Rehabilitation Associates of Connecticut, Inc.

Birth to Three

Health and Safety Manual

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Section 4- Resources for Families

Coming soon!

Section 1

Chapter 1: Introduction and Background

I. This set of occupational safety and health rules are meant to provide all Birth to Three employees at Rehabilitation Associates of Connecticut, Inc. the proper guidelines to prevent accidents and loss of life, or health.

II. All applicable guidelines were developed from the Occupational Safety and Health Administration (OSHA) Code of Federal Regulations and the Centers for Disease Control (CDC).

III. Rehabilitation Associates of Connecticut, Inc. has a responsibility to provide a safe workplace for its employees. Employees also have a responsibility to follow safe practices to protect themselves and others working around them.

IV. The policies and procedures set forth herein are hereby approved and declared effective unless officially changed. All previous instructions, written and oral, relative to or in conflict with this manual are hereby superseded.

Rules and guidelines cannot always be provided to ensure or guarantee a safe workplace in all work situations. Therefore, employees must use common sense in those situations.

Section 1

Chapter 2: Purpose and Scope

The purpose of this Health and Safety Manual is to create an overall awareness of the hazards of the job as well as to offer guidelines for safe practices. It is also meant to establish uniformity in the interpretation and administration of laws, regulations, policies, and procedures applicable to the Birth to Three department.

Employees are required to review, be familiar with, and understand the information set forth in these guidelines. Rehabilitation Associates of Connecticut, Inc.'s safety efforts shall be ongoing and focus on continuous improvement.

Section 1

Chapter 3: Safety and Health Policy Statement

The Occupational Safety and Health Act and OSHA require employers to furnish employees a place of employment free from recognized hazards that are causing or likely to cause death or serious physical harm. It is the policy of Rehabilitation Associates of Connecticut, Inc. to pursue every reasonable effort to provide a safe and healthful working environment for employees. The safety and health of our employees is our highest priority. Employees are required to follow all Rehabilitation Associates of Connecticut, Inc.'s safety rules. Unsafe working conditions and practices must be reported to Human Resources immediately. Employees must also report to Human Resources any injuries that occur at the workplace. It is further policy that all employees shall conduct their work and activities in a safe manner.

Rehabilitation Associates of Connecticut, Inc. intends to comply with all safety laws and regulations. Safety issues will be reviewed regularly with our employees.

Section 1

Chapter 4: Program Compliance and Responsibilities

Administrative Support

The Directors of Rehabilitation Associates of Connecticut, Inc. fully support the concept of safety and accident prevention for all employees and encourage all feasible means of achieving a safe and healthful working and learning environment.

Compliance with Safety Regulations

It is the policy of Rehabilitation Associates of Connecticut, Inc. to maintain, within reason, facilities and practices that are in compliance with local, state, and federal health and safety regulations. In the absence of appropriate statutes or regulations, standards of nationally recognized professional health and safety organizations will serve as a guide.

Supervisor's Responsibility

While the Directors have the ultimate responsibility for the safety of employees, a great deal of safety responsibility has been delegated to supervisors. Supervisors are directly responsible and accountable for the welfare of employees assigned to them and for the administration of health and safety regulations and company safety procedures. Supervisors are also responsible for ensuring that all new employees assigned to them receive the appropriate safety training from Human Resources within one quarter of their hire.

Supervisor Duties:

• Make every reasonable effort to ensure the safety of employees under your control. For hazards that are not within your ability to correct, notify Human Resources about the conditions.

• Have employees report all injuries on an Incident Report form and send to Human Resources within 24 hours of the time of the incident.

• Promote safe practices and attitudes among employees. If protective equipment must be used, promote its use by example.

• Consider safe work habits as a part of all Performance Review criteria.

• Respond to employee's concerns for safety in a positive manner and take appropriate corrective action.

Employee Responsibilities

Employees of Rehabilitation Associates of Connecticut, Inc. must have a common goal of keeping accidents and illnesses to a minimum. Most accidental injuries and illnesses in the work environment are caused by unsafe work habits. Therefore, all employees should continually strive to develop habits and procedures that will reduce exposure to potential injury. Employees are urged to make safe performance an essential element of every task.

Employee Duties:

• Read the Health and Safety manual.

• Conduct their work safely and follow all safety rules.

• Wear personal protective equipment as required in the guidelines in this manual. Such equipment will be provided by Rehabilitation Associates of Connecticut, Inc.

• Report hazards or unsafe work practices to supervisors or Human Resources.

• Report all injuries on an Incident Report form and send to Human Resources within 24 hours of the time of the incident.

Employees are also encouraged to offer solutions for safety problems or concerns.

Section 1

Chapter 5: Training and Communication

Rehabilitation Associates of Connecticut, Inc.'s Human Resources Department is responsible for establishing, implementing, and maintaining a system for communicating with employees about health and safety matters. All information will be designed to be presented in a matter readily understood by employees. Verbal communications will be supplemented with written materials and/or postings. Whenever appropriate, statutes and policies affecting employees shall be made available. Employees will receive periodic and as needed health and safety training on a continual basis to enhance their knowledge, skills, attitudes, and motivations concerning health and safety policies and procedures.

Employees who may come into contact with hazardous substances or practices in the workplace shall be provided information concerning the particular hazards which may be posed and the methods by which they may deal with such hazards in a safe and healthful manner.

Employees shall receive training on all company health and safety policies within one quarter of their hire and again during annual refreshers.

Whenever a health and safety policy or procedure is changed significantly, those affected will be retrained on the new policy or procedure.

Regular employee meetings will discuss safety concerns as needed.

Record Keeping and Documentation

The Human Resources Department will document all training and communications, whether conducted in meetings, via written materials, or in one-on-one training sessions.

Specifically, records will be kept of who was trained, who did the training, when the training occurred, and what was taught. Training records will be kept in a training file in the HR Department and training records for individual employees will be kept in each employee's file.

Documentation will include training session agendas, signup sheets with signatures of attendees, and copies of any written communication. Documentation of employee suggestions, concerns, and/or disputes will also be maintained.

Safety Items Required by Law

Safety items will be posted as required by law. Posters on Worker Protection Standards will be placed in common areas and on the Employee Website. Items such as MSDS (Material Safety Data Sheets) will be readily available to employees.

Section 1

Chapter 6: Safety Coordinator

The following individual has been designated to coordinate and administer the safety and health efforts of the Birth to Three department and to serve as the point of contact for all safety matters:

Safety Coordinator: Tara Kovach, Human Resources Manager

Telephone # (203) 332-4363

Email: t_kovach@rehabassocinc.com

Fax: (203) 330-6761

Address: 1931 Black Rock Turnpike, Fairfield CT 06825

Safety Coordinator Responsibilities

• Maintain the Birth to Three department's safety program to ensure compliance with state and federal laws, regulations, and standards, published policies, and past practices.

• Provide guidance and recommendations to all levels of management in the formulation of policy and promotion of sound safety practices that will address program needs and provide for continuous improvement.

•Periodically provide safety-related communications/education to employees about the company's safety policy and procedures and any recent plan revisions.

• Establish and monitor safety program goals and objectives.

• Review the program annually to evaluate effectiveness and identify areas in need of improvement.

• Ensure that all employees are aware of the company safety and health policies, procedures, rules, and enforcement measures.

• Ensure that procedures are in place and followed to maintain contact with injured workers.

• Maintain applicable Material Safety Data Sheets and ensure appropriate availability.

• Ensure appropriate safety signage is posted.

• Coordinate and/or maintain all necessary health and safety program documentation.

• Develop procedures for identifying, reporting, and responding to employee concerns.

• Develop and maintain procedures for reporting, investigating, recording, and tracking workplace incidents.

• Make recommendations to eliminate unsafe or unhealthy conditions.

• Follow-up to ensure recommendations have been effectively communicated.

• Identify and develop the necessary safety training programs and materials for new and existing employees as needed.

• Ensure that a health and safety orientation is provided to all new employees within one quarter of their hire.

• Ensure there are an appropriate number of individuals trained in First Aid and/or CPR to provide suitable coverage.

• Maintain and update the company safety manual.

•Develop safe policies, procedures, and protocols to ensure compliance and address workplace hazards.

• Implement or administer an effective employee suggestion and communication program to address concerns and ideas to improve employee safety and well-being.

Section 2- General Safety Rules

Chapter 1: Hazard Communication

In order to comply with OSHA 1910.1200 Hazard Communication Standard, the following written Hazard Communication Program has been established for Rehabilitation Associates of Connecticut, Inc.'s Birth to Three Program.

The written program will be available at the Safety Coordinator's office for review by any interested employee.

1. Container Labeling.

The Safety Coordinator shall verify all incoming containers received for use are clearly labeled to indicate:

-The identity of the contents (the identity must match the corresponding Safety Date Sheet)

-Appropriate hazard warnings (including routes of entry and target organs)

-The names and address of the manufacturer, importer, or responsible party.

The supervisor of each area will ensure that all secondary containers (those containers other than the original) will be labeled with:

-The identity of the contents (the identity must match the corresponding SDS)

-Appropriate hazard warnings (including routes of entry and target organs)

2. Safety Data Sheets (SDSs)

The Safety Coordinator will be responsible for obtaining and maintaining Safety Data Sheets for the Birth to Three Department. It is the policy for this organization that when toxic or hazardous substances are received without an SDS, or the appropriate SDS is not on file, the chemical will not be accepted until such information is available.

The Safety Coordinator will review incoming SDSs for new and significant health/safety information. She will see that any new information is passed on to the affected employees. If an SDS is incomplete, a new SDS will be requested from the manufacturer/supplier by the Safety Coordinator.

SDSs shall be available to each employee during his/her work shift. To obtain a copy of the SDSs, request one from the Safety Coordinator.

3. Employee Training and Information

The Safety Coordinator is responsible for the employee training program. She will ensure that all elements specified below are carried out.

Within 30 days of hire, each new employee will attend a health and safety orientation and will receive information and training on the following:

a. An overview of the requirements contained in the OSHA Hazard Communication Standard, 1910.1200
b. Any operations in their work area where hazardous chemicals are present
c. Location and availability of our written hazard program
d. Physical and health hazards of the chemicals in their work area
e. Methods and observation techniques used to determine the presence or release of toxic and hazardous substances in the work area.
f. Measures employees can take to protect themselves from hazards in their workplace, including specific procedures the employee has implemented to prevent exposure to hazardous chemicals, such as appropriate work practices, emergency procedures, and personal protective equipment.
g. Explanation of the labeling system and what the label information means.
h. Explanation of SDSs and how employees can use this information to protect themselves.

Prior to a new chemical hazard being introduced, each employee in that section will be given information as outlined above.

4. List of Hazardous Chemicals

The following is a list of all known toxic and hazardous substances used in the Birth to Three department. Further information on each listed substance can be obtained by reviewing the appropriate Safety Data Sheets.

Identity of Product: Oxivir Tb Wipes; Clorox Professional Disinfecting Spray

Toxic/Hazardous Substances: For Oxivir Tb Wipes: Hydrogen Peroxide

For Clorox Professional Disinfecting Spray: Ethanol, n-Butane, Isobutane & Propane

Work Area and Process: Oxivir Tb Wipes used throughout work day (office, car, client home, etc.). To be used as a disinfectant for all hard surfaced items. Clorox Professional Disinfecting Spray is to be used in our office facilities only. To be used as a disinfecting spray (effective against coxsackievirus).

5. Hazardous Non-RoutineTasks

Periodically, employees are required to perform hazardous non-routine tasks. Prior to starting work on such projects, each affected employee will be given information by their supervisor about hazardous chemicals to which they may be exposed during such activity. This information will include:

-specific hazards

-protective/safety measures the employee can take

-measures the program has taken to lessen the hazards including ventilation, respirators, presence of another employee, and emergency procedures

Non-routine tasks performed by the employees of this program are:

Task: None identified at this time.

Toxic/Hazardous Substances: N/A.

If employees do not understand any aspect of the above information, they should not perform the tasks. The supervisor should be contacted for additional training.

6. Informing Contractors

It is the responsibility of the Safety Coordinator to provide contractors with the following information:

-Notify contractors of the toxic and hazardous substances to which they may be exposed while on the job site and how the appropriate SDS can be obtained.

-Precautionary measures that need to be taken to protect contracted employees during the workplace's normal operating conditions and in foreseeable emergencies.

-Explanation of labeling system uses.

The Safety Coordinator will also be responsible for contacting each contractor before work is started at the facility to gather and disseminate any information concerning chemical hazards that the contractor is bringing to our workplace.

If anyone has questions or does not understand the plan, contact the Safety Coordinator. Rehabilitation Associates of Connecticut, Inc.'s Hazard Communication Program will be monitored by the Directors and Safety Coordinator to ensure that the policies are carried out and the plan is effective.

Section 2

Chapter 2: Personal Protective Equipment

Personal Protective Equipment, commonly referred to as "PPE" is equipment worn to minimize exposure to a variety of hazards. When there is a risk of hazard exposure, Rehabilitation Associates of Connecticut, Inc. will provide, at no cost to employees, appropriate personal protective equipment such as, but not limited to, gloves, gowns, face shields or masks, and eye protection and mouthpieces. Personal protective equipment will be considered "appropriate" only if it does not permit blood or other potentially infectious materials to pass through or reach the employee's work clothes, street clothes, undergarments, skin, eyes, mouth or other mucous membranes under normal times in which the protective equipment will be used.

The type and amount of personal protective equipment to be used will be chosen on a case by case basis. The type of exposure and the quantity of blood or other potentially infectious materials which can be reasonably anticipated to be encountered during the performance of a task or procedure will also be considered. Rehabilitation Associates of Connecticut, Inc. will ensure that the employee uses appropriate PPE unless Rehabilitation Associates of Connecticut, Inc. can show that the employee temporarily and briefly declined to use personal protective equipment when, under rare and extraordinary circumstances, it was the employee's professional judgment that in the specific instance its use would have prevented the delivery of health care services or would have posed an increased hazard to the safety of the worker or co-worker. When the employee makes this judgment, the circumstances shall be investigated and documented in order to determine whether changes can be instituted to prevent such occurrences in the future.

The maintenance and restocking of Personal Protective Equipment will be done on a regular basis. The equipment will be stored in a central place in each office location. The Safety Coordinator will be responsible for restocking supplies.

Personal Protective Equipment Guidelines

When possible, direct skin contact with bodily fluids should be avoided.

Gloves: Disposable, non-latex gloves will be worn when it can be reasonably anticipated that the employee may have hand contact with blood, other potentially infectious materials, mucous membranes, and non-intact skin and when handling or touching contaminated items or surfaces.

Gloves must be replaced as soon as practical when contaminated, or immediately if they are torn, punctured, or when their ability to function as a barrier is compromised. They will not be washed or decontaminated for reuse.

Gloves, after use involving contact with body fluids, should be placed in a plastic bag or lined trash can, secured, and disposed of daily.

Staff with sores or cuts on their skin (non-intact skin) having contact with blood or bodily fluids should always double glove if lesions are extensive.

Gloves need not be worn when feeding children or when wiping saliva from skin, unless blood is present or the employee has cuts or wounds on their hands.

Wash hands with soap and water after removing gloves.

Unanticipated skin contact with bodily fluids may occur in situations where gloves may not be immediately available (when wiping a runny nose). In these instances, hands and other affected skin areas of exposed persons should be thoroughly washed with soap and water as soon as possible.

Masks, Eye Protections, and Face Shields: Masks in combination with eye protection devices, such as goggles or glasses with solid side shields or chin-length face shields will be worn whenever splashes, spray, splatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can be reasonably anticipated.

Gowns and Other Protective Clothing: Appropriate protective clothing will be worn in occupational exposure situations. The type and characteristics will depend upon the task and degree of exposure anticipated.

Section 2

Chapter 3: Application and Removal of Personal Protective Equipment

*** Please note this procedure is meant to provide comprehensive information regarding all types of protective equipment—it is not anticipated that Birth to Three employees will need to utilize many of these items.**

All employees will follow proper procedure for application and removal of Personal Protective Equipment.

Application:

1. Wash hands.

2. Put on clean disposable gown when appropriate.

3. Done gown and tie strings at neck.

4. Overlap gown at waist and tie it.

5. Pull mask snuggly over your mouth and nose. Pinch mask around the bridge of the nose.

6. Secure the mask either behind the ears or tie it behind your head so the mask will not fall off.

7. Apply goggles or face shield if needed.

Removal:

1. Untie the strings of the gown while still wearing gloves.

2. With both hands gloved, peel one glove from top to bottom and hold it in the gloved hand.

3. With the exposed hand, peel the second glove from the inside, tucking the first glove inside the second and discard them in a trash bag.

4. Untie your mask and holding it by the strings only; discard it properly.

5. Grasp the outside of your gown at the shoulders and pull it down over your arms and inside out.

6. Fold the gown inside out and discard it.

7. Wash your hands and wrists following the proper hand washing procedure.

Section 2

Chapter 4: Maintenance of Office Space

Keep work areas clean and orderly. Keep aisles clear at all times.

Always stack material in a manner so that it cannot fall or easily be knocked over. Windowsills, ledges, and tops of cabinets shall be kept free of heavy objects.

Spilled liquids shall be cleaned up immediately.

Tripping hazards shall be corrected immediately or reported to the appropriate supervisor for repair.

In office locations, all stored materials (containers, bags, etc.) stacked in tiers must be stacked, blocked, interlocked, and limited in height so that they are secure against sliding or collapse. Storage areas must be kept free from accumulation of materials that constitute hazards from tripping, fire, explosion, or pest harborage. Aisles and passageways must be kept clear and in good repair, with no obstruction across or in aisles that could create a hazard.

Section 2

Chapter 5: Proper Use of Office Equipment and Furniture

Equipment shall only be utilized for its intended purpose.

Bottom drawers of file cabinets should carry the heaviest loads. Open and close file drawers by using handles. Only one file drawer at a time should be opened. All desk and file drawers shall be closed when not in use.

Chairs, desks, tables, and cabinets shall not be used for climbing or reaching overhead objects.

Keep fingers away from point of operation of such tools as staples, punches, and paper cutters.

Sharp objects shall be kept in front part of desk drawers where readily visible.

Electrical cords shall be kept in good repair. Cords with frayed insulation or broken ground prongs shall be replaced. Plugs shall be totally enclosed to prevent shock. Extension cords shall only be used in accordance with the ratings on the plug.

Only trained and authorized personnel shall attempt to repair or adjust electrical equipment.

Section 2

Chapter 6: Emergency Evacuation and Fire Prevention and Protection

Emergency action and fire prevention and protection are the responsibilities of all employees. Every employee must be aware of evacuation procedures in all of our office locations and of the locations of fire extinguishers, alarms, and exit routes in both familiar and nonroutine work areas. Employees may request that families provide them with adequate pathways to move within the home. Training for evacuation procedures will take place during a new employee's health and safety orientation training. Refresher training will be offered on an as-needed basis. Fire drills in office locations shall be conducted at least annually to ensure emergency procedures and systems are adequate and effective. The local fire department's number and other emergency numbers shall be posted near telephones in the offices at all times.

Evacuation Procedures

1. When there is a need to evacuate (i.e. fire, smoky conditions, explosion, or in response to a fire alarm), employees in an office setting should ensure all employees nearby are aware of the emergency and need to evacuate. In the home setting, an employee should make sure the family they are working with is aware of the need to evacuate.

2. Immediately begin to evacuate the building, unless you have been previously notified to disregard a sounding alarm. Continue to evacuate even if a sounding alarm ceases. Take your personal items with you if they are readily available.

3. Stairwells should be used as the primary means for evacuation. Do no use elevators unless authorized to do so by a fire fighter or police officer.

4. Use the nearest exit to evacuate the building and follow that building's evacuation plan and wait in the designated safe area.

5. If a fire alarm has not been activated, call 911 when you have exited the building to report the emergency. Do NOT attempt to fight a fire yourself using an extinguisher or other means.

6. Do not re-enter the building or home until authorized to do so by a police officer or fire fighter.

7. If evacuation occurred while with a family, document the events on your daily note.

Fire Prevention:

Good housekeeping by all employees is necessary for the elimination of potential fire hazards.

Some fire hazards include:

- accumulation of rubbish or trash
- open containers of flammable liquids
- flammable materials near heating devices
- materials stacked closer than 18 inches to sprinkler heads
- overloaded electrical circuits
- open electrical panels
- broken plugs, switches, and outlets and exposed wiring

Section 2

Chapter 7: Vehicle Safety

Employees shall not use cell phones or other electronic devices while operating their vehicle during work hours.

Rehabilitation Associates of Connecticut, Inc.'s Birth to Three employees shall abide by the following procedures when operating their vehicle during company time:

Seat belts shall be used by all employees and their occupants.

Employees shall not drive with a client nor transport a client as a passenger in their vehicle.

Employees shall ensure that all co-workers they may be transporting buckle their seat belts before operation of the vehicle.

Employees shall obey all traffic laws.

Additional Safety Guidelines:

Avoid other distracting activities, such as eating, drinking, or adjusting non-critical vehicle controls, like the radio, while driving.

Use the 'three-second rule' to determine safe following distance. When the vehicle in front of you passes an obstacle, count, '1-one thousand, 2-one thousand, 3-one thousand'. If your vehicle has not passed that obstacle, you are at a safe following distance.

Use detailed maps or a GPS.

Have your car checked and serviced regularly.

Keep the gas tank at least a quarter full.

Carry an emergency car kit containing a flashlight, extra batteries, flares, a blanket, and bottled water.

Section 2

Chapter 8: Injury Response Procedures

In the event that an employee becomes ill or injured during company time, or in the event a child becomes injured or ill while an employee is working with him/her, the following procedures shall be followed:

Injured Co-Worker or Child:

1. Call 911 if you, a co-worker, or a child you are working with requires immediate medical assistance.

2. Do not attempt First Aid procedures unless you are certified.

3. Remain with the injured or ill child or co-worker until medical assistance has arrived.

4. Document the events on your note sheet and complete and submit an Incident Report Form (see next page) to the Safety Coordinator within 24 hours of the time of the incident.

Employee (self) Injury:

1. All employees are required to notify their supervisor and the Safety Coordinator of any work-related injury or illness no matter how minor in nature.

2. If an employee reports to work visibly sick or becomes will while he/she is working, he/she may be sent home at the discretion of management if there is concern of infecting others. The employee may be required to provide a note from their doctor clearing them to return to work.

2. Employees must complete and submit an Incident Report Form (see next page) to the Safety Coordinator within 24 hours of the time of the incident.

Section 2

Chapter 9: Incident Report Form

INCIDENT REPORT

Date: _____

Time: _____

Occurrence: _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Patient (s) Involved: _____

_____

FOLLOW-UP: _____

_____

_____

_____

Signature: _____ Date: _____

Supervisor: _____ Date: _____

Section 2

Chapter 10: Return to Work Policy

Employees will stay in touch with the company regarding their health status while out of work for illness or injury.

At the discretion of the employer, if an employee misses time due to illness or injury, Rehabilitation Associates of Connecticut, Inc. may require a physician's note upon return, indicating that it is safe for that employee to return to work, or to verify an absence.

Section 2

Chapter 11: Workplace Violence and Harassment

Definition:

Workplace violence is any act or threat of physical violence, harassment, intimidation, or other threatening disruptive behavior that occurs at the work site. It ranges from threats and verbal abuse to physical assaults. It can involve employees, clients, bystanders, and visitors.

Policy:

It is the intent of Rehabilitation Associates of Connecticut, Inc. to provide a safe workplace for employees and to provide a comfortable and secure atmosphere for patients and others with whom we do business. The company has zero tolerance for violent acts or threats of violence.

Rehabilitation Associates of Connecticut, Inc. expects all employees to conduct themselves in a non-threatening, non-abusive manner at all times. No direct, conditional, or veiled threat of harm to any employee, patient, or company property will be considered acceptable behavior. Acts of violence or intimidation of others will not be tolerated. Any employee who commits or threatens to commit a violent act against any person during working hours will be subject to immediate discharge.

Employees who experience workplace violence or harassment during a session with a child may terminate the visit at their discretion and exit the premises as soon as feasible. It is not necessary to notify the family of the reason for the termination of the visit at that time.

If visits cannot be made due to safety concerns, employees shall consult with their immediate supervisor to schedule an alternative meeting place.

Reporting Workplace Violence & Harassment:

Employees should report any incidents of workplace violence and/or harassment to their immediate supervisor as soon as possible regardless of the severity of the incident. Employees should also complete an Incident Report form and submit it to the Safety Coordinator within 24 hours of the time of the incident. The employee may also choose to utilize the non-emergency police phone number for the town of the child's home to report the incident.

Section 2

Chapter 12: Personal Safety Guidelines

The following are a list of general safety guidelines for avoiding workplace violence and harassment:

1. If possible, visits in high-crime areas should be scheduled during morning hours and not later than school hours.

2. Consider working in pairs in high-crime areas.

3. Always know where you are going. Have accurate directions to the house or apartment.

4. When driving alone, have the car windows rolled up and doors locked. Leave space between you and the car ahead of you to avoid a car-jacking opportunity.

5. Park your car in a well-lighted area.

6. Park in an area away from large trees or shrubs that a person could hide behind.

7. Lock items such as purses, supplies, and personal belongings in the trunk of your car when out of site of the home. If carrying a bag, make it obvious that there are toys in it.

8. Be aware of your 'audience' when placing items inside your vehicle trunk.

9. Check inside and under your vehicle before entering it. Carry vehicle keys in your hand for accessibility as well as a means of protecting yourself.

10. If there is suspicion of weapons, illicit drugs, or alcohol present during a visit, terminate the visit as soon as possible.

11. Before getting out of the car, check the surrounding location and activity. If you feel uneasy, do not get out of the car.

12. Know where the bathrooms and exits are, and make sure there is always a clear path to them.

13. If an apartment building's hallways have men or teenagers loitering, have a family member meet you at the outside entrance and escort you into the apartment.

14. Know the location of the local police or fire department so that driving there for safety is an option.

15. Avoid parking in areas with poor visibility by others such as alleys or isolated buildings.

16. Keep your cell phone in your pocket, not away from you in a bag or purse or in the car. Keep your phone turned on ‘silent’ or ‘vibrate’ during visits.

17. Do not linger in your car or on the curb speaking with colleagues before or after a visit.

18. Consider carrying a personal alarm and/or a noise-making device such as a whistle.

19. Only carry a minimal amount of cash.

20. Always carry ID.

21. Make sure your cell phone battery is fully charged before you head to your visits.

22. Avoid wearing jewelry, necklaces or scarves.

23. Dress down-you are there to help a child; look like you belong in that area.

24. Wear an identification badge.

25. If confronted, speak to people in a calm, confident manner and make it clear you are there to “teach the child” or “work with the baby”.

26. Check in with someone in the office to let them know you are entering or exiting a high crime neighborhood. You can also utilize the ‘Find my Friend’ app on your cell phone.

27. Back into parking spaces for easier exit.

28. Stay alert-do not walk down the street while texting or talking on your cell phone.

Section 2

Chapter 13: Alcohol, Drugs, and Weapons Policy

Substance Abuse:

It is the policy of Rehabilitation Associates of Connecticut, Inc. to maintain a workplace free from the effects of drug and alcohol abuse. Rehabilitation Associates of Connecticut, Inc. has a legal and ethical responsibility to ensure that individuals abusing drugs and/or alcohol do not compromise staff and patient safety.

Employees are prohibited form the illegal use, sale, dispensing, distribution, possession, or manufacture of illegal drugs, controlled substances, narcotics, or alcoholic beverages on Rehabilitation Associates of Connecticut, Inc.'s premises or on off-site locations during working hours. Employees will be subject to disciplinary action, up to and including termination for violations of this policy. * Please see the Employee Handbook for the full Substance Abuse policy.

Birth to Three employees who observe illegal drug use or paraphernalia while in a child's home shall terminate the session immediately. It is not necessary to inform the family as to why the session is ending early. Employees should report this activity to the DCF hotline (800-842-2288) and their supervisor.

Firearms and Weapons:

All Rehabilitation Associates of Connecticut, Inc. employees are prohibited from possessing firearms, explosives, or weapons (hereafter referred to as "weapons") on any company premises or on off-site locations during working hours. Employees will be subject to disciplinary action, up to and including termination for violations of this policy.

When providing services to children in their homes, if an employee is aware of a weapon in the home, they shall request that, before service is provided, all weapons be disabled, removed from the area where care is provided, and stored in a secure location.

If an employee observes an unsecure weapon in plain view while providing services, the employee shall terminate the session immediately. It is not necessary to inform the family as to why the session is ending early. Employees should report this activity to the DCF hotline (800-842-2288) and their supervisor.

Section 2

Chapter 14: Fall Prevention

Slips, trips, and falls are the second most common cause of injury for home and community health workers. Employees can be injured by a slip, trip, or fall both inside and outside the client's home.

To prevent injuries inside the home:

- Keep your shoes on while you work.
- Check the floor surface before walking on it to assess if it is slippery or uneven.
- Watch out for wrinkled or worn carpet and vinyl tiles that are curling at the edges.
- Watch out for clutter in walkways and stairs.
- Always use handrails when walking in stairways and take one step at a time.

To prevent injuries outside the home:

- Do not rush. Plan your route and stay focused.
- Wear sturdy, flat shoes with good tread and slip protection.
- Be especially careful and walk slowly when walking on uneven, wet, or icy surfaces.
- Use a flashlight.
- During inclement weather, employees may request family members to clear a path free of ice/snow to facilitate a safe entrance to the home.

Section 2

Chapter 15: Animals

Employees may request that family members keep animals restrained during home visits. If the animals are not restrained or if family members refuse to do so, the home visit will be terminated.

Safety Tips:

1. Respect a dog's space: do not casually place your hands on a dog's fence or other property. Dogs are territorial by nature and may feel threatened. Do not approach a dog you do not know-especially if on a chain, behind a fence, or in a car. Call the family on the phone and ask them to come out and restrain the dog.

2. Dogs off leash: If a dog approaches- stand still with your arms close to your sides and avoid eye contact. If the dog loses interest in you, slowly back away.

3. Be careful around sick and old dogs: they can be more irritable.

4. Do not turn your back and run away from a dog, they will instinctively chase you.

5. Do not yell or throw things at a dog, put something-your bag, purse, or coat between you and the dog.

6. Let sleeping dogs lie: do not disturb a dog that is sleeping or eating.

7. Let a dog sniff the back of your hand before petting him/her.

8. Do not approach a mother dog caring for puppies as they will be more protective.

*If you are bitten by a dog: Please see the procedures for Animal Bites in Section 3 of this manual.

Section 2

Chapter 16: Home Temperature

If you are concerned about the home being too cold and you believe the child is at risk, notify your supervisor and contact social service agencies to help the family. Local resources may be available to help pay heating bills.

If a home is uncomfortably warm, open windows, use fans, and if necessary, apply cool compresses. Drink plenty of water. If you believe the child is at risk from the heat or cold, notify your supervisor and contact DCF to help the child.

Section 2

Chapter 17: Home Hygiene

If a home is unsanitary, consider using clean pads with plastic on one side to set down under equipment and supplies.

Take in only the necessary equipment and supplies so potential pests infect fewer items.

Avoid setting things such as purses and bags on a carpeted floor.

Use non-latex disposable gloves and hand sanitizer.

Section 2

Chapter 18: Inclement Weather

In the event of snow or other inclement weather, it is up to the employee's discretion as to whether a visit will be made. We encourage employees to always use their best judgment with regard to their safety and their travel to work.

Benefitted employees who are under hours for the week due to inclement weather will be charged paid time off hours.

Employees may terminate a visit in a private home in the event the family refuses to properly clean a safe area for them to enter and exit the home.

Section 2

Chapter 19: Severe Weather

Tornado:

Seek shelter immediately if the area you are in is under a tornado warning.

Go to a designated shelter area such as a safe room, basement, storm cellar, or the lowest building level.

If there is no basement, go to the center of an interior room on the lowest level (closet, interior hallway) away from corners, windows, doors, and outside walls.

Put as many walls as possible between you and the outside.

Get under a sturdy table and use your arms to protect your head and neck.

Do not open windows.

If you are in a mobile home, leave. Mobile homes, even if tied down, offer little protection from tornadoes.

If you are in a vehicle, get out immediately and go to the lowest floor of a sturdy, nearby building or a storm shelter.

Hurricanes:

Follow local evacuation orders.

If you are in a mobile home, leave. Mobile homes, even if tied down, offer little protection from hurricane winds.

Earthquake:

Be aware that some earthquakes are actually foreshocks and a larger earthquake might later occur.

If you are indoors:

Drop to the ground.

Take cover by getting under a sturdy table or other piece of furniture.

Hold on until the shaking stops.

Cover your face and head with your arms and crouch in an inside corner of the building if you are not near a table or desk.

Stay away from glass, windows, outside doors and walls, and anything that could fall, such as lighting fixtures or furniture.

If you are indoors:

Stay there.

Move away from buildings, streetlights, and utility wires.

If you are in a moving vehicle:

Stop as quickly as safety permits and stay in the vehicle. Avoid stopping near or under buildings, trees, overpasses, and utility wires.

Proceed cautiously once the earthquake has stopped. Avoid roads, bridges, or ramps that might have been damaged or destroyed by the earthquake.

<u>Blizzard or Ice Storm:</u>

Drive only if absolutely necessary. If you must drive, do the following:

Travel during daylight hours, don't travel alone, and keep others informed of your schedule.

Stay on main roads, avoid back road shortcuts.

If a blizzard or ice storm traps you in the car, do the following:

Turn on hazard lights and hang a distress flag from the radio antenna or window.

Remain in your vehicle where rescuers are most likely to find you.

Keep your cell phone on and call 911 for help.

Do not set out on foot unless you can see a building close by where you know you can take shelter.

Section 2

Chapter 20: Smelling Gas in a Home/Office

If employees smell gas while on the property of Rehabilitation Associates of Connecticut, Inc. or in the home of a child providing services, employees should exit the building immediately.

Do not turn on or off any light switches as it can cause an arc. Also, do not plug or unplug any electrical cords, which could explode.

Once outside, dial 911 to report a possible gas leak.

Do not return to the building until you are instructed to do so by a police officer or the gas company.

Discuss with the family conducting visits elsewhere until the problem has been fixed.

Section 2

Chapter 21: Lead Paint

Lead-based paints were banned for use in housing in 1978. All houses built before 1978 are likely to contain some lead-based paint. Paint that is intact does not pose a health concern. It is the deterioration of this paint (chipping, cracking) that causes a problem.

Employees who are in a home with deteriorating lead paint will have minimal exposure as they will only be in the home for short periods of time. Employees can take additional precautions as outlined below:

Do not eat or drink in an area where lead dust may be present.

Change your clothing, shower, and wash your hair as soon as feasible after leaving a home with lead paint.

Do not shake out your work clothes after removing them.

Do not wash clothing that may have been exposed to lead dust with any other clothes.

Section 2

Chapter 22: Items to Carry

It is recommended that Birth to Three employees carry the following items with them throughout their work day:

Alcohol-based hand sanitizer

Non-latex gloves

Disinfecting wipes (Oxivir Tb)

Disposable Booties

Plastic bags (i.e. Ziploc or grocery store)

Plastic table cloth or other waterproof barrier

A change of clothes and shoes (keep in car)

Section 3-Occupational Health

Chapter 1: Exposure Control

Blood-borne pathogens are pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, the hepatitis B virus (HBV), the hepatitis C virus (HCV), and the human immunodeficiency virus (HIV). An occupational exposure is defined as employees with reasonable anticipated eye, mouth, or other mucous membrane, non-intact skin, or potential contact with blood, bodily fluids, or other potentially infectious materials that result from the performance of their job duties.

Standard Precautions

Standard precautions are a means to prevent the spread of infection. Requires that all blood, mucous membranes, body fluids, secretions, excretions (except sweat) and non-intact skin (including rashes) be treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.

The following policies are meant to provide simple and effective precautions against transmission of disease for all persons potentially exposed to the blood or body fluids of any patient. No distinction is made between body fluid from patients with a known disease and those from patients without symptoms or with an undiagnosed or unreported disease.

Section 3-Occupational Health

Chapter 2: Standard Precautions

Standard Precautions

Standard precautions are a newer approach to infection control. Broader than universal precautions, standard precautions are recommended practice for protection against transmission of bloodborne pathogens and other infectious diseases in the workplace. They combine the major features of universal precautions, and body substance isolation, and are based on the principle that all blood, body fluids, secretions (including respiratory secretions), excretions (except sweat), non-intact skin, and mucous membranes may contain transmissible infectious agents. Standard precautions include a group of infection prevention practices that apply to all persons, regardless of suspected or confirmed infection status, in any setting with delivery of healthcare, including first aid. These precautions address hand hygiene, use of personal protective equipment depending on the anticipated exposure, and safe injection practices. Also, equipment or items in the environment likely to have been contaminated with infectious body fluids must be handled in a manner to prevent transmission of infectious agents (e.g., wear gloves for direct contact, contain heavily soiled equipment, properly clean and disinfect or sterilize reusable equipment).

The key steps to preventing the spread of disease related to body fluids include:

-Frequent hand washing

-Using gloves when providing direct health care

-Washing hands after removing gloves and before working with the next patient.

General Precautions

Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of occupational body fluid exposure.

Food and drink shall not be kept in areas where blood or other potentially infectious materials are present.

Section 3-Occupational Health

Chapter 3: Hand Washing Procedures

Hand washing is a major means of preventing cross-contamination between patients and personnel. All employees having direct contact with patients must wash their hands before and after each treatment with plain or anti-bacterial soap. (Bar soap should not be used.) When hand washing facilities are not available employees may use an ethanol alcohol-based (minimum 62%) hand sanitizer. Enough sanitizer should be used to wet the hands for at least 15 seconds or longer if indicated by the manufacturer. However, alcohol-based hand sanitizers have not been shown to be effective against norovirus or Clostridium difficile spores for soiled hands. Hands must be washed with soap and running water as soon as feasible afterwards. Employees must also take means to avoid dry or chapped skin on hands as this promotes the growth of bacteria.

PROCEDURE:

1. Scrub hands for at least 15 seconds using friction with an anti-bacterial soap and warm water.

2. Rinse hands under a moderate sized stream of water beginning at fingertips, so dirty water runs off wrists.

3. Dry hands with a paper towel.

4. Utilize the same paper towel to turn off faucets. All faucets are considered contaminated.

5. Use paper towels to open any exit doors and to turn off bathroom lights.

6. Dispose of paper towel in appropriate waste receptacle.

7. Frequency of hand washing:

   Before and after client care.
   Before and after gloves are worn.
   After contamination with body substances.
   Before and after use of bathroom.
   Before handling clean equipment.
   After handling dirty equipment.
   Before and after eating.
   Before and after handling food.
   After coughing and/or sneezing.
   Before going off duty.

Section 3-Occupational Health

Chapter 4: Use of Gloves

When possible, direct skin contact with body fluids should be avoided.

Disposable, non-latex gloves should be worn when direct hand contact with body fluids is anticipated.

Disposable non-latex gloves must be replaced as soon as possible when contaminated, or immediately if they are torn, punctured, or when their ability to function as a barrier is compromised.

Gloves, after use involving contact with body fluids, should be placed in a plastic bag or lined trash can, secured, and disposed of daily.

Staff with sores or cuts on their skin (non-intact skin) having contact with blood or body fluids should always double glove if lesions are extensive.

Gloves need not be worn when feeding children or when wiping saliva from skin, unless blood is present or the employee has cuts or wounds on their hands.

Wash hands with soap and water after removing gloves.

Unanticipated skin contact with body fluids may occur in situations where gloves may not be immediately available (when wiping a runny nose). In these instances, hands and other affected skin areas of exposed persons should be thoroughly washed with soap and water as soon as possible.

Section 3

Chapter 5: Accidental Exposure Plan

If accidental exposure to blood or body fluids occurs, the following must be done:

1. If hands become contaminated with blood or body fluids, the hands should be washed thoroughly with friction using soap and water.

2. If the employee accidentally obtains a cut or puncture injury, the site should be made to bleed, then washed thoroughly with antimicrobial soap and water. The incident needs to be reported to the Safety Coordinator immediately.

3. If blood or body fluids are accidentally splashed into the employee's eyes, nose or mouth, the area needs to be flushed immediately with water. The incident must be reported to the Safety Coordinator immediately.

4. All cases of accidental exposure need to be tracked via the Incident Reporting and Post-Exposure Incident Record forms.

5. The guidelines in the Post-Exposure Evaluation and Follow-up policy will be adhered to (see next section.)

Section 3

Chapter 6: Post-Exposure Evaluation & Follow-Up for Blood and Airborne Pathogens

Rehabilitation Associates of Connecticut, Inc. will provide and adhere to a post-exposure evaluation and follow-up procedure.

General:

An 'exposure incident' is defined as a specific occupational incident involving eye, mouth, other mucous membrane, non-intact skin or other potentially infectious materials, including saliva.

Employees are to report all exposure incidents, as defined above, to the Safety Coordinator.

Course of Action and Follow-Up:

a) When an exposure incident occurs, employees are to determine the extent of the injury and obtain First Aid.

b) A Post-Exposure Incident Record Form shall be completed.

c) An immediate confidential medical evaluation and follow-up will be available to the employee. It must include the documented route(s) of exposure and circumstances in which the incident occurred.

d) Identification and documentation of source individual if possible. Identification may not be feasible or is prohibited by local, state or federal law. (Rehabilitation Associates of Connecticut, Inc. is required to try.)

e) Testing- The source individual's blood shall be tested as soon as feasible and after consent is obtained to determine HBV and HIV infectivity. If consent is not obtained, Rehabilitation Associates of Connecticut, Inc. will establish that legally required consent cannot be obtained. When the source individual's consent is not required by law the source individual's blood, if available, shall be tested and the results documented.

f) Positive HBV or HIV Individual- When the source individual is already known to be infected by HBV or HIV, testing for the source individual's known status need not be repeated.

g) The exposed employee's blood shall be collected and tested as soon as feasible and testing only after consent is obtained.

If the employee consents to baseline blood collection, but does not give consent at that time for HIV serologic testing, the sample shall be preserved for at least 90 days. If within 90 days of the exposure incident, the employee elects to have the baseline sample tested, such testing shall be done as feasible

h) An employee's refusal for HBV and HIV testing is documented in writing and filed with the employee's medical records.

i) Employees will receive a copy of the exposure incident report.

j) Employees will receive a copy of the source individual's blood test if it is available and is kept confidential.

k) Employees will receive or have all medical records maintained by the employer relevant to the appropriate treatment of the exposure including the status of vaccinations.

Post-Exposure Action for Employee:

The employee will be provided with the following:

a) Post exposure prophylaxis.

b) Counseling.

c) An evaluation of reported illness in the week following the incident.

All of the above will be dependent on employee's consent.

Post-Exposure Action for Employer:

a) A follow-up written report and opinion will be obtained from the medical professional who has provided care to the exposed employee.

b) This document should be received within 15 days of the evaluation and a copy made available to the exposed employee.

c) In case of Hepatitis B exposure, it shall be limited to whether Hepatitis B vaccination is indicated for an employee and if the employee has received such vaccination.

d) The medical professional must render a written opinion for post-exposure evaluation and follow-up limited to the following information:

    1. That the employee has been informed of the results of the evaluation, and

That the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation.

Section 3

Chapter 7: Post-Exposure Incident Record Form

POST-EXPOSURE INCIDENT RECORD FORM

(Confidential)

DATE: ___ /___ /____

EMPLOYEE NAME: _____ JOB POSITION:_____

SOCIAL SECURITY #: _____

ROUTE OF EXPOSURE:

_____

DESCRIBE CIRCUMSTANCES INVOLVED:

_____

_____

_____

_____

PERSONS INVOLVED: _____(Unless the employer can establish that identification is infeasible or prohibited by state or local law.)

RESULTS OF TESTING (if available, Source's Blood):

_____

_____

MEDICALLY INDICATED PROPHYLAXIS:

_____

_____

FOLLOW-UP WITH COUNSELING IF REQUIRED ACCORDING TO PROTOCOL

FOLLOW-UP REPORTS:

FIRST DAY:

_____

SECOND DAY:

_____

ONE WEEK LATER:

_____

TWO WEEKS LATER:

_____

ONE MONTH LATER:

_____

FURTHER MEDICAL ATTENTION:

_____

EMPLOYER'S SIGNATURE: _____ DATE: ___/ ___/ ____

EMPLOYEE'S SIGNATURE: _____DATE: ___/ ___/ ____

Section 3

Chapter 8: Employee Informed Refusal of Post-Exposure Medical Evaluation

EMPLOYEE INFORMED REFUSAL OF POST-EXPOSURE MEDICAL EVALUATION

(Confidential)

I, _____am employed by Rehabilitation Associates of Connecticut, Inc. as a

_____.

My employer has provided training to me regarding infection control and the risk of disease transmission in this healthcare office.

On ____/____/____ I was involved with an exposure incident when I: _____

_____

_____

_____

My employer has offered to provide me, free of charge, follow-up medical evaluation in order to assure that I have full knowledge of whether I have been exposed to or contracted HBV or HIV from this incident.

However, I, of my own free will and despite my employer's offer, have elected NOT to have a medical evaluation.

Employee's Signature: _____

Printed Name: _____

Address: _____

Witness: _____

Date: ____/____/____

Section 3

Chapter 9: Medical Records and Employee Exposure Records

Rehabilitation Associates of Connecticut, Inc. has established and maintains an accurate record for each employee with occupational exposure. These medical records are maintained for accuracy in accordance with 29 CFT 1910.20.

Each employee has access to their exposure records. When employees are first hired, and annually thereafter, Rehabilitation Associates of Connecticut, Inc. will inform employees of the existence, location, and availability of their medical records, the person responsible for maintaining and providing access to their records, and their right of access to these records.

1. These medical records are found in the employee's personnel folder and include the following information:

a) The name and social security number of the employee.

b) A copy of the employee's Hepatitis B vaccination status including the dates of all the Hepatitis B vaccinations and any medical records relative to the employee's ability to receive vaccination.

c) A copy of all results of examinations, medical testing and follow-up procedures as described in this facility's policy.

d) A copy of the healthcare professional's written opinion as described in the facility's policy.

e) A copy of the information provided to the healthcare professional when an employee has occupational exposure.

2. Confidentiality- Rehabilitation Associates of Connecticut, Inc. will ensure that employee medical records are kept confidential, are not disclosed or reported without the employee's express written consent to any person within or outside the workplace except as may be required by law.

3. Rehabilitation Associates of Connecticut, Inc. shall maintain the employee's medical records for at least the duration of employment plus three years in accordance with 29 CFT 1910.20.

4. Training Records are to contain the information as described below:

a. Dates of training sessions.

b. Contents or a summary of the training sessions.

c. Name and qualifications of person conducting the training.

d. Names and job titles of all persons attending the training sessions.

e. Signatures of all employees attending.

f. Training records are maintained for a minimum period of three years from the date on which the training occurred.

5. Availability- Rehabilitation Associates of Connecticut, Inc. shall ensure that all records required are to be maintained by this section and shall be made available upon request to OSHA for examination and/or copying.

Employee training records shall be provided upon request for examination and/or copying to employee and to employee representatives, and to OSHA in accordance with 29 CFR 1910.20.

Employee medical records shall be provided upon request for examination and/or copying to the subject employee, to anyone having written consent of subject employee, and to OSHA in accordance with 29 CFT 1910.20.

Transfer of Records

Rehabilitation Associates of Connecticut, Inc. will comply with the transfer of records as set forth in 20 CFT 1910.20.

If Rehabilitation Associates of Connecticut, Inc. ceases to do business and there is no successor employer to receive and retain the records for the prescribed period, the employer shall notify OSHA at least three months prior to their disposal and transmit them to OSHA if required to do so, within that three month period.

NOTE: Our facility would contact the OSHA Director in Bridgeport, CT for further information.

Section 3

Chapter 10: Hepatitis B Vaccines

Policy:

The Hepatitis B Vaccine series is offered to all employees at no cost upon hire. Employees declining this series must sign a waiver form. Any employee who signs a waiver form may still opt to receive the vaccines in the future. The vaccine is given in a series of three injections over a 6-month period and all three injections must be received.

Hepatitis B Vaccine Information:

The Disease: Hepatitis B is a viral infection caused by Hepatitis B Virus (HBV), which can cause death in 1% to 2% of clients. Most people with Hepatitis B recover completely, but approximately 5% become chronic carriers of the virus. Most chronic carriers have no symptoms, but may have the potential to transmit the infection. Some may develop chronic active Hepatitis and cirrhosis, which also appears to be a causative factor in the development of primary liver cancer. Consequently, immunization against Hepatitis can prevent potentially life-threatening, long-term complications as well as acute Hepatitis.

The Vaccine: Hepatitis B vaccine is a non-infectious subunit viral vaccine derived from Hepatitis B surface antigen (HBsAG) prepared from recombinant yeast cultures. The vaccine, which has been shown to be safe in humans, stimulates the recipient to produce protective antibodies but cannot cause Hepatitis. Over 95% of healthy persons who receive three doses of the vaccine over a six month period develop high levels of antibodies against the virus. The duration of the protective effect of the vaccine is unknown at present, and the need for booster doses is not yet defined.

Contraindications: The vaccine is contraindicated in patients who are hypersensitive to any component of the vaccine including yeast. It is also not recommended that the vaccine be given during pregnancy.

Side Effects: The incidence of side effects appears to be quite low. A few persons experience temporary tenderness and redness at the site of injection. Low-grade fever may also occur. Rash, nausea, joint pain and mild fatigue have also been reported. The possibility exists, however, that with more extensive research additional side effects may be identified.

Procedure: The vaccine is given intramuscularly, preferably in the deltoid (upper arm) muscle.

Important: It is necessary to receive the full three doses vaccine to confirm immunity.

Questions: If you have any additional questions about Hepatitis B vaccine, please see your physician.

Section 3

Chapter 11: Medical Services

Rehabilitation Associates of Connecticut, Inc. will use local medical facilities for advice and consultation on matters of occupational health. The following facilities may be used for such consultation: (Please note this list is not all-inclusive)

St. Vincent's Medical Center Hospital
2800 Main Street, Bridgeport CT 06606
(203) 576-6000

Fairfield Family Medical Care
525 Tunxis Hill Cut Off
Fairfield, CT 06825
(203) 384- 2273

Bridgeport Hospital
276 Grant Street
Bridgeport, CT 06610
(203) 384-3000

Section 3

Chapter 12: First Aid

First Aid training is offered on a yearly basis to all Birth to Three employees. Certification is provided by the Red Cross and is valid for a period of two years.

Only those employees trained to render first aid shall be required to do so. Employees who are not trained that choose to provide first-aid treatment should refer to the 'Good Samaritan Laws.'

The Good Samaritan laws offer legal protection to people who give reasonable assistance to those who are injured, ill, in peril, or otherwise incapacitated. In some cases, Good Samaritan laws encourage people to offer assistance. The protection is intended to reduce bystanders' hesitation to assist, for fear of being sued or prosecuted for unintentional injury or wrongful death.

Poisoning-

If you suspect a person is showing signs of poisoning, treat as a life-threatening condition, call 911 and call Poison Control. (1-800-222-1222)

Section 3

Chapter 13: Cleaning, Sanitizing, and Disinfecting

Definitions:

Cleaning: The removal of visible dirt and debris from a surface.

Sanitizing: Reducing the number of bacterial contaminants to safe levels in 1 test.

Disinfecting: A higher level of germ-killing. It is the destruction of pathogenic and other micro-organisms on surfaces in multiples tests.

Specific Procedures:

A. Cleaning

Objects and surfaces that come in contact with blood and/or body fluids (stool, urine, vomit) need to be cleaned immediately. Objects and surfaces should be cleaned using detergent and water; soap and water; or Oxivir Tb wipes if soap and/or water are not available.

1. Use disposable gloves when handling blood or objects containing blood. Use disposable gloves when open sores and cuts are present. Use disposable gloves when cleaning areas that are contaminated with blood and/or body fluids.

2. Areas with blood or body fluids should be wiped with a disposable towel after which it should be discarded in a plastic-lined waste container.

3. Fresh water and detergent should be used for cleaning contaminated and/or dirty objects and surfaces. Do not reuse water.

4. If possible, rinse objects under water after cleaning.

5. Disinfect all areas, surfaces, and objects after cleaning.

B. Disinfection

Objects and surfaces that come in contact with blood and/or body fluids (stool, urine, vomit) need to be disinfected immediately after cleaning.

1. Use disposable gloves when handling blood or objects containing blood. Use disposable gloves when open sores and cuts are present. Use disposable gloves when cleaning areas that are contaminated with blood and/or body fluids.

2. Use Oxivir Tb wipes, or Clorox Professional Disinfecting Spray to disinfect all hard surfaces and objects. *See special instructions for toys and mouthed toys.

3. Remove gloves after disinfecting and discard after use. If hands have come into contact with blood or body fluids, WASH IMMEDIATELY, even if gloves have been used.

C. Alternate Cleaning and Disinfecting Procedures

1. Washing machines and dishwashers are acceptable alternatives for cleaning and disinfecting contaminated objects if hot water is used.

2. Mouthed toys/objects may be boiled for no less than 5 minutes in order to disinfect.

Section 3

Chapter 14: Blood or Body Fluid Spills

Wearing protective equipment, pick up as much of loose material with paper towels as possible. Clean and disinfect the area. After cleaning a spill, apply an appropriate disinfectant to the area and allow to remain wet for at least the minimum time specified by the manufacturer. Use Oxivir Tb wipes or Clorox Professional Disinfecting Spray.

Dispose of non-reusable cleaning equipment.

Wash hands with soap and water after removing gloves.

Disposal of Blood-Containing Materials:

Wear gloves for disposing of soiled items and plastic bags to contain soiled items.

Place items which contain blood or other bodily fluids or excretions in a plastic bag, tie it, and place it in a second plastic bag. The second bag should then be tied.

Double bagging prior to handling, storing, and/or transporting infectious waste is necessary if the outside of a bag is contaminated with blood or other potentially infectious materials.

Waste, such as bloody tissues not saturated with blood, should be disposed of properly in a plastic-lined trash can. It is not considered hazardous material.

Procedures for Cleaning and Disinfection of Clothing and Linens Soiled with Body Fluids:

Soiled linens should be handled as little as possible with minimal agitation.

Using gloves, place soiled linens in plastic bags at the location where they were used.

Clothing soaked with body fluids should be washed separately from other items. Pre-soaking may be required for heavily soiled items.

Clothing should be removed and bagged as soon as feasible.

Section 3

Chapter 15: Cleaning up Vomit

Vomit should be presumed to be contaminated with noroviruses, which are highly infective. Cover vomit with a disposable cloth to reduce potential airborne contamination. Soak with soap and water over the cloth.

Use face masks with eye protection or a face shield, gloves, and aprons when cleaning up vomit. Paper towels or other towels used to clean up vomit should be immediately placed in a sealed trash bag for disposal.

Clean contaminated surfaced with soap and water. Then disinfect with Oxivir Tb wipes or Clorox Professional Disinfecting Spray.

Section 3

Chapter 16: Soiled Clothing

In the event that a washable garment comes into contact with body fluids, employees are advised to remove the soiled article as soon as feasible. It should be carried away from the body and put into a plastic, sealed bag until it can be laundered at the employee's home.

Employees are advised to refrain from wearing clothing requiring "dry cleaning" on days when they have child contact. If "dry clean only" clothing is worn and child contact is required, a disposable gown should be worn at the discretion of the clinician.

Section 3

Chapter 17: Toy Cleaning

In general, Birth to Three employees are not to bring toys into the home. Rather, employees should be using items/toys found in the family's home. However, in the event it is necessary to bring toys into the home, employees should follow the following guidelines:

To prevent disease transmission and injury, toys will be cleaned and inspected on a daily basis.

Hard Surfaced Toys:

These items should be washed, cleaned, and disinfected daily using soap and water and Oxivir Tb wipes.

Soft Toys:

It is strongly recommended that stuffed/cloth toys not be brought in. If they are used, they must be washed weekly (or sooner if they become soiled) in a washing machine using hot water and detergent.

Mouthed Toys:

If a toy has been in a child's mouth, sneezed, or coughed on, it should not be used again by another child until it has been disinfected.

To disinfect a mouthed toy, use Oxivir Tb wipes, or put the items in a dishwasher with detergent on a hot cycle. Mouthed toys/objects may also be boiled for no less than 5 minutes in order to disinfect.

Section 3

Chapter 18: Exclusion of Ill Persons

There are certain infectious diseases which require the exclusion of employees from work or children from Birth to Three services to avoid further spread. Children, their family members, and employees should be excluded from services when they present certain symptoms associated with these infectious diseases. Exclusion should continue until symptoms have disappeared or until a physician has declared that the symptoms are not associated with an infectious agent.

1. General Guidelines

Exclusion should occur if a child presents with any of the following:

Signs/Symptoms of Illness: Exclusion should occur until physician determines the child is not infectious. These signs/symptoms may include increased tiredness, increased irritability, increased persistent crying, and uncontrolled coughing.

Fever: Exclusion should occur until 24 hours after fever is gone without the use of fever-reducing medications.

Diarrhea: Exclusion should occur until 24 hours after diarrhea stops or until physician determines that it is not related to an infectious disease.

Vomiting: Exclusion should occur until 24 hours after vomiting stops.

Rash with Fever or Behavior Change: Exclusion should occur until physician determines it is not related to an infectious disease.

Eye Drainage: Exclusion should occur until 24 hours after proper treatment has begun.

Unusual Color: Exclusion should occur until physician determines it is not related to an infectious disease.

Mouth Sores with Drooling: Exclusion should occur until physician determines child is cleared for services.

2. Disease-Specific Guidelines

Please follow the proper procedures when dealing with a possible case of one of the following diseases. More information is provided later in this chapter with individual fact sheets for each disease.

Disease	Exclusion Guidelines
Campylobacteriosis	Until diarrhea is no longer present for 24 hours
Conjunctivitis (Pink Eye)	Bacterial: Until treatment has been in effect for at least 24 hours Viral: Follow physician recommendation.
Clostridium difficile (C. difficile)	Until diarrhea is no longer present for 48 hours.
Common Cold	None unless high fever is present.
Cytomegalovirus (CMV)	None.
Diarrhea a. Norovirus b. Rotavirus c. Diarrhea (no specific pathogen)	Until diarrhea is no longer present for 24 hours
Ear infection	Until fever is no longer present for 24 hours
Enterovirus	Until diarrhea is no longer present for 24 hours
E. coli	Until pathogen is not present in the stool.
Fifth Disease	No exclusion unless fever is present. Exclude until fever is no longer present for 24 hours.
Giardiasis	Until treatment has been in effect for at least 24 hours and diarrhea is no longer present.
Haemophilus influenzae type b (Hib)	Until treatment has begun.
Hand, Foot, and Mouth Disease	Until fever is no longer present for 24 hours.
Hepatitis A	Until cleared by physician.
Hepatitis B	None unless there is a possibility of blood exposure (child bites or has open sores, etc.)
Hepatitis C	None.
Herpes Simplex Virus	When cold sores are present.
Herpes Zoster (Shingles)	If lesions are not or cannot be covered.
Human Immunodeficiency Virus (HIV)	See individual fact sheet.
Impetigo	Until treatment has been in effect for at least 24 hours.
Influenza (Flu)	Until fever is no longer present for 24 hours.
Lice	After treatment has begun.
Measles	Until at least 4 days after rash appears.
Meningitis	Until cleared by physician.
Molluscum Contagiosum	None.
MRSA	Until cleared by physician.
Mumps	During contagious period; the 12^{th} through the 25^{th} day after exposure.

Norovirus	Until 24 hours after symptoms resolve.
Pertussis	Until 5 days of a 14 day treatment has been administered.
Pinworms	Until treatment has been in effect for at least 24 hours.
Respiratory Syncytial Virus	Until fever is no longer present for 24 hours.
Reye Syndrome	Until child is cleared by physician.
Ringworm	Until treatment has been in effect for at least 24 hours.
Roseola	Until fever is no longer present for 24 hours.
Rubella	Until 7 days after rash onset.
Salmonellosis	Until diarrhea is no longer present for 24 hours.
Scabies	Until treatment has been in effect for at least 24 hours.
Shigellosis	Until treatment is complete and 2 stool cultures taken 24 hours apart are negative.
Strep Throat/Scarlet Fever	Until treatment has begun and fever is no longer present for 24 hours.
Tuberculosis	Until physician determines the child is no longer contagious.
Varicella (Chickenpox)	Until at least 5 days after onset and blisters are dry.
Yeast Infections (Thrush)	None.

3. Staff Exclusion

Those staff members with an infectious disease should follow the same exclusion recommendations listed above. This is to ensure that employees do not spread the disease to children or to other employees working with the children.

4. Family Member Exclusion

Children must be excluded from services if any individual residing in their home has experienced symptoms of a communicable disease, including but not limited to: fever, vomiting, diarrhea, pink eye, chickenpox, strep throat, or any undiagnosed rash. Services may resume when symptoms have subsided for at least 24 hours or when individual is cleared by a physician.

Section 3

Chapter 19: Smoking Policy

It is the policy of Rehabilitation Associates of Connecticut, Inc. that smoking is prohibited in all of our office premises. Employees are also not permitted to smoke in the homes of clients. Employees violating this policy can face disciplinary action, up to and including termination.

Birth to Three employees are entitled to a smoke-free environment when providing services in a child's home.

Employees may request that family members not smoke while they are in the home providing services. Employees will have discretion to assess risks, and if concerned about passive smoke, they have the right to terminate a session.

If a family member repeatedly refuses to cease smoking while the employee is on site, the employee should contact their supervisor for further instruction.

Section 3

Chapter 20: Cockroaches

Cockroaches can carry and spread a variety of bacteria including salmonella and staphylococcus aureus. They can spread disease, contaminate our food and cause allergies and even asthma. Because they are cold-blooded insects, cockroaches can live without food for one month, but will only survive one week without water.

Procedure:

If you are providing services in a home with a cockroach infestation, wear protective booties at all times while inside the home. A protective gown may also be worn at employee's discretion.

Do not sit on upholstered furniture or the bed.

Carry only those items with you that are essential to the home visit. A fanny pack can be used to hold your wallet, personal items, and cell phone.

Avoid placing anything on upholstered furniture, bedding or on carpeted floors.

When you return to your vehicle, remove your booties immediately and seal them in a plastic bag. Dispose of the bag as soon as feasible.

Have a hand mirror handy so that you can perform a quick self-inspection. Check your clothing: the back of your pants, tread of your shoes, shoe laces, socks, cuffs, and collar.

If you find an insect on yourself, use a 'wet wipe' or Oxivir Tb wipe to capture the insect and either discard it on the street or seal it in a plastic bag. Use another wipe for the surrounding area, paying attention to seams, buttons, and other hiding places. Wipe downs are not necessary if you do not find any bugs during your inspection.

Remove your work clothes as soon as you arrive home. Place your clothing in sealed plastic bags. Shower. After showering, collect your sealed items and place them in the washer with hot soapy water. Place your clothes and shoes in the dryer on hot for 30 minutes.

Keep your vehicle clear of clutter and vacuum it weekly while inspecting for cockroach presence.

Section 3

Chapter 21: Bed Bugs

Description:

Bed bugs are oval, rust covered, wingless insects up to a quarter inch long. They bite but are not known to spread any human diseases. The insects hide between mattresses or in crevices during the day and feed on human blood at night. The bites are small, raised red bumps, often in a line, that may be itchy or painful. Bed bugs occur primarily in buildings with shared housing, such as hotels, motels, and apartment buildings.

Mode of Transmission:

Transmission occurs through contact with personal articles such as bedding or clothing that are infested. Animals do not transmit bed bugs.

Incubation Period:

Bed bugs can survive months between meals

Infectious Period:

Bed bugs do not spread diseases between people.

Procedure:

If you are providing services in a home with a bed bug infestation, wear protective booties at all times while inside the home. A protective gown may also be worn at employee's discretion.

Do not sit on upholstered furniture or the bed.

Carry only those items with you that are essential to the home visit. A fanny pack can be used to hold your wallet, personal items, and cell phone.

Avoid placing anything on upholstered furniture, bedding or on carpeted floors.

When you return to your vehicle, remove your booties immediately and seal them in a plastic bag. Dispose of the bag as soon as feasible.

Have a hand mirror handy so that you can perform a quick self-inspection. Check your clothing: the back of your pants, tread of your shoes, shoe laces, socks, cuffs, and collar.

If you find an insect on yourself, use a 'wet wipe' or Oxivir Tb wipe to capture the insect and either discard it on the street or seal it in a plastic bag. Use another wipe for the surrounding

area, paying attention to seams, buttons, and other hiding places. Wipe downs are not necessary if you do not find any bugs during your inspection.

Remove your work clothes as soon as you arrive home. Place your clothing in sealed plastic bags. Shower. After showering, collect your sealed items and place them in the washer with hot soapy water. Place your clothes and shoes in the dryer on hot for 30 minutes.

Keep your vehicle clear of clutter and vacuum it weekly while inspecting for bed bug presence.

Section 3

Chapter 22: Animal Bites

Description:

Bites from animals carry several different risks:

1. Trauma and damage to tissue

2. Infection by organisms from the animal including the possibility of rabies

3. Infection by human skin organisms and environmental organisms introduced into the wound

4. Toxic exposures (e.g. certain snakes or spiders)

Mode of Transmission:

Bacteria in an animal's mouth may cause an infection. A bite may also become infected with skin organisms. Certain animal bites can transmit infectious conditions such as rabies.

Incubation Period:

Skin infections typically occur within a few days of the initial trauma. The incubation period for rabies is typically 3-8 weeks, but ranges from 9 days to 7 years.

Infectious Period:

Animals with rabies may be infectious for various periods of time. Rabid animals may not show classic symptoms of rabies such as foaming at the mouth or aggression.

Procedure:

Wash the wound immediately and thoroughly with soap and water.

Have family provide you with vaccine history for animal (if bitten in home) and contact number for their veterinarian.

See a health care provider for evaluation of the bite, tetanus booster if needed, and/or additional medical care for bruising and skin damage.

Complete Incident Report within 24 hours of event, notify supervisor and Human Resources.

Section 3

Chapter 23: Human Bites

Description:

Human bites have a higher complication and infection rate than animal bites. Bites to the hand in particular have a greater potential for infection.

Incubation Period:

Development of infection from a bite depends on the depth of the wound, the extent of the tissue damage, and the type of infecting bacteria.

Infectious Period:

Bacteria in the mouth or on the skin can cause serious infections.

Procedure:

Wash the wound immediately and thoroughly with soap and water.

See a health care provider for evaluation of the bite, tetanus booster if needed, and/or additional medical care for bruising and skin damage.

Complete Incident Report within 24 hours of event, notify supervisor and Human Resources.

Section 3

Chapter 24: Campylobacteriosis

Description:

Campylobacteriosis is a bacterial infection that affects the intestinal tract and, rarely, the bloodstream. Most cases are seen in the summer months. In developed countries, it is mostly seen in children under 2 years of age. Symptoms include mild or severe diarrhea, vomiting, nausea, abdominal cramps, fever, and traces of blood in the stool.

Mode of Transmission:

Campylobacter are generally spread by eating or drinking contaminated food or water and, occasionally, by contact with infected people or animals. Many animals, including swine, cattle, dogs, and birds (particularly poultry) carry the germ in their intestines. These sources in turn may contaminate meat products (particularly poultry), water supplies, milk, and other items in the food chain.

Incubation Period:

2 to 5 days; with a range of 1-10 days.

Infectious Period:

A few days to a few weeks; as long as Campylobacter is found in the stool.

Procedures:

Utilize standard precautions.

Exclude child from services until diarrhea is no longer present for at least 24 hours.

Section 3

Chapter 25: Chickenpox (Varicella)

Description:

Chickenpox (Varicella) is an acute viral illness characterized by a rapid onset of fever, fatigue, and a generalized eruption of the skin. Each lesion begins as a small dewdrop-like vesicle (blister) that scabs over in 3-4 days. These lesions tend to be more abundant on the trunk than on the arms and legs. Lesions in the eyes and mouth may also occur.

A vaccine is available to prevent the disease. However, sometimes people who have had the vaccine will still get chickenpox (called 'breakthrough diseases'). If vaccinated people do get chickenpox, it is usually very mild. They will have fewer spots which may not appear typical and may not have vesicles (blisters), and they are less likely to have a fever, and usually recover faster.

Although the total number of varicella cases is declining, a shift in age of the remaining varicella diseases is being observed. In 1995, the median age of varicella infection ranged from 3-5 years in vaccinated persons and from 5-6 years in unvaccinated persons. By 2005, the median age increased to 6-8 years in vaccinated persons and 13-19 years in unvaccinated persons.

The illness is often more severe in teens and adults than younger children. Use of antiviral medication such as acyclovir, may decrease the number of lesions and duration of outbreak of lesions but is most beneficial if started within 24 hours of rash development.

If a pregnant woman gets varicella during the first 20 weeks of pregnancy, her baby has a 1 in 100 risk of having serious birth defects. Pregnant women who have been exposed to somebody with chickenpox should contact their doctor immediately. Those who are not sure if they had chickenpox can have a blood test to see if they are protected against the virus.

Mode of Transmission:

Transmission of this highly contagious disease is person-to-person by direct contact, through droplets or airborne spread of secretions of the respiratory tract, or indirectly through articles freshly soiled by discharged from vesicles (blisters) and mucous membranes of infected persons. Chickenpox is not transmitted to or from animals.

Incubation Period:

10-21 days, usually 14-16 days.

Infectious Period:

Persons with varicella are considered infectious from 1-2 days before the rash appears and until all lesions are crusted over (average range, 4-7 days after rash onset).

Procedure:

If child in the home has chickenpox:

See your doctor if you are at high risk (anemic, immunodeficient, pregnant) etc.

Exclude child from services until at least 5 days after onset and blisters are dry.

Section 3

Chapter 26: Clostridium Difficile (C. Difficile)

Clostridium difficile is a toxin-producing, spore-forming bacterium that can cause infectious diarrhea. C. difficile infections (CDI) are most commonly found in older adults who are in hospitals or long-term care facilities; they often occur after antibiotic therapy for another infection. Healthy people usually do not become ill even if the bacteria are in their intestines. However, in recent years, some hospitalized individuals and otherwise healthy people who are not taking antibiotics or hospitalized have become ill with CDI.

Watery diarrhea (three or more times a day for two or more days) and fever are the most common symptoms of CDI. Loss of appetite, nausea, and abdominal pain can also occur. Some people recover without treatment when they stop taking the antibiotic that precipitated the CDI. With more serious infections treatment with a specific antibiotic that targets the C. difficile bacterium may be necessary.

Mode of Transmission:

C. difficile is spread through the feces, most commonly by touching contaminated items or surfaces. Health care providers who do not wash their hands between patients can transfer the infection from one patient to another.

Incubation Period:

Variable, since C. difficile can be in the intestine without causing an infection until antibiotics are taken.

Infectious Period:

People can have C. difficile in their intestines without having an infection, and could spread the bacteria to others through their feces.

Procedures:

Practice good hand washing techniques using soap and water. Alcohol-based hand gels do not kill C. difficile spores.

Exclude from treatment until child has been diarrhea-free for at least 48 hours.

Section 3

Chapter 27: Common Cold

Description:

The common cold is a viral upper-respiratory infection that inflames the lining of the nose and throat. Symptoms include runny or stuffy nose, watery eyes, sneezing, coughing, congestion, mild aches, pains, and occasionally fever. Nasal discharge is usually watery and clear at the onset but may become thick and discolored within a few days. Colds are caused by viruses, not by drafts or failure to dress warmly. Colds are a viral infection and do not respond to antibiotics. Infants, children, and teenagers should not use aspirin unless prescribed by a health care provider because of its association with Reye Syndrome.

Mode of Transmission:

The common cold is transmitted by direct contact, by respiratory droplets from sneezing or coughing, or by sharing items contaminated with saliva or droplets.

Incubation Period:

Usually 2 to 3 days, but occasionally up to 7 days.

Infectious Period:

The common cold is infectious a few days before the onset of symptoms and while clear, running secretions are present.

Procedure:

Utilize standard precautions.

Cover mouth with tissue when coughing or sneezing. If no tissue is available, cover your mouth and nose with the crook of your arm and cough or sneeze into your shirt or coat sleeve.

Use proper handwashing techniques.

Exclusion is not necessary unless high fever (100.4° Fahrenheit or higher) is present.

Section 3

Chapter 28: Conjunctivitis (Pink Eye)

Conjunctivitis is a common infection affecting one or both eyes that causes the white of the eye to appear pink or red. Vision is usually normal; however, the eye may water profusely and feel irritated. Eyelids may become swollen. A discharge of liquid or mucus from the infected eye may occur. Eyelids and lashes may be come crusted and stick together as the mucus hardens, particularly while sleeping. The person may have complaints of itching, pain, or sensitivity to light.

Conjunctivitis is commonly caused by viruses or bacteria that may first manifest in one eye and then spread to the other eye within days. Viral conjunctivitis usually produces a clear, watery discharge. Bacterial conjunctivitis usually produces a thicker, yellow-green discharge. Eyelids stuck together after sleeping are most common with bacterial conjunctivitis. Rare severe causes of conjunctivitis are herpes and gonococcui, which need treatment.

Conjunctivitis may also be caused from allergens, such as cosmetics or pollen; reaction to air pollutants, such as dust or smoke; and foreign bodies in the eye, such as contact lenses. Certain chronic illnesses may also cause conjunctivitis.

Mode of Transmission:

Bacterial and viral conjunctivitis are easily spread through contact with discharge from the eye or respiratory passages, or from touching or sharing contaminated items of the infected person, such as eye cosmetics, contact lenses, pillows, towels, and microscope eyepieces.

Incubation Period:

The incubation period varies depending on the type of conjunctivitis but is usually a few days.

Infectious Period:

Bacterial conjunctivitis generally lasts fewer than 5 days, but may persist up to 2-3 weeks. It is contagious while symptoms are present, or until a course of treatment (such as an antibiotic) is started.

The symptoms of viral conjunctivitis are usually worse on days 3-5 of infection, and will usually clear up on their own within 7-14 days. Viral conjunctivitis may be contagious up to 14 days after the appearance of signs and symptoms.

Procedures:

Utilize standard precautions.

Exclude child from treatment if there is white or yellow drainage from the eye, altered vision, and/or redness of the eyelid or skip surrounding the eye. Minimal redness to the white of the eye with no other symptoms is not grounds for exclusion.

Begin services again with approval from health care provider (with or without treatment).

Frequent handwashing is the best method to control and prevent the spread of conjunctivitis.

Section 3

Chapter 29: Cytomegalovirus Infection (CMV)

Description:

Cytomegalovirus infection (CMV) is a member of the herpes virus group. CMV is a common childhood infection (between 50-85% of the United States population tests positive by the age of 40 years) and is usually asymptomatic in healthy children. If symptoms do occur they may mimic those of infectious mononucleosis (sore throat, fever, fatigue, and swollen glands). The infection can be severe in immunocompromised persons and newborn infants, and birth defects can occur if a pregnant woman becomes infected.

CMV is spread by contact with secretions or excretions of a previously infected person. In adults, CMV is probably sexually transmitted. Pregnant women should always follow proper hand washing techniques.

Mode of Transmission:

CMV is transmitted through contact with infected body fluids, including urine and saliva.

Incubation Period:

3-12 weeks.

Infectious Period:

CMV is infectious months to episodically for years.

CMV is commonly present in the general population; infected infants less than the age of 4-6 weeks may excrete the virus for 5-6 years. Anywhere from 8-60% of infants begin shedding the virus during the first year of life.

Procedures:

See your healthcare provider if you are pregnant.

Utilize standard precautions.

Section 3

Chapter 30: Diarrhea

Infectious diarrhea, sometimes with abdominal pain, nausea, vomiting, or fever, has many causes. Most cases are due to viruses, but other causes include bacteria and parasites like Giardia. Type and severity of symptoms vary by the causative organism and the resistance of the person infected. Fecal-oral transmission (carrying an infection from human feces to the mouth) is a common means of infection. Transmission can also be through contaminated food, water, or swimming water. Salmonella, E. coli, Cryptosporidium, and Giardia are carried by animals and can be transmitted if animal waste is carried to a person's mouth. Determining the specific cause of infectious diarrhea can be difficult.

Agent	**Description**	**Incubation**	**Infectious Period**	**Duration**
Clostridium Difficile	Watery diarrhea, fever; sometimes nausea and abdominal pain	Unknown	During illness, up to 48 hours after diarrhea clears. (may be carrier)	Variable
E. coli O157: H7 and related shiga toxin-producing E.coli	Diarrhea, cramps, may have blood in stool or severe complications	1-9 days (usually 3-4)	During illness and as long as organism is in stool (usually 1-4 weeks)	Variable (days to weeks)
Giardia and Cryptosporidium	Diarrhea (pale, greasy with Giardia); cramps; fatigue; weight loss; may be asymptomatic	5-25 days or longer; median 7-10 days	During entire infection, which may be asymptomatic	Variable (weeks to months)
Hepatitis A	Diarrhea, jaundice; may be asymptomatic	5-50 days (usually 28-30 days)	Before and during symptoms	Variable (usually weeks)
Salmonella	Cramps, diarrhea, nausea, vomiting, may have blood or pus in stool, may have fever	6-72 hours (usually 12-36)	During illness and as long as organism is in stool (usually 1-4 weeks)	Variable (days to weeks)

Shigella	Diarrhea, fever, vomiting, cramps, may have blood or pus in stool	1-7 days (usually 2-4)	During illness and as long as organism is in stool (usually 1-4 weeks)	Variable (days to weeks)
Viral gastroenteritis (also called stomach flu)	Low fever, vomiting, cramps, diarrhea, body aches, headache	Usually 24-72 hours	During illness and shortly thereafter	1-2 days

Procedures:

Practice good hand washing techniques. An infected individual may show no symptoms.

Exclude from services until 24 hours after symptoms subside.

Section 3

Chapter 31: Ear Infection

Description:

Ear infections are commonly seen in children. Though they are not considered contagious, they usually follow colds. Symptoms are earache, fever, irritability, pulling on the ear, and sometimes drainage from the ear. The pain associated with ear infections may last from 1 to 2 hours. Some people are asymptomatic.

Mode of Transmission:

Not contagious; usually follows a cold.

Incubation Period:

Unknown.

Infectious Period:

None.

Procedures:

Utilize standard precautions.

Exclude child from services if fever is present. Exclude until 24 hours after fever is no longer present.

Section 3

Chapter 32: Enteroviruses

Description:

Enteroviruses, which are associated with various illnesses, usually occur in children. These illnesses are more common during the summer and fall. Illnesses associated with enteroviruses include colds, throat infections, pneumonia and meningitis or encephalitis. Symptoms are sore throat, fever, rash, vomiting, nausea, and diarrhea. Some people are asymptomatic.

Mode of Transmission:

Fecal-oral transmission is most common, with some respiratory/airborne spread possible.

Incubation Period:

3-6 days.

Contagious Period:

From acute period to several weeks after.

Procedures:

Utilize standard precautions.

Exclude child from services until diarrhea is no longer present for 24 hours.

Section 3

Chapter 33: Fifth Disease (Erythema Infectiosum)

Fifth disease, also known as erythema infectiosum, is a common mild rash illness caused by human parvovirus B19. It usually occurs in late winter and early spring. The illness is characterized first by headache, body ache, low-grade fever, and chills. These symptoms are usually mild and resolve after a few days. Then, following a week of no symptoms, a bright red rash appears on the cheeks giving a 'slapped face' appearance, sometimes with a 'lacy' rash on the chest, arms, and legs. The rash is benign but can fade and recur for a few days or a few weeks, especially in response to changes in environmental temperature (e.g., hot bath, exposure to sunlight). Adults may not develop the rash but sometimes experience pains in the joints, especially the hands and feet. Approximately 25 percent of adults who contract the infection have no symptoms.

Although the symptoms are usually mild and in many cases go unnoticed, the virus has been associated with miscarriages and stillbirths for infections acquired by a woman during pregnancy. The risk of fetal death is less than 10% after proven maternal infection in the first half of pregnancy. Infection has also been associated with transient aplastic crisis in some individuals with chronic blood disorders such as sickle cell anemia. Immunosuppressed people may develop severe, chronic anemia if infected with Fifth disease.

Mode of Transmission:

Fifth disease is spread by contact with respiratory secretions. It can also be spread from a pregnant woman to the fetus and through blood transfusion.

Incubation Period:

Estimated to be 4-20 days from exposure to development of rash.

Infectious Period:

Individuals with mild Fifth disease are probably contagious from respiratory secretions only early in the illness. Thus, by the time the rash appears, the individual is no longer contagious. People with aplastic crisis are infectious up to one week after onset of symptoms. Immunosuppressed people with chronic infection may be infectious for months to years.

Procedures:

Exposed employees at risk for severe disease should refer to their health care provider.

Exclude child from services until 24 hours after fever is gone. No treatment is indicated for this illness and once diagnosed, it is not necessary to exclude child from services unless a fever is present.

Pregnant women exposed should contact their health care provider.

Utilize standard precautions.

Section 3

Chapter 34: Foodborne Disease

Description:

Foodborne disease is a broad term referring to many different kinds of infections and poisonings that are spread by food. Foodborne disease can be cause by bacteria, viruses, parasites, chemicals, naturally occurring poisonous plants, and other agents. Depending on the agent and the patient, foodborne disease often manifests with any combination of the following: diarrhea (with or without blood), vomiting, nausea, abdominal cramps, fever, decreased energy, headache, loss of appetite, sore throats, and allergic reactions. In rare cases, kidney failure, blood clotting disorders, neurological symptoms, blood stream infections, and death can result.

Mishandled or contaminated food is a leading cause of diarrheal illness in the United States. Norovirus or other viral agents are probably the most common cause of gastroenteritis (often called 'stomach flu') and can be spread by contaminated food, contaminated water, or person to person including contaminated surfaces such as doorknobs and railings.

Foodborne disease is usually self-limiting. Treatment is generally supportive and focused on fluid replacement and, in some cases, fever control. More aggressive treatment may be indicated in severe cases as determined by a health care provider.

Mode of Transmission:

The transmission of foodborne illness requires one or more of the following conditions: inherently contaminated produce, raw or inadequately cooked contaminated foods (meat, milk, eggs), bacterial multiplication in food held at room temperature instead of being chilled or kept hot, cross-contamination of food with raw meat or raw poultry, or contamination of food by an infected food handler.

Different agents of foodborne illness have different characteristics. The incubation period and symptoms can suggest the agent.

Agent	**Examples**	**Usual Incubation Periods**
Bacteria	Campylobacter Salmonella E. coli O157: H7 Shigella	2-5 days 12-72 hours 1-10 days 2-7 days
Bacterial Enterotoxins	Staphylococcus aureus Clostridium perfringens	30 minutes to 5 hours 8-22 hours

	Bacillus cereus	30 minutes to 5 hours (vomiting) 8-16 hours (diarrhea)
Chemical Poisonings	Copper Pesticides Mushrooms	15 minutes to 2 hours (sometimes up to 4 hours)
Viruses	Norovirus Hepatitis A	12-48 hours 15-50 days (average 30 days)

Infectious Period:

Infected individuals may be infectious before, during, and after symptoms, depending on the agent, the patient, and treatment received.

Procedures:

Utilize standard precautions.

Exclude child from care until 24 hours after diarrhea or vomiting has ended.

Section 3

Chapter 35: Haemophilus Influenzae Type B (Hib)

Description:

Hib can cause serious bacterial infections in young children. Hib may contribute to a variety of diseases such as meningitis, blood stream infections, pneumonia, arthritis, and infections of other parts of the body. It is most common in children three months to three years of age. Past infection in children younger than 24 months of age does not make a person immune. Symptoms are fever, nausea, and vomiting. Other symptoms depend on the part of the body affected.

Mode of Transmission:

Hib disease may be transmitted through contact with mucous or droplets from the nose and throat of an infected person.

Incubation Period:

Less than 10 days; commonly 2 to 4 days.

Infectious Period:

Varies, unless treated, may persist for as long as the organism is present in the nose and throat, even after symptoms have disappeared.

Procedures:

Utilize standard precautions.

Exclude child from services until fever is no longer present for 24 hours.

Section 3

Chapter 36: Hand, Foot, and Mouth Disease (HFMD)

Description:

Hand, foot, and mouth disease (HFMD) is a common viral illness of infants and children. It is characterized by fever, sores in the mouth, and a rash with vesicles (blisters). HFMD begins with a mild fever, poor appetite, fatigue, and, frequently, a sore throat. One or two days after the fever beings, sores develop in the mouth. They begin as small red spots that blister and then often become ulcers. The sores are usually located on the tongue, gums, and inside of the cheeks. The skin rash develops over 1-2 days with flat or raised red spots, some forming fluid-filled vesicles (blisters). The rash does not itch and is usually located on the palms of the hands and the soles of the feet. It may also appear on the buttocks. A person with HFMD may have only the rash or the mouth ulcers.

Mode of Transmission:

Several related viruses cause HFMD. They are spread from person to person by direct contact with nose and throat discharges or the stool of infected persons. A person is most contagious during the first week of illness but may shed the virus after symptoms are gone. HFMD is not transmitted to or from pets or other animals.

Incubation Period:

Usually 3-6 days. Fever is often the first symptom.

Infectious Period:

HFMD is infectious 2 days before the rash appears and during the acute stage of illness, perhaps longer. Virus may be found in respiratory secretions for several days and in stool for several weeks.

Procedures:

Exclude child from services until the fever has been gone for 24 hours.

Utilize standard precautions.

Section 3

Chapter 37: Hepatitis

Description:

The word hepatitis is a general term meaning “inflammation of the liver”. Symptoms may include fatigue, loss of appetite, low-grade fever, nausea, abdominal pain, gastrointestinal upset, diarrhea, and, in some cases, jaundice (yellow color of the skin or eyes with dark urine).

Hepatitis can be caused by many things including drugs, toxins, and viruses. There are several types of infections classified as viral hepatitis, each caused by a different virus. The types of viral hepatitis differ in mode of transmission and clinical course. The signs and symptoms of these infections are indistinguishable so laboratory testing is necessary to distinguish between them. The major types are hepatitis A, hepatitis B, and hepatitis C. These viruses affect only humans.

Hepatitis A Virus (HAV) Infection

Description:

The onset of hepatitis A virus (HAV) infection is usually abrupt with symptoms as described above. HAV infection varies from a disease that causes no symptoms to a mild illness lasting 1-2 weeks or, rarely, to a severely disabling disease lasting several months. Many cases are mild and without symptoms, especially in children, and are only recognized by positive laboratory tests of serum for antibodies to HAV along with abnormalities in liver function tests. There is no chronic infection with HAV.

Mode of Transmission:

Transmission of HAV is usually by the fecal-oral route (human waste carried to the mouth) and most often directly from person-to-person from inadequately cleaned hands. It can be spread by sharing food or beverages with an infected person. It may also be spread by contaminated water or food such as contaminated shellfish. The virus can spread through fecal-oral transmission even if there is no diarrhea.

Previous infection or vaccine protects against HAV infection. If given within 2 weeks of exposure, vaccine of immune globulin may prevent infection with HAV in somebody exposed.

Incubation Period:

15-50 days, average 28-30 days.

Infectious Period:

A person with HAV infection is most likely to spread it during the 2 weeks before onset of jaundice and probably for 1 week after. Infectiousness falls off dramatically at this point. In cases without jaundice, the peak of infectiousness occurs during the latter half of the incubation period or when liver function abnormalities are most evident in blood tests.

Procedures:

Utilize standard precautions.

Exclude child from services until cleared by a licensed health care provider.

Illness among a child's family members may be the tip-off of possible HAV transmission. Children may be infectious and spread the disease even though they do not themselves show signs of illness.

Hepatitis B Virus (HBV) Infection

Description:

The onset of hepatitis B virus (HBV) infection is generally more gradual and subtle than viral HAV but with the same symptoms: anorexia, nausea, vomiting, abdominal discomfort, and sometimes jaundice. Severity of the disease can vary from unapparent cases recognized by blood tests, to a rapidly worsening or fatal illness. Most people recover from the infection, though up to 5% of adults born in the United States become chronically infected. Chronic infection may result in liver damage and liver cancer. Since about 50% of infections are without symptoms, persons with acute or chronic HBV infection may not know they have HBV but still may be able to infect others.

Mode of Transmission:

HBV is transmitted by exposure to body fluids including infected blood or blood products, vaginal fluids, semen, and possibly saliva. Transmission from body fluids occurs through mucous membranes or non-intact skin. HBV is transmitted from person to person mainly by contaminated syringes, needles, and other instruments (including ear piercing instruments), intravenous drug use, sexual contact, or from an infected mother to her infant. Close contact with an infected person can also result in transmission, particularly in residential facilities. High rates of infection have been found among users of illegal intravenous drugs, men who have sex with men, patients on hemodialysis, residents of long-term care facilities, and those requiring frequent transfusions. If given within 2 weeks of exposure, hepatitis B immune globulin (HBIG) may prevent infection.

Incubation Period:

45-160 days, average 120 days.

Infectious Period:

During the acute infection, blood and body fluids are most contagious prior to and for weeks after jaundice develops. Blood from experimentally infected volunteers has been shown to be infectious many weeks before the onset of any symptoms, throughout the clinical course of the illness, and, in some cases, for the rest of the person's life if the illness develops into a chronic infection.

Procedures:

Utilize standard precautions.

Use cleaning precautions with all body fluids.

Use gloves during first aid care.

Exclusion is not necessary unless there is a possibility of blood exposure.

Hepatitis C Virus (HCV) Infection

Description:

The onset of hepatitis C virus (HCV) infection is generally more gradual and subtle than viral HAV with the following symptoms: anorexia, nausea, vomiting, abdominal symptoms, and sometimes jaundice. The vast majority of people with acute HCV infection (up to 90%) have no symptoms so infection is frequently unrecognized. Up to 80% of infections become chronic and up to 20% of those cases develop cirrhosis after many years. Chronic infection may also result in liver cancer. About 2% of the population in the United States is chronically infected and HCV is currently the most common reason for a liver transplant. Similar to viral HBV, acutely and chronically infected persons may lack symptoms but can still infect others.

Mode of Transmission:

HCV is transmitted primarily by exposure to infected blood and other body fluids. Currently, most HCV infections are acquired through sharing of contaminated injection equipment. HCV can also be transmitted through sex or from mother to infant during childbirth; however, this is much less common than with HBV. There is no effective method of post exposure prevention for HCV.

Incubation Period:

2 weeks to 6 months, average 6-9 weeks.

Infectious Period:

Blood and other potentially infectious materials are contagious days to weeks before the onset of symptoms. Those with a chronic infection are infectious indefinitely. HCV is not as easily transmitted as HBV.

Procedures:

Utilize standard precautions.

Use gloves during first aid.

Use cleaning precautions with all body fluids.

Section 3

Chapter 38: Herpes Simplex Virus, Oral Area (Cold Sores)

Description:

Herpes simplex virus (HSV) causes a recurrent, life-long viral infection. Of those infected, 70% have no symptoms. Symptoms occur as single or grouped vesicles (blisters) usually located around mucous membranes, the lips (cold sores), throat, inside the mouth or on the skin (e.g. herpetic whitlow consisting of one or more vesicular lesions on the fingertips). Fever can occur along with the vesicles.

There are two types of HSV. Type 1 HSV (orales) has primarily been associated with infections of the oral area but can cause genital disease. Oral infections are extremely common in children, and by adulthood 80% of Americans have antibodies to Type 1 HSV. Type 2 HSV (labalis) is most commonly associated with genital disease but can also cause oral disease. The two types have the same infectiousness or risk to others. Complications include conjunctivitis, keratitis (inflammation of the cornea), herpes infection of existing eczema, or meningitis. Infection in the newborn can be severe.

Mode of Transmission:

Types 1 and 2 HSV are both transmitted by direct contact with infected skin and secretions during periods of viral shedding, regardless of symptoms. HSV lesions are most infectious while they are in the vesicular stage. The virus may be transmitted from the mouth or skin during contact sports such as wrestling, resulting in localized skin lesions (herpes gladiatorum, commonly called Wrestler's Herpes).

Incubation Period:

2-20 days.

Infectious Period:

Skin lesions are infectious until firmly crusted over and healed. The virus can be shed from the site of infection at any times. Sores need NOT be present to transmit herpes. The virus can be shed for at least 1 week during primary infections, less (perhaps 3-5 days) during recurrences.

Infectiousness is greatly reduced when lesions have crusted. Spread of HSV from oral lesions is difficult to prevent since those lesions are not easily covered with bandages.

Procedures:

Utilize standard precautions.

Children with primary infection who do not have control over oral secretions should be excluded from services. Children with uncovered lesions on exposed services pose a small potential risk.

Have skin lesions covered with a bandage or clothing when possible.

Avoid direct contact with infected lesions if possible. Wear gloves if direct hand contact to lesions is necessary. Wash hands after gloves are removed.

Exclude children 3 years or younger from services when cold sores are present, especially during the initial episode. It is difficult to prevent young children from spreading the virus by fingers and/or mouth contact.

Disinfect surfaces that have been in direct contact with fluid from the vesicles.

Section 3

Chapter 39: Herpes Zoster (Shingles)

Description:

Herpes zoster, commonly known as shingles, is caused by the chickenpox (varicella) virus. Herpes zoster represents a recurrence of a previous chickenpox infection. When an individual has chickenpox, the virus infects the nerves and stays dormant. If immunity decreases the person develops shingles. Children who have had chickenpox during the first year of life are more likely to develop herpes zoster in adolescence. Otherwise, herpes zoster usually occurs in elderly or immunocompromised individuals.

Herpes zoster causes pain (post-herpetic neuralgia) sometimes severe, over the pathways of the sensory nerves under one body area, followed by an outbreak of small vesicles (blisters) in the same area. It usually lasts 3-4 weeks. Individuals who are immunocompromised or are being treated for malignancies may develop severe disease with involvement of not only skin but also internal organs.

Incubation Period:

Uncertain, but may be years since the virus stays dormant after the chickenpox virus.

Infectious Period:

Skin lesions are infectious in the water vesicle (blister) stage until crusted over. The virus can be shed from the site of infection at any time. Herpes zoster has a much lower rate of transmission than that of chickenpox. Virus from the vesicle fluid of a person with herpes zoster can rarely cause chickenpox in a non-immune individual.

Procedures:

Do not touch or scratch lesions.

Utilize standard precautions.

Avoid direct contact with lesions if possible. Wear gloves if direct hand contact to lesions is necessary. Wash hands after gloves are removed.

Ensure that lesions are covered with a bandage or clothing when possible.

Exclude child (or yourself) from services if lesions are not or cannot be covered with a bandage or clothing.

Disinfect surfaces that have been in direct contact with fluid from the vesicles.

Section 3

Chapter 40: Human Immunodeficiency Virus (HIV)

Description:

Human Immunodeficiency Virus (HIV) is a virus that can cause Acquired Immunodeficiency Syndrome (AIDS). Special white blood cells that coordinate the body's fight against infection (CD4 lymphocytes) are killed by the virus as the HIV infection progresses, making the person vulnerable to other serious infection and cancers. These infectious, which would not be a threat to people with normal immune systems, are called opportunistic infections. The virus also multiplies in the central nervous system, destroying brain cells, and may cause memory loss, personality changes, and dementia late in the course of the illness. Infection with HIV may have several results:

1. Most infected people remain without symptoms for many years after infection. These people develop antibodies to HIV but have no other signs of infection. Although they have no symptoms, these HIV-infected persons can still infect others through needle sharing and sexual intercourse. In rare occasions, HIV can also be transmitted through blood exposure to eyes, mucous membranes, or cuts or sores in the skin.

2. Some people with HIV infection develop opportunistic infections or have nonspecific symptoms such as lymphadenopathy (swollen glands), loss of appetite, chronic diarrhea, weight loss, fever, and fatigue. The signs and symptoms of HIV may be very mild or quite severe. For example, some children with HIV infection may have life-threatening diarrhea, while others feel well.

3. Many people living with HIV disease take antiretroviral treatment (ARTs) to control their infection. As new medications are developed, ART continues to become more effective.

4. Untreated, HIV often will lead to AIDS. AIDS is a life-threatening condition. Opportunistic infections may eventually overwhelm the immune system, resulting in death.

Mode of Transmission:

HIV has not been shown to be transmitted through casual contact such as occurs in the normal school setting. HIV is transmitted through sexual intercourse, through sharing needles or syringes, and, in rare cases, through contact with blood or its components from infected individuals.

Incubation Period:

Antibodies to HIV usually appear in a person's blood from 3 weeks to 3 months after infection with the virus. In rare instances, it may take as long as 6 months for children or adults to develop antibodies. Infants born to infected mothers may have maternal antibodies that disappear between 12 and 18 months after birth. If the baby is infected, it will not produce its own antibodies until its immune system is developed, at about 18 months. There are tests available to diagnose HIV in infants. The incubation period for the symptoms of HIV may depend on many factors including: the immune status of the infected person and access to medical care or treatment facilities. Estimates of possible incubation periods for symptoms range from a few months to several years for children infected at birth to over 10 years in adults who were infected through sexual intercourse.

Infectious Period:

People living with HIV disease (including AIDS) are infected with the virus for life. A majority of HIV-infected people will have positive virus cultures from blood and semen. Tears and saliva contain very few, if any, viral particles and are not considered significant vectors of transmission unless the saliva contains visible blood.

Household contact is not considered a significant mode of transmission. Children acquire the infection from their infected mothers before birth or, in rare cases, during a blood transfusion or during breastfeeding.

Procedures:

Utilize standard precautions.

Use cleaning precautions with all body fluids.

Exclude child from services if you as the employee have an illness such as chickenpox or influenza. Children that have open sores or bleed unexpectedly should be excluded from services. Employees that are infected should be excluded if their blood or body fluids are at risk of being exposed.

Section 3

Chapter 41: Impetigo

Description:

Impetigo is a common skin infection caused by Streptococcal or Staphylococcal bacteria. Fluid-filled blisters with “honey-colored” scabs often form. Some skin lesions also may appear as red-colored pimples. Lesions may be found on the face, especially around the mouth and nose, but may be found on other areas of the body.

Mode of Transmission:

The bacteria which cause impetigo are found normally on the skin. Any injury or break in the skin can permit the bacteria to invade the skin and cause infection.

Impetigo may be acquired most commonly from contact with a person with Impetigo lesions, or less likely from contact with objects or surfaces containing the bacteria. An infected person with sores on one part of the body can also spread sores to a different location on the body.

Incubation Period:

Sores develop 7 to 10 days after bacteria enter the skin.

Infectious Period:

Lesions are considered infectious until treatment has been administered for 24 hours. The disease responds very quickly to systemic antibiotic treatment and/or prescription topical antibiotic ointments. Lesions are less likely to be infectious once the scabbing lesions have healed.

Procedures:

Exclude children from services until treatment has been in effect for 24 hours if they have extensive draining lesions and health care provider suggests it.

Children do not have to be excluded from services if the lesions can be covered and kept dry.

Utilize standard precautions.

Section 3

Chapter 42: Infectious Mononucleosis (Mono)

Description:

Infectious mononucleosis (Mono), also known as the "kissing disease", is an acute illness caused by the Epstein-Barr virus (herpes family) and is characterized by fever, sore throat that may resemble strep throat, fatigue, headache, and swollen glands (especially in the neck). There may be a rash, more often in patients who have been treated with amoxicillin/ampicillin. Mono may be very mild or severe. It is recognized more often in adolescents and young adults than in small children. Mono is a disease that may be difficult to identify and is usually diagnosed through laboratory procedures. Mono is not highly contagious and there is no specific treatment.

Mode of Transmission:

Mono is transmitted through close person-to-person contact (including sharing of water bottles).

Incubation Period:

10-50 days.

Infectious period:

Uncertain, but may be long (several months).

Procedures:

Exclude child from services until fever is gone for 24 hours.

Utilize standard precautions.

Section 3

Chapter 43: Influenza (Flu)

Description:

Influenza (flu) is an acute viral infection characterized by abrupt onset of fever, headache, fatigue, chills, cough, sore throat, and/or aching muscles. Vomiting and diarrhea may occur but are not common. Infections can be mild to severe with symptoms lasting from a few days to several weeks. Annual activity most commonly occurs between December and April. Complications are more severe for the very young, the very old, and pregnant women.

Influenza is a disease of the respiratory tract. Gastrointestinal symptoms alone, often reported as 'flu' or 'stomach flu' do not constitute influenza. Diagnosis can be confirmed by laboratory tests on respiratory secretions.

Mode of Transmission:

Influenza is spread form person-to-person by respiratory droplets products when a person coughs, sneezes, or talks.

Incubation Period:

1-4 days.

Infectious Period:

People are generally infectious to others beginning 1 day before symptoms start until up to 7 days after becoming sick. Some children can be infectious longer than 7 days.

Procedures:

Utilize standard precautions.

Children with flu-like symptoms should be excluded from services until fever is gone for 24 hours.

Section 3

Chapter 44: Lice (Pediculosis)

Body Lice (Pediculosis humanus corporis)

Description:

Different kinds of lice affect the head, body, and pubic areas.

Body lice are tiny parasitic insects, about the size of a sesame seed. Body lice are most commonly found in crowded and unhygienic conditions, among populations that have experienced disasters and/or difficult life circumstances, with no access to bathing facilities or the ability to change or launder clothing.

Body lice can be found in bedding and clothing, particularly in the inner seams of clothing. Body lice travel to the skin of a human host to feed on blood. The most common sites for lice bites are around the waist, groin, and armpits-places where clothing seams are most likely to touch the skin.

Body lice are rare among children in the United States. The main signs of body lice infestation are intense itching, scratch marks, and the detection of lice eggs or moving lice. However, body lice are rarely seen on the body because they are usually sequestered in clothing. Secondary bacterial infections may develop due to skin damage from scratching.

Mode of Transmission:

Transmission occurs through contact with a person who has body lice or with personal articles such as clothing or bedding that are infested. Dogs, cats, and other animals do not transmit lice.

Incubation Period:

Body lice eggs (nits) normally hatch in 1 to 2 weeks, depending on the temperature. Mature body lice are capable of laying eggs 9 to 19 days after hatching. The adult life span is about 1 month with access to blood.

Infectious Period:

Body lice can be spread as long as lice remain alive on the host or in clothing. Body lice are capable of moving to other human hosts and infesting the new host. Body lice cannot live away from a human host for more than 5 to 7 days at room temperature. Nits may survive for one month.

Procedures:

All family members should be instructed to be treated.

Instruct the family to wash clothing and other personal items, such as bedding and towels, in 130 degree water. Machine-dry using the hottest setting for at least 20 minutes.

If water temperature cannot be adjusted to 130 degrees, infested items should be sealed in a plastic bag for two weeks to kill the lice and eggs, and then laundered afterward to remove the dead lice and eggs.

Utilize standard precautions.

Crab Lice (Pediculosis humanis pubis)

Description:

Crab lice are parasitic insects measuring less than 1/8 of an inch that feed on human blood. Because their bodies and claws resemble sea crabs, they are nicknamed ‘crab lice’ or ‘crabs’. The primary symptom of crab lice is itching in the genital area. Nits (lice eggs) attached to the pubic hair shaft, or crawling lice may be seen. An infestation of crab lice is usually detected in the pubic hair but may also be found less commonly in other places where there is coarse body hair, such as armpits, legs, mustaches, beards, eyebrows, or eyelashes. Crab lice are not likely to be on the scalp or in the head hair. Secondary bacterial infections may develop due to skin damage from scratching.

Mode of Transmission:

Crab lice are most frequently transmitted by sexual contact. Crab lice found on children may be a sign of sexual abuse or sexual exposure. However, a child may also become infested with crab lice if he or she shares a communal bed with adults who are infected. Occasionally, crab lice may be transmitted by contact with clothing or bedding of a person infested with lice.

A common misbelief is that crab lice can be spread by sitting on a toilet seat. This is extremely unlikely because lice do not have feet designed to hold on to smooth surfaces such as toilet seats, and lice need a human blood source to survive.

Incubation Period:

Pubic lice eggs (nits) normally hatch in 6-10 days, depending on the temperature. Mature public lice are capable of laying eggs 2-3 weeks after hatching. The adult life span is about 1 month with access to blood.

Infectious Period:

Body lice can be spread as long as lice remain alive on the host or in clothing. Body lice are capable of moving to other hosts and infesting the new host. Crab lice cannot live away from a human host; most die within 2 days.

Procedures:

Utilize standard precautions.

Consider child sexual abuse when crab lice are present in a child. Reporting of suspected child abuse is mandatory.

Head Lice (Pediculosis humanus capitis)

Head lice are parasitic insects less than 1/8 of an inch in length that feed on blood from the scalp. Lice eggs, called 'nits', attach to a hair shaft until they hatch into live lice.

Lice and nits can be found on the head, eyebrows, or eyelashes, but are usually found on the scalp, particularly around and behind the ears and near the neckline at the back of the head. Head lice outbreaks are common in the United States among children between the ages of 3 and 12 years. Head lice are not a sign of poor hygiene or unclean homes.

Signs and symptoms of lice infestation include:

1. Itching on the head and scalp.
2. A tickling feeling of something moving on the head or in the hair.
3. The detection of live lice.
4. Nits (lice eggs) or empty cases from hatched lice attached to hairs.
5. Sores or scratch marks on the head caused by scratching.
6. Irritability and trouble sleeping. (Head lice are most active in the dark.)

Unlike body lice, head lice are not a health hazard and are not responsible for the spread of any disease. Infestation is principally a nuisance.

Mode of Transmission:

Transmission of head lice occurs most commonly by direct contact with a live louse through head-to-head contact. It is uncommon for lice to be spread from inanimate objects such as hats, combs, brushes, pillows, helmets, headphones, or movie theater seats. This is because head lice are not able to hold onto these materials or survive without warmth and blood source of a human scalp. Head lice cannot survive away from the scalp for more than 2 days at room temperature. Nits are not easily transmitted because they are glued to the hair shaft.

Incubation Period:

Head lice can be transmitted as long as the lice remain alive. Only live, hatched lice-not nits-spread the infestation. By removing the nits, the possibility of hatching new lice is minimized. Nits found more than a quarter inch away from the scalp have already hatched or will never hatch. Nits needs warmth from the scalp to remain viable.

Procedures:

Immediate or long-term exclusion is no longer recommended as long as treatment has begun.

Utilize standard precautions.

All family members should be treated to avoid reinfestation.

Section 3

Chapter 45: Measles

Description:

Measles is an acute and highly contagious viral disease capable of producing epidemics. Measles is more common in winter and spring and is one of the most readily transmitted communicable diseases. Permanent immunity is acquired after contracting the disease. Measles symptoms generally appear in two stages. In the first stage, the individual may have a runny nose, cough, and a slight fever. The eyes may become reddened and sensitive to light while the fever consistently rises each day. The second stage begins on the third to seventh day, consisting of a temperature of 103-105° F and a red blotchy rash lasting four to seven days. The rash usually begins on the face and then spreads over the entire body. Little white spots may also appear on the gums and inside of the cheeks.

Mode of Transmission:

Measles is spread by direct contact with nasal or throat secretions of infected people or, less frequently, by airborne transmission.

Incubation Period:

8-13 days

Infectious Period:

5 days prior to and 4 days after rash onset.

Procedures:

Utilize standard precautions.

Exclude child from services for at least 4 days after the rash appears.

Section 3

Chapter 46: Meningitis

Description:

Meningitis is an infection of the fluid of a person's spinal cord and the fluid that surrounds the brain. The infection can be caused by bacteria or viruses. Viral meningitis is generally less severe and resolves without treatment. Bacterial meningitis can be very severe and may result in brain damage, hearing loss, disability, and death. The two primary bacteria that cause meningitis are Streptococcus pneumonia (Pneumococcal) or Neisseria meningitides (Meningococcal). Haemophilus influenzae (H. flu) meningitis, which occurs mainly in children under five years, has been greatly reduced since the 1990s when the Haemophilus influenzae type b (Hib) vaccine was introduced. There are also vaccines for Pneumococcal and Meningococcal disease. Symptoms of bacterial invasive disease can include bacteremia, meningitis, infected joints, or pneumonia and usually develop quickly (over several hours or up to 1-2 days) and include high fever and chills, stiff neck, headache, photophobia (light sensitivity), vomiting, and sometimes a rash, coma, and seizures. Diagnosis is made by a spinal tap and a blood or joint culture, depending on the symptoms. When treatment with antibiotics is started early, the likelihood of survival is increased.

Mode of Transmission:

Meningococcal disease is transmitted person-to-person through direct contract with respiratory and throat secretions such as through kissing or coughing in close proximity. It may also be spread by sharing beverage containers, cigarettes, or other smoking-related paraphernalia. It is not transmitted through the air after an infected person has left the room. Meningococcal disease is less contagious than the common cold or influenza. Both meningococcal and pneumococcal organisms are often found in the upper respiratory tract of healthy persons.

Incubation Period:

Variable depending on the agent, for meningococcal disease usually 2-10 days, for pneumococcal disease usually 1-4 days.

Infectious Period:

Meningitis is infectious until the bacteria is no longer present in the discharges from the nose and mouth; susceptible organisms will disappear from the nose and throat within 24 hours after appropriate treatment is started.

Procedures:

Utilize standard precautions.

Exclude from services until released by a licensed health care provider.

Section 3

Chapter 47: Methicillin Resistant Staphylococcus Aureus (MRSA)

Description:

Staphylococcus aureus (S. aureus) is a bacterium that normally occurs on the skin. S. aureus can cause minor skin infections such as boils or impetigo. Rarely. S. aureus causes more serious infections of the bloodstream, urine, lungs, or other organs or tissues. An antibiotic resistant form, methicillin resistant S. aureus (MRSA), causes the same types of infections as antibiotic sensitive forms, but is harder to treat. Combined with influenza infection, MRSA pneumonia can be severe or fatal.

MRSA skin infections may be abscesses, impetigo, boils, or an infected open wound, causing fever, reddening, pain, warmth, swelling, and pus. The infection may be mistaken for a spider bite. Even without a culture for MRSA, any draining skin lesion should be considered infectious.

Mode of Transmission:

Skin bacteria such as S. aureus spread by direct person-to-person contact, by shared items, or through contaminated surfaces.

Incubation Period:

Variable, since S. aureus can be on the skin or in the nares (nostrils) for an extended period before causing infection in a wound.

Infectious Period:

People can have MRSA on the skin and not be infected, but spread the bacteria to others. Any boil, abscess, or open wound could have S. aureus or other bacterial infection.

Procedures:

Follow standard precautions when doing first aid or touching a child's mucous membranes.

Cover any wound that is draining or has pus with a clean, dry bandage that is closed on all four sides.

If draining wound cannot be safely covered, consult with health care provider to determine when child can resume services.

Contact health care provider to determine when it is appropriate to exclude or resume services.

Unless directed by a physician, children with MRSA infections should not be excluded from services.

Section 3

Chapter 48: Molluscum Contagiosum

Description:

Molluscum Contagiosum is a viral skin infection (pox family) that causes raised, pearl-like papules or nodules on the skin. It is a common infection in children often seen on the face, neck, armpit, arms, and hands.

Typically, the lesion of molluscum begins as a small, painless papule that may become raised up to a pearly, flesh-colored nodule. The papule often has a dimple in the center. The skin lesion commonly has a central core or plug of white, cheesy, or waxy material.

The papules are about 2-5 millimeters wide. There is usually no inflammation and subsequently no redness unless there is trauma or a secondary infection. Scratching or other irritation may cause the virus to spread in a line or in groups, called crops. Typically there are a small number of lesions, usually between 2 and 20.

Mode of Transmission:

Molluscum lesions are mildly contagious and most often spread to other areas of the infected child's body instead of spreading to other children.

The virus can spread to others through direct contact with a lesion and contaminated objects, such as towels, clothing, or toys. Wrestlers or gymnasts may get it through contact with infected mats. Transmission has been associated with swimming pools as well. The virus also spreads by sexual contact. Early lesions on the genitalia may be mistaken for herpes or warts, but unlike herpes, these lesions are painless. Having atopic dermatitis, the most common type of eczema, also increases the risk of getting Molluscum Contagiosum.

Incubation Period:

Little has been verified in regard to the incubation period; however, it is estimated to be between 2 weeks and 6 months.

Infectious Period:

The period of communicability is unknown but once the lesions are gone, the individual is no longer contagious. Lesions may persist from a few months to a few years. In healthy individuals, these lesions ultimately disappear without scarring, unless there is excessing scratching, which may leave marks. Individual lesions usually disappear within 2-3 months. Complete

disappearance of all lesions generally occurs within about 6-18 months. The infection may persist and show rapid progression in immunosuppressed people.

Procedures:

If possible, keep the area with growths clean and covered with clothing or a bandage to minimize the risk of direct contact.

Because Molluscum Contagiosum is self-limited in healthy individuals, treatment may be unnecessary.

Carefully clean shared toys.

Use standard precautions.

Section 3

Chapter 49: Mumps

Description:

Mumps is a viral illness characterized by painful inflammation of the glands that lie just above the back angle of the jaw. Involvement can be one-sided or bilateral. Other glands, including those in the floor of the mouth beneath the tongue and below the jaw, may also be involved, although less commonly. Viruses other than mumps and some bacteria are also known to cause swelling of the parotid glands. Mumps patients may have fever, headache, and mild respiratory symptoms or may have no symptoms other than parotitis. In post pubertal individuals, the testes may become inflamed in males and the ovaries in females. Very rarely sterility can occur. The central nervous system may become involved, usually manifested by increased irritability, stiff neck, headache, and even convulsions in some cases. Symptoms of mumps generally resolve after 7-10 days.

Mode of Transmission:

Transmission is by direct contact with or droplet spread of the saliva of infected persons. It should be remembered that approximately one-third of all susceptible individuals exposed to mumps will not develop apparent disease but will still be infectious.

Incubation Period:

16-18 days (range 12-25 days).

Infectious Period:

Mumps virus has been found in the saliva from 7 days before to 9 days after the onset of parotitis (salivary gland infection). However, persons with mumps are most contagious from 2 days before the onset of illness to 4 days after swelling first appears.

Procedures:

Utilize standard precautions.

Exclude child from services during the contagious period; the 12^{th} through the 25^{th} day after exposure.

Section 3

Chapter 50: Norovirus (Norwalk-like Viruses)

Description:

Norovirus is the term used for the group of viruses previously called Norwalk virus and related viruses causing similar symptoms. Illness is an acute viral infection of the gastrointestinal system characterized by nausea, vomiting, non-bloody diarrhea, and abdominal cramps and can include low-grade fever, chills, headache, muscle aches, and lethargy. Some persons might experience only vomiting or diarrhea and up to 30% of infections are asymptomatic. Symptoms typically resolve without treatment after 1-3 days, but in young children the course could be 4-6 days. Treatment consists of supportive care, primarily fluid and electrolyte replacement.

Mode of Transmission:

Norovirus is primarily shed in stools and is easily spread person-to-person by hands, toys, bathroom surfaces, and contaminated food. It can also be transmitted by aerosolized vomitus to persons nearby. The viruses can persist on surfaces, so infection can occur several days after the initial contamination unless thorough cleaning is done.

Incubation Period:

24-48 hours typically, but can occur within 12 hours of exposure.

Infectious Period:

Peak viral shedding is 2-5 days after infection, and may continue for 2 weeks or more. Noroviruses are highly contagious and as few as 10 viral particles may be sufficient for infection.

Procedures:

Exclude child from services until 24 hours after symptoms resolve.

Disinfect surfaces with an EPA-approved disinfectant for norovirus.

Utilize standard precautions.

Section 3

Chapter 51: Pertussis (Whooping Cough)

Description:

Pertussis is a highly contagious, bacterial infection of the nose and throat. Pertussis begins with an upper-respiratory 'catarrhal' stage that is characterized by coughing, sneezing, runny nose, and occasional vomiting. This stage can last up to 2 weeks. The disease then enters its paroxysmal stage where the coughing is staccato and comes in multiple, exhausting bursts. A cough episode may be followed by a characteristic 'whooping' sound as the child breathes in and sometimes by vomiting at the end of the episode. Sweating, exhaustion, gagging, and excessive amounts of thick mucus secretions may accompany the cough. This stage lasts for 2-4 weeks followed by a recovery phase of gradually diminishing frequency of cough episodes over a period of 2-3 weeks. Children under the age of 1 year are much more liable to suffer serious consequences than older children. In young infants the disease can be fatal. In older children who were never immunized, incompletely immunized, or whose immunity has waned since the last vaccination, the disease can vary from quite mild to a prolonged (several months) bout of uncomfortable, exhausting coughing episodes. Infection among adults is common but is generally milder and is often mistaken for bronchitis.

Mode of Transmission:

Transmission of pertussis is usually spread by droplets or direct contact with the respiratory secretions of an infected person.

Incubation Period:

Average 9-10 days, (range 6-21 days).

Infectious Period:

Pertussis is most infectious during the early catarrhal stage and at the beginning of the paroxysmal stage. Communicability gradually declines and is negligible by 3 weeks after the onset of paroxysms.

Procedures:

Exclude child from services during the first 5 days of an appropriate antibiotic treatment, but may return when 5 days of antibiotic therapy has been completed, even though they may continue to cough for some time. If child is not treated with antibiotics, exclude from services until 4 weeks after onset of illness or until the cough has stopped.

Utilize standard precautions.

Section 3

Chapter 52: Pinworms

Description:

Pinworms are a very common condition caused by a small intestinal roundworm. Although some infected individuals have no symptoms, pinworm infestation can include severe anal itching with disturbed sleep, restlessness, and local irritation from scratching. Vaginitis and abdominal pain, in rare instances, are attributed to pinworms. People from all socio-economic and ethnic backgrounds may have pinworms. Diagnosis is made by finding adult worms or eggs in the anal region.

Mode of Transmission:

Transmission of pinworms is spread by infective eggs carried from anus to mouth by hands, from articles of bedding or clothing to mouth, or carried in food or by dust. Children who have scratched the anal area can have eggs under their fingernails and transmit to others through shared food.

Incubation Period:

The life cycle from egg to adult takes 1-2 months or longer.

Infectious Period:

Pinworm eggs are infectious within a few hours after being deposited on the skin. The person is infectious as long as female worms are depositing eggs on skin around the anus. The eggs can survive up to 3 weeks on clothing, bedding, or other objects. Response to specific antihelminth drugs (drugs that kill parasitic worms) is excellent, but re-infestation occurs easily.

Procedures:

Utilize standard precautions.

Exclude from services until treatment has been in effect for at least 24 hours.

If condition is recurrent, all members of household should be treated simultaneously.

Section 3

Chapter 53: Respiratory Syncytial Virus (RSV)

Description:

RSV is a viral disease affecting the respiratory tract. RSV is the most common cause of respiratory tract diseases such as bronchitis and pneumonia in early infancy, with most cases occurring within the first 2 years of life. RSV can seriously affect those that are born prematurely or those with heart, lung, or immune problems. Symptoms are chills, fever, headache, general aching, and anorexia.

Mode of Transmission:

RSV is spread by direct contact of mouth or droplets from the mouth. It can be spread indirectly by hands, eating utensils, or other objects contaminated with discharges from the respiratory tract of an infected person.

Incubation Period:

1 to 10 days.

Infectious Period:

Several days before and after disease is seen; this can be several weeks.

Procedures:

Utilize standard precautions.

Exclude child from services until fever is no longer present for 24 hours.

Section 3

Chapter 54: Reye Syndrome

Description:

Reye syndrome is not a disease but a “syndrome” or combination of signs and symptoms which occur in children. Reye syndrome is considered a medical emergency and a physician should be notified immediately if the symptoms occur after a virus illness. Early medical treatment and hospitalization may reduce the chances of coma and death. Symptoms are unexpected vomiting, lethargy, confusion, irritability, or aggressiveness in children recovering from a viral illness.

Mode of Transmission:

Although the cause of the syndrome remains unknown, most cases follow a common viral illness, most frequently influenza or chickenpox. This is NOT a contagious disease.

Incubation Period:

Unknown.

Infectious Period:

None.

Procedures:

Exclude child from services if directed by a physician.

Section 3

Chapter 55: Ringworm (Tinea)

Description:

Ringworm is not caused by a worm, but by various types of fungi. When found on the body it is called tinea corporis; when on the scalp, tinea capitis; when on the groin, tinea cruris; and when on the feet, tinea pedis. It is a very common infection.

Ringworm begins as a small, red patch or bump that spreads outward, so that each affected area takes on the appearance of a red, scaly, outer ring with a clear central area. Hair may become brittle and break off in gradually spreading areas. Itching sometimes accompanies the infection.

Ringworm of the body is not particularly dangerous, had no unusual long-term consequences, and can generally be treated quite effectively with locally applied preparations. A prescribed oral medication may be needed for severe or persistent cases of body ringworm and is necessary to treat all ringworm of the scalp.

Mode of Transmission:

Transmission of ringworm is generally by person-to-person or contaminated article-to-person contact. Infected animals may be a source for scalp and body infections, although rarely.

Incubation Period:

Usually 7-21 days.

Infectious Period:

Ringworm is infectious during the duration of skin or scalp lesions and while the fungus persists on contaminated materials.

Procedures:

Utilize standard precautions.

Exclude child from services until treatment has been in effect for at least 24 hours.

Section 3

Chapter 56: Roseola

Description:

Children ages six months to three years are most commonly affected by this disease. Roseola is a rash disease that is not highly communicable. Those that are exposed to roseola acquire immunity to the disease. Symptoms are sudden fever than can get as high as 104°F, convulsions, and a rash that appears around the 3rd to 5th day as the fever is disappearing. The rash resembles small, bumpy, rose-pink spots that start on the chest and abdomen. The rash usually lasts one to two days. Some people are asymptomatic.

Mode of Transmission:

Unknown.

Incubation Period:

5 to 15 days.

Infectious Period:

Unknown; the period during the fever and before the rash appears is suspected.

Procedures:

Utilize standard precautions.

Exclude child from services until fever is no longer present for 24 hours.

Section 3

Chapter 57: Rotavirus

Description:

Rotavirus is the cause of a seasonal and sporadic gastroenteritis. It occurs in temperate climates in the cooler months; in tropical climates, it is present year round. Essentially all children are infected by age 3, but they are most likely to be infected between 4 and 24 months of age. Symptoms are fever and vomiting, followed by diarrhea; sometimes dehydration and death can occur in young children.

Mode of Transmission:

Fecal-oral and respiratory transmission are most probably.

Incubation Period:

24 to 72 hours.

Contagious Period:

During the acute stage of disease and while the virus is being shed; symptoms typically last 3 to 8 days.

Procedures:

Utilize standard precautions.

Exclude child from services until diarrhea is no longer present for 24 hours.

Section 3

Chapter 58: Rubella (Three-Day Measles; German Measles)

Description:

Rubella is a relatively mild viral illness. Its importance lies not in the problems it causes in the person who acquires the disease, but rather in the significant congenital defects it may cause in infants whose mothers contracted rubella during the first 12 weeks of pregnancy. The first signs of rubella in children may be swollen, tender glands, usually at the back of the neck and behind the ears; and a low-grade fever followed by a rash. Adults may experience a 1-5 day prodrome (early signs of onset), consisting of respiratory symptoms. The rash usually consists of pink to red isolated spots that appear first on the face then spread rapidly to the trunk, biceps, and thigh area of the extremities with large confluent areas of flushing. The rash usually fades within 3 days. Fever is often mild or absent. Some itching may occur. Rubella in adolescents and adults may cause painful or swollen joints (especially in females). Because many other rash illnesses look like rubella, laboratory tests are required to confirm the diagnosis. Up to 50% of rubella cases are asymptomatic.

Mode of Transmission:

Transmission is from nasopharyngeal secretions of infected persons. It is also transmitted across the placenta to the fetus. Infants with congenital rubella can shed large quantities of the virus from their respiratory secretions and in the urine.

Incubation Period:

14-17 days (range 14-21 days).

Infectious Period:

Rubella is infectious for about 1 week before and at least 4 days after the appearance of the rash.

Procedures:

Utilize standard precautions.

Exclude from services until the 7^{th} day after the rash appeared.

Pregnant employees in contact with an infected child/parent should contact their health care provider immediately to discuss the status of their immunity to rubella.

Section 3

Chapter 59: Scabies

Description:

Scabies is a severe, itchy skin infestation caused by the mite Sarcoptes scabiei that burrows in the skin surface. Scabies affects persons from all socio-economic levels without regard to age, sex, or standards of personal hygiene. Although scabies is more prominent in crowded living conditions, everyone is susceptible. It is extremely common among children. The earliest symptoms of scabies are itching, especially at night. Subsequently, little red bumps, like hives, tiny bites, or pimples appear. In more advanced cases, the skin may be crusty or scaly. The female mite prefers warmer sites of the human body. The mite burrows into the outer layer of the skin in tiny red lines about half an inch long and then lays eggs. The parasite tends to be first located in the webs between the fingers or toes, around the wrist, or navel. It can also be commonly found on the back of elbows, the folds of the armpits, the beltline and abdomen, the creases of the groin, and on the genitalia. In children younger than the age of 2 years, the eruption is generally small vesicles (blisters) and can occur additionally on the head, neck, palms, and soles. Scabies may be severe for immunocompromised persons.

Mode of Transmission:

Scabies is transmitted by skin-to-skin contact. Scabies usually is spread by direct, prolonged, skin-to-skin contact with a person who has scabies. Contact generally must be prolonged; a quick handshake or hug usually will not spread scabies. Scabies is spread easily to sexual partners and household members. Persons sharing a bed are also at risk. Child care facilities are also a common site of scabies infestation. The mites can survive 3-4 days away from human skin.

Incubation Period:

Symptoms in persons without previous exposure usually do not occur until 4-6 weeks after exposure to an infected person. Persons who were previously infested are sensitized and, therefore, usually present symptoms 1-4 days after the exposure. Re-infestations are usually milder than the original episode.

Infectious Period:

Scabies can be transmitted as long as the person remains infested and untreated, including during the interval before symptoms develop.

Procedures:

Exclude from services until treatment has been in effect for 24 hours.

Utilize standard precautions.

Do not attempt to treat with home remedies.

All family members should be treated simultaneously to avoid re-infestations.

All personal items should be washed. Bedding and clothing worn next to the skin during the 4 days before treatment should be washed and dried on hot cycles.

Store other items in bags for 2 weeks. If the mites do not get a meal within 1 week they will die.

Vacuum the entire house and discard the used bag.

Section 3

Chapter 60: Streptococcal Infections (Sore Throat, Scarlet Fever, Necrotizing Fasciitis)

Description:

Streptococcal sore throat (pharyngitis) is an acute bacterial infection characterized by sore throat, fever, large tonsils with pus on them, or an inflamed pharynx (throat) and tender nodes in the neck. Streptococcal sore throat can occur with very few symptoms. All sore throats resembling strep throat are not due to strep. People may carry streptococci in their throats but not have symptoms.

Scarlet fever involves a streptococcal sore throat and a skin rash caused by a toxin produced by certain strains of streptococci. The rash usually appears on the neck, chest, groin, and axilla (armpits). It usually does not involve the face. Characteristically, the rash spares the area around the mouth and inside the elbow. Peeling of the skin, especially of the fingers and toes, may follow the rash.

Impetigo is a superficial skin infection with streptococci or other bacteria. Symptoms include red sores or blisters, often on the face or areas that are scratched like an insect bite.

Necrotizing fasciitis (flesh-eating bacteria) is caused by Group A strep, the same bacteria that causes strep throat and impetigo. Unlike strep throat and impetigo, which are common and easy to treat, necrotizing fasciitis is very rare and more difficult to treat. The infection occurs between the skin (in the fascia) and eventually results in tissue damage to the skin and underlying muscle. The signs and symptoms are fever with severe pain, followed by swelling and redness at a wound site. Treatment is early antibiotic therapy. Prevention is practicing proper handwashing techniques and keeping all wounds clean.

Antibiotics can treat streptococcal infections. Untreated milder streptococcal infections can lead to serious complications (rheumatic fever and kidney disease).

Mode of Transmission:

Streptococcal infection is usually transmitted by airborne droplets or direct skin contact with an infected person. A person can move the infection from one part of the body to another by scratching. Necrotizing fasciitis is spread through direct contact with infected persons through an open sore or wound on the skin. The wound site may be minor.

Incubation Period:

From 2-5 days.

Infectious Period:

Streptococcal disease is most infectious in the acute phase. Untreated, it may be infectious for several weeks. However, if treated with antibiotics, the infectious period can last less than 24 hours. Some individuals can remain carriers for prolonged periods.

Procedures:

Utilize standard precautions.

Child with positive throat culture should be excluded until at least 24 hours after antimicrobial treatment is initiated and fever is gone.

Section 3

Chapter 61: Tuberculosis (TB)

Description:

Tuberculosis (TB) is a chronic bacterial disease caused by Mycobacterium tuberculosis that may affect any part of the body but most commonly attacks the lungs. In children under the age of 15 years, TB frequently settles in other high oxygen-tension areas of the body (bones, joints, brain, spinal tissue, and lymph nodes). The initial infection with TB is systemic and silent, causing no noticeable symptoms. In most healthy children and adults, initial infection does not immediately develop into disease and the individual is not infectious. The condition is known as latent TB infection. Infants, however, are particularly susceptible to rapidly developing disease at the time of initial infection.

Mode of Transmission:

Transmission is generally from the inhalation of droplets expelled from a person with pulmonary disease by sneezing, coughing, and even talking. The bacteria are spread through airborne transmission from diseased to susceptible individuals.

Incubation Period:

Variable, about 2-10 weeks. From the time TB bacilli enter the body and begin the infection process, it may take 2-10 weeks to develop a positive TB test using a purified protein derivative (PPD) solution. Most cases of untreated infection (90%) become dormant and never progress to active disease. This percentage is notably lower in young children.

Infectious Period:

People with latent TB infection or uncomplicated primary TB are noninfectious and may remain in services as long as their general health is good. When the TB lesions have broken down in the lungs and have become infectious, infectiousness persists as long as living bacteria are discharged through the bronchi. Specific drug treatment will usually diminish the infectiousness within weeks. Your local health jurisdiction staff will advise when treatment student or staff members may return to school.

Treatment:

All individuals who react significantly to the PPD skin test should have an initial chest x-ray to rule out the presence of any active pulmonary disease process. Most infected individuals with latent TB infection will benefit from preventive antibiotic therapy. All diseased individuals are

treated typically with a minimum of four antituberculous antibiotics for a minimum of six months.

Procedures:

Utilize standard precautions.

Active cases must be under treatment with anti-TB drugs.

Children are not excluded on the basis of a positive TB test indicating a latent TB infection alone.

Exclude child until physician determines the child is no longer contagious.

Section 3

Chapter 62: Yeast Infections (Thrush)

Description:

Oral thrush is a bacterial infection that usually affects the superficial layers of the mucous membranes. It is a common, usually innocuous infection that appears within the first couple weeks after birth. Symptoms are ulcers that form in the esophagus, gastrointestinal tract, or bladder.

Mode of Transmission:

Thrush is spread by direct contact with discharge from the mouth, skin, vagina, and feces of infected individuals. It can be passed during childbirth from mother to infant.

Incubation Period:

Varies; typically 2-5 days.

Infectious Period:

During the presence of active lesions.

Procedures:

Utilize standard precautions.

No exclusion necessary.