**Ebola outbreak: How prepared are Canadian hospitals?**

**A patient arrived Sunday at Quinte Health Care in Belleville, Ont., with Ebola-like symptoms. Canada's chief public health officer released a statement Tuesday assuring Canadians that hospitals 'have strong infection control systems and procedures in place designed to limit the spread of infection.'
'Some are very prepared and others are still in the process of getting prepared,' says doctor**

By Mark Gollom, [CBC News](http://www.cbc.ca/news/cbc-news-online-news-staff-list-1.1294364)Posted: Oct 15, 2014 5:00 AM ETLast Updated: Oct 15, 2014 5:00 AM ET

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The death of the first patient to be diagnosed with Ebola in the U.S. and the case of the Texas nurse who contracted the virus from him have inevitably turned the focus in Canada to Canadian hospitals and how prepared they are to contain the disease if it shows up here.

"I think it's very variable and it's hard to say," said Dr. Caroline Quach, the incoming president of the Association of Medical Microbiology and Infectious Disease Canada. "I think some are very prepared and others are still in the process of getting prepared. I think all hospitals are different because they were built at different periods of time. The older hospitals might not all have the isolation rooms that would be ideal," she said.

Nurse Nina Pham became the first person to contract the disease within the United States while caring for Thomas Eric Duncan, who was infected in Liberia but later travelled to Dallas, where he died. Pham and other health-care workers wore protective gear, including gowns, gloves, masks and face shields — and sometimes full-body suits — when caring for Duncan.

Health officials in Dallas are still trying to determine how Pham could have contracted the virus despite all the precautions taken. But her case has sparked concerns about the readiness of hospitals across North America.

[Reuters](http://www.reuters.com/)

By *Terry Wade*

### Second nurse infected with Ebola mistakenly cleared to fly

The nurse, Amber Vinson, 29, had a slight fever when she took the Frontier Airlines flight Monday, a day before she was diagnosed with Ebola. Frieden said Wednesday Vinson should not have flown, but a federal official later said she had contacted the CDC and was not prevented from boarding.

In Ohio, where Vinson had visited family members, two schools in the Cleveland suburb of Solon were closed Thursday because an employee may have traveled on the same plane as Vinson, though on a different flight.

The Ohio health department said the CDC was sending staff to help coordinate efforts to contain the spread of Ebola.

Frontier Airlines said it had placed six crew members on paid leave for 21 days "out of an abundance of caution." Florida Governor Rick Scott asked the CDC to expand the reach of its contacts to people who flew on the same plane after nurse Amber Vinson’s flight. The plane made a stop in Fort Lauderdale after Dallas.

Back in Texas, the Belton school district in central Texas said three schools were closed Thursday because two students were on the same flight as a nurse infected with Ebola.

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The hospital has come under criticism after initially sending Duncan home last month, only to have him return with far worse symptoms days later. A nurses group criticized hospital protocols and procedures on Ebola after Duncan was admitted on Sept. 28.

Dallas' chief political officer, County Judge Clay Jenkins, put the blame Thursday for Vinson's travel squarely on the CDC, saying hospital workers are heroes who don't want to put anyone at risk.

"These aren't people that want to break the protocol. They just need to know what the protocols are," told MSNBC. On Vinson, he added, "The protocols weren't given to the hospital to give them to her."

Frieden said it was unlikely passengers who flew with Vinson were infected because the nurse had not vomited or bled on the flight, but he said she should not have boarded the plane.

The virus, which also causes fever and diarrhea, is spread through direct contact with body fluids from an infected person.

A federal official said Wednesday Vinson had told the CDC her temperature was 99.5 Fahrenheit (37.5 Celsius), but "was not told not to fly" because that was below the CDC's temperature threshold of 100.4F (38C).

One nurse who helped treat Pham came forward Thursday to say the Dallas hospital was unprepared for the emergency and lacked proper protective gear.

Nurses were not briefed or prepared for Ebola, Briana Aguirre told NBC's "Today" show, and no special precautions were taken when Duncan was admitted to the hospital.

"It was a total chaotic scene," she said.

**Questions about 'how prepared we really are (in Canada)'**

"There’s a lot of questioning within the health-care community about how prepared we really are," said Dr. Brett Belchetz, a Toronto emergency room doctor. "Probably not prepared enough."

On Tuesday, Canada's chief public health officer, Dr. Gregory Taylor, met with the Council of Chief Medical Officers of Health. He later released a statement assuring Canadians that their hospitals "have strong infection control systems and procedures in place designed to limit the spread of infection, protect health-care workers, and provide the best care possible for the patient."

Canada, it said, has become better prepared because of its experience with public health diseases like SARS, H1N1 and H5N1, As well, provincial and territorial health authorities have been provided with "Ebola specific guidance."

Post SARS, many hospitals in Canada built isolation rooms, or negative pressure rooms that are hermetically sealed, specifically for patients with communicable diseases.

But how ready would other hospitals be, such as smaller rural hospitals that do not have such facilities, for someone walking in with symptoms of Ebola?

Quach said it doesn't take a lot of high technology to turn a room into an isolation unit. The focus, she said, should be on having a single room, ideally with a bathroom attached, so the patient remains in that room. "So you really don’t need an isolation unit that’s completely remote from the rest of the hospital," she said.

**'No really fancy technology needed'**

"There is no really fancy technology needed to do this," he said. "You don't need even a special room. You do need space so you can isolate the person from other patients but for this particular type of infection the people at risk are people who have very direct and close contact with the patient."

That's why some front-line health-care workers are expressing concerns about the safety and readiness of Canadian hospitals.

“We have the protective gear and we have received some instruction on how to use it," said Beltchez, the Toronto emergency room doctor. "But if you were to ask have I had hands on drills, do I feel comfortable that I know how to put this gear on and use it with a patient and take it off in such a manner as to be utterly foolproof? No, I don’t feel confident at all.

"I have not had the drills and I feel that were I to have an Ebola patient in front of me that I was treating I’d be very concerned about doing things correctly."

Linda Silas, president of the Canadian Federation of Nurse Unions, told CBC News that Canada needs to take an immediate risk assessment, looking at who is trained and who is not and which hospitals have the proper equipment.

"I have heard horror stories in the last week," she said.

"We have had about, what, 10 false alarms where the suits, the sleeves, were too short, the mask was not covering the full face. The screening wasn't done properly by the triage at the emergency. So those are all lessons learned and we have to move forward and move fast."

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| **Corresponding Questions:**   1. Find at least two statements in this article that indicate that nurses in Canada are not truly prepared to deal with the Ebola epidemic. (Comprehension) 2. What impact could the Ebola virus potentially have on Canadians? (Synthesis) |