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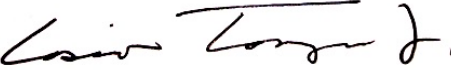
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To: District Superintendents  
Superintendents of Public Schools  
Administrators of Public, Charter and Nonpublic Schools

From: Guthrie Birkhead, MD, MPH   
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Subject: Guidance on the Ebola Outbreak

### **Introduction**

The New York State Department of Health (NYSDOH) has requested assistance from the New York State Education Department (NYSED) with its public health efforts to disseminate information about the Ebola outbreak now occurring in Guinea, Liberia and Sierra Leone in West Africa. As of the date of this memorandum, four cases of Ebola Virus Disease (EVD) have been diagnosed in the United States (US): one in a traveler from Liberia; two cases in health care workers caring for the traveler from Liberia and one in a physician who had been treating patients in Guinea. There have been no other cases of EVD diagnosed or acquired in the US. NYSDOH and NYSED recommend that schools ensure that their health personnel stay informed about the current situation and have access to up-to-date, reliable information as events unfold.

### **Background**

The Centers for Disease Control and Prevention (CDC), NYSDOH, the New York City Department of Health and Mental Hygiene (NYCDOHMH), New York's local health departments (LHDs), and New York's hospitals and health care system are working together to prevent New Yorkers from being exposed to the Ebola virus and to respond rapidly in the event of suspect or confirmed case.

EVD symptoms include fever, severe headache, muscle pain, weakness, diarrhea, vomiting, abdominal pain, and in later stages, unexplained hemorrhage (bleeding or

bruising). The course of the disease is steadily progressive and unremitting. Symptoms appear on average between 8 to 10 days after exposure with a range of between 2, to not more than 21 days. A person infected with Ebola virus is not contagious until symptoms appear. The virus is spread through direct contact (through broken skin or unprotected mucous membranes in, for example, the eyes, nose, or mouth) with the blood or body fluids such as, but not limited to, feces, saliva, urine, vomit, and semen of a person who is sick with Ebola, or with objects like needles that have been contaminated with the virus. Ebola is not spread through the air or by water or, in the US, by food.

The current outbreak is limited to Guinea, Liberia, and Sierra Leone (see map, [http://www.health.ny.gov/diseases/communicable/ebola/docs/mapping\\_the\\_ebola\\_outbreak.pdf](http://www.health.ny.gov/diseases/communicable/ebola/docs/mapping_the_ebola_outbreak.pdf) ). Persons who have traveled elsewhere in Africa or who have been in contact with persons who are not ill from these three countries are not at risk for EVD. Individuals leaving the three affected countries are being screened for symptoms and history of exposure to persons with EVD at the airport of departure, and also again upon entry at airports in the US. At the departure airport, persons with fever, symptoms or reporting exposure to Ebola patients are not allowed to board the plane. At the entry airport in the US, any person with fever or symptoms will be transported to a hospital for evaluation. Contact information on all returning travelers is reported to NYSDOH. Those reporting significant exposure to Ebola patients will be placed under quarantine in their home by local health officials. Persons reporting no exposure to Ebola patients will be contacted daily for 21 days after departure from West Africa to monitor temperature and possible EVD symptoms. In the unlikely event that an individual being monitored becomes symptomatic, they will be rapidly detected by this daily screening and transported to a hospital for evaluation and appropriate care.

It is important to note that thousands of individuals from Guinea, Liberia, and Sierra Leone have traveled to the US in the last 6 months since the Ebola outbreak began. Only two individuals have become symptomatic with EVD after entering the US. It is not expected that there will be spread of cases in the US as is being seen in Africa. The likelihood of a student with symptoms of Ebola presenting in a school in New York is exceedingly small.

### **Recommendations**

While NYSDOH does not expect to see an Ebola case in a school, they have asked that NYSED take the opportunity to review procedures with school health personnel in the highly unlikely event that they come into contact with a person who might be infected with Ebola while at school. At this time, NYSDOH recommends schools take the following measures:

Review of School Infection Control Practices: School administration and medical directors should review and update (as appropriate) their infection control plans, including Exposure Control Plans required by the Occupational Safety and Health

Administration (OSHA) and the Public Employees Safety and Health Bureau (PESH). School medical directors should verify that school health personnel are familiar with Ebola, how it is transmitted, and what infection control precautions are necessary. School medical directors should also ensure that school health personnel are capable of instituting and performing infection control procedures, including identifying places where isolation of ill students can occur. Additionally, schools should check to ensure that their personal protective equipment (PPE) supplies (e.g. gloves, masks, etc.) are adequate for standard precaution needs in school settings and meet nationally recognized standards [e.g. OSHA, National Institute of Occupational Safety and Health (NIOSH)] as recommended by the CDC.

#### Increased Vigilance:

Early recognition is critical to controlling the spread of Ebola virus. If any student or staff member presents to the school nurse with fever, muscle pain, weakness, severe headache, abdominal pain, vomiting, diarrhea, or unexplained bleeding or bruising, the nurse or other school personnel should immediately ask about recent travel to Ebola affected areas. If the student or staff member reports having been in an Ebola affected area within the past 21 days and exhibits signs and symptoms described above, the school nurse should consider the possibility of Ebola and implement appropriate follow up measures as outlined below:

- Immediately isolate the student or staff member in an appropriate private room with access to a private bathroom, if possible. Students should be supervised in accordance with district policy.
- Notify the parent/guardian regarding the student's illness symptoms and confirm travel to Ebola affected area within the last 21 days.
- The school should contact their local health department for further instruction and guidance. Use the following link for local health department contact information:  
[http://www.nysacho.org/i4a/member\\_directory/feSearchForm.cfm?directory\\_id=2&pageid=3289&showTitle=1](http://www.nysacho.org/i4a/member_directory/feSearchForm.cfm?directory_id=2&pageid=3289&showTitle=1)
- In a medical emergency, call 911.
- The PPE that is most commonly present in schools is insufficient to properly **treat/care for** the individual. However, school nurses are not expected to **treat/care for** a symptomatic individual with recent travel to an impacted country. The student or staff should be placed in isolation and calls should be made for further guidance.

- If any affected student or staff member needs immediate medical care, it is crucial that the school nurse or other school personnel tell 911 or the EMS operator about the sick person's recent travel to an Ebola affected area.
- If any school surfaces are contaminated with body fluids from the affected student or staff member, schools should isolate the area and follow local health department or NYCDOHMH directives for cleanup and disposal.

The school nurse **should not** implement the measures described above for students or staff who become sick more than 21 days after returning from an Ebola-affected area. Instead, the school nurse should follow the school medical director's usual protocols for illness.

These recommendations are subject to change in response to changes in CDC guidance. Schools will be notified of any changes. For up-to-date information on NYSDOH recommendations relating to Ebola, visit:

<http://www.health.ny.gov/diseases/communicable/ebola/>

This memorandum is not intended to provide comprehensive information relating to Ebola.

For questions on school health services contact the NYSED's Office of Student Support Services at 518-486-6090.

For more information on Ebola, visit the following websites:

The New York State Department of Health (NYSDOH)

<http://www.health.ny.gov/diseases/communicable/ebola/>

The Centers for Disease Control and Prevention, <http://www.cdc.gov/vhf/ebola/index.html>

The New York City Department of Health and Mental Hygiene (NYCDOHMH). This website includes information about Ebola for schools

<http://www.nyc.gov/html/doh/html/diseases/ebola.shtml>

The Statewide School Health Services Center provides up-to-date information and guidance on health services to schools. Their website includes information on infection control, Exposure Control Plans, and Ebola. Please visit their site at

[www.schoolhealthservicesny.com](http://www.schoolhealthservicesny.com)

Information about Exposure Control Plans required by OSHA and PESH is available at:

[https://www.osha.gov/pls/oshaweb/owadisp.show\\_document?p\\_table=STANDARDS&p\\_id=10051](https://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=10051)

The current Ebola outbreak is evolving and the list of Ebola affected areas may change. For up-to-date information about areas affected by outbreaks, visit <http://www.cdc.gov/vhf/Ebola/>.