



## **Ebola: what staff need to know**

*Updated: 20th October 2014*

Ebola is a type of viral haemorrhagic fever (VHF). Other examples include Lassa fever and Marburg.

### **Current situation**

An outbreak of Ebola virus is ongoing in West Africa, specifically Sierra Leone and some neighbouring countries including Guinea, Liberia and Nigeria are also affected. However Nigeria is currently clear as there have been no new cases for six weeks.

A small number of cases have occurred outside of Africa, including two incidents involving a nurse in Spain & United States of America who were both in contact with a known Ebola patient. We expect further cases to occur outside of Europe.

### **Risk in the UK: low**

Public Health England states that the **current risk of Ebola in the UK is low**. However, we recognise that a small number of cases are likely and that staff may be anxious or want to access more information, particularly those working with patients who may have travelled to west Africa or other affected areas. As of today screening measures have been introduced at Heathrow airport, Gatwick and Euro Star will follow next week.

UNISON has raised concern with the Department of Health the impact that their planned redundancies of healthcare staff within immigration could have at a time when we need them.

### **What is UNISON doing**

We will continue to:

- Support UK agencies including, our staff working in the Home Office, Immigration & Public Health England
- Monitor developments within the NHS to ensure that staff are protected irrespective of their role.

## **Action the NHS & others should take**

Being prepared for suspected cases of Ebola is not new and NHS organisations have a responsibility to ensure policies and procedures are in place. UNISON is encouraging all health care organisations to take this opportunity review their preparedness arrangements. This includes ambulance trusts and other organisations that may be contact points for patients outside of hospitals.

There has been one case in the UK; this was a volunteer nurse who was transferred back here to be treated. He successfully recovered and there was no spread of infection linked to those who cared for him, his friends or family. This demonstrates the importance of protocol and ensuring all staff who have contact with a case follow it accordingly.

Whilst Ebola is serious the likelihood of significant cases being detected in the UK are small. The main spread of infection is by actual contact with broken skin or mucous membrane or indirect contact with the environment e.g. splashes. As a result, although the likelihood of a healthcare worker contracting this condition through their work is very low, the importance of protection and following the protocol is vital.

Organisations may wish to consider:

- Staff knowledge and awareness of existing local infection prevention and control policies for the management of VHF and key contact points within and out of hours.
- It is vitally important that all staff understand the protocol to follow when a suspected case is identified; irrespective of their role everyone must understand the process
- Traceability systems need to be followed for all staff or individuals that the person may have come in contact with.
- Availability of sufficient and appropriate protective clothing to manage patients presenting efficiently and effectively – consider the use of a 'high risk infection grab bag' in a dedicated place containing all necessary equipment and available 24 hours a day.
- It is also important to take into account wider members of the healthcare team who can be involved indirectly in care – ensuring that they have access to training and protective clothing. These could include laboratory staff who may handle samples, portering staff who may have to transfer patients including to the chapel of rest, domestic staff including catering whose contact could also be effected.
- Ensure staff that to be involved in the care of any patient presenting with Ebola-like symptoms have current training on how to put on and take off relevant PPE in line with manufactures guidance.
- FIT testing of respiratory equipment – consider whether refresher training is required for some staff groups.
- Awareness of staff on how to remove personal protective equipment (PPE) in the correct order and procedures to follow following removal including the safe removal of the bags containing the PPE.

- Ensure that all staff involved in the care of patients have access to training not just those immediately caring for them.
- Availability of suitable isolation facilities should they be required in line with Department of Health and Public Health England guidance
- Requirements and risk control measures identified by the Health and Safety (Sharp Instruments in Healthcare) regulations
- A named person within the organisation should be identified as the first point of contact
- All organisations should have current risk assessments in place
- It is important that employers work in partnership with trade unions. This may include:
  - Raising it as an item on the Joint Consultative and Health and Safety Committees
  - Managers consulting with safety reps and jointly reviewing risk assessments to ensure that current controls and procedures are consistent with current guidance (Public Health England Guidance below)
  - Joint agreeing communication with staff, as this may play a vital role to play in reassuring staff and other users of the service, that all measures have been taken and that it is safe. The recent media coverage may also cause concern amongst staff. There may be other appropriate action to take, depending on the role and function of your organisation.
- An organisation should also have plans in place to support staff that may be caring for a patient with Ebola including the provision of accommodation. Organisations may want to revisit some of the recommendations identified as part of the original preparation for Swine Flu & the Flu Pandemic. Whilst many of these will not be necessary they form a platform from which organisations can discuss with local trade union side colleagues.

## **Ambulance**

- The same guidance applies to ambulance personnel
- If ambulance personnel are responding to a case or transferring a known case to a designated treatment centre, it is essential that additional time is allowed for the decontamination of the vehicle, equipment and staff following the incident
- Ambulance staff must be trained and have access to sufficient appropriate personal protective clothing.
- Ambulance trusts should agree protocols in partnership with their staff side for known and suspected cases

## **111 & NHS24**

- Both may be a point of contact for known cases
- They will be able to liaise with the appropriate authorities and ensure any suspected case is identified and treated as soon as possible
- Staff need training and understanding in assessing the cases to ensure that anyone calling in can be reassured. During the preparation for swine flu both organisations received an increased number of calls from worried members of the public who assumed the worse about their symptoms.

## **Pastoral Support & Counselling**

Organisations should also be mindful of staff who have friends and families in the areas affected by EBOLA and be sensitive to the heightened level of anxiety about their families at home during this time. Additional pastoral support should be offered to them.

Staff who are caring suspected cases should also have access to support including counselling.

What to do when organisations aren't taking appropriate actions:-

- If staff are worried or do not believe that they have had access to the appropriate training. They can seek advice from their local UNISON branch who can help them to raise their concern with their employer..
- Organisations must have supplies of appropriate protective clothing inline with the current protocol should this not be the case urgent action to escalate this matter should be considered.

## **Find out more**

### **Sources of information for the UK**

- England – [Public Health England](#)
- Northern Ireland – [Public Health Agency](#)
- Wales – [Public Health Wales](#)
- Scotland – [Health Protection Scotland](#)

## **More information**

Public Health England (PHE):

- [Clinical management and guidance](#)
- [Ebola virus disease: managing patients who require assessment in primary care](#)
- [Managing patients who require assessment in primary care](#)
- [Ebola epidemiological update](#)
- [Ebola fact sheet](#)
- [Risk assessment of the Ebola outbreak - updated 19 September 2014](#)
- [Information for humanitarian aid workers](#)
- [Guide to the FFP3 respirator](#)
- [How to fit test an FFP3 respirator](#)
- [Ebola: advice and risk assessment for universities and further educational establishments](#)
- [Ebola: advice and risk assessment for educational, childcare and young persons' settings](#)
- [Ebola virus disease: information for family and friends of humanitarian aid workers](#)
- [Ebola: advice for immigration removal centres](#)

Advisory Committee on Dangerous Pathogens (ACDP):

- [Management of Hazard Group 4 viral haemorrhagic fevers and similar human infectious diseases of high consequence](#)

Northern Ireland Public Health Agency:

- [Guidance on Ebola](#)

Scotland Health Protection:

- [Ebola Q&A](#)
- [Ebola outbreak response plan](#)

Public Health Wales:

- [Guidance on Ebola](#)

World Health Organisation:

- [Ebola factsheet](#)
- [Global Alert and Response \(GAR\) information](#)
- [Outbreak response plan in west Africa](#)

British Medical Journal:

- [Ebola and other viral haemorrhagic fevers](#)
- [Quick tips: Ebola virus](#)

Health and Safety Executive:

- [Health and Safety \(Sharp Instruments in Healthcare\) Regulations 2013: guidance for employers and employees](#)
- [COSHH information](#)

Other sources:

- [ACDP: algorithm and guidance on management of VHF patients](#)
- [NHS Central Alerting System \(CAS\): alert on Ebola - 1 August 2014](#)