



# Prince William County

**PUBLIC SCHOOLS**

*Providing A World-Class Education*

November 7, 2007

Congress of the United States

House of Representatives

The Committee on Oversight and Government Reform

Hearing on "Drug Resistant Infections in the Community: Consequences for Public Health"

## **Introduction**

On behalf of Prince William County's 72,654, students and their families, our 10,000 employees, our School Board, and our community, I thank you Chairman Waxman and members of the House of Representative's Committee on Oversight and Government Reform, and in particular, Ranking Minority Member, Representative Tom Davis, for inviting me to speak to you today.

I will give you a first-hand account of how the issue of staph infections, in particular the methicillin-resistant *Staphylococcus aureus* (MRSA), has affected us as the second largest school division in Virginia. I am sure I speak for every public school superintendent when I say that the safety and security of our students and employees is of the utmost importance. Without a safe learning environment, teaching and learning cannot happen. The issue of safety and security in schools has always been important, but we have gone from a time when the words "school" and "safety" were virtually synonymous when most of us were growing up, to a real awakening and keen awareness in the past 10 years that nothing can be taken for granted.

## **Safety is Paramount**

From senseless and desperate acts of violence to infectious diseases, school personnel have had to renew their diligence to keeping their environments safe. This is obviously a challenge as most of our employees are teachers or are in roles that directly support instruction. We are not in the law enforcement business, nor are we in the medical profession — although we do have a number of school nurses who quietly perform heroic tasks each and every day — so we have to lean heavily on our partnerships that we have established with other agencies. And for the most part, those partnerships are working well.

And then there is the challenge of making sure we are keeping our parents and school communities adequately informed about all that is going on in our School Division. Of course this ranges from the many positive recognitions and awards to urgent communications such as what we have faced with the increase in the number of cases of MRSA. As I know you are aware, in addition to legal implications, there is a delicate balance between communications, privacy, and the creation of public hysteria when it comes to medical matters.

DR. STEVEN L. WALT'S  
*Superintendent of Schools*

In Prince William County Public Schools, as of Friday, November 2, we have documented 21 cases of MRSA, with seven cases still considered "open," meaning the student or employee has not received clearance from their doctor to return to the school. While not required to, we began voluntarily reporting these statistics as a public service. While we feel this is our responsibility to our public, unfortunately, there are some negative ramifications. We do not know that any of these cases were actually contracted at our schools, but because we are reporting that people have the infection, the public may naturally make assumptions like:

1. It was caught at the school; and
2. Inadequate cleaning is the source of the infection.

Like the flu, it's virtually impossible to know exactly where someone actually picked up the infection, but I can assure you we are very diligent with our cleaning practices, and I am confident we are doing everything we can to keep our schools and facilities free of MRSA.

### **Challenge and Response**

An excellent summary of how we have responded to these cases of MRSA is contained on our Web site, [www.pwcs.edu](http://www.pwcs.edu) under "Announcements," and I hope that each of you will have a chance to review that at some point but I will provide you a little background as to how this issue came to light in Prince William County Public Schools and how we addressed it. Two athletic-related cases of MRSA showed up within about a week of each other in mid-September at one of our high schools. Since it is not uncommon for one or two cases to show up in a school environment each year, this did not seem to be out of the ordinary. In fact, our athletic trainers have been on the leading edge of preventing and treating MRSA, since the athletic community was an area where this topic first became an issue. The school nurse and the athletic trainer sent a letter home to parents of the sports team involved, informing them of the case and providing tips and precautions they could take. We also had an employee at a different school report a case of MRSA during this same time frame.

About two weeks went by and then a student at another high school reported a case of MRSA. Four days later, a student at yet another high school contracted the infection. By this time, the Central Office staff was working with the schools, helping them craft their messages, still at the school level.

The following week, a student in another part of Virginia tragically died as a result of MRSA, which obviously greatly increased awareness among the public. I think it stands to reason that the public awareness generated by this student's death also caused people to be more diligent in getting possible symptoms diagnosed and consequently reporting confirmed cases. It was at this same time, specifically October 17-19, that we had five more cases reported and it quickly became evident we needed to trigger our comprehensive Divisionwide communications plan.

So issues began to surface very rapidly as these cases came to light rather suddenly. Since then, my entire Senior Staff, and several other departments and offices, not to mention untold school-based officials, have worked almost exclusively on all aspects of this issue for the better part of the past three weeks.

I am pleased to say that we are diligently communicating with our public with a daily update posted to our Web site each afternoon. We also have established standard communications protocols for each of our 86 schools so if a case arises at any school, the principal is quickly on the telephone recording an automated message, sending a letter home with students, posting the information to their school Web site, and working with centrally based community relations staff to update our School Division Web site.

## **Cleaning**

We continue to clean and disinfect our buildings on a daily basis. It is not necessary to close our schools to disinfect them. I don't want to speak for other school divisions but my understanding is that one possible reason why some school divisions may have needed to close would be if they were using plain detergents. We have been using disinfecting detergents (approved by the EPA) in Prince William County Schools, and so our schools were, and continue to be, disinfected when they are cleaned each day. This practice is supported by the County Health Department. However, in response to the increased cases of MRSA, we have reinforced with the entire custodial staff the importance of ensuring that our disinfectant detergents are utilized for all cleaning purposes, which, again, is already our standard procedure. We are paying extra attention to areas such as gyms, showers, locker rooms, desk tops, water fountains, door knobs and panic bars. By following these procedures, our schools are being disinfected as they are being cleaned nightly. Buses at schools with known cases of MRSA have also been disinfected.

The custodial staff has ensured that each of our schools is stocked with disinfectant detergents and extra training has been given to custodial staffs that have requested it. Other meetings with all of our custodial managers are also taking place to review our cleaning and disinfecting methods and to address any questions they may have.

## **Health Issues**

As advised by the Virginia Department of Health, we have been in close contact with the Prince William County Health Department, as well as our own medical consultant every step of the way. Our Divisionwide communication plan focused on good hand washing and included a parent tip sheet of other health-related precautions.

Unless our school personnel observe an unusual skin lesion first-hand, we are dependent upon the students or their families to inform us of an infection, and in some cases, we were not made aware until after-the-fact.

Based on the inquiries of our own health services staff, we discovered that initially some of the students diagnosed with MRSA did not have culture tests done, but were prescribed antibiotics anyway. And, of course, this strain of staph infection is already resistant to antibiotics, so, to be assured that we can confidently communicate to our parents, we need to be confident that the medical community is treating these cases using best medical practices.

Because staph in general, and the MRSA strain included, can be found anywhere at anytime – in fact most of us are most likely carrying it on us today – the medical community can't say definitively that the person infected is MRSA-free without reculturing, and from what we know, that is not always being done. However, doctors are clearing students for school because it is not contagious if a sore is not "open," and since it is not an airborne infection.

Since we do know that MRSA can be spread by contact with an infected open, oozing wound we did decide to not let any students diagnosed with a confirmed case of MRSA participate in sports or physical activity, if they had any wound at all.

## **Observations**

If asked as to what could be done to help school divisions in the future to better respond to our communities on such health related issues, I would respond with the following:

- Government (federal, state, and local) could help to serve as the calming force with the public by alleviating unfounded fears, possibly through public safety announcements;
- Local, state, and/or federal health agencies should be out in front of the media so they don't end up driving the message without the proper professional guidance, and perhaps create a public hysteria in the process;
- A good example is our working relationship with law-enforcement agencies and the media. If a criminal incident occurs at a school, the media asks us school-related questions but then asks the law enforcement agency questions pertaining to the criminal nature of the incident.
- The medical community (e.g., Centers for Disease Control, state and county health departments) could quickly speak to the facts. In the case of MRSA, reinforcing with the public how it is contracted, that even when a student is diagnosed it doesn't mean that the infection was actually contracted at school, and that schools don't necessarily need to close down to disinfect; and
- The medical community could take the lead role (of course in collaboration with the schools) in very proactive ways to communicate with the public on such issues. School officials are not the medical experts.

### **Closing Remarks**

While Prince William County Public Schools had excellent communications protocols in place prior to this recent MRSA event, this experience has allowed us to fine tune our communications planning, making improvements where needed, so that we are even better prepared for any future similar events.

Thank you for allowing me this opportunity to share with this distinguished body of legislators my perspective on this issue.



Steven L. Walts  
Superintendent of Schools