

## **The Ebola Crisis – A Commentary by Christopher Lipowski, CRSP**

I am writing in response to a recent publication online by the Washington Post titled "CDC director's challenge: Deadly Ebola virus and outbreak of criticism"

It has been reported that two nurses became infected with Ebola virus after caring for an infected patient at the Texas Health Presbyterian Hospital in Dallas Texas. This outcome should not be completely surprising when we consider that the majority of hospitals in the U.S., Canada, and Europe have for many years been experiencing significant challenges in their often unsuccessful initiatives to control hospital acquired infections in patients. For example, in Canada, healthcare acquired infections or nosocomial infections affect more than 220,000 people annually, resulting in excess of 8,000 deaths in Canadian hospitals each year. According to the WHO, such infections annually account for 37,000 attributable deaths in Europe, and 99,000 deaths in the U.S. The WHO states that causes of uncontrolled healthcare acquired infections include: insufficient application of standard and isolation precautions in hospitals; insufficient equipment; understaffing; overcrowding; and poor knowledge and application of basic infection control measures. If we can assume this to be correct, then how can we possibly expect our hospitals to be prepared to effectively manage such a significant infection hazard agent as Ebola? Although the diligent efforts of healthcare accreditation agencies such as The Joint Commission and respected organizations such as The Institute for Healthcare Improvement have resulted in reductions in hospital acquired infection rates, the issue persists and remains highly problematic. There should be no doubt that certain "high reliability" hospitals are very well prepared to handle Ebola infected patients. However, it has to be recognized that most hospitals are likely not adequately prepared and those medical experts that have expressed nurses should be worried about Ebola must be heard loud and clear by hospital senior leadership as well as government officials responsible for healthcare budgets required for assuring our public can receive appropriate medical treatment by care providers that have been provided the best personal protective equipment available with associated training that meets industry infection prevention and control practice excellence standards. Therefore, criticism of CDC Director's actions in this situation is neither necessary nor beneficial to achieving resolution of this evolving crisis. Focus on improving the quality of our healthcare health and safety systems would be much more appropriate and meaningful.

(Note: the above commentary is solely the view of the author)

References:

[http://www.who.int/gpsc/country\\_work/gpsc\\_ccisc\\_fact\\_sheet\\_en.pdf](http://www.who.int/gpsc/country_work/gpsc_ccisc_fact_sheet_en.pdf)

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