POLICY AND PROCEDURES RELATED TO INFECTION CONTROL

PURPOSE

The goal of all infection control procedures is to minimize the transmission of communicable disease and prevent infection when possible, helping to insure optimum health for all individuals and staff.

1. Objectives:
   - To prevent episodes of communicable disease.
   - To prevent infection.
   - To prevent the transmission of communicable disease.
   - To insure prompt detection of infection or infestation of a communicable disease.
   - To ensure compliance with the implementation of infection control procedures.
   - To limit occupational exposure to blood and other potentially infectious materials.

2. Infection control procedures will include the following components:

   SURVEILLANCE is the on-going monitoring of all illness and disease among individuals and staff, and the monitoring of compliance to procedures.

   REPORTING is the method of communicating information about the existence of communicable disease.

   CONTROL involves the ongoing activities used to reduce the spread of disease and minimize the effects of existing illness.

   PREVENTION involves the passive and active methods used to eliminate the risk of contracting diseases.

3. The Infection Control procedures are designed to meet compliance with the OSHA standards for Occupational Exposure to Bloodborne Pathogens and the Minnesota OSHA Tuberculosis directive. They are also designed to meet the Tuberculosis Prevention and Control Guidelines for Home Care Providers.

4. Infection control procedures follow Universal Precaution guidelines and will be followed for all instances of illness, injury, and communicable disease in the setting.

POLICIES AND PROCEDURES PERTAINING TO TRANSMISSION-BASED PRECAUTIONS

PURPOSE

Transmission-based precautions will be used for residents who are documented or suspected to infection or communicable diseases that may be transmitted to others. All staff are responsible for this.

PROCEDURE

1. Transmission-based precautions will be initiated when there is reason to believe that a resident has an infectious or communicable disease. Please refer to the appendix designed by the CDC

to determine if Isolation precautions may be warranted.

2. Resident Placement:
   - TB: please see TB management policy.
   - If the disease can be managed within the facility, place the resident in a private room, if possible.
   - When a private room is not available, place residents together, with the same infection and the same microorganism if appropriate and if able.
   - If a private room is not available and residents with like infections cannot be grouped, the Clinical Services Supervisor will determine an appropriate plan and seek physician input as needed.

3. Transmission-Based Precautions:
   - The organization will follow the CDC recommendations on whether or not a resident requires transmission-based precautions based upon their individual illness.
   - Post a notice on the door of the resident's room and above the resident's bed so that all personnel and visitors are aware of the isolation precautions.
   - Place necessary equipment and supplies that will be needed during isolation
   - Make sure that an adequate supply of antiseptic soap and paper towels are maintained in the room during the isolation period.
   - All staff that has contact with the resident(s) will be in-serviced on appropriate transmission-based precautions.

COMMUNICABLE DISEASE TRANSMISSION

1. Contact transmission occurs directly through person to person contact or indirectly by a person coming in contact with a contaminated surface or object. This is the most common means of disease transmission.

2. Airborne transmission occurs by breathing, talking, coughing, or through contaminated dust. These can be the most difficult to control. This mode of transmission includes, but is not limited to, tuberculosis.

3. Bloodborne transmission occurs through contact with blood, semen, vaginal secretions, or body fluids visibly contaminated with blood. (These substances are also known as infectious materials). Generally, these diseases are transmitted through skin, eyes, damaged skin, or mucous membranes (mouth, vaginal, or rectal tissue). This mode of transmission includes, but is not limited to, Hepatitis B virus (HBV), Hepatitis C Virus (HCV), and human immune deficiency virus (HIV).

IMMUNIZATIONS AND SCREENINGS

1. Routine immunizations will be administered to all individuals according to the Minnesota Department of Health guidelines.

2. Additional immunizations will be administered per physician recommendation.

3. Employees with occupational exposure will be offered Hepatitis B immunizations per OSHA regulations.

4. Blood screenings to identify immunity status or presence of communicable diseases will occur per physician recommendation. If consent is required for the screening, it will be obtained.

5. Tuberculin screening will be done per the recommendation of the person's physician.

6. After March 9, 2009, all paid and unpaid healthcare workers (as defined by the "CDC Guidelines") must be considered for inclusion in the facility TB screening program. See the Occupational Exposure for Tuberculosis section for specific criteria and procedures.

UNIVERSAL PRECAUTIONS

1. Universal Precautions have been established to reduce the occurrence of bloodborne transmission. AIDS, Hepatitis B, and Hepatitis C are three communicable diseases which require the use of universal precautions.

2. Since medical history and examination cannot reliably identify all individuals infected with HIV (AIDS), or HBV (Hepatitis B), or other bloodborne pathogens, blood and body fluid precautions should consistently be used for all individuals.

3. Universal precautions require that all human blood and certain body fluids are treated as if they are known to be infectious with HIV, HBV, and other bloodborne pathogens.

4. Universal Precautions is an approach to infection control that applies to the following infectious materials: blood; body fluids visibly contaminated with blood; semen; and vaginal secretions. (It also includes synovial fluid, cerebrospinal fluid, pleural fluid, peritoneal fluid, pericardial fluid, amniotic fluid, and body tissues. Exposure to these in a facility is unlikely.)

5. Universal Precautions do not apply to feces, nasal secretions, sputum, sweat, tears, urine, vomit, or saliva, unless they are contaminated with visible blood.

6. Universal precautions require:

Hand washing

1. Hand washing is crucial. Staff will wash hands:
   a. after touching blood, body fluids, feces, or contaminated items (regardless of whether or not gloves are worn)
   b. before putting on gloves
   c. immediately after gloves or gowns are removed
   d. as necessary, between tasks and procedures on the same client to prevent cross-contamination of different body sites, and
   between all patient contacts (See below for additional procedures)

Gloves

2. Staff will wear clean gloves when touching blood, body fluids, feces, non-intact skin, mucus membranes, or contaminated items. Change gloves between tasks and procedures on the

same client after contact with material that may contain a high concentration of microorganisms. Remove gloves promptly after use, and before touching non-contaminated items, environmental surfaces, self, or other clients. Wash hands after removing gloves. (See below for additional procedures)

Face and Eye Protection	3.	Staff will wear masks, eye protection, or face shields when providing care that is likely to generate splashes of blood, body fluids, or feces (See below for additional procedures)
Gowns	4.	Staff will wear gowns (clean and nonsterile) when providing care that is likely to generate splashes or sprays potentially soiling clothing by blood, body fluids, or feces. Remove gowns promptly after use and dispose in proper container. Wash hands after removing gowns (See below for additional procedures)
Equipment, Environmental Surfaces and Soiled Linens	5.	Staff will use care in handling client-care equipment or linen soiled with blood, body fluids, or feces in order to prevent skin and mucus membrane exposure, contamination of clothing, and transfer of microorganisms to other patients or environments. Ensure that reusable equipment (e.g., blood pressure cuffs, etc.) and environmental surfaces are appropriately cleaned and reprocessed prior to use on another client and that single-use items are properly discarded. Contaminated linens must be separately stored and laundered from non-contaminated linens or clothing. If a client has MRSA or similar infection, blood pressure cuffs and other needed equipment will be left in the client's home for use by that client only. (See below for additional procedures)
Sharps	6.	Staff will use "sharps" precautions to prevent injury from needles, razor blades and other sharp-edged instruments. Sharps containers will be used by staff for disposal of any sharps. Clients who use sharps or razor blades will be supplied with a sharps container for disposal of these items.
	7.	Specimens of blood or other potentially infectious materials shall be handled with gloves, placed in a container which prevents leakage during storage and transport, and labeled with the person's name and type of specimen.

POLICIES AND PROCEDURES PERTAINING TO HAND HYGIENE

POLICY: Hand-washing, which is the single most effective way of controlling the spread of infection, will be performed by staff routinely and thoroughly to protect residents from the spread of infection. All staff are responsible for this.

PROCEDURE:

1. **When Hands Should be Washed.** Hand washing shall be performed between client cares and whenever direct physical contact with a client takes place. Use of gloves does not replace hand washing. Hands should be washed or decontaminated:
   a. Before and after direct contact with a client
   b. If moving from a contaminated-body site to a clean-body site during client care
   c. After contact with environmental surfaces or equipment in the immediate vicinity of the client
   d. After removing gloves or gowns
   e. Before eating and after using a restroom

2. **Procedure for Hand Washing:**
   a. Soap, water, and paper towels will be required for equipment.
   b. Stand away from the sink. Clothing and hands must not touch the sink.
   c. Turn on water and adjust to a comfortably warm temperature.
   d. Wet hands and wrists.
   e. Apply soap over hands and wrists, working into a generous lather by scrubbing vigorously.
   f. Use friction while scrubbing hands vigorously for at least 20 seconds. Clean fingernails by rubbing fingertips against opposite palm, clean around the knuckles and along the sides of the fingers and hands.
   g. Rinse hands and wrists completely under running water to wash away suds and micro-organisms. Keep hands lower than the elbows and keep fingertips down.
   h. Pat hands, wrists, and fingers thoroughly dry with a dry, clean paper towel.
   i. Turn off water using a clean paper towel to prevent recontamination of the hands.
   j. Use lotions to protect the integrity of the skin if necessary.

3. **Use of Hand Sanitizers --** Soap and water must be used when hands look dirty, after using the bathroom and prior to preparing food. In other situations, alcohol-based hand sanitizers may be used instead of soap and water.
   a. Follow the product directions regarding how much sanitizer to use. Apply enough sanitizer to the palm of your hand to wet your hands completely.
   b. Rub hands together and then rub sanitizer all over the tops of your hands, in between your fingers and the area around and under the fingernails.
   c. Continue rubbing until the hands are dry—at least 15 seconds if an adequate amount of sanitizer was used.
   d. Do not rinse hands or use a towel to dry them after using hand sanitizer.

PERSONAL PROTECTIVE EQUIPMENT PROCEDURES

1. Personal protective equipment is specialized clothing or equipment worn by an employee for protection against a hazard. Personal protective equipment used to limit occupational exposure to bloodborne pathogens may include:
   a. Gloves must be used when an employee's hands may come in contact with blood, other potentially infectious materials,

mucous membranes, and non-intact skin.

b. Masks, in combination with eye protection devices (such as goggles or glasses with solid side shields), must 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.

c. Aprons or other protective body clothes must be worn whenever a medical procedure is performed with anticipated exposure to blood or infectious materials. This will depend on the task and degree of exposure anticipated.

2. The goal in using personal protective equipment is to prevent blood or other infectious materials from having contact with an employee's clothes, skin, eyes, mouth, or other mucous membranes.

3. It is the responsibility of a health professional to determine which personal protective equipment is appropriate to the residence and to write a procedure for use of each item of personal protective equipment determined necessary. This procedure will include when to use the protective equipment, how to use it, how to dispose or clean it, repair, or replacement tasks, and where it is located.

4. It is the responsibility of the employer to provide any recommended personal protective equipment.

5. The only acceptable reason for not using protective equipment is when an employee makes a judgment that use of protective equipment would cause a delay in an emergency situation that would threaten an individual's life.
All such cases will be investigated and documented to determine whether changes could be instituted to prevent such occurrences in the future.

POLICIES AND PROCEDURES PERTAINING TO PROCEDURE FOR USING GLOVES

POLICY: Gloves are to be worn whenever there may be direct contact between the caregiver’s hands and blood, body fluids, secretions, feces, or a contaminated item, such as soiled linens or wound dressings. Gloves will be removed carefully and disposed of in a proper container. All staff are responsible for this.

This includes the following situations:

- Administering first aid treatment to a cut or wound.
- Removing and disposing of wound dressing.
- Brushing or flossing an individual's teeth.

- Cleaning contaminated surfaces.
- Handling laundry.
- Administering vaginal or rectal medications.
- Administering topical medications to the genital area.
- Assisting with menstrual hygiene.
- Completing physical inspections of the genital area.
- Completing medical procedures in which there may be contact with blood or body fluids.

PROCEDURE:

1. Wash Hands
2. Apply gloves to both hands
3. Complete task. If gloves become torn or heavily soiled and additional tasks must be performed for the client, then change the gloves (washing hands before putting on new gloves before starting the next task.
4. Place any contaminated materials in proper receptacle - such as biohazardous waste for wound care dressings.
5. Remove gloves by grasping cuff of one glove and pulling it off, turning it inside out. With ungloved hand tuck finger inside cuff of remaining glove and pull off, turning inside out with first glove inside the second glove.
6. Dispose of used gloves in proper receptacle – biohazardous if they have contaminated material on them.
7. Rewash hands.

POLICIES AND PROCEDURES PERTAINING TO PROCEDURE FOR USING GOWNS

POLICY: Gowns are worn whenever there may be direct contact between the caregiver's clothing and contaminated material, such as soiled linens or wound dressings, and during tasks and client cares to prevent soiling of clothing from splashes or sprays of blood, body fluids, secretions, or excretions. All staff are responsible for this

PROCEDURE:

1. Wash hands.

2. Apply gown so that all of caregiver's clothing is covered with the opening in the back. Secure in the back.

3. Apply gloves – as described in 06-003.

4. Complete necessary task.

5. Remove gloves – as described in 06-003.

6. Untie gown at neck and waist. Keeping hand inside one cuff, pull opposite sleeve away from neck and shoulder, peeling down the arm. Repeat this procedure with other arm.

7. Pull gown off by turning it inside out. Fold so that contaminated sides faces one another. Discard in proper receptacle for contaminated material.

8. Wash hands.

POLICIES AND PROCEDURES PERTAINING TO PROCEDURE FOR USING MASKS

POLICY: Masks are worn to protect the mucous membranes of the eyes, nose and mouth during procedures and tasks that are likely to generate splashes or sprays of blood, body fluids, secretions, or excretions.

PROCEDURE:

1. Wash hands.
2. Find top edge of mask.
3. Hold mask by top two strings or loops, keeping top edge above bridge of nose.
4. Tie top strings at top of back of head, with strings above ears or slip loops over each ear.
5. Tie two lower strings snugly around neck with mask well under chin.
6. Fit flexible nose piece over nose bridge. Make sure the mask fits and is securely tied as you don't want to touch the mask with your gloves while completing the task.
7. The front of the mask is considered contaminated and should not be touched. Remove the mask by handling only the ties or elastic bands starting with the bottom then top tie or band.
8. Lift the mask away from the face, fold mask in half with inner surfaces together and discard it into the designated waste receptacle.
9. Wash hands.

POLICIES AND PROCEDURES PERTAINING TO DISINFECTING REUSABLE EQUIPMENT AND ENVIRONMENTAL SURFACES AND LAUNDRY

PURPOSE

Reusable equipment and environmental surfaces will be properly disinfected after use. Whenever possible, client will have their own reusable equipment and the equipment will not be shared with other clients or residents.

PROCEDURE

1. Equipment:
   a. After using reusable equipment, (such as toenail and nail clippers), the equipment must be cleaned and returned to the place that it is stored. Glucometers must be cleaned after each use following the manufacturer's instructions.
   b. Put on gloves.
   c. Clean any obvious soiled material with paper towels and soapy water.
   d. Spray with premixed sterilizing solution of 1:10 bleach solution or sterilizing product approved by the RN. 1:10 bleach solution is caustic. Avoid direct contact with skin and eyes.
   e. Allow the equipment to air dry on a clean paper towel.
   f. Return the equipment to proper storage location.

2. Environmental Services
   a. Environmental surfaces must be disinfected after use.
   b. Put on gloves.
   c. Clean any obvious soiled material with paper towels and soapy water.
   d. Then spray with premixed sterilizing solution or 1:10 bleach solution or sterilizing product approved by the RN.
   e. Allow to air dry.

3. Food contact surface area cleaning procedure for blood and body fluids
   a. Place gloves on both hands.
   b. Remove excess fluids with paper towels.
   c. Clean area with detergent and warm water.
   d. Wash down or spray area with freshly prepared solution of 10 parts water to 1 part bleach
   e. Allow to air dry for 30 minutes.
   f. Then wash area with water.

4. Fabric or carpeted surfaces contaminated with blood or body fluids should be laundered or dry cleaned whenever possible. If this is not possible, the following procedure will be used:
   a. Place gloves on both hands.
   b. Remove excess fluid with paper towels.
   c. Clean area with soap and cold water.
   d. A fabric or carpet cleaning product may be used.
   e. Spray with Lysol following cleaning.
5. Procedure for cleaning up broken glassware contaminated with blood:
   a. Do not use hands to pick up contaminated broken glassware.
   b. Use mechanical device to pick up glass and dispose of glass immediately.

6. Waste basket Procedures
   a. All wastebaskets will be lined with plastic bags and shall be emptied regularly and not allowed to overflow.
   b. Infectious material such as paper toweling used for blood clean up, dressings, gloves, and menstrual supplies will be placed in a plastic bag, tied securely, checked for leakage, and placed in a plastic lined waste basket.
   c. To empty the wastebasket, remove the plastic bag liner, tie securely, and place in the outdoor trash container.

LAUNDRY PROCEDURES

1. All laundry will be handled with gloves.

2. Laundry must be handled as little as possible and with a minimum of agitation to prevent exposure to the person handling the laundry.

3. Laundry soiled with blood or body fluids visibly contaminated with blood, semen, and vaginal secretions should be bagged at the location

where it was used.

4. All contaminated laundry that cannot be laundered immediately will be placed in a red plastic bag or container marked “contaminated” and fastened securely. The bag will be checked to make sure no leakage occurs. This red plastic bag or container marked, “contaminated,” will signify to others that this laundry is contaminated, and laundry procedures must be followed.

5. Contaminated Laundry Washing Procedure
    - Use gloves when handling unwashed contaminated laundry.
    - Wash contaminated laundry separate from other laundry.
    - Pre-soak in cold water if needed for stain removal.
    - Use a cold-water cycle for at least 10 minutes with detergent.
    - One-half cup bleach may be added per load of laundry if allowable according to clothing manufacturer's recommendations.
    - Laundry will be dried in a clothes dryer whenever clothing manufacturer's recommendation permits.

6. If it is necessary that contaminated laundry be sent out of the residence for cleaning, the laundry transfer procedure must be followed.

7. Contaminated Laundry Transfer Procedure
    - Use gloves.
    - Place contaminated laundry in a red plastic bag and fasten securely. Double bag if necessary to ensure no leakage occurs.
    - Label with the type of stain (blood, semen, etc.).

SHARPS PROCEDURE

1. All needles, syringes, lancets, monosets, or other medical equipment used to pierce or cut the skin must be used and disposed of according to procedure.

2. Only disposable sharps will be used at this residence.

3. Needles will not be bent, sheared, or recapped after use.

4. Sharps will be placed in sharps containers immediately after use.
5. Sharps containers will be:
    - Closable
    - Puncture resistant
    - Leakproof on sides and bottom

- Labeled or color-coded
- Stored as close to the area of use as is possible
- Stored in a locked cabinet if there is risk individuals may tamper with the container
- Maintained upright at all times
- Replaced routinely and not allowed to overflow
- The Sharps container and contents will be disposed of when full. The container will never be emptied while at the residence.

6. Contact your local solid waste management company, healthcare provider, medical waste management company,
and / or the Minnesota Pollution Agency for sharps disposal options.

SURVEILLANCE PROCEDURES

1. Surveillance Responsibilities
   - The following surveillance procedures will be used to assure that a quality health environment exists with regard to infection control and that infection control procedures are being met.
   - The nurse, residence coordinator, and all direct care staff are responsible for on-going infection control surveillance. Observations made indicating issues/problems with infection control will be made to the nurse.
   - The nurse is responsible for recommending corrective action when problems/issues are identified.
   - An infection control team will be established. A chairperson will be assigned the responsibility for the facility risk assessment and for overseeing all aspects of the tuberculosis infection control program. (See the Occupational Exposure to TB section of the manual.)

2. Surveillance Components
   - Adherence to Infection Control Procedures
     - The nurse will periodically review the implementation of infection control procedures by staff to determine adherence to procedures.
     - The nurse, with input from the appropriate staff, will identify potential obstacles to the implementation of proper procedures and will develop remedies as needed.
     - The nurse will be notified when an exposure incident occurs and will provide direction as needed.
   - Availability of Infection Control Supplies
     - The nurse along with the facility designee will develop a list of all infection control supplies required in various areas of the facility.

- The facility designee or nurse will periodically monitor the availability of these items.

3. Adequacy of Staff Training
   - All staff will receive education about infection control procedures and OSHA mandated training.
   - Staff will have information available about communicable diseases to which they will likely have contact with. This information will include mode of transmission and symptoms.
   - All staff, for each 12 months of employment, shall complete in-service training about infection control techniques used in the home. The training must include:
     - Basic infection control, including blood-borne pathogens;
     - Hand washing techniques;
     - The need for and use of protective gloves, gowns, and masks:
     - Disposal of contaminated materials and equipment, such as dressings, needles, syringes, and razor blades;
     - Disinfecting reusable equipment; and
     - Disinfecting environmental surfaces
     - Reporting of communicable diseases
     - Additional staff training needs will be identified, and this training will be arranged as needed.

4. Adequacy of Current Procedures
   - The nurse will periodically/yearly review infection control procedures to assure that current needs are met and to assure that procedures are medically current.
   - As new clients are admitted, the nurse will review medical records to determine needs for revision or addition to infection control procedures.
   - The infection control team will review the facility risk assessment to identify changes needed in the infection control plan. The risk reassessment will occur every 2 years or immediately if there is evidence person to person transmission of TB within the setting.

RESTRICTION PROCEDURES

1. Treatment Area Restrictions
   - All ordered treatments and procedures which may involve blood or other infectious materials will be performed in areas away from food storage and preparation.
   - Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in

identified treatment
areas where there is reasonable likelihood of occupational exposure. Since most facilities do not routinely perform treatments or procedures involving blood or other infectious materials, there may be no identified treatment areas. If the facility has an identified treatment area, a sign will be posted listing the prohibited actions defined above.

2. Personal Items Storage and Use Restrictions
    - Individual hygiene and grooming items will be stored in a safe and sanitary manner.
    - Toothbrushes, oral hygiene devices and dental appliances will be stored individually in containers labeled with the person's name.
    - All grooming items will be stored individually.
    - No hygiene or grooming items will be shared by individuals.
3. Communicable Disease Restrictions
    - Any staff member with a communicable disease will not be permitted to work in the facility until such time that a physician certifies that the staff member’s condition will permit a return to work without endangering the health of other staff and individuals.
    - If an employee or volunteer shows evidence or is suspected of having an untreated serious illness/communicable disease, a physical examination may be required.
    - All healthcare workers (HCWs) exhibiting signs or symptoms consistent with TB must be evaluated by a physician within 72 hours.
      These HCWs must not return to work until they are determined to be non-infectious.
    - Personnel records will be available for inspection by MDH employees.
    - All individuals exhibiting signs and symptoms of TB must be evaluated by a physician to rule out active TB disease.
    - In the unusual situation if person is diagnosed with active TB disease, the administrator and nurse will be notified, the person will be isolated and immediately transferred to a facility capable
      of providing TB treatment.
    - The Minnesota Department of Health (MDH) will be contacted to determine if additional TB testing is required in the facility.
    - An investigation, in collaboration with the Minnesota Department of Health, will occur if further consultation regarding transmission of any communicable disease is indicated.
4. Restriction Procedures
    - Restriction of activities of daily living may be required for

individuals with communicable disease. Such restrictions may include:

- No food preparation
- No sexual contact (this includes kissing and may include hugging)
- Restriction from group activities
- Restriction from community activities
- Attendance restriction from day placement, work, or school

- The nurse, with input from program staff will be responsible for making activity restriction determination.

ATTENDANCE RESTRICTIONS FOR COMMUNICABLE DISEASES

Bed Bugs

Early Symptoms: Painless bites typically on the head, neck, arm, hands, or legs. Bites may become irritated and inflamed.
Attendance Restrictions: Bed bugs are not transmitted from person to person, therefore there are no attendance restrictions for individuals diagnosed with or living in a home containing bed bugs. Carefully check luggage, backpacks, and clothing to insure they are not infested.

Chicken Pox

Early Symptoms: Slight fever, general malaise, rash with scabs appearing after 3-4 days. Incubation period is 2-3 weeks.
Attendance Restriction: Until all the blisters have dried into scabs: at 6 days after rash onset.

Clostridium difficile (C. Diff.)

Early Symptoms: Watery diarrhea (3 or more per day for 2 or more days), abdominal pain/tenderness, loss of appetite, nausea.
Attendance Restriction: Diarrhea, not feeling well, or as determined by physician.

Common Cold

Early Symptoms: Watery eyes, runny nose, slight fever, sneezing, general malaise.
Attendance Restriction: Restrict during acute states as needed if fever is present or if person cannot take care of discharges in sanitary manner.

Cytomegalovirus (CMV)

Early Symptoms: Most often there is no sign of disease or with mild fever, jaundice, or respiratory symptoms.
Attendance Restriction: No exclusions necessary.

Fifth Disease

Early Symptoms: The characteristic feature is a rash that is sometimes accompanied by a fever or sore throat. The rash usually begins in the face and is intensely red in the cheeks, giving a "slapped face" appearance.
The rash is later found on the arms, upper body, buttock, and legs, and has a fine, lacy, pink appearance. The rash can come and go for weeks, but generally the rash on the face will fade within 4 days and the rash on

the rest of the body will fade within 3 to 7 days. A person may also experience pain and swelling of the joints (more common in adults).
Attendance Restrictions: There are no exclusions or restrictions necessary.

Genital Herpes
Early Symptoms: Open lesions, generally appearing on genitals.
Attendance Restrictions: No exclusions required if open lesions are not present. If open lesions are present, restrictions will be determined by the nurse or physician, or health department based on the person's ability to demonstrate responsible behavior and/or need for additional infection control procedures.

German Measles (Rubella)
Early Symptoms: Fever, cold like symptoms and cough. A dark red, blotchy, raised rash appears in the 3rd to 7th day. Usually beginning on the face spreading downward. Rash lasts about 4-7 days. Incubation period is
10-14 days.
Attendance Restriction: Until 4 days after rash appears.

Giardiasis
Early Symptoms: Stomach cramps, bloating, nausea, persistent or reoccurring diarrhea, and weight loss. Very often no symptoms.
Attendance Restriction: Until treatment is started, and diarrhea is no longer present.

Haemophilus Influenzae Type b (Hib)
Early Symptoms: The individual may have a fever and any of the following conditions.

Meningitis - Unusual sleepiness, fever, stiff neck, vomiting, headache, irritability, lack of appetite.

Cellulitis - A tender, rapid swelling of the skin, usually on the cheek or around the eye; may have an ear infection on the same side with a low-grade fever.

Epiglottitis - Fever, trouble swallowing, tiredness, difficult and rapid breathing.

Pneumonia - Fever, cough, chest pains, difficulty breathing.

Bacteremia - Sudden onset of fever, chills, tiredness, irritability. **Arthritis** - Swelling, redness, and loss of movement in the joints.

Attendance Restrictions: Until the individual has been treated and they are well enough to participate in routine activities.
Notification Recommended: Yes. Contact Health Department for instructions on notification.

Hand, Foot, and Mouth Disease
Early Symptoms: Low grade fever lasting 1-2 days, runny nose, and /or sore throat. Blister-like rash occurs in the mouth, on the sides of the tongue, inside the cheeks, and on the gums. These sores may last 7-10 days. Blister-like rash may also occur on the palms and fingers of the hands, soles of the feet, or the buttocks.
Attendance Restrictions: Until the fever is gone, and the individual is well enough to participate in routine activities.

Notification Recommended: Yes

Head Lice (Pediculosis)
Early Symptoms: Itching of the head and neck, crawling lice in the hair, eggs, or nits at base of hair shaft, often found behind the ears at the back of the neck. Scratch marks on the scalp or back of the neck at the hairline.
Attendance Restriction: Until treated with a lice treatment product.

Hepatitis A
Early Symptoms: Fever, nausea, vomiting, headache, jaundice. Incubation period is 2-6 weeks.
Attendance Restriction: Until their specific case has been evaluated by the nurse in consultation with the local or state health department to determine if they are still infectious and pose a risk to others.

Hepatitis B
Early Symptoms: Nausea, vomiting, headache, may be jaundiced. May appear flu-like or be asymptomatic.
Attendance Restriction: During the time of active infection or as determined by physician.
Hepatitis B Carrier Policies

- No exclusions are necessary unless infected individual exhibits biting behavior, has open sores that cannot be covered, or as determined by physician.
- All individuals who are identified Hepatitis B carriers must have any open wounds or open lesions covered.

Hepatitis C
Early Symptoms: Nausea and vomiting, loss of appetite, stomach pain, fever, extreme fatigue, yellowing of the skin and eyes. Some persons who are infected with Hepatitis C Virus have no symptoms.
Attendance Restrictions: No exclusions are necessary unless infected individual has open sores or breaks in skin that cannot be covered, or as determined by physician or department of health.

Human Immunodeficiency Virus (HIV) Infection / AIDS
County policies will be followed with regard to placement of individuals with HIV. Based on current data, regular infection control guidelines are adequate in preventing the transmission of HIV with restrictions in intimate sexual contact involving the exchange of body fluids.
All open wounds or lesions should be covered. The physician and the Minnesota Department of Health will be contacted for further

information regarding attendance restrictions on a case-by-case basis as needed.

Impetigo
Early Symptoms: Blistered lesions may be crusted with pus. Found on skin surfaces, usually on face.
Attendance Restriction: Until all lesions are healed or can be covered with bandages, or until individual has been treated with antibiotics for at least a full 24 hours.

Influenza
Early Symptoms: Fever, chills, headache, sore throat, muscular pain, dry cough, and nasal discharge.

Attendance Restriction: Until free of fever for 24 hours, and individual is well enough to participate in routine activities.

Lyme Disease
Lyme disease bacteria are spread through the bite of an infected deer tick. Early Symptoms: May include expanding rash which looks like a bull's eye with a red outer rim and central clearing. The appearance of this rash requires medical evaluation.
Attendance Restriction: Lyme disease is not spread from person to person therefore there are no attendance restrictions.

Measles (Rubeola)
Early Symptoms: Fever, inflammation of mucous membranes in eyes, nose and throat, eruption in mouth, rash. Incubation period is 10-15 days. Attendance Restriction: Until 4 days after the rash appears.

Meningitis
Early Symptoms: Fever, headache, nausea, vomiting. Incubation period is 1-10 days.
Attendance Restriction: Until 24 hours after effective treatment begins. The nurse will discuss with the physician and/or Minnesota Department of Health the need for any additional restriction guidelines.

Methicillin-resistant staphylococcus aureus (MRSA)
Early Symptoms: Red, swollen, painful pustules or boils on the skin that have pus or other drainage.
Attendance Restriction: If wound can be covered, no exclusion is necessary.

Mononucleosis
Symptoms: Fever, sore throat, tiredness, and swollen glands, especially behind the neck.
Attendance Restrictions: Until individual is well enough to return to normal activities.

Mumps
Early Symptoms: Fever, swelling, and tenderness of glands located on

each side of neck below ears. Incubation period is 2-3 weeks, commonly 18 days.
Attendance Restriction: Until temperature is normal, and swelling has disappeared (Usually 5 days but may be as long as 9 days after swelling begins).

Norovirus
Early Symptoms: Watery diarrhea and vomiting. In addition, fever, headache, muscle aches, fatigue, and stomach cramps can occur. Symptoms usually last 24-48 hours.
Attendance Restriction: Until diarrhea and vomiting have stopped, and person feels well enough to participate in routine activities.

Oral Herpes (cold sores)
Early Symptoms: Open lesions, generally appearing on mouth.
Attendance Restriction: No exclusion required.

Pin Worm Infection
Early Symptoms: Anal area itching, restlessness, irritability, and disturbed sleep. Attendance Restriction: Until treatment has been started or as determined by a healthcare provider.

Pink Eye (conjunctivitis)
Early Symptoms: Red, watery, itching, burning eyes; swollen eyelids; light sensitivity and discharge.
Attendance Restrictions: Bacterial - until 24 hours after treatment begins. Viral - until a statement from physician is provided to verify that the person does not have Bacterial Conjunctivitis.

Pneumonia
Early Symptoms: Running nose, mild cough and fever several days before developing pneumonia. Rapid breathing, chest pain, cough, and usually fever will occur.
Attendance Restriction: Until fever is gone, and person is well enough to participate in routine activities.

Roseola
Early Symptoms: Sudden high fever, slight red throat, after 3-4 days fever leaves and rash appears. Incubation period is not specifically known,
may be 5-15 days.
Attendance Restriction: Until individual is without fever for 24 hours.

Scabies
Early Symptoms: Rash consisting of pink bumps or tiny blisters and intense itching. Common locations to see the rash are folds of skin between fingers, around wrists, elbows, and armpits. Frequently only scratch marks can be seen.
Attendance Restriction: Until 24 hours after treatment begins.

Scalp Ringworm (Tinea Capitis)
Early Symptoms: Round scaly patches with short, broken off hairs.
Attendance Restriction: Until 24 hours after treatment begins or until determined by physician.

Scarlet Fever (Scarlatina)
Early Symptoms: Irritability, fever, sore throat, vomiting. Followed by the bright red spots and rash usually in neck, chest, and back areas. Attendance Restriction: Until at least a full 24 hours after treatment begins and individual is without a fever for 24 hours.

Shigellosis
Early Symptoms: Stomach/abdominal pain and cramping; diarrhea (that can be mild to severe in nature and often contains blood, pus or mucous); fever; headache; rectal pain; and sometimes vomiting.
Attendance Restrictions: Until treatment is completed (if deemed appropriate by the physician), and once they are completely asymptomatic. If an infected individual has behaviors of smearing stool or rectal digging, they
must be asymptomatic and also have a negative stool culture.

Shingles (Zoster)
Early Symptoms: Severe pain and numbness along certain nerve pathways, commonly around the midline (trunk) or on the face. Ten to 14 days later, clusters of blisters appear in crops, usually on one side of the body
and closer together than in chickenpox.
Attendance Restriction: If lesions can be covered by clothing or bandage, no exclusion is needed. If lesions cannot be covered, people should be excluded until the sores have crusted.

Strep Throat
Early Symptoms: Fever, sore throat. Incubation period 1-3 days. Attendance Restriction: 24 hours following the initiation of antibiotic treatment and individual is without a fever for 24 hours.

Tuberculosis
Early Symptoms: Feeling tired or sick, weight loss, fever, or night sweats. When tuberculosis is in the lungs, there may be coughing, chest pain, and possibly coughing up blood.
Attendance Restriction: A person with probable or confirmed TB disease should be excluded until the physician states he or she is not contagious.
A person with a positive TB skin test, but without symptoms, should not be excluded but should see a physician as soon as possible for further evaluation.

Whooping Cough (pertussis)
Early Symptoms: Cold symptoms which gradually become worse in 1-2 weeks. Incubation period is usually 5-10 days but may be as long as 3 weeks.
Attendance Restriction: Until 5-7 days after antibiotic treatment has been started.

RESOURCES FOR COMMUNICABLE DISEASE RESTRICTIONS

- Minnesota Department of Health
  Infectious Disease Epidemiology Prevention and Control
  Division 651-201-5414
  1-877-676-5414
  http://www.health.state.mn.us/diseases.html
- Person's Physician
- Center for Disease Control (CDC)
  General information about infectious diseases. 1-800-232-4636
  http://www.cdc.gov
- Hennepin County Communicable Disease Questions 612-543-5230
- Ramsey County
  Epidemiology 651-266-1277
- Dakota County Public Health
  Disease Prevention and Control
  Unit 952-891-7585
  http://www.dakotacounty.us
- Facility may also use as a reference:
  - "Infectious Disease in Child Care Setting and Schools" Hennepin County Health Department. Information for directors, caregivers, and parents or guardians. Available through:
    https://www.hennepin.us/residents/health-medical/infectious-diseases

REPORTING PROCEDURES

1. If a person is diagnosed with a reportable communicable disease (see list on next page), the guardian and case manager will be notified.

2. If a person is diagnosed with any communicable disease, day placement / work / school will be notified.

3. A report to the local health authority must be made if the diseases listed under Reportable Diseases are reported or observed in individuals, volunteers or staff members.
   - This report must be submitted within 24 hours.
   - Since all the diseases listed under Reportable Diseases require medical examination and / or laboratory testing, they must be diagnosed and treated by a physician. Therefore, the delegated reporter is the individual physician diagnosing the disease.

4. The nurse will be responsible for reporting any unusual case incidences (4605.7050) of reportable diseases to the local or state health department. The nurse may contact the health department to determine if unusual case incidence has occurred.

Diseases Reportable to the Minnesota Department of Health
651-201-5414 or 1-877-676-5414

Report Immediately by Telephone

Anthrax (Bacillus anthracis) a
Botulism (Clostridium botulinum)
Brucellosis (Brucella spp.) a
Cholera (Vibrio cholerae) a
Diphtheria (Corynebacterium diphtheriae) a
Hemolytic uremic syndrome a
Measles (rubeola) a
Meningococcal disease (Neisseria meningitidis) a (all invasive disease) a, b
Orthopox virus a
Plague (Yersinia pestis) a
Poliomyelitis a
Q fever (Coxiella burnetii)
Rabies (animal and human cases and suspected cases)
Rubella and congenital rubella syndrome a
Severe Acute Respiratory Syndrome (SARS) a, f
Smallpox (variola) a
Tularemia (Francisella tularensis)
Unusual or increased case incidence of any suspect infectious illness a

Report Within One Working Day

Amebiasis (Entamoeba histolytica/dispar)
Anaplasmosis (Anaplasma phagocytophilum)
Arboviral disease (including but not limited to, LaCrosse encephalitis, eastern equine encephalitis, western equine encephalitis, St. Louis encephalitis, and West Nile virus)
Babesiosis (Babesia spp.)

Blastomycosis (Blastomyces dermatitidis)
Campylobacteriosis (Campylobacter spp.) a
Cat scratch disease (infection caused by Bartonella spp.)
Chancroid (Haemophilus ducreyi) c
Chlamydia trachomatis infection c
Coccidioidomycosis
Cryptosporidiosis (Cryptosporidium spp.) a
Cyclosporiasis (Cyclospora spp.) a
Dengue virus infection
Diphyllobothrium latum infection
Ehrlichiosis (Ehrlichia spp.)
Encephalitis (caused by viral agents)
Enteric E. coli infection
- (E. coli O157:H7, other enterohemorrhagic [Shiga toxin-producing] E. coli, enteropathogenic E. coli, enteroinvasive E. coli, enterotoxigenic E. coli) a

Enterobacter sakazakii (infants under 1 year of age) a
Giardiasis (Giardia lamblia)
Gonorrhea (Neisseria gonorrhoeae) c
Haemophilus influenzae disease
- (all invasive disease) a

Hantavirus infection
Hepatitis (all primary viral types including A, B, C, D, and E) g
Histoplasmosis (Histoplasma capsulatum)
Human immunodeficiency virus (HIV)
- infection, including Acquired Immunodeficiency Syndrome (AIDS) a, d, g

Influenza
- (unusual case incidence, critical illness, or laboratory confirmed cases) a, e

Kawasaki disease
Kingella spp. (invasive only) a, b
Legionellosis (Legionella spp.) a
Leprosy (Hansen’s disease) (Mycobacterium leprae)
Leptospirosis (Leptospira interrogans)
Listeriosis (Listeria monocytogenes) a

Lyme disease (Borrelia burgdorferi)
Malaria (Plasmodium spp.)
Meningitis (caused by viral agents)
Mumps
Neonatal sepsis, less than 7 days after birth (bacteria isolated from a sterile site, excluding coagulase-negative Staphylococcus) a, b
Pertussis (Bordetella pertussis) a
Psittacosis (Chlamydophila psittaci)
Retrovirus infection
Reye syndrome
Rheumatic fever (cases meeting the Jones criteria only)
Rocky Mountain spotted fever (Rickettsia rickettsii, R. canada)
Salmonellosis, including typhoid (Salmonella spp.) a
Shigellosis (Shigella spp.) a
Staphylococcus aureus (vancomycin-intermediate S. aureus [VISA], vancomycin-resistant S. aureus [VRSA], and death or critical illness due to community-associated S. aureus in a previously healthy individual.) a
Streptococcal disease (all invasive disease caused by Groups A and B streptococci and S. pneumoniae) a, b
Syphilis (Treponema pallidum) c
Tetanus (Clostridium tetani)
Toxic shock syndrome a
Toxoplasmosis (Toxoplasma gondii)
Transmissible spongiform encephalopathy
Trichinosis (Trichinella spiralis)
Tuberculosis (Mycobacterium tuberculosis complex) (Pulmonary or extrapulmonary sites of disease, including laboratory confirmed or clinically diagnosed disease.) Latent tuberculosis infection is not reportable. A

Typhus (Rickettsia spp.)
Unexplained deaths and unexplained critical illness (possibly due to infectious cause) a
Varicella-zoster disease 1. Primary [chickenpox]: unusual case incidence, critical illness, or laboratory-confirmed cases. 2. Recurrent [shingles]: unusual case incidence, or critical illness.) a
Vibrio spp. a
Yellow fever - Yersiniosis, enteric (Yersinia spp.) a

Footnotes

a) Submission of clinical materials required. Submit isolates or, if an isolate is not available, submit material containing the infectious agent in the following order of preference: a patient specimen; nucleic acid; or other laboratory material. Call the MDH Public Health Laboratory at 651-201-

4953 for instructions.

b) Isolates are considered to be from invasive disease if they are isolated from a normally sterile site, e.g., blood, CSF, joint fluid, etc.

c) Report on separate Sexually Transmitted Disease Report Card.

d) Report on separate HIV Report Card.

e) See www.health.state.mn.us/diseasereport for criteria for reporting laboratory confirmed cases of influenza.

f) In the event of SARS or another severe respiratory outbreak, also report cases of health care workers hospitalized for pneumonia or acute respiratory distress syndrome.

g) Also report a pregnancy in a person chronically infected with hepatitis B or HIV.

INFECTION CONTROL SUPPLIES

Gloves	Disinfectant	Plastic Covers
Soap	Plastic Bags	Hand Sanitizing Gel
Paper Towels	Sharps Container	Personal Protective Equipment
Tissue	Waste Basket	CPR Mask
Other ____________________	Other ____________________	Other ___________________

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