

Training for Ebola, a disease that 'doesn't forgive'

October 5 2014, by Alex Pigman

Jean-Sebastien Lerolle peels off the head-to-toe body suit—the yellow and white plastic hallmark of the world's desperate battle against Ebola—and his green nurse scrubs are drenched from sweat.

For 20 minutes, Lerolle traipsed ghost-like through this medical tent dressed in the suit that will allow him to treat patients dying from the disease, without, hopefully, catching the virus himself.

But Lerolle, a French nurse and volunteer for Doctors without Borders (MSF), is not yet in the 40-degrees-Celsius (104 degrees Fahrenheit) tropics of Sierra Leone, but under a tent on a vacant lot in central Brussels, in training with 40 others about to set off to the ever-widening pockets of west Africa devastated by Ebola.

On this site, as yellow trucks move rubble from a construction dig nearby, the organisation has scrambled together a replica of treatment centres it built virtually overnight in Liberia, Sierra Leone and Guinea—the hotspots of an Ebola outbreak that has infected more than 7,000 people and killed about half of them.

"The news from two days ago is that I will manage the triage team at a rural hospital in Sierra Leone," Lerolle said, his smiling face betraying a glimpse of worry about what awaits him.

"I'll be the focal point between the Ebola response centre and the hospital where other patients continue to need treatment," he said.

Triage, the sorting of patients according to their needs, takes on a whole new meaning where Lerolle is headed.

In Sierra Leone, at sunrise, hospital workers open clinic doors to find writhing patients in need of a place to die without infecting loved ones and neighbours. The charity Save The Children says five people contract Ebola every hour in the country.

But little of this is discussed, at least overtly, on this sunny morning in Belgium.

'Before and after'

MSF has been central to the response against Ebola since it broke earlier this year, doing all it can to manage the emergency from a leafy Belgian suburb less than a kilometre (mile) from this construction site.

The charity has more than four decades experience of rushing head first into the worst the world can offer.

But the furious and as yet unstoppable spread of Ebola, and the morgue-full of men, women and children it kills everyday, is an experience even the most hard-eyed veteran has trouble bearing.

"There will be a before and after Ebola for MSF that is certain," said Catherine Bachy, coordinator for this makeshift training site and a rare veteran of treating Ebola, having been involved in the smaller outbreaks, notably in Uganda in 2007.

"We have to be frank from the start, we hide nothing," Bachy said, as volunteers took a lunch break a few meters away, quietly taking in the sunshine before another session.

Everything about the training is counterintuitive for these health practitioners who were always taught to first go towards a patient and not keep them at distance.

"Here, you have to first make sure that you yourself are safe, then go to the patient. No mission will have provided that experience," said Bachy.

More staff, not cash

Maria Ivanova, a sanitary and hygiene specialist, is a week away from working in Monrovia, the Liberian capital, a city under siege by Ebola.

"Normally the mood at trainings is lighter than this. Here you feel the apprehension, the tension and it's true none of us are at ease," she said.

"We have procedures, protocols and we must apply them to the letter," she added.

"Mistakes just aren't an option. That is what I try to tell myself. That it will be OK."

As she speaks, a volunteer struggles to kick off the body suit while wearing bulky plastic boots, a scene worthy of slapstick comedy if it were not for the risks at stake.

"Usually, the easiest is to undress," said Bachy.

"In this case it's the most challenging because at this moment, the risk of contamination is at its highest."

The risk is real. The WHO said that as of October 1, 382 [health care workers](#) had developed the disease working in west Africa and 216 had died from it.

Charities, and now governments, are scrambling for personnel to staff the missions where accompanying death, and not treatment, is for now the most pressing need.

MSF, with 268 international staff and 2,900 nationals on the ground, said it is stretched to the limit and in some cases, has rejected government cash, urging states to send medical teams instead.

"The hardest is that so much of the work will be relief, end-of-life care, and in the end very little treatment," said Ivanova.

The hardest "is realising that this is a disease that doesn't forgive."

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