & Emergency Department (A&E), Intensive Care Unit (ICU), X-Ray, Laboratory, Mortuary, Hospital Administration, Central Supporting Service Team (CSST), iSS Transport Service and Security Guards on 17 December 2014.

Objectives
1. To train up the hospital staff to use personal protective equipment (PPE) and understand about the etiology, causes, symptoms, mode of spread and preventive measures against the highly fatal Ebola virus. 2. To arouse multidisciplinary involvement by means of Fight Against Ebola Awareness Campaign, to make sure hospital staff members have been prepared for an Ebola crisis.

Methodology
This campaign includes: 1. Staff Forum - HICO delivered four Staff Forums on Ebola to disseminate the update information to hospital staff. 2. PPE Assessment - ICT conducted several sessions of Ebola PPE Assessment to enhance staff to demonstrate competency in donning and doffing PPE. 3. Set up designating areas for donning and doffing of Ebola PPE in high risk areas, such as A&E and ICU. 4. ICU isolation area- An ante-area adjacent to the four Airborne Infection Isolation Rooms
(AllIR) was modified to accommodate the patient suspected of being infected with Ebola. 5. EVD Drill - ICT & ICU designed a drill with a scenario of admitting patient from A&E to ICU, and finally was certified death after unsuccessful resuscitation. The logistics involved special measures in protection of the public, co-hortting ICU, supplies and utilization of high quality Personal Protective Equipment (PPE), admitting patient, transportation of specimen, resuscitation, last office, disposal of the deceased body and terminal disinfection. 6. Consultation - The clinical staff was occupied by patient care, resuscitation, handling the dead and the family. 7. Environmental decontamination - CSST was responsible for clearance of pathway and disposal of medical waste. 8. Transportation - iSS participated in the transportation of the patient and specimen for Ebola virus testing. 9. Patrol routes - Security Guards provided a shortest route to the ICU from A&E through passages which are kept clear during the transit. 10. Reflective debriefing session was subsequently conducted with all departments involved.

**Result**

In conclusion, this enlightening Ebola Drill could stimulate our staff about the principle: stringent compliance to infection control measures that was crucial in combating such highly contagious disease. It could also illustrate the collaborative team spirit among hospital staff. Furthermore, use a buddy system for donning and doffing the PPE to ensure proper personal protection. Indeed, the commissioning design of the isolation area played a proactive role to enhance personnel protection. For the PPE removal area, it should be spacious in order to avoid contamination of the surface. Nevertheless, resuscitation of the heavily bleeding patient was area of concern. Other issues regarding the terminal environmental disinfection and disposal of electrical equipment which need to be further discussed.