



NEW YORK STATE  
Unified Court System

OFFICE OF COURT ADMINISTRATION

HON. A. GAIL PRUDENTI  
CHIEF ADMINISTRATIVE JUDGE

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EXECUTIVE DIRECTOR

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To: District Executives  
NYC Chief Clerks  
NYC County Clerks

From: Ronald Younkings <sup>RY</sup> and Eugene Myers <sup>EM</sup>

Subject: Emergency Preparedness – Ebola

We are writing to advise you about preparedness planning with respect to the Ebola virus.

We are in discussions with various government agencies, including public health and emergency management officials, as well as other court systems, to get a better understanding of the danger that Ebola poses and the appropriate response. According to public health officials, Ebola is a very different illness than the types of infectious diseases we have encountered before, such as the H1N1 virus from a few years ago. According to public health officials:

- While Ebola is a very serious illness once someone is infected, it is not easily spread.
- Ebola is not spread by air-borne exposure. Rather, it is only spread by direct contact with blood or other bodily fluids.
- Ebola is not transmitted just by being in close proximity to an infected person.
- An infected person is not contagious during the period of incubation. The period of incubation before the onset of illness is between 2 and 21 days, and is typically 8 to 10 days.
- A person is contagious only after the onset of symptoms. The more severe the symptoms, the more contagious an infected person is.
- In light of the severity of the symptoms, a highly contagious person is likely, especially in a country with a good health care system, to already be under medical care.

Common symptoms of Ebola include fever, headache, muscle pain, body aches, vomiting and unexplained bleeding. Some of the symptoms of Ebola are similar to those of flu, and it is therefore difficult to distinguish the two, especially during the early stages of the illness. According to public health officials, common flu-like symptoms do not give rise to concerns about Ebola in the absence of other factors, such as travel in an affected area (currently Liberia, Sierra Leone, and Guinea), contact with a confirmed or suspected case of Ebola, or work in a healthcare facility that treated Ebola patients.

For these reasons, the primary focus of public health officials has been on screening, early identification and isolation of contagious persons. For the same reasons, public health officials expect that the risk of infection is much greater in a health care facility than in other settings. For additional information, see the attached flyer "*Frequently Asked Questions About Ebola*" from the New York State Department of Health.

The transmission of Ebola in a court setting is therefore not likely. However, the seriousness of the illness requires that precautions and protocols be implemented and taken seriously. Therefore we have taken the following steps.

#### Hand Sanitizer and Other Supplies

As part of our on-going emergency preparedness planning, we have over time purchased supplies that would be needed in an infectious disease outbreak, including alcohol-based hand sanitizer, N-95 respirators, gloves, and eye goggles. We are replenishing these supplies, especially hand sanitizer. The Department of Public Safety is preparing to distribute hand sanitizer to courts throughout the State and is currently in the process of contacting your offices to determine the need and to arrange for immediate delivery. (If any hand sanitizer is purchased locally, please ensure that it contains at least 60% alcohol.)

Hand sanitizer is an effective alternative to washing with soap and water. Please make sure that hand sanitizer is available in all appropriate areas where water is not available.

At this time, distribution of other supplies, such as the respirators, is not warranted, based on information received from public health officials. If circumstances change, the appropriate supplies will be quickly distributed where and as needed.

Standard protocols for wearing and properly discarding gloves should be followed.

#### Cleaning Protocols

Public health officials also recommend that counters, door handles, and similar hard surfaces be cleaned regularly, especially during flu season. In New York City, we have centrally arranged for the Department of Citywide Administrative Services to provide this extra level of cleaning. Courts outside of NYC should discuss cleaning protocols with the local agency responsible for courthouse maintenance.

In the event of a suspected Ebola exposure, the building maintenance supervisor should be informed so that cleaning staff can take appropriate precautions.

#### Prisoners

One area of concern is the delivery of prisoners. Expanded reliance on video appearances will help to minimize any risk in this regard.

In addition, it is important that agencies delivering prisoners to courthouses screen prisoners to minimize the risk that a contagious person will be produced. In NYC, we are working centrally with City agencies to address these issues. All City agencies that are responsible for producing prisoners to the courts, including the Police and Correction Departments, have implemented protocols to ensure that prisoners who are ill are not brought into the courthouse. It is likely that a prisoner will have been screened a number of times before a court appearance (e.g., by NYPD at the time of arrest and by the FDNY/EMS in the pre-arraignment process). Prisoners coming to the court from DOC will also have been thoroughly screened.

For the courts outside of NYC, please contact local law enforcement officials to discuss screening protocols and arrangements for alternate means of proceeding with court cases.

If a prisoner becomes ill while at the courthouse, the standard protocols should be followed (e.g., in NYC, EMS should be called to provide medical assistance, and the building maintenance staff should provide any cleaning necessary).

### Other Courthouse Visitors

Public health officials have advised that in light of the nature of Ebola, a courthouse visitor is very unlikely to pose a risk of exposure. Nonetheless, we have developed protocols, similar to those being implemented by other court systems, to provide some level of screening at public entrances to courthouses. These protocols, which are attached, consist of a visual evaluation of whether a courthouse visitor shows clear signs of serious flu-like symptoms, and, in such cases, a series of questions to determine if there is an elevated risk of Ebola infection.

The screening protocols apply at magnetometer posts. Courthouse visitors should not be evaluated or questioned at other places in the courthouse, unless: 1) the person becomes acutely ill after leaving the screening area, in which case, a court employee should call a uniformed supervisor and the supervisor should question the visitor in accordance with the attached protocols; or 2) the person is subject to DNA collection or urine testing, in which case the court employee administering the collection or testing should follow the attached protocols.

### Personal Prevention

This issue also serves as a reminder that everyone should follow simple, common-sense measures to help promote a safe and healthy workplace, especially as we enter the flu season:

- Wash your hands regularly with soap and water. Alcohol-based hand cleaners are also effective and should be used if soap and water are not readily available.
- Minimizing contact is the first line of defense for a range of contagious illnesses, from flu to Ebola. Therefore, attempt to maintain a distance of three feet from a person who appears to be ill.
- Use a tissue if you cough or sneeze, or cough or sneeze into your elbow. Dispose of the tissue in a no-touch trash receptacle.
- Do not go to work if you have a fever or other flu-like symptoms, and do not return to work until you are symptom-free for 24 hours.
- Get a flu shot.

More detailed advice is contained in the attached flyer from the Centers for Disease Control and Prevention entitled "*8 Ways You Can Stay Healthy at Work*," which you may wish to make available to Judges and staff.

### General Preparedness

The first confirmed cases of Ebola in the United States serve as a reminder of the importance of emergency preparedness planning, and the need to keep emergency response and continuity-of-operations

plans up-to-date. We therefore ask that you each review the plans for your court or district to make sure that they are current, especially in terms of contact information for court personnel and officials in other government offices.

As you know from news reports, advice and suggested protocols from public health officials is subject to change. We will continue to be in close communication with various government agencies, and will keep you apprised of all developments. If you have any concerns, questions or suggestions, please contact either of us, or Thom Lotito, the court system's Coordinator of Emergency Management.

c: Hon. A. Gail Prudenti  
Hon. Lawrence Marks  
Hon. Fern A. Fisher  
Hon. Michael V. Coccoma  
Administrative Judges  
NYC Surrogates  
Maria Logus, Esq.  
Maria Barrington  
OCA Directors  
Thom Lotito

## **Ebola - Frequently Asked Questions**

### **Q: What is Ebola?**

A: Ebola virus is the cause of a viral hemorrhagic fever disease. Symptoms include: fever, headache, joint and muscle aches, weakness, diarrhea, vomiting, stomach pain, lack of appetite, and abnormal bleeding. Symptoms may appear anywhere from 2 to 21 days after exposure to the Ebola virus, although 8 to 10 days is most common.

### **Q: Where is the current outbreak occurring?**

A: The current Ebola virus outbreak is centered on three countries in West Africa: Liberia, Guinea, and Sierra Leone; although there is the potential for further spread to neighboring African countries. Ebola does not pose a significant risk to the U.S. public. The standard and rigorous infection control procedures used in major hospitals in the U.S. will prevent the spread of Ebola here. In addition, the New York State Department of Health (NYSDOH) will work with local health departments on contact tracing, isolation, and quarantine.

### **Q: How is Ebola transmitted?**

A: 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.

### **Q: Can Ebola be transmitted through the air?**

A: No. Ebola is not a respiratory disease like the flu, so it is not transmitted through the air.

### **Q: Can I get Ebola from contaminated food or water?**

A: No. Ebola is not a food-borne illness. It is not a water-borne illness.

### **Q: Can I get Ebola from a person who is infected but doesn't have any symptoms?**

A: No. Individuals who are not symptomatic are not contagious. In order for the virus to be transmitted, an individual would have to have direct contact with an individual who is experiencing symptoms.

### **Q: Is New York State ready to treat an Ebola patient?**

A: NYSDOH is working with the health care system to ensure that New York's providers are prepared to care for a patient with the Ebola virus. NYSDOH is working with the federal Centers for Disease Control and Prevention (CDC), local health departments, hospitals, and physician organizations statewide. Past emergencies, including September 11, 2001; Middle East Respiratory Syndrome (MERS); Severe Acute Respiratory Syndrome (SARS), and the 2009 H1N1 influenza outbreak have demonstrated the need for hospitals to run practice drills and prepare for the unexpected.

### **Q: What is the state doing to prepare?**

A: NYSDOH has purchased supplies to supplement hospitals' stockpiles; conducted drills with hospitals on their ability to quickly identify, isolate, and evaluate a suspect Ebola patient; and developed detailed guidance on lab testing, waste disposal, and other areas of concern. NYSDOH has a department-wide Ebola planning workgroup that meets daily and discusses infection control, laboratory issues, medical waste, emergency transport, personal protective equipment, and hospital planning. The workgroup has issued several advisories and guidance to hospitals and other health care providers. This is in addition to the Ebola planning hospitals have already done. NYSDOH has activated its Incident Management System (IMS), which it uses in emergencies to ensure coordination and communication.

The Department of Health has identified eight hospitals statewide to handle all patients diagnosed with Ebola, with plans to designate additional hospitals going forward. The following eight hospitals have agreed to the designation and are creating isolation units to accept patients:

- Mt. Sinai in Manhattan
- New York Presbyterian in Manhattan
- Bellevue in Manhattan
- Montefiore in the Bronx
- North Shore/LIJ Health System in Nassau County
- Upstate University Hospital in Syracuse
- University of Rochester Medical Center in Rochester
- Stony Brook University Hospital in Suffolk County

## **Q: What are health care providers doing to prepare?**

**A:** Acting State Health Commissioner Dr. Howard Zucker has issued a Commissioner's order to all hospitals, diagnostic and treatment centers and ambulances in New York State, requiring that they follow protocols for identification, isolation and medical evaluation of patients requiring care. The order mandates that all staff receive in-person training in putting on and removing personal protective equipment (PPE). The protocols ensure that New York's hospitals can safely treat patients with Ebola. DOH is also providing guidance to other health professionals and facilities on the proper management of people with potential exposure to Ebola.

Hospitals have established workgroups, identified what type and which rooms would be used for a patient with the Ebola virus; decided what kind of PPE to use; practiced putting PPE on and removing it safely; provided additional staff training; planned for laboratory evaluation of specimens; planned for infection control; coordinated with emergency medical services (EMS), medical waste disposal, and established protocols. NYSDOH is working with the Health Association of New York State (HANYs) and the Greater New York Hospital Association (GNYHA) to ensure that all hospitals in the state are conducting drills with mock patients to test emergency department capacity to quickly identify and isolate suspected Ebola patients.

Hospitals are training and conducting drills. At the request of NYSDOH acting commissioner Zucker, GNYHA, and HANYs, hospitals are drilling their emergency departments on their ability to quickly detect and isolate a patient with suspected Ebola virus. The drills help hospitals evaluate their readiness, identify areas for improvement, execute improvements, and conduct corrective training.

NYSDOH is assessing tertiary care hospitals to determine their level of preparedness to handle Ebola cases and to assess their levels of critical resources, such as isolation rooms, staff identified on all shifts, equipment, supplies, and PPE.

NYSDOH and hospitals have been having regular calls to plan for Ebola. NYSDOH regional offices have met with providers and are addressing hospital questions, providing guidance on issues such as planning, policy, and conducting drills, and planning for and ordering necessary PPE.

NYSDOH has utilized its Health Commerce System to distribute its own CDC, New York City Department of Health and Mental Hygiene (NYCDOHMH), New York City Office of Emergency Management (NYCOEM), and other federal guidance regarding Ebola. NYSDOH has distributed signage; created an Ebola section on its website; provided collaborative guidance between the state, NYCDOHMH, and FDNY on EMS protocols between hospitals and EMS providers; discussed laboratory procedures for hospital testing; and is preparing guidance regarding handling of human remains.

## **Q: What other agencies are involved in planning?**

**A:** NYSDOH is working with a number of state agencies to prepare, including the Department of Environmental Conservation and Department of Transportation on medical waste disposal issues; county health departments and emergency managers on contact tracing, isolation, and quarantine planning; the State Police to train their personnel, who are often the first to respond and to work local health departments on quarantine planning; and SUNY and CUNY to ensure that colleges and universities adhere to the CDC and NYSDOH guidance; and the State Education Department.

At JFK, the Port Authority is working in coordination with CDC personnel, Customs and Border Protection and the US Coast Guard. There are advanced screenings at JFK using detailed questionnaires for passengers originating in three affected West African nations. In addition, CDC personnel, Customs and Border Protection and the US Public Health Service have conducted practice drilling with the Port Authority Police Department

and other Federal, State and local partners for scenarios in which passengers who may have been infected with the virus are handled at JFK. To date, no passengers at JFK arriving from the three West African nations have been identified as having the Ebola virus.

The Metropolitan Transit Authority has developed a protocol to keep its employees and customers safe during this time of heightened awareness. This protocol includes ensuring that at-risk employees have appropriate PPE to guard against infection and are trained in its use, as well as following best practices and recommended standards when cleaning MTA facilities. This protocol was developed in close consultation with DOH regarding symptoms and likelihood of potential exposure. The MTA has met with its labor unions to discuss this protocol and to make sure it is consistent and thorough in its implementation.

The Governor's Office of Public Safety is working with New York State Police, the New York State Chiefs and Sheriff's Associations and SUNY Chiefs to coordinate field advice for police officers regarding recommended equipment and procedures to reduce chance of contamination.

## **Q: How likely is it that New York State will have an Ebola patient?**

A. New York State is a hub for international flights and travelers, and is therefore at risk for having such a patient. Hospitals must be in a constant state of readiness. NYSDOH acting commissioner Dr. Howard Zucker is working with the Metropolitan Transit Authority and the Port Authority regarding communication of any concerns at points or ports of entry.

## **Q: What is being done to prevent ill passengers in West Africa from getting on a plane?**

A: CDC is assisting with active screening and education efforts on the ground in West Africa to prevent sick travelers from getting on planes. In addition, airports in Liberia, Guinea, and Sierra Leone, are screening all outbound passengers for Ebola symptoms, including fever, and passengers are required to respond to a health care questionnaire. CDC is also increasing support to the region by deploying 50 additional workers to help build capacity on the ground.

## **Q: What is CDC doing in the U.S.?**

A: The Centers for Disease Control and Prevention (CDC) and the Department of Homeland Security's Customs & Border Protection (CBP) this week will begin new layers of entry screening at five U.S. airports.

The enhanced entry screening is being performed at JFK International Airport in New York and at Washington-Dulles, Newark, Chicago-O'Hare, and Atlanta international airports nationwide.

CDC is sending additional staff to each of the five airports. After passport review:

- Travelers from Guinea, Liberia, and Sierra Leone will be escorted by CBP to an area of the airport set aside for screening.
- Trained CBP staff will observe them for signs of illness, ask them a series of health and exposure questions and provide health information for Ebola and reminders to monitor themselves for symptoms. Trained medical staff will take their temperature with a non-contact thermometer.
- If the travelers have fever, symptoms or the health questionnaire reveals possible Ebola exposure, they will be evaluated by a CDC quarantine station public health officer. The public health officer will again take a temperature reading and make a public health assessment. Travelers, who after this assessment, are determined to require further evaluation or monitoring will be referred to the appropriate public health authority.
- Travelers from these countries who have neither symptoms/fever nor a known history of exposure will receive health information for self-monitoring.

Entry screening is part of a layered process that includes exit screening and standard public health practices such as patient isolation and contact tracing in countries with Ebola outbreaks. Successful containment of the recent Ebola outbreak in Nigeria demonstrates the effectiveness of this approach.

If an ill passenger does enter the U.S., CDC has protocols to protect against further spread of the disease. These include notification to CDC, local transportation authorities and local health authorities if there is an ill passenger on a plane before arrival, investigation of ill travelers, and, if necessary, isolation. CDC has also provided guidance to airlines for managing ill passengers and crew and for disinfecting aircraft. CDC has

issued a health alert notice reminding U.S. health care workers of the importance of taking steps to prevent the spread of this virus, how to test and isolate suspected patients, and how they can protect themselves from infection.

**Q: What about ill Americans with Ebola who are being brought to the U.S. for treatment? How is CDC protecting the American public?**

A: CDC has very well-established protocols in place to ensure the care of patients with infectious diseases and their safe transport back to the U.S. These procedures cover the entire process—from patients leaving their bed in a foreign country to their transport to an airport and boarding a non-commercial airplane equipped with a special transport isolation unit, to their arrival at a medical facility in the U.S. that is appropriately equipped and staffed to handle such cases. CDC's role is to ensure that travel and hospitalization is done to minimize risk of spread of infection and to ensure that the American public is protected. Patients were evacuated in similar ways during SARS.

**Q: What does the CDC's Travel Alert Level 3 mean to U.S. travelers?**

A: On July 31, the CDC elevated its warning to U.S. citizens, encouraging them to defer unnecessary travel to, Liberia, Guinea, and Sierra Leone over concerns that travelers may not have access to health care facilities and personnel should they need them in those countries.

**Q: If an individual with a travel history and any Ebola symptoms is identified at the airport, where are they taken and who is alerted?**

A. Individuals from affected countries are identified through their passports and then screened by CDC at the airport. All passengers from Liberia, Guinea, and Sierra Leone have their temperatures taken upon arrival. If a passenger is ill, the individual will be transported to a hospital. If they are at risk, they will be quarantined and the local health department will check in with them twice daily and monitor their temperature. If they are found to have Ebola, they would be transferred to one of the hospitals designated to treat Ebola patients.

New York is the first state to receive a list of travelers from the three affected countries. Working with the CDC, NYSDOH is receiving reports of travelers arriving at JFK International Airport whose destinations are somewhere in New York State. NYSDOH will work with local health departments to contact all incoming travelers to 1) ensure that they have no risk exposure to Ebola; 2) are taking their temperatures for 21 days; 3) have a plan if they get sick; and 4) have contact information at NYSDOH.

Revised: October 2014

**New York State Unified Court System**  
**Screening Protocols – Ebola**

Public health officials have advised that the transmission of Ebola in a courthouse setting is highly unlikely. Nonetheless, to provide an additional measure of protection to all courthouse users, a limited screening is authorized at magnetometer stations, and in certain other specified circumstances, to identify persons who may pose an elevated risk of infection.

**Magnetometer Protocols**

If an officer observes that a person entering the courthouse shows clear signs of being seriously ill with flu-like symptoms, the officer should inform a supervisor or other designated officer. The supervisor may then ask the person a series of questions designed to determine if there is an elevated risk of Ebola infection. The person should be questioned quietly and discreetly, out of hearing range of other courthouse visitors. Officers should maintain a distance of three feet during the questioning. Prior to asking the questions, the supervisor should explain that we have been asked to monitor court visitors for public health reasons.

The authorized questions are:

- Have you or a member of your family traveled to Liberia, Sierra Leone or Guinea within the past month?
- Have you or a member of your family had contact with a confirmed or suspected case of Ebola within the past month?
- Do you or a member of your family work in a healthcare facility that treats patients with Ebola or in a laboratory that handles blood or other samples of persons with Ebola?

If the person answers no to each of these questions the person should continue the routine security screening for entry to the courthouse. If the person answers yes to any of these questions the following protocols must be followed:

- The supervisor should call 911, and advise 911 about the nature of the call so that appropriate precautions are taken.
- The person should be asked to wait in a designated area until medical personnel arrive. If possible, the designated area should be isolated so as to minimize contact with other persons.
- The person's name and the purpose of the courthouse visit (including name of case, etc.) should be recorded.
- The Administrative Judge or designee should be promptly notified so that the Administrative Judge can consult with the trial court judge, commissioner of jurors or other appropriate official as to what action should be taken with respect to the court appearance, jury service, etc.
- An Unusual Occurrence Report must be completed each time a person is questioned pursuant to this protocol.

Questioning of persons pursuant to these protocols is not intended to be a routine procedure, but should only be done in those cases in which a person clearly shows signs of serious flu-like symptoms. No factors other than clearly visible symptoms should be considered in deciding whether to pose health questions.

**Court Direct, Warrant and Court Officers Arrest Protocols**

The screening procedures set forth above (including the authorized questions and calling 911 as

appropriate) may also be used when a court officer: 1) makes an arrest or otherwise takes a person into custody; 2) takes custody when a judge remands a person after being at liberty (not in an arraignment part setting); or 3) takes custody from other law enforcement officials of a person returned on a bench or arrest warrant.

In addition, standard safety protocols (e.g., use of gloves) should be followed.

#### Collection of DNA and Urine Samples

The screening procedures set forth above (including the authorized questions and calling 911 as appropriate) should be followed by court personnel who collect DNA and urine samples.

In addition, standard safety protocols (e.g., use of gloves) should be followed.

#### Sudden Acute Illness

Except as set forth above, courthouse visitors should not be evaluated or questioned at other places within the courthouse, unless the person becomes acutely ill after leaving the screening area (e.g., acute nausea). In such cases, a uniformed supervisor should respond and evaluate the visitor in accordance with these protocols (including the authorized questions and calling 911 as appropriate).

## 8 Ways You Can Stay Healthy at Work

You can protect yourself and others by following these key action steps:

- 1. Get vaccinated against seasonal flu and 2009 H1N1 flu.** If you are at higher risk for 2009 H1N1 flu complications, you should receive the 2009 H1N1 flu vaccine. People at higher risk for flu-related complications include: children younger than 5 years old, but especially children younger than 2 years old; people aged 65 years or older; pregnant women; adults and children who have asthma, neurological and neurodevelopmental conditions; chronic lung disease; heart disease; blood disorders; endocrine disorders, such as diabetes; kidney, liver, and metabolic disorders; weakened immune system due to disease or medication; and people younger than 19 years of age who are receiving long-term aspirin therapy. More information on people at higher risk for flu complications is available at <http://www.cdc.gov/h1n1flu/highrisk.htm>.
- 2. Avoid touching your nose, mouth, and eyes.** Germs spread this way.
- 3. Cover your coughs and sneezes with a tissue,** or cough and sneeze into your elbow. Dispose of tissues in no-touch trash receptacles.
- 4. Wash your hands frequently** with soap and water for 20 seconds or use an alcohol-based hand rub if soap and water are not available. Be sure to wash your hands after coughing, sneezing, or blowing your nose.
- 5. Keep frequently touched common surfaces clean,** such as telephones, computer keyboards, doorknobs, etc.
- 6. Do not use other employees' phones, desks, offices, or other work tools and equipment.** If you need to use a co-worker's phone, desk, or other equipment, clean it first. And as a courtesy, also clean after you are finished.
- 7. Don't spread the flu! If you are sick with flu-like illness, stay home.** Symptoms of flu include fever (100 degrees Fahrenheit or 37.8 degrees Celsius), cough, sore throat, runny or stuffy nose, body aches, headache, chills and tiredness. Some people may also have vomiting and diarrhea. People may be infected with the flu, including the 2009 H1N1 flu and have respiratory problems without a fever. CDC recommends that sick employees stay home if they are sick with flu-like illness until at least 24 hours after they are free of fever and without the use of fever-reducing medicines.
- 8. Maintain a healthy lifestyle** through rest, diet, exercise, and relaxation.

### For more information:

- ▶ Visit: [www.flu.gov](http://www.flu.gov)
- ▶ Contact CDC 24 Hours/Every Day
  - 1 (800) CDC-INFO (232-4636)
  - TTY: (888) 232-6348
  - [cdcinfo@cdc.gov](mailto:cdcinfo@cdc.gov)

