

Dallas Nurse Caught Ebola Because CDC Protocols Are Inadequate

Building Safer Protocols Isn't Rocket Science ... It's Just Common Sense

A nurse in Dallas has caught Ebola even though she was [wearing full protective gear](#).

The Centers for Disease Control says she *must* have broken protocol, or else she couldn't have caught it. Maybe she did ... or maybe CDC assumptions are overly-optimistic.

But the whole *point* of protocols for dealing with life-and-death situations is to have backup systems, redundancy and a margin of error in case something goes wrong.

In other words, if a mistake could be fatal, you don't just hope that there's no human error or natural accident. You build safety systems in so that – if something goes wrong – no one dies.

Safe Removal of Protective Suits

CDC head Frieden said today that removal of protective clothing is one of the easiest ways to get exposed to Ebola, if done incorrectly.

He also said that it is "[not easy to do right](#)."

Yes ...and the protocol should *reflect* those facts.

Specifically, the CDC protocol should require:

(1) *Spraying of bleach or other disinfectant or [uv light](#) on*

the healthcare worker's protective clothing before it is removed

(2) A buddy system, where an infectious disease specialist helps the healthcare worker take off their protective clothing without exposing themselves in the process

Respirators

Even the CDC [now admits](#) that Ebola can be spread if a carrier coughs or sneezes into the face of a healthcare worker.

And numerous scientists say that [Ebola can be spread via aerosols](#) created by vomit or the flushing of a toilet.

As such, CDC protocols [must require](#) frontline healthcare workers treating Ebola patients to wear respirators.

Phone Screening

Doctors should not have to guess whether patients have just come from Ebola hotzone countries like Liberia, Sierra Leone or Guinea.

Receptionists at doctor's offices and hospitals around the country must *ask* the patient on the phone – before they come in – whether they've recently traveled there.

If the answer is yes, extra caution should be used to examine the patient ... or they should be sent to specialist facilities which know how to spot and handle potential Ebola patients.

Postscript: We think a travel ban from hotzone countries should be enacted. But if we're not going to do that, let's at least have a *real* screening test ...

30-Minute Test

A majority of Americans support [banning all flights to the](#)

United States from countries experiencing an Ebola outbreak.

Screening people at West African airports with a thermometer can't work, and is just for show.

But Japanese scientists have developed a test which can determine if someone has Ebola within 30 minutes. And the test is *cheaper* than the one currently being used in West Africa.

So – *if* we're going to continue to allow folks from West Africa to fly into our country – why don't we demand that they get tested *for real*?

A health agency like the World Health Organization, UN or Centers for Disease Control should buy the international airports in the hotzone countries one of the Japanese testing kits.

Then all travelers should be tested while they're waiting for their flights.

Make sense?

<http://www.zerohedge.com/news/2014-10-13/dallas-nurse-caught-ebola-because-cdc-protocols-are-inadequate>