

## APIC Quotes in the Media Related to Ebola

[Hospitals and Health Network](#), 10/17/14

Linda Greene, manager of infection prevention at the University of Rochester (N.Y.) Highland Hospital, and a member of the Association for Professionals in Infection Control and Epidemiology's regulatory review panel, says that one cannot overcommunicate during these times. She suggests holding town hall meetings, sending emails and otherwise setting the tone of being open to feedback.

"If you're a C-suite leader, you need to make sure that your managers are definitely ambassadors of evidence of what's going on, of allaying fears, but also presenting facts to staff," she says.

Lastly, leaders should recognize and make it clear that protocols and policies might change daily because of new evidence. "It's such a challenging time with so many unanswered questions right now, oftentimes things change on a daily basis," Greene says. "We need to let people know our knowledge is evolving."

[Modern Healthcare](#), 10/17/14

Linda Greene, an infection prevention manager at Highland Hospital in Rochester, N.Y., said events such as the one Tuesday can be crucial in ensuring that healthcare providers don't take proper donning and doffing for granted.

"Right now, it's really difficult," Greene said. "We don't have room for error, particularly when you have a patient that is acutely ill with Ebola."

Greene, who sits on the regulatory review panel of the Association for Professionals in Infection Control, said education is important not only for physicians and nurses, but anyone who could come into contact with a patient or his bodily fluids, including housekeeping staff, technicians and security officers.

[Medscape Medical News: US hospitals unequipped to deal with Ebola, experts warn](#), 10/17/14

### **More Resources Needed**

"Hospitals all over the country are not going to have these units like they have at Emory, but I think what we've learned from our experience is that we need a two-fold approach," Linda R. Green, RN, MPS, manager of infection prevention at Highland Hospital, Rochester, New York, told Medscape Medical News.

"The first one is that every hospital in the United States needs to be able to identify [Ebola] patients and immediately isolate them. And then call in expertise," she said, speaking on behalf of the Association for Professionals in Infection Control and Epidemiology.

What could also help would be to organize a network of regional hospitals with appropriately trained personnel, as has been done in New York State, she added. That approach already exists for specialties such as burn and trauma units and specialty rehabilitation units.

Gaining more resources would help also, she said. "From an infection prevention perspective, we are under-resourced in many hospitals." Hospitals need more infection control specialists. "I think we have to recognize that infection preventionists in particular have this unique skill set that is really being called upon in these times."

## APIC Quotes in the Media Related to Ebola

[McClatchy Newspapers: Obama's Ebola czar is a government insider with no medical background](#), 10/17/14

Katrina Crist, CEO at the Association for Professionals in Infection Control and Epidemiology, said the position "will free up medical and research experts to provide clinical guidance, protocols and training to ensure that America's hospitals and health facilities are best prepared to identify, isolate and treat potential patients."

[USA Today, October 16, 2014](#)

- More than a third of all U.S. hospitals do not have a certified infection prevention specialist on staff, according to a study this year in the *American Journal of Infection Control*. The Association for Professionals in Infection Control recommends that every hospital have at least one certified infection specialist.

[US News & World Report, October 16, 2014](#)

Linda Greene, an infection prevention manager at Highland Hospital in Rochester, New York, says it's difficult to speculate what occurred in Dallas because the investigation into how the virus was transmitted and how certain protocols were overlooked is still ongoing.

"Despite the best efforts we do know in many hospitals that infection prevention control measures are under-resourced," said Greene, who is also a member of the Professionals in Infection Control and Epidemiology Regulatory Review Panel.

"As you get something new, that you haven't had experience with, there are all kinds of fine lines," Greene says. "There are all kinds of minute details and protocols that escape you."

[Washington Post, October 14](#)

Jill Holdsworth, president of the D.C. chapter of the Association for Professionals in Infection Control and Epidemiology (APIC), said that among the lessons she's heard hospitals here and across the country are understanding: the importance of creating an Ebola cart, with all the necessary supplies should they need to treat a patient who might be infected.

"That was one thing no one really had, because we had never had to deal with something like this," she said. "Now people don't have to ask for certain types of gowns and gloves, because they are in a central place."

[Modern Healthcare, October 14, 2014](#)

Linda Greene, a nurse who is an infectious disease control expert and member of the regulatory review panel for the Association for Professionals in Infection Control and Epidemiology, said the high likelihood that a person will not get to a designated site to care initially made it more feasible for all hospitals to each train a few care professionals who could act as a special unit and be deployed when a patient is suspected of having Ebola.

"It's not feasible that every single healthcare worker in every single hospital is going to be ready," Greene said.

[Nurse.com, October 13, 2014](#)

"The more questions we get and the more people look at the protocols and policies and ask for training, I think the more prepared we can be," said Linda Greene, RN, MPS, CIC, an infection

## APIC Quotes in the Media Related to Ebola

prevention manager at Highland Hospital in Rochester, N.Y., and a former board member of the Association for Professionals in Infection Control and Epidemiology.

Don't feel prepared? Here's what you do.

Nurses who do not feel prepared to treat patients with Ebola should be expressing their concerns to supervisors and infection preventionists, along with asking questions.

That's the suggestion of Linda Greene, RN, MPS, CIC, an infection prevention manager at Highland Hospital in Rochester, N.Y., and a former board member of the Association for Professionals in Infection Control and Epidemiology.

According to Greene, these questions from nurses might include:

— I'm feeling uncomfortable about my ability to care for someone with Ebola. Can you guide me?

— I haven't seen an Ebola policy. What's our organization's practice?

— I've read the policy, but I don't see instructions on what to do if a patient needs, say, a CT scan. How do I transport the patient?

— What if the family, who has been exposed to a patient with Ebola, comes in with the patient? Do we isolate them, too?

— Hospitals also have a responsibility to solicit information from front-line providers, Greene said, on how to improve their policies and procedures.

### [The American Nurse, October 9, 2014](#)

Infection control experts agree. "Employers and nursing staff should familiarize themselves with triage cues for Ebola," said Barbara Smith, MPA, BSN, RN, CIC, a nurse epidemiologist for Mount Sinai St. Luke's and Mount Sinai Roosevelt hospitals in New York City, a national leader with the Association for Professionals in Infection Control and Epidemiology (APIC), and an ANA member. "And staff in EDs and other parts of the hospital should get involved in drills so they can handle any type of outbreak appropriately."

Said Smith, "They need to ask, 'What do we do if this type of patient comes in' [and know how to respond.]"

It's equally important that nurses understand the level of protection needed when working with certain patients, such as standard droplet versus contact precautions, and follow CDC recommendations, Smith said. Further, they can advocate for proper cleaning of high-touch areas in their work setting, such as refrigerator doors and doorknobs, and practice those same precautions in their own homes.

Another key strategy that can help nurses stay safe is knowing not only how to don personal protective equipment but also how to remove it in the correct order, Smith added. "People tend to get casual about it, but it's really important [to prevent contamination]," she said.

### [National Geographic, October 8, 2014](#)

Beyond airports, hospitals are an important second line of defense against Ebola, said Jill Holdsworth, an infection control practitioner at Inova Mount Vernon Hospital in Alexandria, Virginia.

"As soon as a patient walks in, if they present with a fever, you should ask them about recent travel history," said Holdsworth, who is also a spokesperson for the 15,000-member [Association](#)

## APIC Quotes in the Media Related to Ebola

for [Professionals in Infection Control and Epidemiology](#). "If they say yes, they immediately get taken to a room until we can figure out what's going on. That's what every hospital has to be doing."

[NBCNews.com, October 3, 2014](#)

Any potentially infected material should be removed carefully but there is no risk to the community, said Jill Holdsworth, a Virginia infection control expert and member of the Association for Professionals in Infection Control's emergency preparedness committee.

"People need to be educated so they are not out there thinking they could get Ebola," Holdsworth told NBC News.

But Ebola virus is actually not difficult to kill — soap and water will wash it safely away, and bleach definitely kills it. Unless bodily fluids were splashed all over — an unlikely scenario — the apartment would not be a hot zone, she said.

"If there is a couch or something fabric, it'll probably just get trashed," she said. "If he wasn't vomiting, then the risk in his apartment is probably small."

[NBCNews.com, October 3, 2014](#)

Linda Greene, a member of the Association for Professionals in Infection Control and Epidemiology and an infection prevention manager at Highland Hospital in Rochester, New York, said she expects to see an increase in Ebola training at hospitals now that it's "on our soil."

"Hospitals are certainly in the process of doing the training. To some extent, perhaps, it wasn't close enough to home," Greene said. If they haven't already, hospitals are now likely thinking of "the next level" of intensive training.