



## URGENT

### EBOLA SCREENING

Dear Health Career/Nursing Students & Faculty/Staff:

With the current concerns regarding Ebola nationally and internationally, El Paso Community College and our clinical affiliates want to make sure that students, faculty, and our clinical sites/patients remain safe and healthy.

Therefore, we are asking our students, faculty, and staff to identify any recent travel, especially to the following target countries:

- Guinea
- Liberia
- Sierra Leone
- Nigeria (restricted to travel to Lagos and Port Harcourt)

These countries/areas have been identified by the WHO/CDC as areas that have active Ebola. Currently, clinical experiences are not restricted based upon travel alone. However, the college must be vigilant in accessing students, faculty, and staff who have recently traveled to these areas (within the past 21 days) and who present with any of the following symptoms associated with Ebola:

- Fever (greater than 38.6°C or 100.5°F)
- Severe headache
- Muscle pain
- Weakness
- Diarrhea
- Vomiting
- Abdominal (stomach) pain
- Unexplained hemorrhage (bleeding or bruising)

**Any student, faculty, or staff who have a direct association between travel *and* any of the above symptoms need to be immediately removed from clinical practice and referred to the appropriate health authority for evaluation. A clearance letter from a licensed physician, nurse practitioner, or physician's assistant (or health department official) that they have been screened and tested for Ebola may be required before returning to clinical.**

**Any student, faculty, or staff who travel to any of the identified sites must update this documentation upon return.**

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## URGENT

### EBOLA SCREENING

Nursing Students & Faculty/Staff:

The Ebola Screening form must be completed by each student entering/reentering an EPCC nursing program or by a faculty or staff member. The form must be completed prior to starting a nursing program or if already enrolled in a nursing program at EPCC will be completed one more time in Fall 2016 unless circumstances change.

Students, please respond to the following questions, sign, and return to the Nursing Lab Facilities Supervisor prior to registration. Faculty will respond and return to the Nursing Lab Facilities Supervisor prior to the first class day.

1. I have traveled to Guinea, Liberia, Sierra Leon, or Nigeria, Lagos, or Port Harcourt during the past 21 days.  
\_\_\_YES \_\_\_NO.

2. **If the answer to item 1 above is NO**, please stop here, sign and date below.

3. **If the answer to item 1 above is YES**, please identify the specific country(s) and dates of travel:  
\_\_\_\_\_

4. **If the answer to item 1 above is YES**, please identify any symptoms you have/have not exhibited now or during the previous 21 days:

- |  |              |
|--|--------------|
| a. Fever (greater than 38.6°C or 101.5°F)        | ___yes ___no |
| b. Severe headache                               | ___yes ___no |
| c. Muscle pain                                   | ___yes ___no |
| d. Weakness                                      | ___yes ___no |
| e. Diarrhea                                      | ___yes ___no |
| f. Vomiting                                      | ___yes ___no |
| g. Abdominal (stomach) pain                      | ___yes ___no |
| h. Unexplained hemorrhage (bleeding or bruising) | ___yes ___no |

**I verify that my responses to the above are true to the best of my knowledge. I understand it is my responsibility to report if I have traveled to any of the identified sites and must update this documentation upon return and report if I have any symptoms mentioned above immediately.**

Discipline/Program: Nursing Program Category:  Student  Faculty  Staff

Print Last Name: \_\_\_\_\_ Print First Name: \_\_\_\_\_ EPCC ID #: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_