

October 31, 2014

TO: New York State Nursing Homes and ICF/IID Providers
FROM: Division of Nursing Homes and ICF/IID Surveillance, Center for Health Care
Provider Services and Oversight

**INFORMATION AND GUIDANCE FOR NURSING HOMES AND ICF/IID
CONCERNING THE ONGOING THREAT OF EBOLA**

This document conveys the information and guidance available as of the date above and is subject to change. The latest information can be found at <http://www.cdc.gov/vhf/ebola/>.

BACKGROUND

- Ebola virus is the cause of an often fatal viral hemorrhagic fever disease. In addition to fever, other symptoms include headache, joint and muscle aches, abdominal pain, weakness, diarrhea, vomiting, stomach pain, lack of appetite, rash, red eyes, hiccups, cough, chest pain, difficulty breathing, difficulty swallowing, or bleeding inside and outside of the body. Symptoms may appear anywhere from 2 to 21 days after exposure to Ebola virus, but usually within 8-10 days.
- Ebola is transmitted through direct contact with the blood or bodily fluids of an infected symptomatic person or through exposure to objects (such as needles) that have been contaminated with infected secretions, as well as exposure to bush meat.
- Persons at highest risk of developing the infection are:
 - Those who have had direct contact with the blood and body fluids of an individual diagnosed with Ebola – this includes any person who provided care for an Ebola patient, such as a healthcare provider or family member not adhering to recommended infection control precautions (i.e., not wearing recommended PPE);
 - Those who have had close physical contact with an individual diagnosed with Ebola
 - Those who lived with or visited the Ebola-diagnosed patient while he or she was ill.

TRAVEL CONSIDERATIONS:

Individuals traveling to Sierra Leona, Guinea, and Liberia are encouraged to consult and follow the Centers for Disease Control and Prevention (CDC) guidance to minimize risk of being exposed to Ebola virus. Travelers will be evaluated upon arrival at John F. Kennedy International Airport (JFK) by staff from the CDC and NYSDOH in compliance with Commissioner's Order 10/27/2014. Travelers will be categorized by risk of exposure. The traveler may be quarantined or may be monitored by the Local Health Unit (LHU) for 21 days after their last possible exposure depending on the assigned risk level.

GUIDANCE AND EXPECTATIONS FOR NURSING HOMES AND ICF/IID PROVIDERS:

- Related to emergency preparedness and infection control:
 - Continually monitor the CDC, DOH Emergency Preparedness websites for resources and the latest information.
<http://www.cdc.gov/vhf/ebola/pdf/healthcare-facility-checklist-for-ebola.pdf>. and
<http://www.cdc.gov/media/releases/2014/fs1020-ebola-personal-protective-equipment.html>
- Related to visitors:
 - Post signage (similar to those posted during flu season) discouraging visitation by anyone who has traveled to West Africa in the past month.

See attached suggested sample.

- Related to employees:
 - Require all employees to immediately report any potential symptoms or exposures.
 - Review the NYSDOH directives with employees who are planning to travel to affected areas.
http://www.health.ny.gov/diseases/communicable/ebola/#hc_providers
 - Educate staff related to the signs and symptoms of Ebola, address their concerns regarding workplace safety, enforce and monitor the effectiveness of your infection control protocols and the proper use of personal protective equipment.
 - The health status of individuals in question will be officially monitored by the Local Health Department having jurisdiction (where the employee resides).

QUESTIONS FOR THE NEW YORK STATE DEPARTMENT OF HEALTH (DOH):

- DOH has established a mailbox for Ebola questions:
Ebola.Preparedness@health.ny.gov

Sincerely,



Jacqueline Pappalardi, Director
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Center for Health Care Provider Services and Oversight