



Tarrant County Public Health Guidelines for School Evaluations Regarding Ebola

The Ebola epidemic in Africa is likely to continue for months and the recent “Case” in Dallas that had traveled from Liberia illustrates the need for vigilance. This guidance document is intended for school nurses and health care personnel who assess students.

Background

Ebola is a viral disease endemic to parts of Africa where sporadic outbreaks have occurred since it was first described in 1976. Symptoms of the disease include fever, severe headache, sore throat, malaise (not feeling well), muscle pain, vomiting, rash, diarrhea, stomach pain, unexplained bleeding or bruising.

Ebola is spread from a symptomatic Ebola “Case” to others via direct contact with broken skin or mucous membranes such as the eyes, nose, or mouth via:

- blood or body fluids (including but not limited to urine, saliva, sweat, feces, vomit, breast milk, and semen) of a person who is sick with Ebola (a “Case”); or
- objects (like needles and syringes) that have been contaminated with the virus.

Upon onset of symptoms the person (a “Case”) is infectious and the infectiousness increases as the disease progresses. It is not an airborne disease. Use of standard, contact, and droplet precautions is considered effective in preventing transmission and should be used for patients suspected of having the Ebola virus disease.

The following diagram illustrates how this disease is transmitted.

(RED) A person who is sick and has been diagnosed and **Lab Confirmed** to have Ebola, is called a “Case”.

(YELLOW) A person who came in close proximity with a symptomatic Ebola “Case” is called a “Contact”. This person, **without symptoms**, is not infectious. Public Health monitors “Contacts” for symptoms of Ebola so that they may be given health care quickly and prevents further exposure of other individuals.

(GREEN) A person who lives with a “Contact” and has not been exposed to an Ebola “Case” is considered a “No Risk Person” for transmission. This “No Risk Person” is often referred to as *contact-of-a-“Contact”*. Since this person has not been exposed to Ebola, s/he cannot pass the disease to someone else. From a Public Health perspective, this individual may conduct normal daily activities.



Example:

A student who lives with a “Contact” without symptoms has not been exposed to Ebola and therefore cannot transmit the disease. This individual is considered a “No Risk Person”.

If the “Contact” becomes symptomatic and therefore becomes a “Case”, then the student who has been living with the “Contact” (now a “Case”) becomes a “Contact”. Public Health will investigate the student’s exposure, implement isolation procedures (withhold from school), and begin monitoring their health for symptoms for the next 21 days.

Guidelines for School Nurse Assessment – Ebola

Nurse provides assessment, interventions, and identification of outcomes and evaluation of individual with potential for exposure to Ebola. All information should remain confidential. Bloodborne Pathogens Standards will be observed. Follow Health Department and CDC guidelines for applying and removing Personal Protective Equipment (PPE).

Assessment

History - Assess contact history and travel history (Verify with Parent/Guardian)

1. **Contact** - A person who came in close proximity with a symptomatic Ebola “Case” is called a “Contact”.
2. **Travel** – Has the individual traveled from West Africa (Guinea, Sierra Leone, and Liberia) within past 21 days?

Symptoms

1. **Fever** – Does individual have fever of 100.4 F or greater?
2. **Other symptoms** – Does individual have other symptoms such as fever, severe headache, sore throat, malaise (not feeling well), muscle pain, vomiting, rash, diarrhea, stomach pain, unexplained bleeding or bruising?

Nursing Diagnosis/ School Screening Guidelines:

If the contact or travel history is positive AND the person has one or more of the listed symptoms, follow the guidelines below:

Symptoms include a fever, severe headache, sore throat, malaise (not feeling well), muscle pain, vomiting, rash, diarrhea, stomach pain, unexplained bleeding or bruising.

Suspected Case Management Guidelines:

1. Immediately, put on personal protective equipment (PPE) such as gloves, eye protection, and face mask/face shield and practice droplet precautions while in contact with individual.
2. Provide mask for individual to apply.
3. Isolate individual in clinic behind a closed door and close the clinic for further business. Current students in clinic should be sent to another location.
4. Begin implementing the notification plan.

Notification Plan:

1. Notify Director of Health Services/ISD Lead Nurse immediately.
2. Notify parent/guardian to verify contact and travel history given by the student. If confirmed, advise the parent/guardian, that you will be calling 911 and will advise of hospital destination when determined.
3. Director, Lead Nurse, or school nurse should contact Tarrant County Public Health Epidemiology. During business hours 817-321-5350, after hours 817-994-3708. Public Health will review the information over the phone and assist in determining if the person this should be a person under investigation. Follow guidance or recommendations given.
4. When 911 EMS is called, state “suspected infected patient needs an ambulance.” Upon EMS arrival verify that they know student should transport as possible Ebola.
5. Notify Principal or other administration as directed by your district.
6. Complete documentation in student’s health record as soon as feasible.
7. Consult with TCPH for Clean-up guidance.

History of direct contact with a known Ebola “Case” but symptoms are negative:

This person/student is considered a “Contact”. This student should be followed daily by their health department. Call TCPH at 817-321-5350 and 817-994-3708 after hours to notify Public Health that you may have an Ebola “Contact”. Public Health personnel will review the information with you to assess actual risk. TCPH understands that school-aged children may not self-report feeling sick or feverish in a timely manner. We also realize the community impact and considerations you face assuring families about the safety of their children attending school alongside “Contacts” still within their 21-day monitoring period. Therefore, TCPH advises excluding a “Contact” from campus and other school activities for the 21-day monitoring period.

No history of known contact with a symptomatic Ebola “Case” and travel history is negative:

The person is at no risk of having Ebola. This is a “No Risk Person”.

History of contact with someone who is a “Contact” of an Ebola “Case”:

This person/student is at no risk of having Ebola since they didn’t come in contact with an Ebola “Case”. Therefore, this person is a “No Risk Person”, also commonly referred to as *contact-of-a-“Contact”*.

How to assess “Returning Travelers”?

History of travel to Liberia, Guinea or Sierra Leone in the last 21 days, but symptoms are negative:

These individuals are considered as “Returning Travelers”

There is no immediate risk to anyone at school. Please call TCPH at 817-321-5350 and 817-994-3708 to notify Public Health that you may have a “Returning Traveler” from an Ebola affected country. Public Health personnel will review the information with you to assess actual risk. TCPH understands that school-aged children may not self-report feeling sick or feverish in a timely manner. We also realize the community impact and considerations you face assuring families about the safety of their children attending school alongside students who have arrived from the affected countries within the last 21 days. Therefore, TCPH understands that school administration may decide to exclude students with a positive travel history from a campus until 21 days from arrival date have passed.

The above information is considered to be minimum standards set forth by Tarrant County Public Health. Your individual school administration may choose to implement additional procedures/safeguards.