

Keeping our Healthcare Workers Safe—Ebola and COVID-19

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Introduction: Over the past decade, the world has wrestled with two major pandemics: Ebola and COVID-19. While Ebola revealed that we needed a strategy, Covid-19 showed we still didn't have one. Apart from ensuring that we isolate and contain the virus, one of the major concerns in responding to a pandemic is limiting transmission to healthcare personnel.

Method: This presentation describes a clinician's experience with employing the same infection control strategies used for Ebola in a makeshift Ebola Treatment Unit in a school in Sierra Leone and at a COVID-19 alternate care facility built in a convention center in the US.

Results: Transmission control strategies used for healthcare workers during Ebola were also successful for COVID-19. Both facilities, despite grossly different access to financial resources, ensured all clinicians didn't break protocol of safety, due to rigorous donning and doffing entrances and exits, internalized individual risk, separated spaces with tape, and zoned areas.

Conclusion: Two facilities with access to vastly different resources to treat two distinct infectious diseases used the same infection control measures for staff with success. Highlighting the priority of internalization of risk by healthcare workers alongside critical infection control measures proves to be the most valuable resource over multi-million dollar facilities erected during COVID.

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Leadership Approach in a Complex Disease Outbreak Management: The Case of the Tenth Ebola Virus Disease Outbreak in the Democratic Republic of the Congo

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Introduction: The world's second largest Ebola virus disease outbreak in DRC (August 2018-June 2020) caused 3,481 cases in 29 health zones, 2,299 deaths and about 250,000 contacts traced. It occurred in densely populated vast areas, with insecurity, ongoing humanitarian crisis and community reluctance. Four hubs, sixteen sub-coordinations were set up with hundreds of experts to support local inexperienced health workers. Five health coordinators were deployed to lead more than 600 people at national and field level coordinations. This work aimed at reviewing coordinators' leadership styles using leadership theories. Recommendations were made for future complex health operations.

Method: The leadership styles of the five coordinators were reviewed retrospectively using different leadership theories. Three groups of theories: (1) Leader's traits, characteristics, and skills; (2) Leader's behaviors: behavioral, transformational, and situational; (3) Authentic and servant leadership.

Results: Analysis with the three groups of leadership theory highlighted that leaders had mixed leadership approaches.

1) Self-confident, calm, determined, extravert (one a bit shy), conscientious, motivators; Sociable and empathic while dealing with staffs affected by incidents; Few strong characters affecting interpersonal relations; Strong negotiation skills while dealing with local stakeholders; Experienced and knowledgeable in analyzing, making judgment and decisions.

2) A participative approach when supporting nationals and partners; Using transformational leadership when coaching national counterparts and mobilizing partners, Directive when teams were to comply with rules or act quickly.

3) Compassion; building trust, confidence and capacity; empowering and coaching.

Conclusion: The complex disease outbreak imposed a mixed leadership style. Leaders had specific traits and technical skills. Servant leadership style was often used to trigger participation and build capacity in support of national and international experts. Directive approaches were used to trigger urgent actions. Findings could help in selecting and training leaders for public health emergencies. It may require further empirical and operational research in emergency contexts.

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Towards the Next Pandemic—What Have We Learned? Insights of a Large Tertiary Care Hospital

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Introduction: The first cases of COVID-19 arrived in Israel in March 2020. In Israel, the first known cases were Israeli patients diagnosed with COVID-19 aboard the Diamond Princess which were repatriated.

Shortly later, additional cases were found in increasing numbers constituting the "first wave". The high number of patients put significant strain on Israeli hospitals. The initial wave was later followed by additional surges in the number of patients further straining the system. At the peak, hospitals with a total bed capacity of 800 had 135 covid-19 patients with 21 of them requiring ventilatory support.

Method: Daily and weekly multidisciplinary meetings were held and daily reports were composed. Following each wave, lessons learned and recommendations for improved preparedness were formulated. The following results and conclusion sections summarize some of the main insights and recommendations.

Results: The main challenges in Beilinson hospital during the "first wave" were a shortage of personal protective equipment (PPE) and how to best utilize the existing supplies, uncertainty regarding infectiveness, best management practices and uncertainty regarding the expected magnitude and duration of the pandemic. In retrospect, the major insights were the need for a flexible and divisible ED to safely care for changing loads of suspected and verified COVID-19 patients as well as

