Ebola in America: The Need for Infection-Control Protocol in Community Hospitals

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As of September 30, 2014, the Centers for Disease Control and Prevention (2014) announced the Ebola Virus Disease (EVD) is now breeding on U.S. soil. With Ebola on our home front, American healthcare facilities and providers have a social obligation to sufficiently prepare themselves. According to Dennis Thompson of *Consumer HealthDay*, there are only four hospitals nationwide that have operating advanced bio-containment facilities, and these U.S. facilities have essentially become the first-line treatment for Ebola patients (2014). This fact calls for community hospitals across the country to instruct healthcare personnel on Ebola infection-protocol should a possible EVD patient present to their facility. In response to a lack of sufficient protocol knowledge, Cumberland County healthcare facilities should equip providers with an Ebola in-service training program. As a result, an in-service training will prepare healthcare communities to detect possible Ebola cases, protect employees, and appropriately treat an Ebola diagnosis.

**The Ebola Virus Disease**

According to the Centers for Disease Control and Prevention (CDC), the Ebola Virus made its debut in 1976, with many outbreaks across different areas of Africa throughout the following years (2014). It is noteworthy that there is currently no vaccination for the virus epidemic, which has caused more than 2900 deaths in 2014 alone and has a mortality rate of 50 to 90% (CDC, 2014). With such a virulent past, the CDC has provided healthcare facilities with guidelines for adherence and has further cautioned:

The disease can spread quickly within healthcare settings (such as a clinic or hospital). Exposure to Ebola can occur in healthcare settings where hospital staff are not wearing appropriate protective equipment. Dedicated medical equipment should be used by healthcare personnel providing patient care…and without adequate sterilization, virus transmission can continue and amplify an outbreak. (2014, Para. 5)

This information prompts healthcare facilities to take advantage of these guidelines and educate providers on prevention, transmission, signs and symptoms, and safe treatment in order to successfully combat Ebola. An in-service training that offers proper instruction to healthcare providers, especially nurses who provide most of the patient care, will help thwart the spread of the current Ebola outbreak in America.

**Implementing Authoritarian Leadership**

When giving instruction to nurses and physicians in preparation for a potential crisis, use of the authoritarian leadership theory is most effective. According to Marquis and Huston (2012), authoritarian leadership “emphasizes tight control and results in well-defined actions that are usually predictable, reducing frustration in the work group and giving members a feeling of security” (pg. 11). Infection-control protocol has many facets and strict adherence must be followed to ensure highest quality of care and safety. In order for an instructor to efficiently relay information to healthcare providers and ensure predictable results, control of the emergent situation and trust between providers must be established. In later chapters, Marquis and Huston (2012) further suggest: “perhaps the greatest factor to resistance encountered with change is lack of trust between the employee and the organization or manager. Workers want security and predictability” (pg. 126). Therefore, authoritarian leadership is most suitable for the Ebola in-service training because control and predictability will not only ensure protocol is followed, but also allows healthcare providers a sense of security and trust of the organization during potential times of crisis. Taking an authoritarian role will assist the entire group in pursuing a common goal, aiding cooperation, and promoting strict adherence of infection control-protocol.

**Teaching Methods**

Engaging the audience effectively will require an environment conducive to learning and application of multiple learning tools. The target audience requires an atmosphere similar to that of an informational conference followed by a question and answer session; allowing any concerns about the relayed material to be voiced. The training session will include several forms of learning in order to ensure maximum learning from the audience. Firstly, the information will be verbally relayed while the audience uses a distributed handout to follows along the key points. This handout will also serve as a reference tool for information in the future. Secondly, demonstration of adequate personal protective equipment (PPE) wear and disposal will be performed to provide a visual reference of protocol. Finally, the “Detailed Hospital Checklist for Ebola Preparedness” provided by the CDC (2014) will be distributed for healthcare providers in order to encourage further research application outside of the informational session. Utilizing an auditory address, visual presentation, and printed handouts will educate and promote adherence of infection-control protocol by incorporating these three main learning methods.

**Barriers**

The World Health Organization (WHO) recognizes lack of knowledge and capacity as a direct barrier to protocol implementation, and this lack of capacity makes standard containment measures difficult to implement (2014, Para. 3). The CDC (2014) has implemented guidelines based off of measures that have shown to successfully contain Ebola outbreaks in the past. However, in order to fulfill these measures, providers must have the expertise to detect and follow through protocol sufficiently. In reference to becoming a successful change agent, Marquis and Huston (2012) state: “it is easier to change knowledge than attitudes” (pg. 125). However, resistance to learn on account of fear could still be a stumbling block for this in-service program. WHO states that “Fear, and the hostility it can feed, have threatened the security of national and international response teams…Health-care staff fear for their lives” (2014, Para. 10). By developing knowledge and giving specific direction through authoritarian leadership, healthcare providers will be empowered, trust will be established, and fear will become less of a barricade to providing therapeutic care.

**Conclusion**

With Ebola on our home front, community hospitals must implement infection-control protocols concerning the Ebola Virus Disease. Cumberland county hospitals must prepare providers to detect possible Ebola cases early, protect themselves and colleagues, and respond appropriately to an Ebola diagnosis. With adequate in-service training and protocols established throughout our community healthcare settings, the U.S. will be equipped to prevent the transmission of Ebola.

References

Center for Disease Control and Prevention. (2014, October 25). *Ebola (Ebola Virus Disease)*.

Retrieved October 24, 2014, from http://www.cdc.gov/vhf/ebola/index.html

Marquis, B., & Huston, C. (2012). *Leadership and management tools for the new nurse: A case*

*study approach*. Philadelphia, PA: Lippincott Williams & Wilkins.

Thompson, D. (2014, October 22). *Where Ebola Battles Are Won*. Retrieved October 24, 2014,

from http://consumer.healthday.com/infectious-disease-information-21/misc-infections-

news-411/ebola-hospital-692941.html

World Health Organization. (2014, August 11). *Barriers to Rapid Containment of the Ebola*

*Outbreak*. Retrieved October 26, 2014, from http://www.who.int/csr/disease/

ebola/overview-august-2014/en/