Nurses' safety neglected when dealing with Ebola preparedness

bola has become a silent political priority of the European Union: silent as we cannot cause panic, but important as Ebola in the EU is a huge challenge with enormous consequences if we do not get it right. The new incoming EU Commissioner for Health and newly appointed Coordinator for Ebola travelled immediately to

the three most affected countries in Africa¹. This is the right thing to do to make EU policies "fit for practice" and implement concrete action. These concrete actions relate to healthcare professionals being equipped with the right material and receiving training as part of EU policy strategies², as confirmed by the Health Council on the 1st December 2014.

However, every day, in the EU, nurses are risking their own lives caring for Ebola patients if their working conditions are not taken serious by the national Ebola coordinator and employers accepting to their facilities Ebola patients. This is a huge concern for the nurses, the nursing profession and EFN. The European Union and its Member States have been mobilising resources to help contain the largest Ebola epidemic on record, the total financial contribution of the EU is over 1.1 billion Euros³. Yet, despite the political meetings between Member States, Commission, ECDC and WHO⁴, nurses do not have yet the equipment, nor training, nor support to take the necessary measures to select the right equipment and adequate training on "Donning & Dotting"⁵.

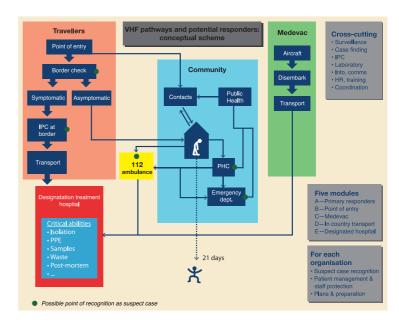
The first case of Ebola infection outside of Africa happened in Spain, where a healthcare worker was infected with the virus while caring for the EVD patient⁶. This case is a demonstration on how little nurses are protected and equipped with adequate material and supported by providing appropriate working conditions. In light of this European context, the Spanish General Nursing Council and the International Council of Nurses organised an World Summit on 'nursing & Ebola' in Madrid⁷, in October 2014. The aim of the event was to evaluate the situation, share experiences and best practices, and consider what and how changes could be introduced to increase safety and to reduce the risks for the nurses taking care of an infected person. Furthermore, the Spanish General Council of Nursing⁸ investigated in the hospital where the case occurred and came to the conclusion that neither protocols, nor risk techniques were in place, as well as the right handling of the equipment. A worrying fact is, that nurses' opinions on protocols, selection of materials and organisational aspects are not taken into account and decisions are taken without consulting them.



Following up the Spanish case, stigmatisation can be identified as a major challenge as nurses families and friends reject nurses caring for Ebola patients because they voluntary cared for Ebola patients⁹. Unfortunately, affected persons have been subject to isolation and a diminished quality of life¹⁰. There is even evidence that parents and grand-parents are asking nurses to guit their job, so they do not risk to

bring 'Ebola' home. To fight against stigmatisation, education and prevention are of utmost importance¹¹. The factors need to be identified that lead to a stigmatisation of the professionals¹². As concluded during the summit, it is imperative to provide biological, psychological, and social support to nurses that dealing with EVD patients.

Regrettably, the repeated cuts in the health care systems are now taking their toll. Without appropriate resources and investments, and a sufficient number of highly qualified and competent workforce, there is not enough protective measures to guarantee safety. Knowing that 95% of all activities dealing with an Ebola virus disease patient are carried out by nurses, there should be an investment in the safety and working conditions of those who care. The EU has the legislative framework (2010/32/EU)¹³ since 2010 to provide clear, professional and legislative answers to protect workers from risks related to exposure to biological agents at work (2000/54/EC)¹⁴. Moreover, the workability of the ECDC tutorial on Personal and Protective Equipment (PPE) is key for nurses' security.



EU Commission (2014) The European Union's response to Ebola emergency.

² Council of the EU (2014) Council Conclusion on the Ebola Crisis in West Africa.

³ EU Commission (2014) The European Union's response to Ebola emergency.

⁴ EU Commission (2014) The EU's response to help fight the Ebola outbreak in West Africa

⁵ Spanish General Council of Nurses (2014) Report on the Actions for Care of Ebola Virus Disease Patients in Spain.

⁶ ECDC (2014) Outbreak of Ebola virus disease in West Africa

⁷ Consejo General de Enfermería (2014) Madrid declaration

⁸ Spanish General Council of Nurses (2014) Report on the Actions for Care of Ebola Virus Disease Patients in Spain

⁹ EFN (2014) Fieldworkers safety at high risk due to cuts in health sector. EFN

¹⁰ Kinsman (2012) A time of fea

¹¹ Global Life (2014) Addressing Ebola-related Stigma: Lessons Learned from HIV/AIDS

¹² Consejo General de Enfermería (2014) Madrid declaration.

¹³ Directive 2010/32/EC on implementing the Framework Agreement on prevention from sharp injuries in the hospital and healthcare sector concluded by HOSPEEM and EPSU.

¹⁴ Directive 2000/54/EC on the protection of workers from risks related to exposure to biological agents at work



However, beyond the existing EU legislation, more needs to be done to comply with this EU legislation. Following the setup of the new EU coordination mechanism for Ebola patients' evacuation which should now be fully operational, EFN has invested in mapping its implementation at national level. The mapping will allow to identify the needs and actions for capacity building. It assesses whether nurses dealing with EDV patiens receive regular theoretical education, as well as practical training on existing protocols and further evaluates, if regular risk assessments, the correct equipment and facilities to deal with an Ebola patient are available. The mapping analyses moreover, whether nurses are consulted on the choice of equipment and takes the personal and psychological aspects of stigmatisation into account. The ECDC confirms, that the data is crucial to better understand and target the needs of front line staff which might be dealing with cases of Ebola and believes, that the results of this mapping will be extremely useful for the centre's future support in training development and capacity building. They will provide the basis for a standardised training approach for the protection of care workers, based on commonly established PPE components and processes.

Created by CDC microbiologist Frederick A. Murphy, this colorized transmission electron micrograph (TEM) revealed some of the ultrastructural morphology displayed by an Ebola virus virion.

DG Sanco and the European Centre for Disease Control (ECDC) should immediately allocate EU funds to support the fieldworkers. The available EU mechanisms to strengthen health systems need to be deployed so nurses feel supported and empowered, as they are the backbone of bedside care. It is of utmost importance to mobilise sufficient resources for infection control material and appropriate staffing, two conditions to make the system work efficiently and safely, to put in place enough preventive and protective measures and to invest in the education and training of nurses to deliver high quality care, safe care and to avoid contamination.

In conclusion, following the information we have on the current situation we can derive that the appropriate conditions to protect both patients and nurses from contamination, such as training and equipment are not in place. In order for nurses not to put their own life daily at risk, following actions is imperative: the appropriate application of existing EU legislation, further EU actions and mechanisms that support capacity building and the provision of appropriate training and equipment. It needs to be ensured, that a "safe work environment" is created and that nurses are included in the decision and organisation process, in order to address the gaps in preparedness for future possible outbreak of infectious diseases of high consequences.



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