A. Authority
   This section should be developed based upon local and state regulations in regards to infectious diseases.

B. Purpose
   1. The purpose of this section is to provide guidelines in preventing contraction of communicable diseases. An infection-control program identifies tasks that may result in exposure and prescribes precautions that can be taken to minimize exposures to bloodborne pathogens and other communicable diseases.
   2. As persons involved in situations where probable exposure to communicable diseases can occur, and as staff who could come in contact and or handle potentially infectious materials in the performance of duties, an infectious control procedure is imperative in obtaining appropriate treatment and determining additional exposures.

C. Applicability
   This chapter applies to all staff.

D. Definitions
   The following definitions apply for purposes of this chapter.
   1. “AIDS,” an acronym for Acquired Immune Deficiency Syndrome, is a serious illness caused by a virus (HIV) that can severely damage the immune system.
   2. “Bloodborne Pathogens,” are micro-organisms that are present in human blood and can cause diseases in humans. These pathogens include, but are not limited to, Hepatitis B (HBV), Hepatitis C (HCV), and Human Immunodeficiency Virus (HIV).
   3. “Communicable Disease,” is a disease that is caused by a specific infectious agent or its toxic products and which can be transmitted either directly or indirectly from a reservoir to a susceptible host.
   4. “Contaminated,” means the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.
   5. “Decontamination,” is for the use of physical or chemical means to remove, inactivate or destroy infectious agents on a surface or item to the point where they are no longer capable of transmitting disease and the surface or item is rendered safe for handling, use, or disposal.
   6. “Exposure Incident,” for bloodborne pathogen diseases is a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials. Other exposure incidence includes direct contact with respiratory, fecal/oral infectious agents as in TB, measles, and hepatitis A.
   7. “Other Potentially Infectious Materials,” includes human body fluids of semen, vaginal secretions, blood, saliva, amniotic fluids, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids; any unfixed tissue or organ (other than intact skin) from a human (living or dead); HIV- or HBV- containing cultures or other solutions.
8. “Significant Exposure,” is not intact skin or mucous membrane contact with contaminated blood or body fluids.

9. “Universal Precautions,” is an approach to infection control in which all human blood and human body fluids are treated as if known to be infectious.

E. Policy

1. It is the responsibility of the Agency to ensure that its employees are able to perform their duties in a safe and effective manner. The safe performance of daily operations is threatened by the potential risks of acquiring communicable diseases. It shall be the policy of this agency to continuously provide employees with up-to-date safety procedures, infection control protocols, and communicable disease information that will assist in minimizing potential exposure, while increasing their understanding of the nature and potential risks of communicable diseases.

2. Pursuant to _______ State statutes on Communicable Diseases, the law mandates the reporting of suspected or known communicable diseases to the health authority. It shall be the policy of this agency to comply with the reporting requirements for prevention, suppression and control of communicable diseases.

3. This policy will serve as the written program for the Occupational Safety and Health Administration’s (OSHA) General Industry Standard 1910.1030, Bloodborne Pathogens, which requires the department to provide hepatitis B vaccinations, personal protective equipment, training, medical counseling, and follow-up care after an exposure to body fluids.

4. Due to the diversity of activities performed by agency personnel, occupational exposure to employees of this department can occur almost anywhere; the office, vehicle, street, etc. All personnel are considered at-risk who come into contact with clients and community members and/or their bodily fluids or property connected to their case. This would definitely include reception personnel, and others who come into contact with the general public and clientele we serve. It is mandatory, therefore, that all agency personnel be aware of Bloodborne Pathogens.

5. Types of Exposure Risks: Known risks of infection to employees while performing normal duties are minimal. However, listed below are situations, based on seriousness of risk contacts, which may expose an employee to a bloodborne pathogen.

a. Higher risk situations considered to be significant exposures include such contacts as:
   - **Being pricked or jabbed with a used hypodermic needle.**
   - **Having blood or other body fluids possibly contaminated with blood spilled on non-intact skin, especially on an open wound, sore, near the mouth, eyes, or other mucous membrane.**
   - **Performing mouth-to-mouth resuscitation on any person without using a pocket mask, particularly when the person is bleeding from the mouth (OSHA requires the use of resuscitation equipment for CPR).**

b. Minimal risk contacts include:
   - **Human bite wounds.**
   - **Human scratch wounds.**

c. Remote risk contacts include:
   - **Casual contact with bloodborne pathogen (HIV/HBV) carriers.**
- **Intact skin visibly contaminated with blood/body fluids (being spat upon, contact with tears or perspiration of any person).**

d. Although TB is not a bloodborne pathogen disease, employees shall be aware that there is a minimal to high risk of TB if close contact with respiratory body fluids, droplets of saliva or particles, are projected into the face.

**F. Procedure**

1. **Precautionary Measures:** When dealing with people, employees shall always be alert to taking universal precautions to minimize exposure. The following is a list of procedures that employees shall follow in situations where the chance of exposure to infectious disease is likely:

   a. Employees shall wear disposable gloves when there is contact or potential contact with blood or other body fluids, regardless of whether such fluids are wet or dry, and when handling or touching contaminated items or surfaces.
      - **Disposable (single use) gloves shall be readily accessible so that replacement occurs as soon as practical upon contamination, tearing or puncturing. Disposable gloves shall not be washed or decontaminated for reuse.**
      - **Employees shall not walk around touching knobs, switches, telephones and other surfaces until the gloves are removed. Gloves shall be disposed of into a bio-hazard waste bag provided by the agency.**

   b. Employees shall wash hands immediately and thoroughly with hot water and soap following contact with blood or other body fluids, or any other possible source of infection.
      - **Hand washing is required whenever gloves have been worn and upon the removal of any protective equipment.**
      - **When provisions for handwashing are not available, employees shall use antiseptic towelettes. However, hands shall be washed with soap and running water as soon as feasible thereafter.**

   c. Employees shall make it a practice to bandage open wounds or cuts, hang nails and rashes on hands to avoid potential contact with contaminated body fluids.

d. Whenever a body fluid is spilled, e.g., in a work area, or a vehicle, it shall be cleaned up by absorbing the spill with paper towel and then applying a 10% solution (one part bleach and nine parts water) and allow the area to dry. To properly dispose the soiled paper towel, place it in a double plastic bag. Each office shall develop a plan for disposing of bagged material.

e. All procedures involving blood or other potentially infectious materials shall be performed in such a manner as to minimize splashing, spraying, splattering, and generation of droplets of these substances.

f. Personal protective equipment shall be provided and/or available to employees depending on their specific job assignment. Such equipment includes, but is not limited to, gloves, gowns, laboratory coats, face shields or masks and eye protection, mouth pieces, resuscitation bags, pocket masks, or other ventilation devices.
   - **The appropriate protective equipment shall be used unless, under rare and extraordinary circumstances, the employee determines that use would have prevented the delivery of health care or public safety services.**
• In incidence where protective equipment is not used and a significant exposure occurs, an investigation will be conducted to determine whether changes can be instituted to prevent such occurrences in the future. This includes the use of the mouth-to-mouth mask resuscitators (one-way airways) when giving CPR.
• All personal protective equipment shall be removed before leaving the work area and placed in an appropriately designated area or container for storage, washing, decontamination or disposal.
• If a garment(s) is penetrated by blood or other potentially infectious materials, the garment(s) shall be removed as soon as feasible.
• Cleaning, laundering, disposal, repair and replacement of protective uniforms and equipment are the responsibility of the agency, via an assigned district bio-hazard employee who will provide specific instruction and assistance.

g. Employees shall not smoke, eat, drink, apply make-up or lip balm, or handle contact lenses around areas where there is a reasonable likelihood of exposure, especially body fluid spills.

h. Bloodstained or otherwise possibly contaminated items shall be placed in a container in which prevents leakage during collection, handling, processing, storage, and transport.

2. Response to Exposures: Immediate and Post Exposure
a. Immediate response to various exposures will depend on the circumstances:
• If an employee is stuck, cut or scratched with a potentially infected sharp object, the area should be immediately washed with soap and hot water. Medical attention shall then be sought and the appropriate paperwork for reporting a significant exposure shall be completed.
• Employees shall always wash their hands thoroughly with soap after contact with any person’s blood or body fluids (universal precautions) whether in a container or not. This includes persons who wear rubber gloves.
• If an employee is bitten, apply pressure to encourage the wound to bleed, wash area with soap and hot water, seek medical attention and complete appropriate paperwork for reporting a significant exposure.
• Employees who are spat upon or who have come in contact with a person who has vomited, urinated or defecated upon him/herself, shall wash with soap and water after such contact.

b. The immediate supervisor and affected employee shall evaluate each exposure incident to determine immediate preventive measures and necessary medical attention.

c. All significant exposures will be referred to the appropriate health department for evaluation and investigation.
• The designated health epidemiologist will review the incident, determine whether a true exposure occurred, and notify the affected employee of recommendations.
• If the employee has been exposed to an infectious individual and desires medical treatment, the department will provide medical counseling.

d. It is the employee’s responsibility to:
• Contact the designated health epidemiologist for follow-up on any true exposure and adhere to post-exposure recommendations for further testing and prophylaxis; i.e., immediate baseline (blood draw) with a follow-up blood draw in six to twelve weeks.
• Use precautions to limit the spread of an infectious disease to others while awaiting test results or appropriate prophylaxis.

3. Reporting Protocols and Recordkeeping:
   a. It is incumbent upon each employee to document and/or follow-up on any situation that might lead to possible infection. All probable exposures to bloodborne pathogens and other infectious materials shall be reported to the appropriate health department.
   • In situations where exposure is minimal, an incident report shall be completed and the immediate supervisor informed. If the supervisor and employee determine the exposure to be significant as defined by the health department, an Incident Reporting Form shall be completed and the health department notified.
   b. The completion of the Incident Reporting Form is necessary when an exposure occurred while providing emergency medical care and preventive treatment should be administered as a precaution, or if the exposure resulted in an injury.
   c. All Exposures Should Be Reported Within 24 Hours. A supervisor may call the appropriate health department to report the exposure during a weekend if it is determined that immediate action is needed, e.g., meningitis prophylaxis.
   d. The designated health epidemiologist shall only report the results of the investigation to the affected employee. It is the employee’s responsibility to contact Central Office of any investigative results.
   e. Central Office shall maintain written records of all incidents involving employees who have potentially been exposed to bloodborne pathogens and other communicable diseases while acting in the line of duty.
      • Records shall be stored in a secured area with limited access, and maintained in conformance with applicable privacy laws.
      • Records shall include but not limited to: employee’s name; social security number; copies of the Incident Reporting Form; vaccination records (including dates); results of any examinations, medical testing and follow-up; and all healthcare professional correspondence.

4. Confidentiality
   a. Information and documentation on communicable diseases regarding a employee is confidential. Employees shall treat everyone as if they are positive to avoid identifying specific individuals as infected.
   b. ________state law protects the confidentiality of all HIV and anonymous testing.

5. Information and Training
   a. All personnel identified in E-5 shall receive training and updated information on bloodborne pathogen diseases at the time of initial assignment and at least annually from then on. The required training shall be incorporated into orientation classes and annual in-service training.
   b. Bloodborne pathogen training requirements shall include at a minimum the following elements, as required by OSHA Regulation 1910.1030 (c)(vii)(a-n):
      • Location of an accessible copy of the regulatory text of the OSHA standard and an explanation of its contents needs to be made available to each student.
      • General explanation of the epidemiology and symptoms of bloodborne diseases.
      • An explanation of modes of transmission of bloodborne pathogens.
• An explanation of the employer’s exposure control plan and the means by which the employee can obtain a copy of the written plan.
• An explanation of appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials.
• An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, work practices, and personal protective equipment.
• Information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment.
• An explanation of the basis for selection of personal protective equipment.
• Information on the hepatitis B vaccine, including information on its efficiency, safety, method of administration, benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge.
• Information on appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials.
• An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available.
• Information on post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident.
• An explanation of the signs and labels and/or color coding.
• An opportunity for interactive questions and answers with the person conducting the training session.

6. Facts about Communicable Diseases

All staffs are understandably concerned about the possibility of exposure to infectious diseases when they work with clients. Staffs may have misconceptions about their risk of becoming infected. There are a number of communicable diseases to which all staffs are exposed in their daily lives. Whether a disease is spread easily, or whether it is more difficult to spread, depends on the disease itself. For example, chicken pox virus is highly contagious and can be transmitted by simply being near a child with the disease, whereas HIV or Hepatitis B virus can be gotten only by intimate contact (blood transfusion or sexual contact).

Generally, being in the same room or even touching or carrying a sick person usually carries no risk. Evidence for this is seen in the health records of emergency room personnel who are exposed hourly to contagious diseases under the most hazardous conditions. These health workers have very few episodes of illness from exposure to their patients’ illnesses. The reasons for this are good hygiene; frequent careful hand washing, wearing of clean clothing, and using protective gloves when exposed to body secretions.

The following is a Communicable Disease Chart drawn from a The State of Louisiana Office of Preventive and Public Health Services, Section of Epidemiology that is responsible for administering programs for the control of communicable diseases.
<table>
<thead>
<tr>
<th>Disease</th>
<th>Early Signs &amp; Symptoms</th>
<th>Incubation Period</th>
<th>Preventive Measures</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIDS - Acquired Immune Deficiency Syndrome</td>
<td>AIDS - Contracted through infected body fluids, blood, sexual activity, IV drug use, and transmission from female to fetus.</td>
<td>Disease can take up to ten years or more to develop.</td>
<td>Avoid sexual contact and contact with body fluids of HIV infected person. Use of gloves to handle infectious fluids.</td>
</tr>
<tr>
<td>Chicken Pox</td>
<td>Usually begins with a sudden onset of mild fever followed several days later by the occurrence of small, raised pimples that shortly become filled with clear fluid. Scabs form later.</td>
<td>2-3 weeks; commonly 13-17 days</td>
<td>Avoid exposure to cases.</td>
</tr>
<tr>
<td>Diphtheria</td>
<td>Fever and sore throat, with white or grayish patches on the throat, palate or tonsils. The early signs are often mistakenly and dangerously confused with severe tonsillitis. Chronic skin sores, especially in or around the nose, may also be caused by diphtheria organisms.</td>
<td>2 to 5 days</td>
<td>Immunization of all children in early infancy. Usually combined with a whooping cough and tetanus immunizations as DTP vaccine. Booster doses are given at intervals as recommended by the family physician or health department.</td>
</tr>
<tr>
<td>Hepatitis A - Infectious Hepatitis</td>
<td>Onset usually abrupt with fever, nausea, abdominal discomfort and loss of appetite followed with a few days of jaundice, dark Coca-Cola urine and clay colored stools. Many infected individuals especially children are asymptomatic or have mild symptoms without jaundice.</td>
<td>15-50 days, usually 28-30 days</td>
<td>Immune globulin for household contacts of cases &amp; for staff &amp; attendees of day care centers. It is not indicated for contacts in the usual school situation. Good sanitation/personal hygiene with special emphasis on hand washing after toilet use and before eating.</td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>Blood or sexually acquired. Usually through IV drug use or significant blood spills. 5-10 Percent of those infected become carriers and symptoms are similar to Hepatitis A. No medication for B. There is a vaccine. May or may not have permanent liver damage as a result and once infected you cannot get it again. E antigen only is related to Hep B and this person is more infectious. Carriers are more likely to develop “E” antigen. Hepatitis D is a part of Hep B virus. You can only have D if you had or have B.</td>
<td>45-180 days, average 60-90 days</td>
<td>Normally, precautions when handling potentially infectious materials and/or working with a blood spillage. Covering open wounds, and using a physical or chemical means of decontamination. Using protective gloves and cleaning solution (1 to 10 parts household bleach and water).</td>
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<tr>
<td>Hepatitis C</td>
<td>It is thought to be only transmitted by blood and sexual activity. There is no test for the C virus itself, test is for antibodies. Most cases a result of transfusion or IV drug use. 50 percent will become carriers. Significant number will have severe liver damage. Relatively same symptoms.</td>
<td>2-24 weeks average 6-9 weeks</td>
<td>Same as B</td>
</tr>
<tr>
<td>Hepatitis E</td>
<td>This is a gastrointestinal virus. It is not in the United States yet. It is contracted from fecal matter and oral introduction like A.</td>
<td>15-64 days average 26-42 days</td>
<td>Good personal hygiene with special emphasis on hand washing after toilet use and before preparing or eating food.</td>
</tr>
<tr>
<td>Impetigo</td>
<td>Commonly found on hands and face, but sometimes found widely scattered over the body. There are small fluid filled pimples at first, followed by the formation of loose scales or crusts.</td>
<td>Variable &amp; indefinite, usually 4-10 days.</td>
<td>Good personal hygiene with adequate bathing of the skin with soap and water. Avoid person to person contact and common use of toilet articles such as towels.</td>
</tr>
<tr>
<td>Measles (Rubeola)(Immunization required by law)</td>
<td>Dry hacking cough, red watery eyes are usually sensitive to light, runny nose and fever. Elevation in temperature usually precedes rash by a few days. Patient is usually quite ill.</td>
<td>8 to 13 days for cold-like symptoms, rash a few days later.</td>
<td>Immunization. Report suspect cases to state or county health department immediately.</td>
</tr>
<tr>
<td>Meningococcal Meningitis</td>
<td>Fever, sore throat, headache, nausea, stiff neck.</td>
<td>Varies from 2 to 10 days, commonly 3 to 4 days.</td>
<td>Intimate contacts (family, romantic, or persons who have given mouth-to-mouth resuscitation) and day care center contacts should be treated prophylactically and observed for symptoms for 5 days. Prompt treatment if symptoms develop is extremely important.</td>
</tr>
<tr>
<td>Mononucleosis</td>
<td>Acute infectious disease, fever, sore throat, glandular swelling.</td>
<td>Unknown, but probably 4 to 6 weeks.</td>
<td>No specific measures recommended.</td>
</tr>
<tr>
<td>Mumps</td>
<td>Begins with slight fever and nausea. Painful swelling appears about the angle of the jaw and in front of ear.</td>
<td>12 to 26 days, average 18 days.</td>
<td>Vaccine is useful for children over 12 months of age who have not had mumps.</td>
</tr>
<tr>
<td>Pediculosis (Head Lice)</td>
<td>Irritation and itching of scalp. Lice are light gray insects that lay eggs or “nits” on the hair, especially at the nape of the neck and about the ears.</td>
<td>Eggs hatch in a week. New lice start laying eggs about 2 weeks later.</td>
<td>Examine &amp; treat all infected children in class. Re-treat in 8 to 10 days to kill newly hatched lice. Store hats/ coats separately. Eliminate sharing of combs/brushes.</td>
</tr>
<tr>
<td>Pink Eye (Conjunctivitis)</td>
<td>Irritated, red and watery appearance of one or both eyes, followed by swelling of eyelids and redness of surrounding area.</td>
<td>Usually 24 to 72 hours.</td>
<td>Personal hygiene and medical treatment of effected eyes.</td>
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<tr>
<td><strong>Ringworm</strong></td>
<td>Appears on the scalp as round scaly patches with short broken hairs, but may occur anywhere on the body. Spread by contaminated clothing (caps, etc.) or contact with scales of hair from the sores. It may also come from contact with dogs and cats. Greatest incidence is in children 5 to 12 years of age.</td>
<td>10 to 14 days.</td>
<td>Proper treatment of cases to prevent spread to others.</td>
</tr>
<tr>
<td><strong>Rubella (German Measles)</strong></td>
<td>Begins with a rash. The fever and rash in German measles usually have a simultaneous onset. Small nodular swellings behind the ears often occur, aiding in diagnosis.</td>
<td>14 to 21 days, usually 18 days</td>
<td>Immunization. Report suspect cases to the state or county health department immediately.</td>
</tr>
<tr>
<td><strong>Scabies (Itch)</strong></td>
<td>Appear as small, scattered, red spots most frequently found in webs of fingers and areas of thighs &amp; arms where skin is thin. Itching is most pronounced at night.</td>
<td>Several days or even weeks before itching are noticed. Recurrence is common.</td>
<td>Good personal hygiene.</td>
</tr>
<tr>
<td><strong>Streptococcal Infectious (including Scarlet Fever &amp; Strep Throat)</strong></td>
<td>Sore throat, swollen glands, headache, fever and generalized “reddish” rash. In some cases, sore throat may be only sign. Scarlet fever and strep throat are same disease except for rash with scarlet fever.</td>
<td>1 to 3 days</td>
<td>Antibiotic treatment of cases and high risk asymptomatic contacts, i.e., those with history of rheumatic fever.</td>
</tr>
<tr>
<td><strong>Syphilis, Gonorrhea, Genital Herpes, Venereal Warts</strong></td>
<td>These diseases are transmitted through direct sexual contact. Syphilis is a degenerative disease over a period of time (usually years). Gonorrhea is a contagious bacterial disease characterized by inflammation of the urethra, urinary frequency, a burning sensation during urination and a discharge of pus from penis or vagina. Both genital herpes and venereal warts are a virus transmitted during sexual contact.</td>
<td>Variable</td>
<td>Avoidance of sexual contact with infected person. Virus does not live outside (in air) host.</td>
</tr>
<tr>
<td><strong>Tuberculosis</strong></td>
<td>Respiratory spread disease (from respiratory tract to respiratory tract). Association with infected person in a closed area. Presently being found to be multi-drug resistant. Coughing profusely. Highly contagious.</td>
<td>Variable</td>
<td>Contagious patient should wear a mask if coughing.</td>
</tr>
<tr>
<td><strong>Whooping Cough</strong></td>
<td>Initially, symptoms are similar to those of a cold with sneezing and coughing. From one to two weeks later the cough becomes more severe with the characteristic “Whoop.”</td>
<td>5 to 10 days, usually 7 days, rarely up to 21 days.</td>
<td>Immunization in early infancy, usually given in combination with diphtheria and tetanus immunizations as DTP vaccine. Booster doses are given at intervals as recommended by the family physician or health department.</td>
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