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PMC taking Ebola seriously

Hospitals throughout the country are scrambling to improve their Ebola preparedness. Portneuf Medical Center is no exception. To date, there have been many lessons learned from the incident currently unfolding in Dallas. Many more lessons have yet to be revealed. In short, the situation is changing rapidly, and as CEO of Portneuf, I am one of several leaders in the community who carries the obligation to ensure that our community is both educated and prepared on health care related issues — both big and small. Naturally, anytime you are dealing with human life, it will always be a big issue. Ebola is just that.

Over the last two decades we have seen all sorts of scares from HIV, Anthrax, H1N1 and now Ebola. In each scenario, the fundamental principles are the same — you prepare, you prepare and you prepare some more. That’s what healthcare providers do, and they do it well. So here is what I want our communities to know about Ebola, about our hospital’s preparation and how you can help.

Most importantly: get educated. Every employee at Portneuf is equipped with the facts about Ebola, and they are being trained on how to protect themselves and their patients. You should do the same. In fact, you have a personal responsibility to do so. Go to www.cdc.gov to familiarize yourself with the Ebola virus. With that being said, the CDC has had to recently correct itself on a few issues. That actually is a good sign. Imagine if they didn’t. Consequently, it still remains one of the best resources and experts on the matter. In a nutshell, here are some things to be aware of:

Risk of Exposure. Healthcare providers caring for Ebola patients and the family and friends in close contact with Ebola patients are at the highest risk of getting sick because they may come in contact with the blood or body fluids of sick patients. The virus can also be spread through contact with objects (like clothes, bedding, needles, syringes/sharps or medical equipment) that have been contaminated with the virus or with infected animals. We will learn a lot more within the next several days as to whether or not the risk of exposure increases.

Hospitals are the safety net of society, so if someone presents Ebola virus in Portneuf’s emergency room, you should know that health care providers at Portneuf are being trained on what personal protective equipment (PPE) should be used and how it should be put on and taken off; what medical procedures are more likely than others to expose the health care worker; the decontamination processes for workers leaving the isolation unit; and how specimens should be handled and transported.

How would Portneuf prevent further spread?

Within the hospital, we have designated special Ebola PPE carts that have been made with impervious equipment. We have isolation rooms. Screening checklists have been implemented in the emergency room. We are working with the Health Department, other local critical access hospitals and other community resources to
organize our containment efforts. Lastly, we are working on protocols for potential exposures at various points of entry into our facility.

It should bring you some comfort to know that Ebola is actually relatively easy to kill if you use the proper isolation procedures, proper PPE, and if you apply proper chemicals and dwell times.

Within the next several days, we are going to test our preparation by performing a mock disaster drill with local emergency response teams. Why? Training, education and preparation allow all of us to move from conversations dominated by fear to conversations imbued with quiet confidence. People will always have concerns that concerns need to be validated, but pristine preparation is the one and only prerequisite to inner peace. That is what we are after.

How would I know if I had Ebola? What are the symptoms? First, ask yourself if you have been in close contact with someone known to have Ebola. If you have, don’t panic. Symptoms generally take two to 21 days to become apparent and are deceptively general at first. Nevertheless, if you have a high and sudden fever plus additional signs like headache, diarrhea, vomiting, weakness, joint and muscle ache, stomach pain, lack of appetite, sore throat or bleeding, we recommend you be tested. There is no cure, but patients can be treated for symptoms and do better when caught early with intensive care.

What happens next?

Time will tell how the Ebola virus is controlled or not controlled in the United States. Government officials will continue to assess the situation and implement interventions both in Africa and the United States. What matters now is that we prepare for the worst and hope for the best. In fact, our preparation can’t and shouldn’t completely depend on the federal government. I hope past emergencies have taught us this lesson. Our preparation requires and demands local solutions and local effort. If someone is going to take care of us, it is ourselves. That should be the mindset.