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AFT Health, Safety and Well-Being

Preparing for Ebola in Schools

Most of us are aware of the terrifying Ebola outbreak in Africa. More than 3,000 people have died in Liberia, Sierra Leone, Guinea and Nigeria, and many more are expected to die before this tragic epidemic ends. Media reports have put the mortality rate at greater than 90 percent in most of these countries, except in Nigeria (which has a better health system) and where the spread appears to be under control.

With the first report of a U.S.-confirmed Ebola case in Dallas, the specter of the epidemic is closer to home.

We should not panic. Chances are there will never be an Ebola epidemic in the U.S. Despite early bumbling in the Dallas hospital where the Ebola patient is being treated and in the public health department, health officials have this case mostly under control. The risks still remain extremely low for U.S. citizens to contract Ebola. And the chances of transmission in a school setting are even lower.

Understanding some basic facts about Ebola is the first step to protecting yourself, co-workers and students in the event Ebola comes to your community or school.

Ebola

Ebola was first reported in 1976 in Africa. Since then, there have been small outbreaks, usually in rural areas. The current Ebola outbreak is the largest in history. Ebola is considered a hemorrhagic (bleeding) fever disease, because victims experience high fevers and often external bleeding.

The current epidemic has spun out of control because it is occurring in cities that lack hospitals and public health capacity to institute good infection control, garner community support and educate people about preventing the disease. There are many myths and misconceptions about Ebola that circulate in West Africa and may begin to circulate here.

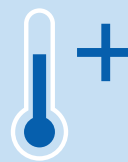
The early symptoms of Ebola often make it difficult to diagnose. Once someone is infected, the virus may incubate two to 21 days with no symptoms. Early symptoms include high fever (usually over 100.4 degrees Fahrenheit), chills, muscle aches and fatigue. As the disease progresses, victims often develop a rash over their torso, abdominal tenderness and diarrhea. Some experience kidney and liver failure, profuse bleeding from the mouth and gastro-intestinal tract, and severe neurological symptoms. Patients usually endure a two-week course

Ebola Quick Facts



Incubation period

Once someone is infected, EVD may incubate two to 21 days with no symptoms



Early symptoms

High fever (usually over 100.4°F), chills, muscle aches and fatigue

of painful symptoms. If they survive, they generally have no long-term health effects associated with infection and have lifetime immunity to the disease.

There is currently no specific anti-viral therapy for Ebola. However, several new therapies and a vaccine are now being tested. If these clinical tests are successful, the Centers for Diseases Control and Prevention (CDC) and the World Health Organization plan to have all of these available by early 2015 for West African patients and any others in need.

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Routes and transmission and risk of infection

A person is at risk of infection if he or she comes into direct contact with the blood and/or body fluid of a **symptomatic infected person**. Most Ebola victims were exposed because they cared for loved ones at home or were healthcare workers whose protective equipment and gear were inadequate. According to the CDC, the virus is not transmitted through the air or water.


Ebola Risk Facts




You are at risk ONLY IF you come into direct contact with the blood and/or body fluids of a **symptomatic infected person**



Ebola Route Facts





EVD is NOT TRANSMITTED through **air or water**, according to the CDC



What precautions should be in place in schools?

Practicing standard universal precautions is the most effective method to protect students and staff. Since the Occupational Safety and Health Administration—OSHA promulgated the bloodborne pathogens standard, most school districts have adopted universal precautions. Now is the time to reinforce their use in schools. In summary, these precautions include:

-  Frequent hand-washing and use of alcohol-based hand sanitizers when hand-washing is not feasible.
-  Equipping all staff (school bus drivers, school nurses, teachers, paraprofessionals, custodians and office personnel) with gloves and barriers that can be used to prevent exposure to blood and body fluids.
-  Maintaining puncture-proof needle-disposal boxes in the nurse's office.
-  Having a strict protocol for cleanups of blood and body fluids.
-  Judicious use of disinfectants and sanitizers to clean up blood and body fluid spills.

Along with the practice of universal precautions, every school should have a new protocol for early identification of children with high fevers. Children with high fevers should not be allowed to stay in the general school population; they should be isolated as soon as possible. This preventive strategy also may help protect students and staff from unnecessary influenza exposure during flu season.

Every child or staff person with a fever of 100.4 degrees Fahrenheit or higher should be evaluated for travel to or from a high-impact area in West Africa or contact with a confirmed or suspected case of Ebola. If a student or staff person meets these criteria, there should be arrangements to work with the local health department to transport them to the appropriate healthcare facility.

All staff should be trained on this terrible disease so that the emotional and social toll of Ebola will be lessened for students and parents. Reducing fear and anxiety will be a high priority if the goal is to keep everyone safe and minimize unnecessary school disruption.

For more information, contact the AFT health, safety and well-being department at Health&Safety@aft.org.