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Federación Internacional de Sociedades de la Cruz Roja y de la Media Luna Roja  
الاتحاد الدولي لجمعيات الصليب الأحمر والهلال الأحمر

# Information about deployment to the Ebola operation


For family and friends of Red Cross Red Crescent delegates deployed to the Ebola operation



*Kenema, Sierra Leone September 2014: Kadiatu, 11, was the third confirmed Ebola patient to arrive at the newly opened treatment centre operated by the IFRC in Kenema, Sierra Leone. She was listless and lethargic, with little interest in the world around her. Through treatment offered by Red Cross staff, she grew stronger and is now ready to return home to her mother and 8 brothers and sisters.*

*Photo: Katherine Mueller, IFRC*

This the document was developed in collaboration with  
**Psychosocial Centre**

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Your family member or friend has or is about to be deployed to an Ebola affected country to work for the International Federation of Red Cross and Red Crescent Societies (IFRC) operation.

It is normal and understandable to worry about the safety of the delegate while on mission and the safety of friends and family when they return. While the delegates receive a lot of information and training before and during deployment, we often hear that the friends and family do not feel that they know everything they need to know.

The situation – and the perceived risk – may look very different from the point of view of the delegate, who is in the middle of it all and intimately familiar with safety procedures and from the point of view of family and friends far away getting most of their information from news reports of varying accuracy. With this leaflet, the IFRC Staff Health Officer wishes to provide you with basic information about the Ebola Virus Disease, how to support your deploying family member and ways to get support and guidance for you as well.

### What is Ebola?

Ebola Virus Disease (EVD) is a rare but severe infection caused by the Ebola virus. It is spread by close contact with the blood or other bodily fluids (especially vomit and diarrhoea) of infected or dead people. Early symptoms of Ebola include fever, headache, muscle pain and general weakness. Other symptoms may involve a rash, nausea and vomiting, abdominal pain and diarrhoea. Bleeding occurs in some cases. The mortality is high, but it is significantly reduced if the patient receives quick medical treatment. Should a delegate become infected, they are trained in recognizing the symptoms early and will immediately receive the best possible care.

To learn more about the disease, see WHO's Frequently Asked Questions:  
<http://www.who.int/csr/disease/ebola/faq-ebola/en/>

### When is Ebola contagious?

The incubation period for Ebola is from 2 to 21 days. This is the period of time from infection with the Ebola Virus to when the first symptoms appear. People are not infectious until they develop symptoms. This means that as long as the delegate is not showing any symptoms of the disease they cannot transmit the Ebola Virus Disease, even if they have been infected.

*It is important to remember that people infected with Ebola can only spread the virus to other people once they have developed symptoms*

### What does the IFRC do to ensure safety?

Safety for all staff and delegates in the Ebola mission is the first priority for the IFRC. Before deployment, all the delegates who will take care of Ebola positive patients will participate in an Ebola-preparation training course in Geneva, Switzerland. Before deployment all the delegates are provided with thorough information and briefing package. Every delegate will be well prepared and briefed for the mission.

While on mission, there are very strict safety measures in place, both when delegates are working with (potentially) infected patients and when they are off-duty.

Some of the safety measures may seem to be stricter than necessary, but they serve both to make sure that delegates are safe and that they and their relatives back home feel safe. The “no touch” rule is a good



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example of this: Delegates are not allowed to touch each other (no handshakes, no hugs, no kisses) even though the risk of infection through a normal handshake between two healthy people is almost non-existing. But should a delegate become infected, the “no touch” rule ensures that the colleagues know for sure that they have not been in close contact, and thus will not need to worry about being infected themselves. During the mission delegates get support and help from colleagues and staff in the field, from Staff Health Delegate and from Staff Health Officer in Geneva. The delegates are insured during the mission in the case if the medical evacuation would be needed.

### **Are the delegates tested regularly for Ebola?**

Delegates are not routinely tested for Ebola, neither during deployment or upon return home. The test will always be negative if the person has no symptoms.

### **What should the delegate do to avoid contaminating others upon return home?**

There is no risk in having contact with someone returning from an Ebola-outbreak. They can live a normal life without taking any precautions as long as they are not suffering from any symptoms and do not have any history of accidental exposure. They can return to normal everyday activities with ordinary family and social contact: They can go to shops and markets, travel by public transportation and carry out other everyday activities. There is no risk to any family members, neighbours, community, schools etc.

### **What if the borders close?**

Some countries may require people coming from mission to stay in another country for 21 days before they are allowed to enter their home country. You may be worried that this could happen in your country while your family member is on mission. This would of course be unfortunate and a source of stress, both for the delegate and for you at home. If this should happen, the IFRC will make sure that the delegate will spend the period (usually 21 days) in a country from which they will be able to travel home, for instance Switzerland.

### **What are the signs of Ebola, and what should we do?**

Delegates are not tested for Ebola when returning home, because the test is always negative if the person has no symptoms. After returning from a mission the delegate must take their temperature twice a day and monitor their general physical well-being for 21 days. Early symptoms of Ebola are fever, chills, muscle aches, headache, nausea, diarrhoea, sore throat or rash. If the delegate experiences any of these symptoms, they should seek medical attention immediately. Many delegates experience these symptoms during or after the mission without having Ebola.

Delegates are provided with information about the exact procedures, numbers to call etc. in your home country. For example, in some cities, the expertise and equipment to handle a suspected Ebola case is centralised in one hospital. Often there is a special hotline number to call. The deploying National Society will help with this information.

### **What will happen if the delegate tests positive?**

Should the worst happen and the delegate is tested positive for Ebola, we have procedures and protocols that will be set into motion. Each country the IFRC has the delegation has a medical evacuation plan, which will be followed.

If the delegate falls sick in the home country the local health authorities have a plan for these cases. These vary slightly from country to country. In general terms the patient will be isolated in a special isolation unit and be treated by medical staff with training in dealing with infectious disease. They are not likely to be



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able to receive visitors, though some facilities may offer the chance of visitors on the other side of a window or similar.

Procedures of “contact tracing” will begin: Epidemiologists will track all persons the infected has been in contact with in the last 21 days. They will undergo the same procedures as described above of taking temperature twice a day and monitoring their general health and seeking medical attention in case of any symptoms.

### **How will our surroundings react?**

Unfortunately, stigmatization of people who have been in contact with Ebola in one way or another is a serious problem. We see it in the affected West African countries, and it is also happening in other countries, where there have been confirmed or suspected cases.

Stigmatization is a result of fear, and fear is often a result of lack of information or because of rumours and misinformation. Friends, neighbours and other people in your community may express concern or be reluctant to have contact with the delegate or even members of own family. Show that you understand their concerns and provide information about the actual risks. The main message is that Ebola is not contagious before the patient shows any symptoms. Delegates are fully aware of what signs to look for, and they will take appropriate actions immediately in case of symptoms.

### **How do I talk about Ebola with our children?**

Children are likely to have many questions and concerns. They hear about Ebola through TV, the news and perhaps also from other children at school. If they have a parent or close relative deployed to the Ebola operation, they may also become excluded socially by other children or parents. In that case it may be a good idea to talk to the school about a way of providing information about the actual risks to the other children and their parents.

Listen to the children’s questions and answer them directly at their own developmental level. Reassure them of their safety and the safety of your loved ones, and discuss plans for treatment in cases where there are real concerns. Children will often mirror your own response, so parents staying calm will help children stay calm. Maintaining structure and routine as much as possible will help children feel safe and comfortable. Acknowledge your own fears, and the fear of your children, but counter them with facts. Remember it's OK to turn off the media and take a break from news reports.<sup>1</sup>

### **What can I do to support myself during the deployment**

It is sometimes overlooked that deployments can be difficult for the family back home. The delegate is missed, and for a spouse the practicalities and logistics of running a family alone can be demanding. When a loved one is deployed to a challenging mission, the strain on the friends and family at home is increased, especially when there is a lot of media attention on the crisis.

Here are a few suggestions of strategies for you to support yourself and cope with the pressure

- Turn off the news. Unfortunately many media reports seem more interested in creating drama and fear than educating and calming the public.
- Take some time every day to do something you like
- Don’t be afraid to ask your close network for support and practical help

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<sup>1</sup> <http://familyshare.com/how-to-explain-the-ebola-outbreak-to-children-without-scaring-them>





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- Talk to the delegate before deployment about how and how often you are going to have contact, to ensure the same expectations

### Is deployment stressful for the delegates?

The degree to which people react varies from person to person and situation to situation. Working in this operation is professionally interesting as the Ebola-operation is one of the most difficult emergencies ever. Emergencies are often stressful, but there are specific sources of stress that are particular to an Ebola outbreak. This is true for both delegates and volunteers responding to the crisis and the affected population in general. These stressors include:<sup>2</sup>

- **Strict bio-safety measures:**
  - Physical strain of personal protective equipment (dehydration, heat, exhaustion)
  - Physical isolation (not allowed to touch others, even after working hours)
  - Constant awareness and vigilance needed
  - Pressure of the strict procedures to follow (lack of spontaneity)
- **Risk of being contaminated** and to contaminate others
- **Common symptoms can be mistaken for Ebola:** Developing a simple fever, diarrhoea or other symptoms may lead to fear of being infected
- **High mortality rate:** The medical intervention is mostly basic health care rather than advanced intensive care.
- The **rapid deterioration** and the symptoms of dying patients may be shocking, both for medical and non-medical staff.
- **The tensions** caused by the differences between the public health priorities and the wishes of the patients (not willing to be isolated or treated) and the needs of the families (burial traditions).
- **Stigmatization** of staff and volunteers working with Ebola patients
- **The consequences of the outbreak** in communities and families: deterioration of social network, local dynamics and economies, patients abandoned by their families, surviving patients rejected by their communities, possible anger or aggression against health structures, staff and volunteers etc.

### What are the common emotional reactions?<sup>3</sup>

It is normal for human beings to react when experiencing an abnormal situation.

#### Stress reactions

Reactions to extreme stress vary. Initially they can be very intense and expressed in different ways. For the majority of affected people, reactions subside over time as the reality of the event is integrated and assimilated into a person's life and memory. It is important to understand that these reactions are normal and natural – it is not a sign of weakness or becoming crazy.

#### Physical reactions

There may be physical reactions such as sleeping problems, headaches and body pains, fast heartbeat, nausea, fatigue, exhaustion or worsening of chronic conditions.. In connection with an Ebola outbreak this

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<sup>2</sup> Source: Briefing paper – stress management for Expat working in Ebola Mission, March 2014, Caroline Joachim, Medecins sans Frontieres and:

Briefing paper – Psychosocial support during an outbreak of Ebola virus disease, IFRC Reference Centre for Psychosocial Support, August 2014

<sup>3</sup> Info sheet on common reactions to stress, IFRC Reference Centre for Psychosocial Support, August 2014



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presents a special problem: Some of these common physical reactions to stress could also be the first symptoms of Ebola – so even though there may be nothing wrong, the symptoms in themselves can increase stress and anxiety. The best thing to do is to take all symptoms seriously, and seek immediate medical assistance. Most likely the symptoms are just reactions to stress, and a test will show that. And even if the symptoms turn out to be symptoms of Ebola, early detection and treatment increases the chances of recovery.

### **Emotional reactions**

It is common to experience anxiety and become watchful, to be hyper-vigilant, to have poor concentration, and experience negative feelings such as sadness and anger. Sometimes people have vivid memories and try to avoid being reminded of the crisis situation they have experienced while treating the patients. Others react by not feeling anything at all.

### **Behavioural and inter-personal reactions**

Stress reactions affect the way people relate to one another. This may be expressed by people isolating themselves, experiencing conflicts with others or easily getting upset. In disaster situations, some people are seen to engage in risk-taking behaviour. Some people increase their intake of alcohol, medicine or drugs to escape the pain they are feeling

### **How can I best support the delegate?**

When a friend or family member returns from a difficult deployment, they need the support of those around them, but sometimes it can be difficult to know what to do. Below are listed the cornerstones of psychological first aid, which may guide you:

#### **Be available**

People returning may temporarily lose their basic sense of safety and trust in the surroundings. You can help to rebuild trust and safety by being available when they want someone to talk to and displaying a sense of care and empathy. Be prepared to encounter outbursts of feelings, the affected person might even shout or reject help. Do not become alarmed by anxiety or extreme show of emotions. Do not pressure them to talk if they do not want to, but let them know that you are available and ready to listen any time.

#### **Listen actively**

It is important to take the time to listen carefully in order to help someone going through a difficult time. Listen actively by asking clarifying questions, yet without probing.

#### **Accept feelings**

People in crisis may display very different emotions. Accept the delegate's interpretation of the events and acknowledge their feelings.

#### **Provide general care and practical help**

When a person is in a crisis situation, practical assistance can be a great help. Contact someone who can be with the affected person, arrange for help with children or other practicalities. Follow the wishes of the affected person but avoid taking over more responsibility for the situation than the person actually needs.

### **What if the delegate is not getting well?**

As stated above, it is perfectly normal to experience a variety of reactions to stress. In most cases the reactions will stop with time and the support of friends and family. In some cases, they may even get worse. In such cases it is important to know how and where to refer to more specialized treatment: For example if the person:



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- Experiences strong reactions over an extended period
- Poses a risk to themselves or other people
- Has psychosomatic (physical) symptoms that continue over an extended period of time
- Has changed dramatically with regard to personality, behaviour or interactions with other people

The deploying National Society or the IFRC Staff Health Officer can assist with referral options.

### **Where can I get more information?**

Senior Staff health officer Hannele Haggman IFRC, Geneva, tel. +41 22 7304417 or [staff.health@ifrc.org](mailto:staff.health@ifrc.org)

WHO website about Ebola: <http://www.who.int/csr/disease/ebola/en/>

IFRC website about Ebola: <http://www.ifrc.org/ebola-crisis>

Psychological first aid during Ebola virus disease outbreak, WHO: <http://tinyurl.com/PFA-Eb>

Caring for Volunteers, IFRC Reference Centre for Psychosocial Support, <http://pscentre.org/topics/caring-for-volunteers/>