Training Ebola:
Lessons Learned from US Hospitals and the Frontline

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Training is the vector between science and public health.
Training addresses many issues.
Increases Awareness
Increases Skills
Increases Confidence
Increases Compliance
Increases Attention to Detail
Lesson #1

Risks must be understood.
Risk is understood through many lenses. These lenses are called perceptions.
Perceptions drive behaviors.

If good – complacent
If bad - outraged

Denial, Fear, Stigma (WA)
Fear, Stigma, Denial (US)
To understand risk, the biological risk mitigation process must include science, experience, and social norms.

**Identify**
(agent, patient stability, workforce, culture)

**Assess**
(science and perception)

**Manage**
(validated SOPs and staff preparedness)

**Communicate**
(reasoning behind management decisions)
Lesson #2

Expectations must be provided.
Culture
The intersection between workforce behaviors and leadership beliefs.
Workforce Expectations (behaviors)

1. I will follow all SOPs to the best of my ability
2. I will ensure others follow SOPs to the best of their ability.
3. I will immediately report all incidents and accidents.
4. I will report any clinical symptoms which match agents I work with (or around).
5. I will report any new medical conditions which may place me or others around me at an increased risk.
Leadership Expectations (beliefs)

1. I will prepare the workforce to the best of my ability by providing resources and training needed to work safely.

2. I will protect the workforce to the best of my ability by accepting responsibility for human error issues.

3. I will promote the workforce to the best of my ability by acknowledging the entire team for any organizational success.
Cultures that trust one another become family. Those that don’t destroy the home.
Lesson #3

Plans must be validated.
Jump out of a plane without a parachute.
Pass from the one yard line.
Take your gloves off first.
Work with Ebola like it’s HIV.
Biosafety
Containment principles, technologies and practices that are implemented to prevent the unintentional exposure to pathogens and toxins, or their accidental release.

Infection Control
Infection control refers to policies and procedures used to minimize the risk of spreading infections, especially in hospitals and human or animal health care facilities.

Clinical Containment
The blending of biosafety and infection control strategies for the protection of the community, healthcare staff and patients.
Lesson #4
Staff must be verified.
I want to fly a F-18.

I want to slam dunk a basketball.

I want to be an Olympic tennis player.

I want to clinically care for those sick with Ebola.
Not everyone who wants to do the work – should do the work.

There must be a cut - otherwise there will be a risk for loss.
Lesson #5
Training is a continuous process.
Training must be done before the event –
to raise awareness, verify staff, and increase confidence.
Training must be done during the event –
to ensure compliance, fight complacency,
and remain attentive to detail.
Training must be done after the event – to incorporate lessons learned.

The difference between a lesson learned and a lesson ignored is CHANGE.
Risk is not a static issue.
We have not learned – we are learning.

We have not succeeded – we are succeeding.

We have not lived – we are living.

We have not trained – we are training.
Thank you.