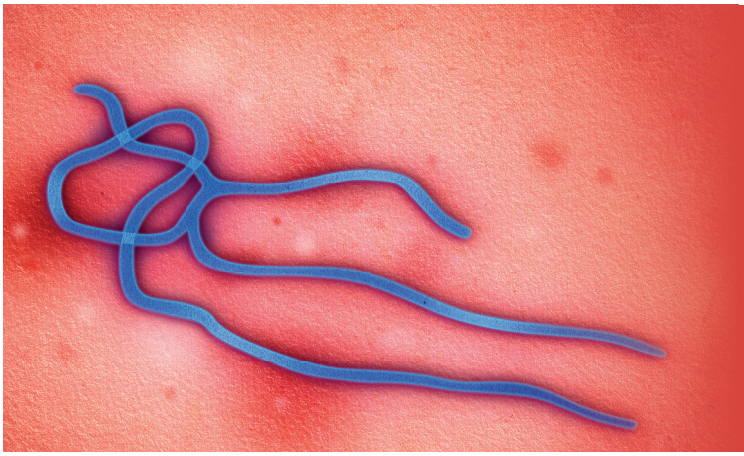

A Union of Professionals

AFT Nurses and Health Professionals

AFT LEADER ALERT

OCTOBER 2014

Preparing for Ebola in School Settings

In September 2014, public health officials announced the first confirmed case of Ebola in the United States, an infected patient in Dallas. As the details unfolded, two things became clear: Despite the sophistication of our health system, the victim was not immediately identified and isolated, but allowed to stay in the greater community for several days; and school-age children were among the contacts of the patient. This case is not likely to be the last diagnosed in the U.S., nor the last to involve school-age children. For that reason, it is essential that every school district have a plan in the unlikely event a similar scenario develops in its community.

It also is important to understand that the risk of Ebola exposure and an Ebola outbreak is extremely low in the U.S.

The Dallas Independent School District had to scramble to respond after finding out that students had contact with the Ebola patient. The response was mounted in haste to address any possibility of viral contamination in the school, and included disinfecting four school buildings over the course of several days. This is a prime opportunity for other school districts to develop an effective plan of action.

The AFT recommends that local leaders engage in a conversation with their administration on the importance of having a comprehensive plan in the event of an Ebola case in their local district. In that conversation, leaders should seek some confirmation that a plan is in place and that it includes some of the following elements:

1. **A coordinated effort with the local health department.** The health department should work hand in hand with the district on a response that focuses on early identification and assessment of suspect cases of Ebola at school. Early symptoms of Ebola—high fever, muscle aches and pains, nausea—are so nonspecific that the plan should focus on identifying students and staff with high fevers and immediately isolating them.

   The triage looks something like this:
   - Early identification and isolation of students/staff with fevers greater than or equal to 101.5 degrees Fahrenheit.
   - Travel history (Has the person recently traveled to or from an affected area in West Africa?)
   - Contact history with persons known to have, or suspected of having, Ebola.

   High-risk individuals have:
   - mucous membrane exposure to blood or body fluids of a symptomatic Ebola patient;
   - direct skin contact with or exposure to blood or body fluids of a diagnosed Ebola patient; and
   - needle-stick or mucous membrane exposure to blood or body fluids of a diagnosed Ebola patient.

Low-risk Individuals include:

- household contact with an Ebola patient;
- other close contacts;
  - being within three feet of a symptomatic Ebola patient; and
  - having direct brief contact (e.g., shaking hands) with a symptomatic Ebola patient.

NOTE: *Walking by a person with Ebola does not constitute a close contact or even a low risk.*

The plan should be written and distributed to all key personnel in the district—school nurses, principals, and anyone expected to do the initial evaluation. The plan also should discuss how and when the health department and other health officials are to be informed, as well as transportation of any individuals in need of medical attention.

We have attached a circular that the New York City Health Department distributed to schools in New York City as an example. Every school district should have a similar document in force.

2. **A well-developed plan to communicate and educate everyone in the school community in the event of a confirmed case of Ebola.** There is a great deal of misinformation and anxiety linked to potential Ebola exposure. The district should have ready basic information about Ebola, methods for everyone to assess their risk, and contact information for concerned individuals who want more detailed information. At a minimum, districts should have:

   a. A letter to parents at the ready if an Ebola contact or victim has been in school; the letter should detail the nature of any potential exposure; what the risk is (most likely very low or nonexistent); how the district is responding to protect students; and provide good resources for further information and a contact number in the district.

   b. Fact sheets and training for all school staff so they understand the basics about Ebola. The information and training should outline the early identification protocol, the fact that they are at risk of exposure only after an Ebola victim becomes symptomatic, what their roles and responsibilities are in the early identification process, and how to talk to their students and parents. Staff also should be given background on the epidemic in West Africa and contrast how it would be handled should several cases of Ebola appear in the U.S. (i.e., epidemic would be stopped because we have a superior healthcare and public health system; the mortality rate would more than likely be much lower).

   c. Updates on U.S. and worldwide efforts to contain the current epidemic. Most experts believe the epidemic will be brought under control in the next six months. The U.S. military is helping with the response, and new vaccines and therapies are likely to be available by the first part of 2015.

   d. Reassurance for the "worried well." As with any terrifying infectious disease, many students and staff may become overly anxious about their risk of exposure. Everyone in the school community should understand where they can seek help and guidance if they do become concerned.

3. **Re-energizing the bloodborne pathogens policy for staff and students.** Ebola is transmitted primarily by contact with a **symptomatic** victim's blood and/or body fluid. Most school districts have a bloodborne pathogens exposure prevention policy and should remind everyone to practice universal precautions. Everyone should be reminded to wash their hands frequently and use hand sanitizer when hand-washing is not practical. Gloves and other protective equipment should be readily available to staff if they must respond to someone who is injured or ill.

   Custodians, school nurses and others with care responsibilities should have a refresher on cleaning up spills of blood and bodily fluids. They also should have readily available spill kits.

4. **Designing a reasonable disinfection and cleaning policy.** Researchers don't know how long the Ebola virus lives outside the body. Estimates are a few hours to several days (in pools of blood). Surfaces that a victim may have touched or contaminated should be disinfected, using the least-toxic EPA-registered disinfectant (i.e., effectively kills adenoviruses, polio, and noroviruses etc.). Bleach is effective but highly corrosive, and research indicates that overexposure to bleach is associated with new cases of asthma in adults and children. One less-toxic disinfectant that we recommend that is EPA-registered is Oxivir TB. Its primary agent is hydrogen peroxide.

   There is no need to go overboard on disinfection even when an Ebola patient has been in close contact with a student or staff person in a school. As long as that contact was asymptomatic when in the school, the person poses no exposure risk to others in the school.

The Dallas ISD was caught off guard. With advance planning, the school district's response could have been more effective. Now is the time for school districts to have an Ebola plan. As with the development of any emergency plan, the union should be consulted and be included in the process. If there is a joint labor-management health and safety committee, it should be involved in the development of the district response.

The AFT wants to hear from you on how your district is responding, if at all. Contact us at Health&Saftety@aft.org or 800-238-1133, ext. 5674. The AFT department of health, safety and well-being will provide a basic fact sheet and occasional updates as more information becomes available.