

Cayuga Health System Gears Up for EBOLA

One morning in early January, a woman approached the front desk at Gannett Health Services at Cornell University, complaining of a fever and abdominal pain. When she reported that she had just returned from West Africa, a chain of events was immediately set into motion that would test the community's ability to handle a possible Ebola patient.

The woman was moved to an isolation room where a team of responders, wearing special full-body protective gear, took her temperature. The director of the Tompkins County Health Department was notified, and Bangs Ambulance was called. The patient was then transported to Cayuga Medical Center, where she was examined in the Emergency Department by staff members wearing fluid-resistant Tyvek suits.

As it turned out, the "patient" in this case was actually an employee of the county health department, and the emergency plan unfolding that morning was a drill. Although medical staff throughout the community knew the woman did not have Ebola, the two-hour exercise was a critical step in the preparation for dealing with this deadly infectious disease in Tompkins County.

"It reaffirmed that we are well prepared to identify and safely transfer a patient with Ebola," says Dr. Janet Corson-Rikert, executive director of Gannett Health Services. "It helped us think through some of the issues relating to the efficiency and comfort of patients and personnel that we incorporated into our protocols."

Since last summer, when the first American to contract the disease was treated in a U.S. hospital, Cayuga Medical Center and Schuyler Hospital have been preparing for a possible Ebola patient to arrive at their emergency room doors. While the risk is low that someone infected with Ebola would emerge in either community, the hospitals have instituted new procedures—from asking patients

about their travel history to training staff on how to use newly purchased personal protective equipment.

"Cornell and Ithaca College both have a certain number of international students," says Dr. David Evelyn, vice president of medical affairs at Cayuga Medical Center. "Cornell—and potentially Ithaca College—students and faculty could be going to Africa to do research. So while we have a low risk, there is still some risk."

Yet there is also the potential for visitors from West Africa to travel to the Finger Lakes, stop at a winery, or watch a race at the Watkins Glen International. That scenario has raised concern among staff at Schuyler Hospital, which has been preparing for Ebola by holding monthly drills, training medical staff to use personal protective equipment, and creating protocols for transferring lab specimens. "As a vacation destination, we knew that we would very easily be susceptible to having people travel into the area and come into our hospital," says Chris Brink, BSN, RN, outcomes manager at Schuyler Hospital.

One of the most challenging aspects of preparing for Ebola is training staff on how to don and doff the multi-layered protective suits with boots and hoods that are now federally required for health-care workers. Because Ebola is spread by contact with the blood or bodily fluid of an infected patient, hospital workers must remove their protective gear in a specific sequence so that they do not contaminate themselves after treating a potential Ebola patient.

"That's where most of the risk has been—through health-care workers," says Dr. Douglas MacQueen, a specialist in infectious diseases with Cayuga Medical Center. "From there, it could potentially spread to the community."

If an Ebola patient arrived at Cayuga Medical Center or Schuyler Hospital, the



patient would likely be transferred to one of eight state-designated hospitals that have isolation units, says Frank Kruppa, public health director of Tompkins County. The closest regional hospital equipped to treat an Ebola patient is Upstate University Hospital in Syracuse.

Local hospitals, however, still need to be prepared to handle an Ebola patient in case the regional hospitals are full, which is why monthly training to treat patients with the disease is ongoing. "The Ebola situation in Africa still continues, and until that's under control, there will still be risk and concern," Kruppa says. "We have developed our emergency plans and executed them. We are more prepared than we were prior to the first case in the U.S., and we're now in the process of maintaining those skills if another case does present itself."

For Cayuga Medical Center, the successful preparation for Ebola stems from the many partnerships the hospital has worked with in the past when outbreaks of infectious diseases have emerged, such as the H1N1 pandemic in 2009. "We do much better when we proactively talk to the health department and the colleges and universities about these kinds of issues that may impact us," Evelyn says. "The influenza outbreaks over the years have been a model for us in terms of cooperation and collaboration. We've found that when we all work together, each organization can convey a unified message to the community."