

# **SOUTHERN HIGHLANDS COMMUNITY MENTAL HEALTH CENTER**

## **POLICY AND PROCEDURE MANUAL**

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### **Policy 165 – Communicable Diseases**

#### **I. POLICY**

Programs at Southern Highlands Community Mental Health Center shall operate in such a fashion which will protect consumers and staff from transmission (direct or indirect) of any communicable diseases, pandemic illnesses, or other contagious conditions such as lice, scabies, boils, etc. To that end, this Center shall institute certain procedures to ensure sanitary and safe conditions. Consumers who are at high risk for contracting communicable diseases will receive prevention education on infection control.

#### **II. PROCEDURES**

- A. Appropriate hygiene procedures shall be followed at all times to provide a clean and sanitary environment. These shall include:
1. Cleaning and disinfecting environmental surfaces such as diaper changing surfaces after each use and frequently touched surfaces such as door knobs, bathroom fixtures, light switches, desk/tables and seats daily with either commercially available germicides approved by the Environmental Protection Agency (EPA) or a dilute solution of household bleach prepared daily for disinfection use. (See attachment A)
  2. Standard Precautions are to be used when there is any potential of coming in contact with any blood, body fluids, and human tissue. Staff will receive training in Standard Precautions at orientation and review with Center nurse as needed. (See attachment B)
  3. If an accidental exposure to blood, body fluids, or human tissue occurs, clean area by procedure recommended in Standard Precautions attachment, notify the Infection Control Officer (the Chief Nursing Officer) for follow-up and complete an incident report.
- B. The supervisor shall be notified immediately when any consumer in a congregate setting is suspected of having a communicable disease or contagious condition, who will notify the Infection Control Officer. Some symptoms include a rash of unknown etiology; vomiting; frequent watery bowel movements; sores of unknown origin on the face, body or scalp; head lice/nits;

pink-eye; cold/flu symptoms with excessive coughing; yellowish skin or eyes; or thick greenish drainage from nose or ears. The supervisor and case manager

shall request that the consumer see a physician. If possible, a family member (or guardian) should be notified to accompany the consumer to the physician.

The Infection Control Officer shall notify the Chief Executive Officer immediately of any known or suspected case of communicable disease or contagious condition occurring within the residential facilities.

- C. When a consumer is diagnosed as having a communicable disease or contagious condition (except Hepatitis B, Hepatitis C, or Acquired Immunity Deficiency Syndrome) he/she will be excluded from attending Center sessions until a Certificate of Health from a physician, county health officer, or an authorized representative is presented stating that the consumer has recovered and is no longer in danger of infecting other. Emergency mental health services will not be denied.
- D. A residential or day program participant while affected with any disease in a communicable form, while a carrier of such disease, or while affected with boils, infected wounds, sores, flu or a respiratory infection, shall not associate with other residents, and no person known or suspected of being infected with any such disease or condition shall be employed in such area or capacity. Isolation techniques may be utilized with affected consumers with physician approval. (While having a common cold would not be grounds for discharging or transferring a resident, when in doubt of the seriousness of the cold, a physician should be consulted.) A private room will be used to reduce the possibility of transmission.
- E. All confirmed and suspected communicable conditions which are reportable shall be reported to the county health office by the nurse for proper protocol. Staff shall take the necessary steps to be informed of state public health laws and state board of health regulations relative to the reporting and control of communicable diseases and shall comply in full with the laws and regulations. Reportable conditions are listed at [www.wvdhhr.org/idep](http://www.wvdhhr.org/idep).
- F. In the event of an outbreak of highly infectious disease or condition, a residence shall, upon the orders of the Chief Executive Officer, be immediately closed to the public.
- G. A standard American Red Cross first aid kit, or the equivalent, shall be readily available at all times in all facilities. A CPR facemask shall be available.

- H. Disposable dishes contaminated with infective material shall be bagged, labeled, and disposed of in accordance with policy for disposal of infectious wastes.
- I. Laundry for consumers infected with communicable diseases or conditions shall be cleaned and kept separate from other laundry. (See laundry procedure)
- J. Documentation shall be made in the consumer's Center clinical record of the communicable disease or condition and that steps B, C, D, and E have been completed.
- K. If exposed in a group to a communicable disease or condition, consumers and staff will be observed for symptoms for the duration of the incubation period as designated by a physician. (Attached is a General Incubation Chart.)

### **III. SPECIFIC PROCEDURES FOR HEPATITIS**

#### GENERAL

- A. The case manager/service coordinator is responsible for coordinating and assuring that all community aspects of this policy are implemented.
- B. Southern Highlands has designated the Infection Control Officer to handle all Hepatitis questions and disease control measures. The Infection Control Officer should receive instruction about Hepatitis and vaccination by state health department personnel. The Infection Control Officer will stay in contact with local Health Department on Hepatitis Policies and how the appropriately handle Hepatitis issues.. Information is available in the WV Reportable Disease Manual (WV Code 16-3-1; 64-CSR-7). This manual is available on-line through the DHHR Office of Epidemiology and Prevention Services. Other staff are to refer all Hepatitis questions to the Infection Control Officer.
- C. Case managers/service coordinators should have access to the current Hepatitis and vaccination status of each of their consumers. If the case manager/service coordinator does not have this information or its interpretation, he/she should obtain it. If being placed from a state residential facility to the community, the information should be obtained from the clinical director or infection control nurse of the discharging facility. If being transferred from one community placement to another, the information should be obtained from the previous person responsible for the consumer's plan. Case managers/service coordinators are responsible for keeping Hepatitis information current on the Confidential Communicable Disease Status Report in each consumer's individual file, in consultation with the Hepatitis designated person from the local health department.

- D. The Program RN will assure that community residential care providers and program staff are instructed in hygiene and environmental measures needed to prevent the consumer carrier from spreading Hepatitis. Consultation should be obtained from the Epidemiology Office before this training is started. Community residential care providers should sign an acknowledgement that they have received and understood instructions. The case manager/service coordinator should keep these acknowledgements in the individual consumer's file.
- E. Residential Program RN's will maintain a record of which consumers have been given Hepatitis A & B vaccines and the dates of injections. If the vaccine/testing series has been started but not completed by the time of community placement, the RN is responsible for arranging for the consumer to complete the series.
- F. Southern Highlands is responsible for serving Hepatitis carriers in the most appropriate, least restrictive setting for the individual consistent with the health of other consumers, staff, and the general public.
- G. When a staff member is involved in the admission process to the state operated facilities, he/she should provide the Hepatitis status to the admitting facility if it is available.

#### **IV. SPECIFIC PROCEDURES FOR ACQUIRED IMMUNITY DEFICIENT SYNDROME OR AIDS RELATED CONDITIONS**

- A. Consumers who are known to have tested positively for HIV-antibodies shall not be denied services which are appropriate to their medical condition. However, "standard precautions" stated above are advised.
- B. Appropriate staff shall be kept informed of the consumer's health status on a "need to know" basis. Normal rules of confidentiality which prevent the sharing of information without consumer's expressed written consent shall be in force. (Ref: Section 504 of the Rehabilitation Act of 1973, as interpreted November 1988.)

#### **V. SPECIFIC PROCEDURES FOR SEASONAL OR PANDEMIC FLU**

- A. All employees are encouraged to obtain flu vaccine annually.
- B. All consumers living in residential facilities or Individual Supervised Sites are encouraged to take the recommended flu vaccines and arrangements made for them to get the available vaccines.

- C. Up to date printed educational materials promoting flu prevention, vaccination, and precautions written on a 6th grade level are available in each lobby and given to each service coordinator for distribution at home visits. The Chief Executive Officer or designee will participate in the Local Emergency Preparedness Committee at the Health Department and coordinate distribution of up to date information including vaccination availability and recommendations of the Health Department.
- D. Service Coordinators will identify who will care for the Waiver consumers living in their natural/adoptive home settings if the primary care provider should become ill and not able to provide care. This is part of the Crisis Plan for each consumer.
- E. In the event of a flu outbreak in a crisis stabilization, residential or ISS facility, the Chief Executive Officer may order the facility closed to the public. The affected consumers will be isolated from healthy consumers to stop the spread of the flu per CDC guidelines. During an outbreak, all handshaking and close contact is discouraged. Consumers in the Crisis Stabilization Unit will be discharged when possible. Precautions to prevent the spread of the illness such as private room and masks will be utilized until they are discharged.
- F. Hand sanitizer, gloves, masks, and tissues are displayed at each site, and residential and day program consumers receive training on coughing into their arms and handwashing.
- G. Staff who are ill with flu symptoms are encouraged to stay at home until symptoms have subsided and they have been fever free for 24 hours. If an employee becomes sick at work, they are to be placed in a separate room until they can go home, away from other workers. If the employee needs to go into a common area before going home, they are to wear a mask.
- H. Signs are to be placed in each lobby advising consumers if they have any flu symptoms to wear a mask while in the Center.
- I. Day program consumers who become ill with flu symptoms are to be taken home and are to be removed from other consumers into a separate room with staff until transported home. They are to wear a mask as well as the staff caring for them. Day program consumers may return to the program after flu symptoms have subsided and they have been fever free for 24 hours.
- J. During an emergency in which there is a staff shortage at the residential sites, the Director of Residential Services and the Executive Director will utilize other trained Center staff (nurses, service coordinators, managers) at the affected site.

## **VI. PROCEDURES FOR A PANDEMIC VIRUS/ MEDICAL DISASTER**

SHCMHC will have increased safety and preventative measures in place to mitigate the risk of spread of infection during Pandemic/ Medical Disaster. As needs may change and evolve frequently and rapidly, employees and consumers will be informed as guidelines change. SHCMHC will take recommendations set forth by the CDC, federal, state, and local officials.

### **Residential Sites**

- A. Staff and consumers will utilize Universal Precautions, including frequent handwashing with soap and water for a minimum of 20 seconds. If soap and water is not available hand sanitizer with at least 60% alcohol will be utilized.
- B. Staff will wash hands with soap and water for a minimum of 20 seconds when arriving for their shift, before meal prep, after smoke breaks, before/ after assisting a consumer with personal hygiene, after attending to own personal hygiene, and whenever assisting a consumer.
- C. Consumers will also be encouraged and directed to wash hands as specified in B.
- D. Use of hand sanitizers that meet CDC guidelines for the specific illness as an alternative when handwashing is not feasible;
- E. Reminders to staff and consumers to cover noses and mouths when coughing or sneezing and to follow up with handwashing or use of hand sanitizers;
- F. Maintain other good health habits such as getting plenty of sleep, being physically active, managing stress, remaining hydrated, eating well and avoiding smoking.
- G. Maintain social distancing as needed (at least six feet apart from each other). Face masks will be encouraged when unable to maintain six feet distance and when out in public for staff and consumers.
- H. Visitors can be restricted or suspended to coming into home. Arrangements can be made for consumers to call or teleconference family, friends, and/ or guardians as needed.
- I. Community outings and home visits can be restricted or suspended. SHCMHC will follow all state guidelines on determining when the outings can resume.
- J. Program Directors will ensure that homes have at least two weeks of essential food and items.

- K. Nursing staff will ensure that consumers have at least two weeks of medication and medical supplies.
- L. In accordance with state and federal government guidelines for the specific illness, necessary personal protective equipment, if and when available will be placed at each site.
- M. Staff will complete self -screenings and be directed to stay home if experiencing symptoms of the current illness in accordance with state and federal guidelines. Staff will follow state and federal requirements related to returning to work after exhibiting signs and symptoms of the current illness.

**Office/ Clinical Sites**

- A. Day Programs may be canceled or modified as needed to decrease the number of consumers in a congregate setting.
- B. Telehealth services may be provided by clinical staff such physicians, therapist/ counselors, case managers, etc. This will include individual and group sessions.
- C. Signage will be posted at all entrances stating no entry if they are experiencing any COVID-19 related symptoms. A number will be noted on the entrance to call if they are experiencing any symptoms to make arrangements for services to be completed. Exceptions will be made on an emergent basis.
- D. Intakes into SUD Residential can be suspended to protect current consumers and staff in the program. Testing can be required for a negative result.
- E. Staff will adhere to social distancing regulations which may include wearing face masks in common areas such as hallways, conference rooms, mailrooms, etc.
- F. Cleaning/ disinfecting of commons areas including restrooms will increase. Areas that consumers frequent will be cleaned/ disinfected after use.
- G. Staff requesting alternative working arrangements (working from home, working an alternative schedule, doing alternative duties), supervisors will analyze whether their job duties can be performed in the altered manner. Supervisors also need to assess how much of the employee's job duties can be performed alternatively. The information needs to be presented to the executive team who will make a determination on whether or not the alternative working arrangement is appropriate.

- H. Staff will completed a self-screening at the beginning of each shift to ensure they are not experiencing any related symptoms. If a staff believe they may have been exposed to the illness they will notify their supervisor for further guidance.
- I. If services are being provided with a Community Partner and the Community Partner requires testing in order to provide services, SHCMHC will require staff providing services to that population to adhere to testing and guidelines as provided by that Community Partner.

## **VII. SPECIFIC PROCEDURES FOR OTHER CONDITIONS**

- A. West Virginia Legislative Rules (64-CSR-7) require that health professionals report various conditions to the Department of Health or the County Health Department. See attached list (Attachment G) and updates are available at [www.wvdhhr.org/idep](http://www.wvdhhr.org/idep). Questions or concerns should be addressed with the Infection Control Officer.
- B. Reporting of these conditions should be coordinated through the County Health Department.
- C. Specific protocols may be found in the West Virginia Reportable Disease Protocol Manual, a copy of which will be retained by the Infection Control Officer in the Princeton office.

## CLEANING AND DISINFECTING ENVIRONMENTAL SURFACES

1. Either commercially available germicides approved by the Environmental Protection Agency (EPA) or a dilute solution of household bleach prepared **daily** are acceptable for disinfection procedures.

1:9 Chlorine Bleach Solution – ¼ cup bleach and 2 ¼ cups water.

- A. This solution can be dispensed from a properly labeled spray bottle.
  - B. This solution is used to decontaminate and disinfect non-porous environmental surfaces when a spill of blood, body fluids, or feces has occurred.
  - C. Bleach solutions should not be used on metal surfaces or hinged instruments. Bleach is corrosive and will pit or rust the metal surfaces unless the items can be rinsed completely and dried immediately.
  - D. Gloves are to be worn while cleaning and cloth or towel shall be properly disposed of.
2. Cleaning diaper changing surfaces.
    - A. Diaper changing surfaces should be cleaned after each use with the recommended bleach solution or germicide.
    - B. Remove any fecal matter or fluids from surface with a disposable towel. Always wear gloves.
    - C. Wipe with the solution. Leave the solution in contact with the table for 10 minutes if there has been obvious fecal or urine contamination.
    - D. Rinse with water.
    - E. Dry with paper towel.
    - F. Wash your hands.
3. Cleaning Program Equipment and/or Supplies
    - A. An easy procedure for cleaning plastic program equipment and/or supplies is simply to immerse them in a germicidal solution (or bleach solution). Rinse them by immersing them in a container of water. It is important to rinse equipment and/or supplies so that the cleaning solution will not dry on the surface. They can be air-dried.

- B. Cloth program equipment and/or supplies should only be used if they have a cover which can be removed or if they can be washed in a washing machine. Cloth equipment and/or supplies should be viewed as personal items and used for only one person, if possible.

## STANDARD PRECAUTIONS

General Information: These are precautions to protect health care workers on the job from infectious diseases that can be transmitted by blood, body fluids, and human tissue. These blood-borne viruses include the viruses that can cause hepatitis and AIDS. These viruses are passed from person to person by blood and/or body fluids: 1) The human immunodeficiency virus. This virus is called HIV and is the cause of AIDS. 2) The Hepatitis virus. Hepatitis B causes hepatitis or liver disease. 3) Cytomegalovirus. This virus is also called CMV. CMV causes an infection that can lead to birth defects. Be aware that blood, body fluids and human tissue can carry other infectious diseases as well.

Hepatitis is a disease that causes 200 to 300 deaths in health care workers each year. A vaccine to protect health care workers from Hepatitis A & B is available through Southern Highlands Community Mental Health Center. The vaccine is free. Hepatitis is passed from person to person by exposure to blood and body fluids.

HIV virus is passed the same way. HIV has infected some health care workers on the job. A few health care workers got infected through accidental needle sticks. Others got infected by blood splashed in their eyes, nose or mouths. The risk of coming down with AIDS and dying is high if you get infected with HIV. Once infected with HIV, it can be passed on to his/her partner through sexual contact. A pregnant woman can pass HIV on to her unborn child.

A person who is infected by cytomegalovirus (CMV) may not have any signs of illness. This virus may be passed from person to person by exposure to infected saliva or urine. If a pregnant woman becomes infected with CMV, it may cause damage to the unborn child.

Often, we do not know that a consumer has one of these diseases. Many times a consumer does not look sick. However, if you are exposed, you can still get one of these diseases. You can protect yourself from exposure by following Standard Precautions.

### WHAT IS EXPOSURE?

Exposure is the direct contact between certain parts of your body and the blood, body fluids or tissue of a consumer. Examples of body fluids are urine, stool, wound drainage, and other secretions. Here is a list of examples of exposure.

1. Getting blood or body fluid directly on your skin, in cuts or in breaks in your skin.
2. Getting cut or stabbed by a needle or any sharp instrument which was used on a consumer.
3. Getting blood or body fluid in your eyes, mouth or nose.

#### WHAT IS NOT EXPOSURE?

1. Handling food trays or furniture.
2. Using public bathrooms or telephones.
3. Personal contact with consumers such as shaking hands, giving information, touching intact skin.
4. Doing clerical duties for a consumer.

#### JOB CATEGORIES AND RISKS

All jobs can be divided into different groups according to the amount of risk involved while doing daily work. The Occupational Safety and Health Administration (OSHA) and the Centers for Disease Control (CDC) recommend that you know your level of risk. All Southern Highlands Community Mental Health Center staff must observe Standard Precautions.

Category I: Your job usually involves contact with consumers or consumers' body fluids (changing diapers, working with drooling consumers, biting consumers). If you are in this category, you need to get the Hepatitis B vaccine.

Category II: Your job may expose you occasionally, or in an emergency situation, to blood, body fluid or human tissue. If you are in this category, you need to get the Hepatitis B vaccine.

If your job puts you in either category I or II, you **MUST** follow Standard Precautions. We **strongly** recommend that you get the Hepatitis B vaccine. The vaccine may protect you against Hepatitis B.

Category III: Your job does not involve exposure to blood, body fluid or tissue. You do not perform or help in emergency medical care or first aid as part of your job.

Standard Precautions are to protect you, the health care worker, from the risk of infectious diseases that can be transmitted by exposure to blood, body fluids or human tissues and are required. Failure to use Standard Precautions can result not only in disease, but also disciplinary action.

Any questions about Standard Precautions, the diseases they are designed to help prevent or infectious diseases in general should be directed to the Infection Control Officer.

## WHAT ARE STANDARD PRECAUTIONS?

1. You must wear gloves if you touch blood, body fluids, mucus membranes or tissue of any consumer. To touch a consumer's skin that is broken or cut, wear gloves. Change gloves immediately when they are torn. Change gloves after each consumer contact. Always wash your hands immediately after taking off gloves.
2. If your hands or other skin surfaces have direct contact with blood, body fluids or tissue, you must immediately wash the area with soap for at least 10 seconds and rinse with running water. If your eyes, nose or mouth are splashed with blood or body fluids, you must flush them with large amounts of water. If you have blood or body fluid splashed into a skin cut, puncture or lesion, first wash the area with soap and water for at least 10 seconds, then put 70% isopropyl alcohol on the area. **YOU MUST REPORT ANY EXPOSURE TO THE INFECTION CONTROL OFFICER AS SOON AS POSSIBLE AND COMPLETE REQUIRED DOCUMENTATION OF THE EVENT.**
3. Do not eat, drink, apply cosmetics, lip balm, or handle contact lens in work areas where there is a potential for occupational exposure.
4. Wear water resistant gowns or plastic aprons if soiling of clothing with blood or body fluids is likely.
5. You must wear a mask and eye protection or face shield if spraying or splashing to you face is likely.
6. All protective equipment (gloves, masks, etc.) shall be removed immediately upon leaving the area and placed in a designated container for disposal.
7. CPR masks are available in all consumer areas to minimize the need for mouth-to-mouth resuscitation.
8. Handle anything sharp with care to prevent accidental cuts or punctures. **Do not** recap, bend, or break used needles. Discard them immediately by placing them in a needle box or puncture resistant Biohazard container. Remove vacutainer needles only from a clean vacutainer holder using the needle removal device to do this. Do not remove needles from visibly contaminated holders. Discard both if bloody.
9. Clean blood or body fluid spills promptly. Wear gloves and wash with a freshly made solution of one part bleach to nine parts water to clean a spill. Place paper towels over the spill. Flood the area with bleach solution. Leave on for 10 minutes. Discard the paper towels and contaminated gloves (PPE's) in a Biohazard container. Clean area again in usual manner with cleaning products.

10. All patient specimens may be infectious. Place them inside plastic bags before taking them to the physician or lab. Do not place food or drink in refrigerators, freezers, cabinets or other areas where any consumer specimens are placed.
11. Report to Infection Control Officer if you have a draining skin cut or sores. You must report before you take care of consumers or touch patient care equipment.
12. Laundry visibly soiled with blood or body fluids must be handled with gloves. All such laundry must be placed in a fluid proof bag. All contaminated laundry must be washed separately.
13. Proper disposal of liquids containing bodily fluids or blood (such as in mop water, urine specimen, etc.) should be carefully pour it in the commode. The drain connects to a sanitary sewer. Protect yourself from possible splatters. Always wear protective gloves.
14. **ALL MATERIALS OR ITEMS CONTAMINTED WITH BLOOD, BODY FLUIDS OR HUMAN TISSUE MUST BE PUT IN A BIOHAZARD CONTAINER WHEN THE BLOOD CANNOT BE CONTAINED WITHIN THE ITEM (i.e. diaper).**

I understand the information presented and had the opportunity to ask questions.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Job Title

## LAUNDRY/COMMUNICABLE DISEASES

### A. GENERAL PROCEDURES

1. Appropriate measures will be followed at all times to provide sanitary conditions. These shall include:
  - a. Establishing a schedule identifying a specific day of the week for consumers to do their personal laundry.
  - b. Ensuring that appropriate materials are on hand to perform this task, i.e., detergent, bleach, etc.
  - c. Ensuring that the water is at the appropriate temperature by proper maintenance of the hot water tank.
  - d. Ensure that each consumer has an individual receptacle to place soiled clothing in.

### B. SPECIFIC PROCEDURES; COMMUNICABLE/CONTAGIOUS DISEASES

1. When consumer has or is suspected of having a communicable or contagious disease, special precautions need to be taken. These include:
  - a. Strict adherence to Section 165 of Policies and Procedures.
  - b. Use separate receptacles for soiled clothing.
  - c. Clothing is to be washed separately from other consumers utilizing water-soluble bags purchased for that purpose (as well as towels, linens, wash cloths, etc.).
  - d. Gloves and/or gowns shall be worn whenever contact is made with any potentially infectious material.
  - e. Bleach is to be used to assist in sanitizing clothing, linens, towels or other such items used by the specific consumer.
  - f. After the washing of clothing, staff will wash out the interior of the washer and dryer with disinfectant to reduce the chance of contamination.

2. Any employee of residential services who suspects a consumer of having a communicable disease or condition must immediately notify the Group Home Director, Director of Community Support Services, Chief Executive Officer and the Infection Control Officer.
3. See Attachment D of this policy for a complete list of communicable/contagious diseases.

## HAND-WASHING FACT SHEET

Proper hand-washing is the single most important step in preventing the spread of infection. The chemical action of the soap, along with the friction of rubbing your hands together, will help rid the skin of dangerous germs and bacteria.

### **Steps to proper hand-washing**

1. Hands should be washed using soap and warm, running water.
2. Hands should be rubbed vigorously during washing for at least 20 seconds with special attention paid to the backs of the hands, wrists, between the fingers and under the fingernails.
3. Hands should be rinsed well while leaving the water running.
4. With the water running, hands should be dried with a single-use towel.
5. Turn off the water using a paper towel, covering washed hands to prevent re-contamination.

### **Hands should be washed after the following activities:**

- After touching bare human body parts.
- After using the toilet.
- After coughing, sneezing, using a handkerchief for disposable tissue.
- After handling soiled equipment or utensils.
- Before and after food preparation, as often as necessary to remove soil and contamination and to prevent cross-contamination when changing tasks.
- After switching between working with raw food and working with ready-to-eat food.
- After engaging in other activities that contaminate the hands.
- Smoking

Note: Southern Highlands does not endorse the use of hand sanitizers in lieu of hand-washing with soap and warm, running water. Hand sanitizers containing 60-90% ethyl alcohol or isopropanol in concentration with equivalent sanitizing strength, may be used as an adjunct to proper hand-washing.

Nursing staff are to wash hands prior to administering medications prior to putting on gloves. Gloves are changed between consumers and the use of hand sanitizer is permitted during this change. At the end of medication pass, gloves are removed and hands are again washed with soap and water. If gloves become soiled, then soap and water instead of hand sanitizer should be used before putting on new gloves.

**Protocol for Scabies/Itch Mite Infestation**

When a consumer reports and/or exhibits symptoms of scabies/itch mite infestation at admission or during their stay at a SHCMHC facility these actions are to be taken to prevent the potential spread of scabies/itch mites. With appropriate release, nursing staff may advise family member having close daily contact with infected patient of the patients condition and the appropriateness for evaluation and treatment themselves.

I. CLEANING AND DISINFECTING

The following table describes the process for cleaning the mite-infected patient and his/her room.

STEP	DESCRIPTION
1	Physician/PA diagnoses scabies/itch mites and prescribes treatment
2	Nurse institutes precautions (a) bagging all linen in approved bags. (b) Bagging all disposable trash in contact with patient including disposable gloves in red isolation bags.
3.	The nurse treats the patient with Kwell lotion, Eurax, or approved lotion following medication instructions.
4.	Housekeeping staff thoroughly cleans and disinfects the bed and mattress.
5.	The nurse bags all of the patient's clothing and assures that it is washed and dried in hot cycles.
6.	Housekeeping launders all linens using hot washing and drying cycles.
7.	This process is repeated after 7 days to eliminate any mites that may have hatched in the interim.

**Protocol for Pediculosis (Lice) Infestation**

When a consumer residing in any of the treatment facilities operated by Southern Highlands is found to be infected with lice. The following protocol is to be followed in treating the infected consumer and in cleaning the consumer's room.

I. CLEANING AND DISINFECTING

STEP	DESCRIPTION
1	Patient reports or exhibits symptoms of lice infestation
2.	Physician/PA diagnoses pediculosis and prescribes treatment
3.	Nurse assists consumer with treatment with Kwell or equivalent shampoo
4.	Nurse assures that all bed linen is bagged and laundered using hot washing and drying cycles.
5.	Any item in contact with consumers head including hats, scarves, coats, hoods, etc are bagged and washed in hot washing and drying cycles.
6.	All of the consumers brushes, bows, combs (anything used on the hair) is bagged and destroyed or boiled in hot water.
7.	Repeat this process in 7 days to eliminate any mites that may have hatched since the last treatment.

With proper consent, nurse may contact any family members in close daily contact with consumer regarding the consumer's condition and appropriateness for evaluation and treatment of themselves.

## **PROTOCOL FOR MOVE IN TO REDUCE COMMUNICABLE DISEASES**

For any new admissions or for when consumers go on any kind of out of home visit the following protocol needs to be followed. This protocol will reduce any transmission of diseases/illnesses, lice, bed bugs, roaches, etc., from being brought into the home. It will also be used as a guide to ensure that the consumer is not bringing anything into the home that may be hazardous or against household rules.

- Clothing will be available for all new admissions to change into upon arriving at the site (example: sweat pants, t-shirt, socks).
- If the consumer is already a resident he/she will change into another outfit of their own that they did not take with them on the visit (this is for any out of home overnight visits only).
- All the consumer's belongings, including pockets, will be searched and inventoried upon arrival. This reduces the risk of consumers trying to hide contraband, weapons, lighters, tobacco, or perishable items in their rooms. **Always remember that all items are to be listed on the consumer's inventory sheet.**
- All the consumer's clothing, tote bags, shoes, etc., will be washed immediately and dried upon arrival.
- Any cardboard boxes or plastic bags will be disposed of in the trash receptacles outside of the home (do not dispose of them in the home).
- Any plastic totes will be disinfected after items have been searched.
- If at any time during the admission process that staff find any contraband or hazards they will notify their supervisor immediately.

When a consumer moves out of a home the following protocol must be followed.

- All bed linens, including mattress pad (if applicable), will be washed immediately.
- Mattresses will be wiped down using disinfectant if the mattress has a vinyl cover on it. If there is no cover, the staff must use disinfectant spray on mattress and box spring. Please ensure that both side of mattress are being cleaned.
- All the furniture in the consumer's room will be wiped clean and disinfected.
- Staff need to ensure that furniture is being moved out from the wall and that nothing is under the furniture. Also ensure all drawers are being pulled out of dressers/night stands, etc., and clean thoroughly.
- Floor will be vacuumed or mopped.
- Any clothing item left will be washed and dried within 24 hours of discharge. Any items, including clothing, that the consumer leaves will be placed in storage and the consumer or guardian will be notified to pick up the items. Items must be picked up within two weeks (unless other arrangements have been made). If the items are not picked up, the clothing/items will be donated.

**Disease Reporting:  
Notifiable Conditions from the  
West Virginia Reportable Disease Manual  
(WV Code 16-3-1; 64 CSR 7)**

**Reporting of the following communicable diseases is required by state law as follows.**

**The report is to be made by the medical provider who diagnosed condition. Questions are to be directed to the Chief Nursing Officer at SHCMHC.**

Notifiable Condition	When to Report	How to Report		
		Providers	Laboratories	Local Health Departments
<b>A</b>				
AIDS	Within <b>1 week</b> to 304-558-6460 or 304-558-6461			Adult HIV/AIDS Confidential Case Report
Amebiasis (Entamoeba histolytica)	Within <b>72 hours</b> to local health department	WVEDSS Foodborne Disease Report	Copy of <b>lab report</b> or IDEP Yellow Card	WVEDSS Foodborne Disease Report
Animal Bites	Within <b>24 hours</b> to local health department	WVEDSS Animal Bite Report		WVEDSS Animal Bite Report
Anthrax	Suspect or confirmed cases <b>immediately</b> to local health department by phone and follow up with written report.	WVEDSS Anthrax Case Report	Copy of <b>lab report</b> or IDEP Yellow Card <sup>A</sup>	<ul style="list-style-type: none"> <li>• WVEDSS Anthrax Case Report</li> <li>• BT Agent Case Exposure Investigation</li> <li>• BT Agent Case Travel/Activity Worksheet</li> <li>• BT Agent Case Transportation Worksheet</li> </ul>
Any <b>unusual condition</b> or <b>emerging infectious disease</b>	Within <b>24 hours</b> to local health department	WVEDSS General Case Report	Copy of <b>lab report</b> or IDEP Yellow Card <sup>C</sup>	WVEDSS General Case Report
Arboviral Infection	Within <b>1 week</b> to local health department	WVEDSS Arboviral Case Report	Copy of <b>lab report</b> or IDEP Yellow Card <sup>B</sup>	WVEDSS Arboviral Case Report
<b>B</b>				
Bioterrorist Event	Suspect or confirmed cases <b>immediately</b> to local health department by phone and follow up with written report.	See Specific Agent (i.e., anthrax, botulism, plague, smallpox, etc.)	Copy of <b>lab report</b> or IDEP Yellow Card <sup>A</sup>	See Specific Agent (i.e., anthrax, botulism, plague, smallpox, etc.)

Botulism (Clostridium botulinum)	Suspect or confirmed cases <b>immediately</b> to local health department by phone and follow up with written report.	WVEDSS Botulism Case Report	Copy of <b>lab report</b> or IDEP Yellow Card <sup>C</sup>	<ul style="list-style-type: none"> <li>• WVEDSS Botulism Case Report</li> <li>• BT Agent Case Exposure Investigation</li> <li>• BT Agent Case Travel/Activity Worksheet</li> <li>• BT Agent Case Transportation Worksheet</li> </ul>
Brucellosis (Brucella abortus, B. melitensis, B. suis, B. canis)	Within <b>24 hours</b> to local health department	WVEDSS General Case Investigation Report	Copy of <b>lab report</b> or IDEP Yellow Card <sup>A, B</sup>	WVEDSS General Case Investigation Report
<b>C</b>				
Campylobacteriosis (Campylobacter jejuni, C coli)	Within <b>72 hours</b> to local health department	WVEDSS Foodborne Disease Case Report	Copy of <b>lab report</b> or IDEP Yellow Card <sup>A</sup>	WVEDSS Foodborne Disease Case Report
Chancroid (Haemophilus ducreyi)	Within <b>1 week</b> to the <b>State Health Department</b> at 1-800-642-8244	CDC Form VD-91	Copy of <b>lab report</b> or IDEP Yellow Card	CDC Form VD-91
Chickenpox (Varicella) (Numerical totals only)	Within <b>1 week</b> to local health department	Influenza-Like Illness & Chickenpox Report Card (used for reporting weekly totals only)		Influenza-Like Illness & Chickenpox Report Card (used for reporting weekly totals only)
Chlamydia trachomatis	Within <b>1 week</b> to the <b>State Health Department</b> at 1-800-642-8244	CDC Form VD-91	Copy of <b>lab report</b> or IDEP Yellow Card	CDC Form VD-91
Cholera (Vibrio cholerae)	Within <b>24 hours</b> to local health department	WVEDSS Foodborne Disease Case Report	Copy of <b>lab report</b> or IDEP Yellow Card <sup>A, B</sup>	WVEDSS Foodborne Disease Case Report
Community-acquired, methicillin-resistant, Staphylococcus aureus, invasive <sup>4</sup> .	Within <b>1 week</b> to local health department	WVEDSS Antibiotic Resistant Staphylococcus aureus Report	Copy of <b>lab report</b> or IDEP Yellow Card <sup>1, A</sup>	WVEDSS Antibiotic Resistant Staphylococcus aureus Report
Cryptosporidiosis (Cryptosporidium parvum)	Within <b>72 hours</b> to local health department	WVEDSS Foodborne Disease Case Report	Copy of <b>lab report</b> or IDEP Yellow Card	WVEDSS Foodborne Disease Case Report
Cyclospora infection	Within <b>72 hours</b> to local health department	WVEDSS Foodborne Disease Case Report	Copy of <b>lab report</b> or IDEP Yellow Card	WVEDSS Foodborne Disease Case Report
<b>D</b>				
Dengue Fever	Within <b>24 hours</b> to local health department	WVEDSS General Case Investigation Report	Copy of <b>lab report</b> or IDEP Yellow Card <sup>B</sup>	WVEDSS General Case Investigation Report

Diphtheria (Corynebacterium diphtheriae)	Within <b>24 hours</b> to local health department	WVEDSS Diphtheria Case Report	Copy of <b>lab report</b> or IDEP Yellow Card <sup>A</sup>	WVEDSS Diphtheria Case Report
<b>E</b>				
Eastern Equine Encephalitis	Within <b>1 week</b> to local health department	WVEDSS Arboviral Encephalitis Case Report	Copy of <b>lab report</b> or IDEP Yellow Card <sup>B</sup>	WVEDSS Arboviral Case Report
Ehrlichiosis	Within <b>1 week</b> to local health department	WVEDSS Tick-borne Disease Case Report	Copy of <b>lab report</b> or IDEP Yellow Card	WVEDSS Tick-borne Disease Case Report
Enterovirus (from laboratories)	Within <b>1 week</b> to the <b>State Health Department</b>			
Encephalitis, Arboviral	Within <b>1 week</b> to local health department	WVEDSS Arboviral Encephalitis Case Report	Copy of <b>lab report</b> or IDEP Yellow Card <sup>B</sup>	WVEDSS Arboviral Case Report
<b>F</b>				
Foodborne Outbreak	Suspect or confirmed cases <b>immediately</b> to local health department by phone and follow up with written report.	<b>Immediately</b> contact local health department by phone	<b>Immediately</b> contact local health department by phone	<b>Immediately</b> contact <b>IDEP</b> by phone at 1-800-423-1271 or 304-558-5358
<b>G</b>				
Giardiasis (Giardia lamblia)	Within <b>72 hours</b> to local health department	WVEDSS Foodborne Disease Case Report	Copy of <b>lab report</b> or IDEP Yellow Card	WVEDSS Foodborne Disease Case Report
Gonococcal Conjunctivitis of the newborn (within 24 hours)	Within <b>1 week</b> to the <b>State Health Department</b>	CDC Form VD-91		CDC Form VD-91
Gonococcal Disease (all other)	Within <b>1 week</b> to the <b>State Health Department</b>	CDC Form VD-91		CDC Form VD-91
<b>H</b>				
Haemophilus Influenzae, Invasive Disease <sup>4</sup>	Within <b>24 hours</b> to local health department	WVEDSS Invasive Bacterial Disease (Neisseria Meningitidis, Haemophilus Influenzae, Group B Streptococcus) Case Report	Copy of <b>lab report</b> or IDEP Yellow Card <sup>1,A</sup>	WVEDSS Invasive Bacterial Disease (Neisseria Meningitidis, Haemophilus Influenzae, Group B Streptococcus) Case Report
Hantavirus Pulmonary Syndrome	Within <b>1 week</b> to local health department	WVEDSS Hantavirus Disease Case Report	Copy of <b>lab report</b> or IDEP Yellow Card <sup>B</sup>	WVEDSS Hantavirus Disease Case Report
Hemolytic Uremic Syndrome, postdiarrheal	Within <b>24 hours</b> to local health department	WVEDSS Foodborne Disease Case Report	Copy of <b>lab report</b> or IDEP Yellow Card	WVEDSS Foodborne Disease Case Report

Hepatitis A <sup>3</sup> , acute	Within <b>24 hours</b> to local health department	WVEDSS Hepatitis Case Report	Positive IgM <sup>2</sup> by copy of <b>lab report</b> or IDEP Yellow Card	WVEDSS Hepatitis Case Report
Hepatitis B <sup>3</sup> , acute or perinatal	Within <b>24 hours</b> to local health department	WVEDSS Hepatitis Case Report	Positive anti-HBc IgM or HBsAG <sup>2</sup> by copy of <b>lab report</b> or IDEP Yellow Card	WVEDSS Hepatitis Case Report
Hepatitis C <sup>3</sup> (Other non-A or non-B acute or chronic)	Within <b>1 week</b> to the <b>State Health Department</b>	WVEDSS Hepatitis Case Report		WVEDSS Hepatitis Case Report
Hepatitis Delta <sup>3</sup>	Within <b>24 hours</b> to local health department	WVEDSS Hepatitis Case Report	Copy of <b>lab report</b> or IDEP Yellow Card <sup>2</sup>	WVEDSS Hepatitis Case Report
HIV (within 30 days)	Within <b>1 week</b> to the <b>State Health Department</b> at 304-558-6460 or 304-558-6461	CDC Adult HIV/AIDS Confidential Case Report		CDC Adult HIV/AIDS Confidential Case Report
<b>I</b>				
Influenza (culture confirmed number, labs only)	Within <b>1 week</b> to the <b>State Health Department</b>			
Influenza-Like Illness (Numerical totals only)	Within <b>1 week</b> to local health department	Influenza-Like Illness & Chickenpox Report Card (used for reporting weekly totals only)		Influenza-Like Illness & Chickenpox Report Card (used for reporting weekly totals only)
<b>Influenza-related death</b> in an individual less than 18 years of age	Within <b>1 week</b> to local health department	WVEDSS Influenza-Related Death Report		WVEDSS Influenza-Related Death Report
Intentional exposure to an infectious agent or biological toxin	Suspect or confirmed cases <b>immediately</b> to local health department by phone and follow up with written report.	WVEDSS General Case Investigation Report	Copy of <b>lab report</b> or IDEP Yellow Card <sup>C</sup>	WVEDSS General Case Investigation Report
<b>L</b>				
LaCrosse Encephalitis (California Group)	Within <b>1 week</b> to local health department	WVEDSS Arboviral Encephalitis Case Report	Copy of <b>lab report</b> or IDEP Yellow Card <sup>B</sup>	WVEDSS Arboviral Encephalitis Case Report
Legionellosis	Within <b>1 week</b> to local health department	WVEDSS Legionellosis Case Report	Copy of <b>lab report</b> or IDEP Yellow Card	WVEDSS Legionellosis Case Report
Leptospirosis	Within <b>1 week</b> to local health department	WVEDSS General Case Investigation Report	Copy of <b>lab report</b> or IDEP Yellow Card	WVEDSS General Case Investigation Report

Listeriosis ( <i>Listeria monocytogenes</i> )	Within <b>72 hours</b> to local health department	WVEDSS Foodborne Disease Case Report	Copy of <b>lab report</b> or IDEP Yellow Card <sup>A</sup>	WVEDSS Foodborne Disease Case Report
Lyme Disease ( <i>Borrelia burgdorferi</i> )	Within <b>1 week</b> to local health department	WVEDSS Lyme Disease Case Report	Copy of <b>lab report</b> or IDEP Yellow Card	WVEDSS Lyme Disease Case Report
<b>M</b>				
Malaria	Within <b>1 week</b> to the local health department	WVEDSS Malaria Case Report	Copy of <b>lab report</b> or IDEP Yellow Card	WVEDSS Malaria Case Report
Meningococcal Disease, Invasive ( <i>Neisseria meningitides</i> )	Within <b>24 hours</b> to local health department	WVEDSS Invasive Bacterial Disease ( <i>Neisseria Meningitidis</i> , <i>Haemophilus Influenzae</i> , Group B <i>Streptococcus</i> ) Case Report	Copy of <b>lab report</b> or IDEP Yellow Card	WVEDSS Invasive Bacterial Disease ( <i>Neisseria Meningitidis</i> , <i>Haemophilus Influenzae</i> , Group B <i>Streptococcus</i> ) Case Report
Monkeypox	Suspect or confirmed cases <b>immediately</b> to local health department by phone and follow up with written report.	WVEDSS General Case Investigation Report	Copy of <b>lab report</b> or IDEP Yellow Card <sup>A</sup>	WVEDSS General Case Investigation Report
Mumps	Within <b>1 week</b> to local health department	WVEDSS Mumps Case Report	Copy of <b>lab report</b> or IDEP Yellow Card <sup>C</sup>	WVEDSS Mumps Case Report
<b>O</b>				
Orthopox Infection	Suspect or confirmed cases <b>immediately</b> to local health department by phone and follow up with written report.	WVEDSS Smallpox Case Report	Copy of <b>lab report</b> or IDEP Yellow Card <sup>A</sup>	WVEDSS Smallpox Case Report
Outbreaks or cluster of any illness or condition, suspect or confirmed	Suspect or confirmed cases <b>immediately</b> to local health department by phone and follow up with written report.		Copy of <b>lab report</b> or IDEP Yellow Card <sup>C</sup>	
<b>P</b>				
Pelvis Inflammatory Disease	Within <b>1 week</b> to the <b>State Health Department</b>			
Pertussis (Whooping Cough <i>Bordatella pertussis</i> )	Within <b>24 hours</b> to local health department	WVEDSS Pertussis Case Report	Copy of <b>lab report</b> or IDEP Yellow Card	WVEDSS Pertussis Case Report

Plague ( <i>Yersinia pestis</i> )	Suspect or confirmed cases <b>immediately</b> to local health department by phone and follow up with written report.	WVEDSS Plague Case Report	Copy of <b>lab report</b> or IDEP Yellow Card	<ul style="list-style-type: none"> <li>• WVEDSS Plague Case Report</li> <li>• Form 2A: Plague, VHF Case Travel/Activity Worksheet – Infectious Period</li> <li>• Form 2B: Plague, VHF Primary Contact/Site Worksheet</li> <li>• Form 2C: Plague, VHF Case Transportation Worksheet – Infectious Period</li> <li>• Form 2D: Plague, VHF Contact Tracing Form</li> <li>• Form 2E: Plague, VHF Contact Surveillance Form</li> <li>• Form 3A: Bioterrorism (BT) Agent Case Exposure Investigation Form</li> <li>• Form 3B: BT Agent Case Travel/Activity Worksheet – Exposure Period</li> <li>• Form 3C: BT Agent Case Transportation Worksheet – Exposure Period</li> </ul>
Poliomyelitis	Within <b>24 hours</b> to local health department	WVEDSS Polio Case Report	Copy of <b>lab report</b> or IDEP Yellow Card <sup>A,B</sup>	WVEDSS Polio Case Report
Psittacosis ( <i>Chlamydoiphila psittaci</i> )	Within <b>1 week</b> to the local health department	WVEDSS General Case Investigation Report	Copy of <b>lab report</b> or IDEP Yellow Card	WVEDSS General Case Investigation Report
<b>Q</b>				
Q-Fever ( <i>Coxiella burnetii</i> )	Within <b>24 hours</b> to local health department	WVEDSS General Case Investigation Report	Copy of <b>lab report</b> or IDEP Yellow Card	WVEDSS General Case Investigation Report

<b>R</b>				
Rabies, human	Within <b>24 hours</b> to local health department by phone and follow up with written report	WVEDSS General Case Investigation Report	Copy of <b>lab report</b> or IDEP Yellow Card	WVEDSS General Case Investigation Report
Rabies, animal	Within <b>24 hours</b> to local health department	WV Office of Laboratory Services Rabies Test Submission	Copy of <b>lab report</b> or IDEP Yellow Card	WV Office of Laboratory Services Rabies Test Submission
Rocky Mountain Spotted Fever	Within <b>1 week</b> to the local health department	WVEDSS Tick-borne Disease Case Report	Copy of <b>lab report</b> or IDEP Yellow Card	WVEDSS Tick-borne Disease Case Report
Rubella (German measles)	Within <b>24 hours</b> to local health department	WVEDSS Rubella Case Report	Copy of <b>lab report</b> or IDEP Yellow Card <sup>B</sup>	WVEDSS Rubella Case Report
Rubella Congenital Syndrome	Within <b>24 hours</b> to local health department	WVEDSS Rubella Congenital Case Report	Copy of <b>lab report</b> or IDEP Yellow Card <sup>B</sup>	WVEDSS Rubella Congenital Case Report
Rubeola (Measles)	Suspect or confirmed cases <b>immediately</b> to local health department by phone and follow up with written report.	WVEDSS Measles Case Report	Copy of <b>lab report</b> or IDEP Yellow Card <sup>B</sup>	WVEDSS Measles Case Report
<b>S</b>				
Salmonellosis <sup>4</sup> (except Typhoid Fever)	Within <b>72 hours</b> to local health department	WVEDSS Foodborne Disease Case Report	Copy of <b>lab report</b> or IDEP Yellow Card <sup>1,A</sup>	WVEDSS Foodborne Disease Case Report
SARS coronavirus infection	Suspect or confirmed cases <b>immediately</b> to local health department by phone and follow up with written report.	<ul style="list-style-type: none"> <li>• WVEDSS General Case Investigation Report</li> <li>• SARS Screening Form</li> <li>• SARS Report Intake Form</li> </ul>	Copy of <b>lab report</b> or IDEP Yellow Card <sup>A,B</sup>	<ul style="list-style-type: none"> <li>• WVEDSS General Case Investigation Report</li> <li>• SARS Screening Form</li> <li>• SARS Report Intake Form</li> <li>• SARS Contact Surveillance Form</li> </ul>
Shiga toxin-producing Escherichia coli <sup>2</sup> Including but not limited to E Coli O157:H7	Within <b>24 hours</b> to local health department	WVEDSS Foodborne Disease Case Report	Copy of <b>lab report</b> or IDEP Yellow Card <sup>A</sup>	WVEDSS Foodborne Disease Case Report
Shigellosis <sup>4</sup> (Shigella dysenteriae, S. boydii, S. flexneri, S. sonnei)	Within <b>72 hours</b> to local health department	WVEDSS Foodborne Disease Case Report	Copy of <b>lab report</b> or IDEP Yellow Card <sup>1,A</sup>	WVEDSS Foodborne Disease Case Report

Smallpox	Suspect or confirmed cases <b>immediately</b> to local health department by phone and follow up with written report.	WVEDSS Smallpox Case Report	Copy of <b>lab report</b> or IDEP Yellow Card <sup>A</sup>	<ul style="list-style-type: none"> <li>• WVEDSS Smallpox Case Report</li> <li>• Forms Overview for Smallpox Response Plan Guide A</li> <li>• Form 2a: Case Travel/Activity Worksheet – Infectious Period</li> <li>• Form 2b: Smallpox Primary Contact / Site Worksheet</li> <li>• Form 2c: Case Transportation Worksheet – Infectious Period</li> <li>• Form 2d: Smallpox Contact Tracing Form</li> <li>• Form 2e: Case Household &amp; Primary Contact Surveillance Form</li> <li>• Form 2f: Case Primary Contact’s Household Members Surveillance</li> <li>• Form 3a: Smallpox Case Exposure Investigation Form</li> <li>• Form 3b: Case Travel/Activity Worksheet – Exposure Period</li> <li>• Form 3c: Case Transportation Worksheet – Exposure Period</li> </ul>
Staphylococcus aureus <sup>4</sup> with glycopeptide-intermediate (GISA/VISA) or glycopeptide-resistant (GRSA/VRSA) susceptibilities	Within <b>24 hours</b> to local health department	WVEDSS Antibiotic Resistant Staphylococcus aureus Case Report	Copy of <b>lab report</b> or IDEP Yellow Card <sup>1,A</sup>	WVEDSS Antibiotic Resistant Staphylococcus aureus Case Report
St. Louis Encephalitis	Within <b>1 week</b> to local health department	WVEDSS Arboviral Encephalitis Case Report	Copy of <b>lab report</b> or IDEP Yellow Card <sup>B</sup>	WVEDSS Arboviral Encephalitis Case Report

Streptococcal Disease, Invasive Group A <sup>4</sup> and/or Streptococcal Toxic Shock Syndrome (S. pyogenes)	Within <b>1 week</b> to local health department	WVEDSS Invasive Bacterial Disease Group A & Toxic Shock Syndrome Case Report	Copy of <b>lab report</b> or IDEP Yellow Card <sup>1</sup>	WVEDSS Invasive Bacterial Disease Group A & Toxic Shock Syndrome Case Report
Streptococcal Disease, Invasive Group B	Within <b>1 week</b> to local health department	WVEDSS Invasive Bacterial Disease (Neisseria Meningitidis, Haemophilus Influenzae, Group B Streptococcus) Case Report	Copy of <b>lab report</b> or IDEP Yellow Card	WVEDSS Invasive Bacterial Disease (Neisseria Meningitidis, Haemophilus Influenzae, Group B Streptococcus) Case Report
Streptococcal Toxic Shock Syndrome	Within <b>1 week</b> to the local health department	WVEDSS Invasive Bacterial Disease Group A & Toxic Shock Syndrome Case Report	Copy of <b>lab report</b> or IDEP Yellow Card <sup>1</sup>	WVEDSS Invasive Bacterial Disease Group A & Toxic Shock Syndrome Case Report
Streptococcus pneumoniae <sup>4</sup> , invasive disease	Within <b>1 week</b> to local health department	WVEDSS Invasive Bacterial Disease All Streptococcus pneumoniae Case Report	Copy of <b>lab report</b> or IDEP Yellow Card <sup>1,A</sup>	WVEDSS Invasive Bacterial Disease All Streptococcus pneumoniae Case Report
Syphilis – primary, secondary, early latent, congenital (within 24 hours)	Within <b>1 week</b> to the <b>State Health Department</b> at 1-800-642-8244	CDC Form VD-91		CDC Form VD-91
Syphilis (late latent, late symptomatic, or neurosyphilis)	Within <b>1 week</b> to the <b>State Health Department</b> at 1-800-642-8244	CDC Form VD-91		CDC Form VD-91
<b>T</b>				
Tetanus (Clostridium tetani)	Within <b>1 week</b> to local health department	WVEDSS Tetanus Case Report	Copy of <b>lab report</b> or IDEP Yellow Card	WVEDSS Tetanus Case Report
Toxic Shock Syndrome	Within <b>1 week</b> to local health department	WVEDSS Toxic Shock Syndrome Case Report	Copy of <b>lab report</b> or IDEP Yellow Card	WVEDSS Toxic Shock Syndrome Case Report
Trichinosis	Within <b>72 hours</b> to local health department	WVEDSS Foodborne Disease Case Report	Copy of <b>lab report</b> or IDEP Yellow Card	WVEDSS Foodborne Disease Case Report
Tuberculosis <sup>4</sup> , all forms	Within <b>24 hours</b> to local health department			
Tuberculosis Latent Infection <sup>5</sup> (In the last 2 years or any positive in a child <5 years old)	Within <b>1 week</b> to local health department			

Tularemia ( <i>Francisella tularensis</i> )	Suspect or confirmed cases <b>immediately</b> to local health department by phone and follow up with written report.	WVEDSS Tularemia Case Report	Copy of <b>lab report</b> or IDEP Yellow Card	<ul style="list-style-type: none"> <li>• WVEDSS Tularemia Case Report</li> <li>• Form 3A: Bioterrorism (BT) Agent Case Exposure Investigation form</li> <li>• Form 3B: BT Agent Case Travel/Activity Worksheet – Exposure Period</li> <li>• Form 3C: BT Agent Case Transportation Worksheet – Exposure Period</li> </ul>
Typhoid Fever ( <i>Salmonella typhi</i> )	Within <b>24 hours</b> to local health department	WVEDSS Foodborne Disease Case Report	Copy of <b>lab report</b> or IDEP Yellow Card	WVEDSS Foodborne Disease Case Report
<b>V</b>				
Viral Hemorrhagic Fevers <sup>1</sup>	Suspect or confirmed cases <b>immediately</b> to local health department by phone and follow up with written report.	WVEDSS General Case Investigation Report	Copy of <b>lab report</b> or IDEP Yellow Card <sup>B</sup>	<ul style="list-style-type: none"> <li>• WVEDSS General Case Investigation Report</li> <li>• Form 2A: Plague, VHF Case Travel/Activity Worksheet – Infectious Period</li> <li>• Form 2B: Plague, VHF Primary Contact/Site Worksheet</li> <li>• Form 2C: Plague, VHF Case Transportation Worksheet – Infectious Period</li> <li>• Form 2D: Plague, VHF Contact Tracing Form</li> <li>• Form 2E: Plague, VHF Contact Surveillance Form</li> <li>• Form 3A: Bioterrorism (BT) Agent Case Exposure Investigation Form</li> </ul>

				<ul style="list-style-type: none"> <li>• Form 3B: BT Agent Case Travel/Activity Worksheet – Exposure Period</li> <li>• Form 3C: BT Agent Case Transportation Worksheet – Exposure Period</li> </ul>
<b>W</b>				
Waterborne Outbreak	Suspect or confirmed cases <b>immediately</b> to local health department by phone and follow up with written report.	<b>Immediately</b> contact local health department by phone	<b>Immediately</b> contact local health department by phone	<b>Immediately</b> contact <b>IDEP</b> by phone at 1-800-423-1271 or 304-558-5358
West Nile Virus	Within <b>1 week</b> to local health department	WVEDSS Arboviral Encephalitis Case Report	Copy of <b>lab report</b> or IDEP Yellow Card <sup>B</sup>	WVEDSS Arboviral Encephalitis Case Report
Western Equine Encephalitis	Within <b>1 week</b> to local health department	WVEDSS Arboviral Encephalitis Case Report	Copy of <b>lab report</b> or IDEP Yellow Card <sup>B</sup>	WVEDSS Arboviral Encephalitis Case Report
<b>Y</b>				
Yellow Fever	Within <b>24 hours</b> to local health department	WVEDSS General Case Investigation Report	Copy of <b>lab report</b> or IDEP Yellow Card <sup>A, B</sup>	WVEDSS General Case Investigation Report
Yersinia Enterocolitica (Yersinia pestis)	Within <b>72 hours</b> to local health department	WVEDSS Foodborne Disease Case Report	Copy of <b>lab report</b> or IDEP Yellow Card <sup>A</sup>	WVEDSS Foodborne Disease Case Report
<sup>1</sup> Including filoviruses such as Ebola and Marburg and arenaviruses such as Lassa fever <sup>2</sup> Including but not limited to E coli O157:H7 <sup>3</sup> Including results of hepatitis A and B serologies, transaminase levels and bilirubin <sup>4</sup> Including results of susceptibility testing <sup>5</sup> (limited to persons with a positive Mantoux tuberculin skin test conversion in the last two years or any positive Mantoux terberculin skin test in a child less than 5 years of age)		<sup>A</sup> Submit an isolate to the Office of Laboratory Services for further testing or confirmation <sup>B</sup> Submit a serologic specimen to the Office of Laboratory Services for further testing or confirmation <sup>C</sup> Consult IDEP regarding laboratory confirmation: 1-800-423-1271 or 304-558-5358		

**COMMUNICABLE DISEASE CHART**

<b>CONDITION</b>	<b>INCUBATION PERIOD</b>	<b>EARLY SIGNS OF ILLNESS</b>	<b>EXCLUDE FROM ATTENDANCE</b>	<b>READMISSION CRITERIA</b>	<b>REPORTABLE DISEASE</b>	<b>NOTES FOR PREVENTION</b>
Athlete's Foot	Unknown	Blisters and cracking of the skin of the feet.	No		No	Teach importance of hygiene of feet.
Chickenpox	10 - 21 days	Fever and rash consisting of blisters usually in 2-3 crops of new blisters and heal leaving scabs.	Yes	When blisters have crusted over – approx. 1 week.	Yes	No vaccine available.
Common Cold	1 - 3 days	Runny nose, watery eyes and feeling tired.	No unless fever present.	When fever subsides.	No	Teach importance of hand washing and covering mouth when coughing or sneezing.
Diphtheria	2 - 5 days	Sore throat and fever, rapidly increasing to difficulty breathing and swallowing.	Yes	Certificate from Physician/Health Authority	Yes	Vaccine available. Consult physician immediately if suspected.
Fever		Oral temperature 100.4° or more.	Yes	When fever subsides.	No	
Gastroenteritis Viral	Usually 2 - 7 days	Stomachache, nausea, diarrhea	Yes	When diarrhea subsides.	No	Teach importance of hand washing.
Giardiasis	4 - 14 days	Gradual onset stomachache, bloating, diarrhea. May recur several times over a period of weeks.	Yes	When released by physician.	Yes	Teach importance of hand washing as this spreads quickly in school settings.
Gonorrhea	3 – 5 days	Male – urethral discharge with burning at urination. Female – may have no symptoms or have vaginal discharge and abdominal pain especially during menstruation.	No		Yes	Teach about sexually transmitted diseases and report all cases to County Health Department.

**COMMUNICABLE DISEASE CHART**

<b>CONDITION</b>	<b>INCUBATION PERIOD</b>	<b>EARLY SIGNS OF ILLNESS</b>	<b>EXCLUDE FROM ATTENDANCE</b>	<b>READMISSION CRITERIA</b>	<b>REPORTABLE DISEASE</b>	<b>NOTES FOR PREVENTION</b>
Head Lice (Pediculosis)	Eggs hatch in 7 - 10 days	Itching and scratching of scalp. Pinpoint white eggs on head that will not flick off.	Yes	When certified	No	Second shampoo (Kwell) in 7 - 10 days. Teach not to share a comb, hat or coat.
Hepatitis Viral Type A	15 - 30 days	Gradual onset of fever, tired feeling, stomachache, nausea, vomiting followed by jaundice. Young children may have mild case of diarrhea and no jaundice.	Yes	After 1 week of onset.	Yes	Teach importance of hand washing. Give gamma globulin to household contacts.
Hepatitis Viral Type B	60 - 90 days	Gradual onset of fever, tired feeling, loss of appetite and jaundice.	No		Yes	Neither cases or carriers excluded from attendance. Teach importance of good hygiene and avoid blood and body fluids.
Herpes, Oral Cold Sore	2 - 12 days	Blisters near or on lips that open and crust.	No		No	Teach good hygiene. Avoid contact with sores.
Impetigo	Variable	Blisters on skin that open and become covered with yellow crust. No fever.	Yes	When treated.	No	Keep lesions covered while in program. Teach importance of good hand washing and clean finger nails.
Influenza	1 - 3 days	Rapid onset of fever, headache, sore throat, cough.	Yes	When fever subsides.	Yes	Vaccine available, recommended for children and chronic diseases.
Measles (Rubeola)	7 - 14 days	Runny nose, watery eyes, fever, cough, blotchy red rash appears on 4 <sup>th</sup> day.	Yes	After 4 days from appearance of rash.	Yes	Vaccine available. Report suspected cases immediately to Health Department.
German Measles (Rubella)	14 - 21 days	Slight cold, swollen tender glands at back of neck. Changeable pink rash.	Yes	After 5 days from appearance of rash.	Yes	Vaccine available. Report suspected cases immediately to Health Department.

**COMMUNICABLE DISEASE CHART**

<b>CONDITION</b>	<b>INCUBATION PERIOD</b>	<b>EARLY SIGNS OF ILLNESS</b>	<b>EXCLUDE FROM ATTENDANCE</b>	<b>READMISSION CRITERIA</b>	<b>REPORTABLE DISEASE</b>	<b>NOTES FOR PREVENTION</b>
Meningitis, Bacterial	2 - 10 days	Sudden onset of high fever, headache, stiff neck, usually with vomiting.	Yes	Certification from physician/health authority.	Yes	Depending on which bacteria is causing the illness, prophylactic antibiotics may be given to close contacts.
Meningitis, Viral	2 - 10 days	Sudden onset of fever, headache, usually with vomiting.	Yes	Certification from physician/health authority.	Yes	Teach importance of hand washing. Prophylactic antibiotics of no value.
Mumps	12 - 26 days	Swelling of jaw in front of one or both ears. Pain may be worse when chewing.	Yes	After 9 days from onset of swelling.	Yes	Vaccine available.
Pink Eye (Conjunctivitis)	1 - 3 days	Red eyes, usually with some discharge or crusting on the eyelid	Yes	Certification from physician/health authority.	No	Teach importance of hand washing. Allergic conjunctivitis is not contagious.
Pinworms	Variable, may be as long as 3-8 weeks.	Perianal itching.	No		No	Teach importance of hand washing.
Poliomyelitis Polio	3 - 21 days	Fever, headache, stomachache, stiff neck, usually with some vomiting. Often followed by paralysis.	Yes	Certification from physician/health authority	Yes	Vaccine available. Report any cases immediately to Health Department.
Rocky Mountain Spotted Fever	3 - 10 days	Sudden onset of fever, chills, severe headache. Rash consists of red spots beginning on wrists and ankles, progressing to chest, palms and soles of feet.	No		Yes	Transmitted by tick bites. If suspected, contact Health Department immediately.
Ringworm (of the body)	4 - 10 days	Slowly spreading flat, scaly ring shaped spots of the skin. The margins may be red and slightly raised.	No		No	Keep lesions covered while in program area. Treatment is recommended.

**COMMUNICABLE DISEASE CHART**

<b>CONDITION</b>	<b>INCUBATION PERIOD</b>	<b>EARLY SIGNS OF ILLNESS</b>	<b>EXCLUDE FROM ATTENDANCE</b>	<b>READMISSION CRITERIA</b>	<b>REPORTABLE DISEASE</b>	<b>NOTES FOR PREVENTION</b>
Ringworm (of the scalp)	10 - 21 days	Slowly spreading, balding patches on scalp with broken off hairs.	Yes	After treatment	No	Teach importance of not sharing combs, hats and coats.
Salmonellosis	10 - 21 days	Sudden onset of fever, abdominal pain, diarrhea, sometimes vomiting.	Yes	When diarrhea subsides.	Yes	Teach importance of hand washing. Frequently a food borne infection.
Scabies	First infection 1 month. Repeat infection 2 - 5 days.	Small red raised bumps or blisters on skin with severe itching.	Yes	After treatment certification.	No	Careful examination of close contacts required to identify identification.
Shigellosis	1 - 7 days	Sudden onset of fever, vomiting, and diarrhea.	Yes	When fever and diarrhea subside.	Yes	Teach importance of hand washing. Spreads rapidly especially among day care centers
Streptococcal sore throat and scarlet fever	1 - 3 days	Fever, sore throat, often with enlarged tender lymph nodes in neck. Scarlet fever producing strains of bacteria cause a fine red rash that appears 1-3 days after onset of sore throat.	Yes	24 hours after antibiotic treatment begun.	No	Teach importance of covering mouth when coughing or sneezing.
Tetanus	4 - 21 days	Painful muscular contractions primarily of jaw and neck muscles. No fever.	No		Yes	Transmitted by contamination of wound with bacterial spores. Vaccine available. If suspected, immediately consult a physician.
Tuberculosis (Pulmonary)	4 - 12 weeks	Gradual onset, tiredness, loss of appetite, slight fever, failure to gain weight, cough.	Yes	Certification from physician/health authority.	Yes	All contacts should have TB skin tests and follow-up by Health Department.
Pertussis (Whooping Cough)	7 - 21 days	Low grade fever, runny nose and cough lasting about 2 weeks, followed by coughing spasms and "whooping" on inspiration.	Yes	After 7 days of antibiotic treatment with certification from physician.	Yes	Vaccine available. Unimmun-contacts should be immunized and receive antibiotic treatment. Report all suspect cases immediately to Health Department.



