

**BASIC HEALTH AND
MEDICATIONS**

I. VITAL SIGNS

As a result of completing this section, you will be able to:

1. Demonstrate the correct procedure to measure temperature, pulse, respirations and blood pressure.
2. Recognize when to notify a licensed health care provider.

VITAL SIGNS

Vital signs refer to a person's temperature, pulse, respirations, and blood pressure. Measuring these accurately provides information about a person's health.

Learning how to take accurate vital signs is an important responsibility for a health care worker.

TEMPERATURE

Temperature measures the amount of heat in a person's body. When a person's muscles work, heat is produced. When a healthy person works hard, more heat is made. The body perspires to help keep its temperature normal. When a person becomes too cool, the body shivers so the muscles will make heat to help warm it up. When a person's health is abnormal, the body temperature may also be abnormal.

Temperatures may be taken with a thermometer placed in the mouth (oral), under the arm (axillary) or in the rectum (rectal).

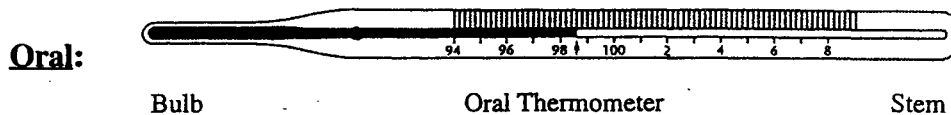
Normal body temperature varies depending on the method used to measure temperature.

- The normal oral temperature is between 96 and 99 degrees Fahrenheit (F).
- The normal axillary temperature is between 95 and 98 degrees F (one degree lower than oral).
- The normal rectal temperature is between 97 and 100 degrees F (one degree higher than oral).

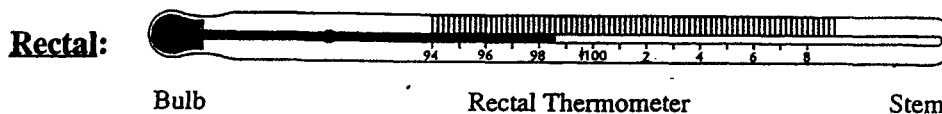
TYPES OF THERMOMETERS

A glass thermometer is a hollow glass tube containing mercury. Mercury expands when exposed to heat such as from a person's mouth, underarm or rectum. The outside of the thermometer is marked with lines and numbers. This allows you to accurately measure the temperature.

HOW TO READ A THERMOMETER



Used to measure oral and axillary temperatures. Oral thermometers usually have an elongated bulb and may have a blue or green stem end.



Used to measure temperatures by inserting the thermometer into the rectum. The rectal thermometer has a rounded bulb and may have a red marking at the stem end.

Digital:

A digital thermometer eliminates human error and variation in reading a glass thermometer. Digital thermometers may be used to measure oral, axillary or rectal temperatures. A disposable probe cover protects the stem when the thermometer is in use.

Some thermometers measure temperature by insertion into the ear canal. Once inserted into the canal, an accurate reading is produced in a matter of seconds. A clean disposable plastic ear tip must be used for each person.

NOTE: If you question the reading of the digital or ear thermometer, check to see if you need a new battery. You may also check the accuracy of your reading with another thermometer.

TASK:

Take temperature using glass thermometer.

STANDARD:

Glass mercury thermometers must be shaken down before temperature is taken. Oral temperatures must be taken for 3 minutes; axillary temperatures must be taken for 10 minutes; and rectal temperatures must be taken for minimum of 3 minutes. Manufacturer's instructions must be followed for other than mercury thermometer devices. The person's temperature must be recorded on his or her chart.

TOOLS AND EQUIPMENT:

- Water-soluble lubricant for taking rectal temperature
- Person's chart
- Work sheet
- Pencil/pen
- Thermometer

PERFORMANCE GUIDE:

- Wash hands
- Assemble equipment

TASKS	Yes	No
Verify person's identity and explain procedure		
Take person's temperature		

PROCEDURE GUIDE (Read directions carefully):

YES

NO

<p>Oral temperature using glass mercury thermometer:</p> <ul style="list-style-type: none"> a. Disinfect thermometer and rinse in cool water b. Check level of mercury and shake down below numbers. c. Place under person's tongue for 3 minutes. 		
<p>Axillary temperature using glass mercury thermometer:</p> <ul style="list-style-type: none"> a. Check level of mercury and shake down below numbers. b. Place thermometer under person's armpits. c. <u>Hold</u> person's arm tightly against chest. d. Leave thermometer in place for 10 minutes. 		
<p>Rectal thermometer using glass mercury thermometer:</p> <ul style="list-style-type: none"> a. Check level of mercury and shake down if necessary. b. Lubricate bulb end of thermometer. c. Have person lie down on side. d. Insert thermometer in rectum 1 and 1/2 inches. e. <u>Hold</u> thermometer in place 3-5 minutes. 		
Remove, wipe and read thermometer.		
Shake down mercury thermometer.		
Clean glass thermometer.		
Wash hands.		
Record reading in daily log.		
Report abnormal reading.		

Note: Procedure for using digital and ear thermometers varies by brand. Discard used probe cover or ear tip immediately after use without touching it. Wash hands. Record reading.

PROCEDURE FOR CARE AND USE OF THERMOMETERS

Glass thermometers may be used to take oral, rectal or axillary temperature. Thermometers must be labeled as "oral", "rectal" or "axillary" and used only for that method. Glass thermometers must be cleaned before and after each use.

To clean the thermometer:

1. Wipe any visible soilage from the thermometer with a clean tissue or gauze square.
2. Using a cotton ball or gauze square moistened with rubbing alcohol, wipe the thermometer from the cleanest to the dirtiest end.
 - Discard the cotton.
 - Rinse the thermometer in cool water.
3. Disposable thermometer sheaths may be used to cover the thermometer when taking temperatures. The thermometers must still be cleaned before and after use.
4. Refer to manufacturer's instructions for cleaning digital and ear thermometers.

Student Name _____

RETURN DEMONSTRATION:

Take Temperature Using Glass Thermometer

ACHIEVEMENT INDICATORS: The Trainee

Tasks	Yes	No
Washed hands before and after procedure		
Assembled equipment		
Explained procedure for taking temperature		
Took temperature in prescribed manner		
Cleaned and replaced equipment		
Record/reported temperature and any pertinent observations		

TOOLS AND EQUIPMENT:

- Oral glass thermometer
- Tissue or paper towel
- Alcohol wipes
- Paper and pencil
- Disposable thermometer sheaths

PULSE

A pulse measures how fast the heart is beating. A normal adult pulse beats 50 to 100 times each minute. The **most common way to measure the pulse is to feel the artery in the wrist**. This is called the **radial** pulse. Another place to measure the pulse is over the carotid artery in the neck. The pulse may also be heard with a stethoscope over the heart.

TASK: Take pulse.

STANDARD: Pulse must be counted for 60 seconds. All readings must be recorded.

TOOLS AND EQUIPMENT:

- Pen or pencil
- Paper
- Watch with second hand

Performance Guide	Yes	No
Gather equipment		
Wash hands		
Explain procedure		
Place two or three fingers over the radial artery (Do not use thumb)		
Count beats for 60 seconds using watch or clock with a second hand		
Recount beats if pulse is irregular		
Note regularity and strength of beat		
Write number of beats and note if irregular		
Wash hands		
Report abnormal readings (below 50 or above 100) and irregularities		

RESPIRATIONS

Respiration rate measures the number of breaths a person takes in one minute. One respiration is equal to the chest rising when the lungs fill with air (inhalation) and chest falling when the air leaves the lungs (exhalation) one time. Respirations may be counted by watching the number of times the chest rises and falls in one minute. They may also be measured by placing the hand on the chest or stomach and feeling the number of times the chest rises and falls in one minute.

Normal rate is 12-28.

TASK: Take respirations.

STANDARD: Respirations must be counted for 60 seconds. All readings must be recorded.

TOOLS AND EQUIPMENT:

- Pencil or pen
- Paper
- Watch with second hand

Performance Guide	Yes	No
Wash hands		
Explain procedure		
You may want to place your fingers on person's wrist while counting respirations		
Count person's respirations for 60 seconds		
Note any irregularities of respirations		
Record respiration rate		
Wash hands		
Report abnormal findings (above 28 or below 12) and irregularities		

BLOOD PRESSURE

Blood pressure measures the force of the blood on the inside of the blood vessel. A blood pressure has two numbers. **The higher number or systolic should be between 90 and 150.**
The lower number or diastolic should be between 60 and 90.

TASK: Take blood pressure.

TOOLS AND EQUIPMENT:

- Alcohol and cotton
- Pencil or pen
- Paper
- Blood pressure cuff
- Stethoscope

The performance guide for taking blood pressures can be found on the following page.

Performance Guide - TAKING BLOOD PRESSURE	Yes	No
Assemble equipment		
Wash hands		
Clean ear pieces and diaphragm of stethoscope with alcohol and cotton balls		
Explain procedure		
Locate brachial pulse on inside of elbow		
Wrap and fasten deflated cuff smoothly and snugly around person's upper arm. (Place cuff at least one inch above elbow; point arrow on cuff at brachial pulse)		
Place earpieces of stethoscope in your ears		
Place diaphragm of stethoscope over the brachial pulse		
Close valve on air pump		
Pump air to inflate cuff until the dial points to 170		
Deflate cuff slowly and at constant rate		
Watch numbers as needle falls		
Listen for first thumping sound		
Note number where first thump (systolic pressure) is heard		
Note number where last clear thump (diastolic pressure) is heard		
Deflate cuff completely		
Repeat steps if necessary		
Record reading		
Wash hands		
Report abnormal readings (above 150/90 or below 90/60)		

II. SEIZURES

LEARNING OBJECTIVES

At the completion of the chapter on seizures, you will be able to:

1. Recognize seizure activity
2. List the steps for seizure first aid
3. Document a seizure
4. List what not to do when a seizure occurs

A seizure occurs as a result of abnormal electrical activity in the brain. It is like a short circuit. As a result, a muscle or group of muscles in the body may contract and relax alternately for a short period of time. The person having the seizure usually has no control over the seizure activity. Any body movement that is controlled by the brain may respond abnormally to the electrical activity. Most seizures last from a few seconds to several minutes in time. Some of the more common types of seizures are described in the following pages.

EPILEPSY: RECOGNITION AND FIRST AID

SEIZURE TYPE	WHAT IT LOOKS LIKE	OFTEN MISTAKEN FOR	WHAT TO DO	WHAT NOT TO DO
<p>CONVULSIVE</p>	<p>Sudden cry, fall, rigidity, followed by: muscle jerks, frothy saliva on lips, shallow breathing or temporary suspended breathing, bluish skin, possible loss of bladder or bowel control, usually lasts less than 5 minutes.</p> <p>Normal breathing then starts again. There may be some confusion and/or fatigue, following return to consciousness.</p>	<p>Heart Attack</p> <p>Stroke</p>	<p>Look for medical identification.</p> <p>Protect from nearby hazards.</p> <p>Loosen ties or shirt collars.</p> <p>Place padding under head.</p> <p>Turn on side to keep airway clear.</p> <p>Reassure when consciousness returns. If multiple seizures, or if one seizure lasts longer than 10 minutes, take to emergency room.</p>	<p>Don't put any hard implement in the mouth.</p> <p>Don't try to hold tongue. It can't be swallowed.</p> <p>Don't try to give liquids until person is awake.</p> <p>Don't use rescue breathing unless respirations are absent.</p> <p>Don't restrain.</p>
<p>NON-CONVULSIVE ABSENCE</p> <p>(Also called Petit Mal)</p>	<p>A blank stare, lasting only a few seconds, most common in children. May be accompanied by rapid blinking and/or some chewing movements of the mouth. Child having seizure is unaware of what's going on during seizure, but quickly returns to full awareness once it has stopped. May result in learning difficulties if not recognized and treated.</p>	<p>Daydreaming</p> <p>Lack of attention</p> <p>Deliberate ignoring of adult instructions.</p>	<p>No first aid necessary.</p>	

SEIZURE TYPE	WHAT IT LOOKS LIKE	OFTEN MISTAKEN FOR	WHAT TO DO	WHAT NOT TO DO
<p><u>SIMPLE PARTIAL</u> (Also called <u>Jacksonian</u>)</p>	<p>Jerking begins in fingers or toes, can't be stopped by person's, but person stays awake and aware.</p> <p>Jerking may proceed to arm, and sometimes spreads to whole body and becomes a convulsive seizure.</p>	<p>Acting out, bizarre behavior.</p>	<p>No first aid necessary, unless seizure becomes convulsive; then first aid as noted above.</p>	
<p><u>SIMPLE PARTIAL</u> (Also called <u>Sensory</u>)</p>	<p>May not be obvious to onlooker other than person's's preoccupied or blank expression.</p> <p>Person experiences a distorted environment. May see or hear things that aren't there; may feel unexplained fear, sadness, anger, or joy. May have nausea, or experience odd smells, and have a generally "funny" feeling in the stomach.</p>	<p>Hysteria</p> <p>Mental illness</p> <p>Psychosomatic illness</p> <p>Parapsychological or mystical experience.</p>	<p>No action needed other than reassurance and emotional support.</p>	

SEIZURE TYPE	WHAT IT LOOKS LIKE	OFTEN MISTAKEN FOR	WHAT TO DO	WHAT NOT TO DO
COMPLEX PARTIAL	<p>Usually starts with blank stare, followed by chewing, followed by random activity. Person appears unaware of surroundings, may seem dazed and mumble. Unresponsive. Actions clumsy, not directed. May pick at clothing, pick up objects, try to take clothes off. May run, appear afraid. May struggle or flail at restraint. Once pattern established, same set of actions usually occur with each seizure. Lasts a few minutes, but post-seizure confusion can last substantially longer. No memory of what happened during seizure period.</p>	<p>Drunkenness Intoxication on drugs Mental illness Indecent exposure Disorderly conduct Shoplifting</p>	<p>Speak calmly and reassuringly to person and others Guide gently away from obvious hazards. Stay with person until completely aware of environment Offer to help get person home</p>	<p>Don't grab hold unless sudden danger (such as a cliff edge or an approaching car) threatens. Don't restrain Don't shout Don't expect verbal instructions to be obeyed.</p>
ATONIC SEIZURES (Also called Drop Attacks)	<p>The legs suddenly collapse. After 10 seconds to a minute, the person recovers, regains consciousness, and can stand and walk again.</p>	<p>Clumsiness Lack of good walking skills. Normal "childhood" stage</p>	<p>No first aid needed unless the person hurts self in falling.</p>	

SEIZURE TYPE	WHAT IT LOOKS LIKE	OFTEN MISTAKEN FOR	WHAT TO DO	WHAT NOT TO DO
<i>MYOCLONIC SEIZURES</i>	<p>Sudden brief, massive muscle jerks that may involve the whole body or parts of the body.</p> <p>May cause person to spill what they were holding or fall off a chair.</p>	<p>Clumsiness</p> <p>Poor coordination</p>	No first aid needed.	
<i>INFANTILE SPASMS</i>	<p>Starts between 3 months and two years. If a child is sitting up, the head will fall forward, and the arms will flex forward. If lying down, the knees will be drawn up, with arms and head flexed forward, as if the baby is reaching for support.</p>	<p>Normal movements of the baby, especially if they happen when the baby is lying down.</p>	No first aid needed.	

All seizures must be documented using appropriate form. Seizures which must be reported to the health care professional are:

- a) any person having a seizure with no known history of seizure.
- b) any change in frequency or type of seizure.

PERFORMANCE CHECKLIST -- FIRST AID FOR "GENERALIZED TONIC-CLONIC" SEIZURE

This is the checklist that will be used to assess your knowledge and skill in giving first aid to a person who is having a generalized tonic-clonic seizure. Please review it prior to coming to the classroom experience. Do not write on this form.

TRAINEE'S NAME _____ DATE _____

- ___ Remains calm.
- ___ If others are present, offers a brief explanation, reassurance, and ways they can help.
- ___ Eases person to the floor or to a safe, comfortable position.
- ___ Refrains from restraining person's body movements and lets the seizure run its course.
- ___ Removes hazards from the area.
- ___ Moves person from area if clearly dangerous and unable to remove hazard.
- ___ Assures mouth and nose are unobstructed, and refrains from placing/forcing an object into mouth.
- ___ Loosens tight clothing.

III. MEDICAL EMERGENCIES

OBJECTIVES FOR ALLERGIC-REACTION (ANAPHYLACTIC) SHOCK

After reading this part, you will:

1. Be able to recognize the signs and symptoms of allergic-reaction (anaphylactic) shock.
2. Be able to identify the correct responses to the signs and symptoms of anaphylactic shock.
3. Identify some of the common causative agents.

Allergic-Reaction (Anaphylactic) Shock is a medical emergency.

An example of an emergency condition you need to know about is anaphylactic shock. It can start from an allergic reaction to an allergen, such as food, insect or snake bite, or a medication. Anaphylactic shock is a generalized systemic reaction, frequently fatal, which usually occurs within minutes after contact with an allergen. Any drug can cause this reaction, but antibiotics commonly cause this problem.

The signs and symptoms include:

Respiratory Problems:

1. Rapidly progressive respiratory distress.
2. Sneezing or coughing.
3. Tightness of chest.
4. Wheezing.
5. Cyanosis (turning blue).

Skin Symptoms:

1. Sense of warmth
2. Flushing of the skin
3. Generalized itching
4. Hives

Cardiovascular Signs

1. Pulse changes (becomes weak and thready)
2. Skin becomes pale
3. Blood pressure falls
4. Circulatory failure can lead to coma and death

Gastrointestinal Signs

1. Nausea and vomiting
2. Abdominal pain

There is a rapid progression of symptoms.

Drugs usually used for treatment:

Adrenalin (epinephrine)

Benadryl

Hydrocortisone

Aminophylline

Barbiturates (short-acting)

Atarax

HOW TO PREVENT ALLERGIC (ANAPHYLACTIC) SHOCK

- Always know allergies of the person to whom you are administering medications.
- Be aware that some individuals are more prone to allergic reactions, such as persons with hay fever, asthma, and food allergies.
- Always be prepared for allergic and anaphylactic reactions. REMEMBER -- they can occur anytime even if the person has never exhibited previous allergies.

AGENTS ASSOCIATED WITH ALLERGIC (ANAPHYLACTIC) SHOCK

Any drug can cause allergic shock, but the most common drugs are antibiotics.

Other causes may be insect bites, some vaccines, blood and blood products, allergy tests and injections, and some foods, such as -

- Eggs
- Nuts (Brazil nut, black walnut, pecan, hazel nut, hickory nut, pistachio, chestnut, English walnut, almond)
- Legumes (peanut, chickpea, pinto bean, soybean, kidney bean)
- Fish
- Shellfish
- Seeds (sesame, cottonseed, flax seed, poppy seed, sunflower seed, caraway)

IV. INFECTION CONTROL

After reading this material on infection control, you will be able to:

- 1. Identify the six links of the "chain of infection."**
- 2. Identify the process to prevent the spread of infection or communicable disease.**
- 3. Identify the proper handwashing technique.**
- 4. Identify those activities when proper handwashing technique must be performed.**
- 5. Identify cleaning techniques which can limit spread of infection and communicable disease.**
- 6. Identify signs and symptoms of selected common infections and describe appropriate staff action.**

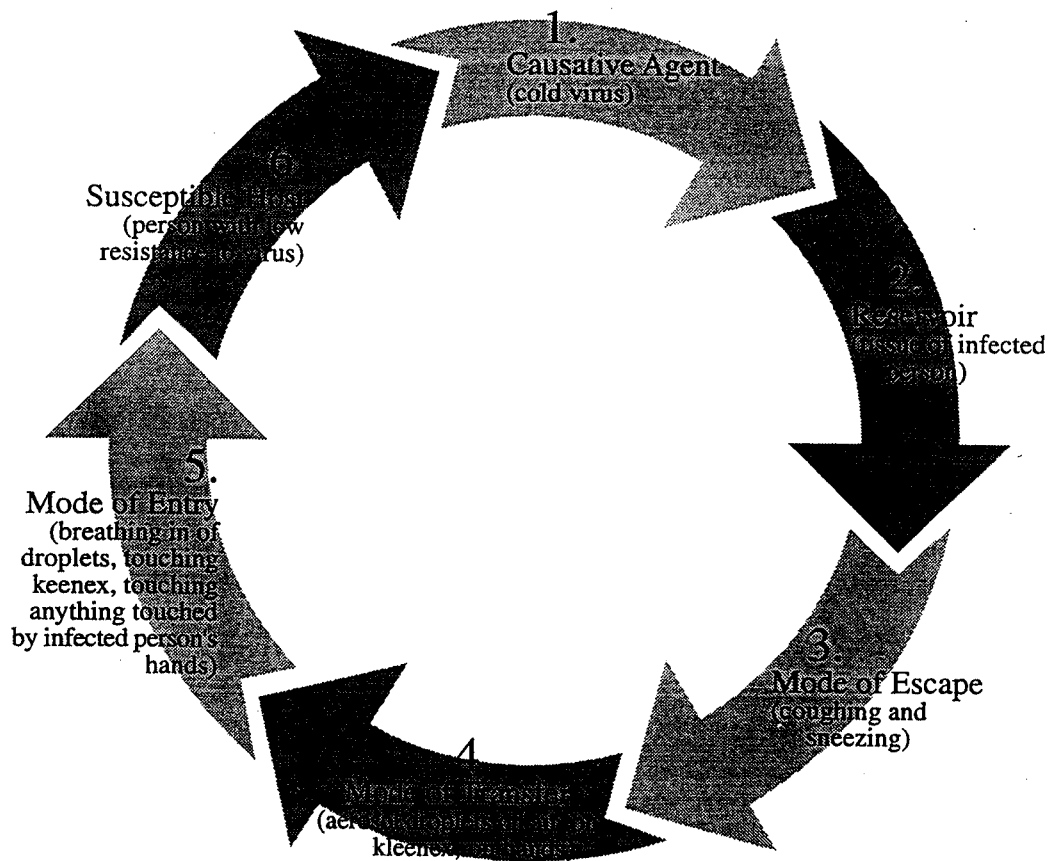
COMMUNICABLE DISEASES

Communicable diseases are diseases caused by bacteria, virus, fungus and parasites, also called "germs." The majority of "germs" are harmless to human beings, but many do cause disease. "Germs" are found everywhere; in the ground, in the air, on the skin, in the mouth and nose, and in the large bowel. They are transmitted (spread) from one person to another, or from an animal to person, by either direct or indirect contact. "Direct" means close contact between two persons. "Indirect" means from one person to another person through the air, water, food, surfaces, or insects.

Bacteria are very small, one cell, organisms (living things) which cause infections. Examples of diseases caused by bacteria are staph infection, strep throat and tonsillitis. A virus is smaller than bacteria. Example of diseases caused by virus are the common cold, flu, polio, German measles, mumps, hepatitis, chicken pox, herpes simplex (cold sores), and shingles. A Fungus is a low form of plant life. Fungus-caused diseases are mild, but persistent and difficult to cure. Examples are nail infection, yeast infection, ringworm and athlete's foot. Parasites are organisms which feed on other organisms. Parasites are responsible for malaria, sleeping sickness, head and body lice, scabies, worms, and other health problems.

A person or animal who harbors and spreads an organism-causing disease in others, but who may not be ill, is called a carrier. Carriers are discovered through laboratory testing.

There is a series of factors or events that are necessary for the transmission of communicable diseases referred to as the "chain of infection." Each link of the chain must be present in logical sequence to produce disease. The following graph shows how this works.



SOME EXAMPLES OF SPECIFIC LINKS IN THE CHAIN ARE LISTED BELOW:

1. Causative Agent:
 - Fungus
 - Virus
 - Bacteria
 - Parasites
2. Reservoir (Storage site):
 - People, animals and plants
 - Water, food and soil
 - Clothing
 - Environmental surfaces:
 - Floors, countertops, bed linens, etc.
3. Mode of Escape (ways the disease can leave the reservoir):
 - Feces and urine
 - Saliva
 - Mucus from nose and throat
 - Skin lesions
 - Animal excreta
 - Pus or discharge from any body opening
 - Perspiration and tears
 - Semen
 - Blood
4. Mode of Transfer (ways the disease can transfer by direct contact):
 - Hands of others and hands of self
 - Environmental surfaces
 - Polluted water and food
 - Flies
 - Coughing and sneezing
 - Kissing and sexual intercourse
 - Bites and scratches
5. Mode of Entry (ways the disease can enter the new host):
 - Breathing of droplets, spray, contaminated air
 - Eating contaminated food, or drinking contaminated water
 - Absorption through the skin
 - Body openings: mouth, ears, nose, vagina, rectum
 - Touching hands to mouth
 - Breaks in the skin
6. Susceptible Host:
 - People
 - Animals
 - Insects
 - Birds
 - Plants

CONDITIONS WHICH CAN LEAD TO EXPOSURE TO INFECTIOUS DISEASE

Certain conditions and circumstances may increase the likelihood of "catching" an infectious disease: Sociologic conditions--like crowding or closeness; Biologic conditions--like lowered resistance to infection; Physical condition of person such as being overworked, overtired or under a great deal of stress.

After acquiring the infectious microbe, the person becomes infected and may become ill. The time period between acquiring the infection and developing the symptoms of the illness is called the incubation period. This period may range from several hours to several days to even months or years before symptoms of the disease become apparent. Each disease has its own incubation period. If a person passes the disease to another person or animal, he/she is said to be infectious, and the persons exposed to the infection are called contacts. On the other hand, if the person becomes infected, but does not develop recognizable symptoms, the infection may be identified only by laboratory tests. He/she may, however, still be infectious for other people and be a "carrier".

A carrier is a person who:

- 1. Harbors a specific "pathogen" without observable signs or symptoms of the disease; and**
- 2. Has the potential to spread the organism to others.**

Following you will find a listing of a variety of signs/symptoms that may be associated with communicable diseases, but must be considered as signs of illness that should have medical attention.

Signs/Symptoms of a likely or possible communicable disease are:

1. Red or runny eyes
2. Sneezing or nasal discharge
3. Cough, particularly if persistent or productive
4. Sores or crusts on the ears, scalp, face or body, particularly if red and swollen or draining
5. Any rash or break in the skin
6. Sore throat
7. Swelling and tenderness of glands, around the face, neck or genital area
8. Fever, suggested by hot, flushed face
9. Nausea and/or vomiting
10. Pain and stiffness of neck
11. Headache
12. Jaundice (yellowing of whites of eyes and/or skin)
13. Diarrhea and/or persistent abdominal pain
14. Sudden or drastic change of behavior, especially in nonverbal persons

Should any of the symptoms occur while the person is at school, day activity or work, the community residential staff must be notified immediately. Make sure each location has the person's home telephone number.

Cleanliness is the best weapon to fight infections. Cleanliness measures are handwashing; washing linens and clothing in hot soapy water; washing, vacuuming and damp dusting all surfaces. Hair brushes, toothbrushes, and drinking glasses and the like should not be shared.

Most disease-causing germs are transferred by hand contact. Proper handwashing technique can prevent this transfer. Proper handwashing technique is something that must be practiced by all.

As staff, it is your responsibility to provide a safe and clean environment.

Everyone must be particularly careful to wash their hands:

1. whenever body contact occurs
2. after handling personal articles
3. before and after food preparation
4. before and after eating
5. after using a handkerchief or tissue
6. after using the toilet
7. before/after smoking

Everyone must use proper handwashing techniques. The illustration that follows provides more detail on the handwashing techniques:

- Always rub hands thoroughly (friction).
- Always wash and rinse hands under running water. Do not fill sink bowl.

HOW TO WASH YOUR HANDS:

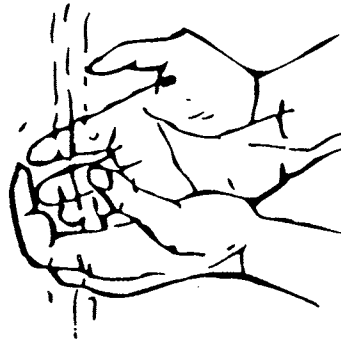
1. **Wet hands.**
2. **Apply soap thoroughly. Get under nails and between fingers and fingertips.**
3. **Use rotating frictional motion. Rub hands together while you count to 20.**
4. **To wash fingers and spaces between them, interlace the fingers and rub up and down.**
5. **Rinse well under running water from the wrist area to the ends of your fingertips.**
6. **Dry thoroughly.**
7. **Turn water off with towel.**

HANDWASHING

IMPORTANT THINGS TO REMEMBER

Always rub hands thoroughly (friction)
Always wash and rinse hands under running
water. Do not fill sink bowl.

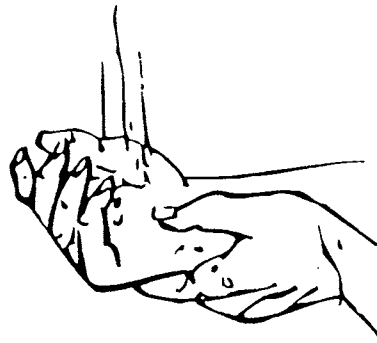
1. Wet hands



2. Apply soap thoroughly... get
under nails and between
fingers.



3. Use a rotating frictional
motion...rub hands together
while you count to 20.

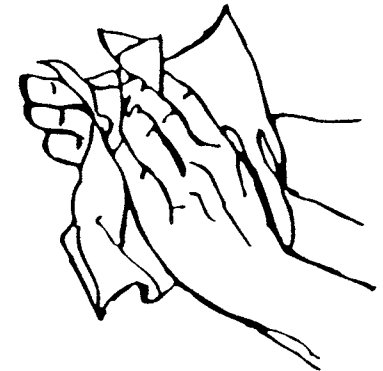


4. To wash fingers and the
spaces between them,
interlace the fingers and rub
up and down.



5. Rinse well under running
water from the wrist area to
the fingertips.

6. Dry thoroughly.



7. Turn off water with towel.

It is important that you know about several common communicable diseases. The following tables list what the disease is, what to look for, what to do, and how to document the event.

BACTERIAL INFECTIONS

IMPETIGO:

SIGNS AND SYMPTOMS	DESCRIPTION OF CONDITION	STAFF ACTION	STAFF DOCUMENTATION
<p>Small red area which progresses to pus-filled area</p> <p>Itching</p> <p>Burning</p> <p>Pain</p> <p>Enlarged lymph glands in skin lesion area</p> <p>When pus-filled areas break, areas become crusty</p>	<p>Impetigo is a contagious skin infection which spreads most easily among infants, children and the elderly. It can complicate other skin conditions marked by open lesions. It is often mistaken for fever blisters or cold sores.</p> <p>Risk of impetigo is increased by poor hygiene, anemia and malnutrition.</p> <p>Spread by direct contact, and spreads quickly.</p>	<p>Universal precautions</p> <p>Good handwashing technique</p> <p>Give medications as ordered (usually antibiotics)</p> <p>Frequent baths or soaks as ordered to remove crusts</p> <p>Use antiseptic soap</p> <p>Discourage scratching, as this spreads impetigo</p> <p>Keep nails short and clean</p> <p>Do not share personal articles</p> <p>Observe other persons closely to detect impetigo on their skin</p>	<p>Medication, baths and soaks as Ordered</p> <p>Appearance of lesions and rash</p>

BACTERIAL INFECTIONS

GASTROENTERITIS:

SIGNS AND SYMPTOMS:	DESCRIPTION OF CONDITION	STAFF ACTION	STAFF DOCUMENTATION:
Fever Abdominal pain Nausea and vomiting Headache Chills Loss of appetite	<p>Gastroenteritis may be caused by bacteria, virus, parasites, drug reactions, and food allergies.</p> <p>Bacterial causes include staphylococcus, salmonella, and shigella. Gastroenteritis may follow eating contaminated or inadequately processed foods, or food that has not been handled properly. It can be caused by contact with infected animals or persons</p>	<p>Universal precautions - always wash hands often and after contact with persons. Teach infected person to follow proper handwashing, especially after using bathroom and before eating.</p> <p>Wear appropriate protective equipment when disposing of feces or fecal contaminated articles. Observe person for rectal bleeding and lower right abdominal pain. Take vital signs. Handle food properly.</p>	<p>Accurate record of intake and output</p> <p>Record signs and symptoms</p> <p>Record vital signs</p>

VIRAL INFECTION

HERPES SIMPLEX I:

SIGNS AND SYMPTOMS	DESCRIPTION OF CONDITION	STAFF ACTION	STAFF DOCUMENTATION
<p>Tingling and itching at site</p> <p>Fever</p> <p>Sore throat</p> <p>Eruptions of vesicles on tongue, gums, cheeks and lips</p>	<p>Herpes Simplex I is commonly known as cold sores and fever blisters.</p> <p>Transmitted by oral and respiratory secretions and drainage from lesions.</p> <p>Herpes viruses are extremely contagious</p>	<p>Give medications per physician's orders.</p> <p>Use Universal Precautions.</p> <p>Teach person importance of proper handwashing.</p> <p>Advise person with cold sores to avoid kissing anyone.</p> <p>Oral lesions - have person use a soft toothbrush, eat a soft diet and rinse mouth with a saline solution. Observe closely for eye lesions - notify health professional immediately if eye lesion noted. Teach person to keep hands away from lesions.</p>	<p>Record appearance of lesions and orders as carried out.</p> <p>Record teaching.</p>

VIRAL INFECTION

SHINGLES:

SIGNS AND SYMPTOMS	DESCRIPTION OF CONDITION	STAFF ACTION	STAFF DOCUMENTATION
Fever Malaise (feeling of weakness and discomfort) Severe deep pain Itching Numbness, prickling, tingling Small red lesions which quickly fill with clear fluid or pus Pain	Reactivation of herpes virus that has laid dormant since a previous episode of chicken pox.	Follow physician's orders for lotion, pain medication, antibiotics. Keep person clean. Give pain medication per physician's orders. Observe for signs of additional lesions.	Record medications and treatments. Record appearance of lesions.

VIRAL INFECTION

CHICKEN POX:

SIGNS AND SYMPTOMS	DESCRIPTION OF CONDITION	STAFF ACTION	STAFF DOCUMENTATION
Slight fever Feelings of weakness and/or discomfort. Loss of appetite Rash progresses to lesions filled with fluid which break and form scabs. Itching	Chicken Pox (common and highly contagious) can occur at any age, but most common in 2-8 year-olds. Transmitted by direct contact with secretions from the respiratory tract and less often from skin lesions.	Discourage scratching which spreads lesions to other areas. Keep nails short and clean. Encourage proper hand washing. Follow physician's orders for dealing with itching (soda baths, lotion, anti-histamine). Take temperature if person is warm to touch. Do not send person to day program, work or school.	Document medications and treatments when given. Record appearance of rash and symptoms of person. Record temperature.

VIRAL INFECTION

RUBELLA:

SIGNS AND SYMPTOMS	DESCRIPTION OF CONDITION	STAFF ACTION	STAFF DOCUMENTATION
Rash on face spreading to trunk and extremities Loss of appetite Low grade fever (99-101) Enlarged lymph glands Feeling of weakness Runny nose Headache	Rubella (German measles) is a disease which produces a three-day rash and enlarged lymph glands. The virus is transmitted by contact with blood, urine, stools, mucus or contaminated articles. Incubation period is 16-18 days. Can spread to others 10 days before and 5 days after rash appears. <u>If contacted during first 3 months of pregnancy serious birth defects may develop.</u> Immunization is available for prevention	Give medication as ordered. Avoid exposing pregnant women. Notify health professional who will notify local health department. <u>Do not send person to school, day program, work, etc.</u> Pregnant staff should not be in home at this time. Take person's temperature if warm to touch.	Record signs and symptoms. Record medications given. Record temperature.

VIRAL INFECTION

RUBEOLA (MEASLES):

SIGNS AND SYMPTOMS	DESCRIPTION OF CONDITION	STAFF ACTION	STAFF DOCUMENTATION
<p>Fever</p> <p>Sensitivity to light</p> <p>Weakness</p> <p>Loss of appetite</p> <p>Nasal discharge</p> <p>Red eyes</p> <p>Hacking cough</p> <p>Spots in mouth</p> <p>A rash which itches, starts at the ears and spreads downward over the body.</p> <p>Rash begins to fade in 2-3 days.</p> <p>About 2-3 days after rash appears, the person may have a temperature of 103-105 degrees, severe cough, puffy red eyes, and nasal discharge.</p>	<p>Rubeola (measles) is caused by a virus and spreads easily by breathing contaminated droplets sprayed into the air by a person with the disease sneezing and coughing. Incubation period is 10-14 days. About 5 days after the rash appears, other symptoms disappear and the person is no longer contagious.</p> <p>Measles are one of the most common and serious communicable childhood diseases. The disease is becoming more prevalent in adolescents and adults. Serious and even fatal complications can occur.</p>	<p>Take temperature</p> <p>Give medication as ordered</p> <p>Encourage bed rest</p> <p>Encourage fluid intake</p> <p>Darken room and provide sunglasses</p> <p>Notify licensed personnel if condition worsens</p> <p>Licensed professional will notify health department</p> <p>Do not send person to school, day program or work.</p>	<p>Record temperature</p> <p>Record signs and symptoms</p> <p>Record medication given</p>

PARASITES:

SCABIES:

SIGNS AND SYMPTOMS	DESCRIPTION OF CONDITION	STAFF ACTION	STAFF DOCUMENTATION
Itching - worse at night Rash	Scabies - skin infection caused by itch mite. Spread by skin or sexual contact. All members of household should be examined if one member has scabies.	Use prescribed medication. Keep nails clean and short. Discourage scratching. Have person bathe thoroughly. All contaminated clothing and linens must be washed in hot water or dry cleaned. Good handwashing technique. Report any signs or symptoms of infection.	Treatment given. Appearance of rash. Amount of scratching. Signs and symptoms of infection.

PARASITES

LICE:

SIGNS AND SYMPTOMS	DESCRIPTION OF CONDITION	STAFF ACTION	STAFF DOCUMENTATION
<p>Mild to severe itching</p> <p>Gray white eggs in hair</p> <p>Rash</p>	<p>Head and body lice lay their eggs in body hair or clothing fibers. After the eggs hatch, they feed on human blood.</p> <p>Anyone coming in contact with a person who has lice can get lice.</p> <p>Indirect contact with personal items of the infected person may also spread lice to others.</p>	<p>Shampoo hair with special medicated shampoo.</p> <p>Scrub under fingernails with nail brush and the prescribed shampoo.</p> <p>Comb hair with a fine-toothed comb to remove the eggs.</p> <p>Bathe in warm soapy water and apply prescribed lotion or ointment to body.</p> <p>Clothing and linens should be washed in hot soapy water or dry cleaned.</p> <p>Keep nails short and clean.</p> <p>Discourage scratching.</p> <p>Brushes, combs, pick, etc. must be cleaned with the medicated shampoo.</p>	<p>Signs and symptoms present.</p> <p>Treatment given.</p>

PARASITES

PINWORMS:

SIGNS AND SYMPTOMS	DESCRIPTION OF CONDITION	STAFF ACTION	STAFF DOCUMENTATION
Rectal itching especially at night. Disturbed sleep Irritability Skin irritation Nausea Loss of appetite and weight.	Pinworms are small roundworms which live in the lower digestive tract. Hand-to-mouth transmission occurs after contact with contaminated bed linens, clothing, toilet seats, food, etc. Continual re-infection is common. Usually all members of the house are treated at once to eliminate the disease.	Good handwashing. Medication administered as ordered. Discourage nail biting and keep nails short. Report outbreaks to school or day programs. Daily washing of underwear and bed clothes. Do not shake linens.	Medication given. Note any side effects of drug. Record signs and symptoms.

FUNGAL INFECTIONS

RINGWORM:

SIGNS AND SYMPTOMS	DESCRIPTION OF CONDITION	STAFF ACTION	STAFF DOCUMENTATION
<p>Lesions may be round or vary in appearance. These may progress to pus-filled lesions.</p> <p>Itching.</p>	<p>Ringworm may affect scalp, body, nails, feet, groin, and bearded skin.</p> <p>Transmitted by direct contact with lesions or indirectly by contact with contaminated articles (shoes, towels, shower stalls, etc.)</p>	<p>Apply topical antifungal agent as ordered.</p> <p>Wet dressing as ordered for removal of scabs and scales.</p> <p>Observe for secondary infections.</p> <p>Teach person not to share clothing, hats, towels, pillows, etc.</p> <p>Keep lesions covered.</p> <p>Discourage scratching to prevent scarring and secondary infection.</p> <p>Keep nails short and clean.</p>	<p>Treatment as ordered and carried out.</p> <p>Appearance of lesions.</p> <p>Signs and symptoms noted.</p>

FUNGAL INFECTIONS

ATHLETE'S FOOT:

SIGNS AND SYMPTOMS	DESCRIPTION OF CONDITION	STAFF ACTION	STAFF DOCUMENTATION
Rash on feet	Athlete's foot is a fungus growth of the feet caused by excessive moisture, insufficient air circulation, or abrasion. The infection is usually between the toes and on the soles of the feet.	Soak feet with prescribed solution. Dry feet well, especially between toes. Apply prescribed medication to feet. Have person wear sandals or shoes that "breathe". Feet should be washed daily and kept cool and dry. White cotton socks should be worn.	Treatment as ordered and carried out. Appearance of feet.

UNIVERSAL BLOOD AND BODY FLUID PRECAUTIONS

The Occupational Safety and Health Administration (OSHA) issued final regulations on job exposure and blood borne pathogens on December 6, 1991. Universal precautions apply to blood and other body fluids containing visible blood. Blood is the single most important source of human immunodeficiency virus (HIV), Hepatitis B virus (HBV), and other blood- borne pathogens which cause disease in humans. Through certain practices and training, the risk of exposure can be reduced or prevented. Protective clothing, equipment, and environmental controls can be used to prevent exposure.

1. Disposable gloves are to be worn during procedures where blood and body fluids are handled or when touching surfaces or equipment soiled by blood and body fluid. This is extremely important for staff who have cuts, abrasions, chapped hands or dermatitis. Gloves are not a substitute for handwashing. Gloves are to be discarded after a single use, and not washed for reuse. Gloves are not to be used if they are peeling, cracked, discolored, or have tears or punctures. Hands are to be washed before and after gloving.
2. Wear disposable gloves when handling soiled linen and clothing which has been grossly soiled by blood or body fluids.
3. Wear utility gloves when cleaning spills of blood and body fluids. Utility gloves may be disinfected and reused. Discard if cracked, torn, peeling or discolored.
4. Wear gowns when splashes to skin or clothing with blood and/or body fluids are likely to occur.
5. Masks and eye protectors are to be worn when splashes or a fine mist (aerosolization) of blood or body fluids are likely to occur.

6. Wash hands between contacts with various persons in home and immediately if soiled with blood or body fluids. Use a utility or bathroom sink, not a sink in the kitchen or where food is prepared.
7. Handwashing may be the only precaution necessary for many contacts in the health care facility. Gloves are not indicated when contact with person is unlikely to result in exposure to blood or potentially infectious body fluids.
8. Gloves are to be removed as demonstrated. Gloves are to be disposed of in the biohazard container **only if soiled with blood**. Biohazard container is a container so labeled to minimize exposure to the hazard (contaminated material).
9. Laundry and equipment soiled with blood or body fluids shall be handled as little as possible. The laundry is to be bagged at the location and not sorted at this time. Soiled laundry should be placed in leakproof bags when there is a potential for leakage. Hot water and soap will kill HIV and Hepatitis B virus; therefore, use standard laundry techniques using hot water and detergent to clean soiled laundry.
10. Do not eat, drink, smoke, or touch your nose, mouth, or eyes when working in areas where exposure may occur.
11. Remove protective clothing for disposal or place in laundry bag for laundry. Immediately following completion of procedure, wash hands.
12. Reusable equipment soiled with blood or body fluids is to be disinfected immediately, using the solution approved by the health facility. A solution of common household bleach and water, mixed according to the Center for Disease Control (CDC) policy, can be used. This solution must be mixed daily, dated and discarded after 24 hours.

13. The environment and equipment is to be kept clean and orderly. Follow the employer's written schedule for cleaning and decontamination.
14. Spills are to be cleaned as soon as possible after a spill occurs. Absorbent material, such as paper towel, can be used to clean the spill. Soiled paper towels are to be placed in the biohazard container. After absorbing the spill, flood the area with disinfectant solution and let stand for 20 minutes. Use paper towel to absorb the disinfectant and place in the biohazard container for disposal.
15. Place disposable syringes and needles and other sharp items in puncture resistant biohazard containers for disposal. The biohazard container should be located in an area where disposable items are commonly used. Do not recap, bend, break or remove needles from disposable syringes.
16. Any needlestick, cut or exposure to blood or body fluids is to be washed immediately with disinfectant soap. Then, immediately report this exposure to your employer and supervisor for follow-up care and documentation.
17. OSHA requires that the employer make the Hepatitis B vaccination series available to all employees exposed to blood or body fluids on the job. There is no cost to the employee. OSHA also requires post-evaluation of all exposures to blood or body fluid on the job.
18. The employer is also required to provide disposable resuscitation masks for use in emergency situations.
19. The Employer's Infection Control Plan must be posted at your work site.

20. You will be required to attend annual training and updates on universal blood and body precautions and procedures to be followed in providing care to individuals in your residential community.

BLOOD BORNE PATHOGENS

I. Definitions:

Blood Borne Pathogens - Pathogenic microorganisms (tiny organisms) that are present in human blood and can cause disease in humans. These include, but are not limited to, Hepatitis B virus (HBV) and human immunodeficiency virus (HIV).

Occupational Exposure - Higher risk of infection due to exposure of skin, eye, mucous membrane, or parenteral (outside the intestine) contact with blood or other potentially infectious materials that may result from performing your duties.

Other potentially infectious materials - The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, amniotic fluid, saliva in dental procedures. Watch for situations where it may be difficult or impossible to tell the difference in the type of body fluids.

Source Individual - any individual, living or dead, whose blood or other potentially infectious material may be a source of occupational exposure to the employee.

Exposure Incident - a specific eye, mouth, other mucous membrane, break in the skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of employee duties.

II. Significant Exposure - to Blood or Body Fluids

- A. Needlestick injury - (note: a needlestick injury with a non-contaminated needle - one that has had no contact with another individual - does not constitute an exposure).
- B. Prolonged contact with blood on hands which are chapped, abraded or afflicted with dermatitis.
- C. Splashing of bloody secretions into eye or mouth.
- D. Exposure to non-bloody fluids does not constitute an exposure (example: saliva, tears, sweat, urine).

III. Significant Exposure Follow-Up

- A. If an employee suspects a significant exposure, the following procedures should be followed:
 - 1. Immediately wash the exposed area of skin with soap/water, and rinse the exposed mucous membrane with warm water.
 - 2. Notify immediate supervisor.
 - 3. Follow responsible employer agency policies and procedures.
- B. If a person is suspected of receiving significant exposure to blood or body fluids, the following procedures should be followed:

1. Notify the consultant RN working with that person.
2. The incident will be addressed by the responsible team, or on an individual basis. Documentation will be via Incident Report and/or Clinical Support Progress Note.

IV. Handwashing

Handwashing is one of your best defenses against spreading infection. Always wash your hands with non-abrasive soap and water at the end of your shift and after removing gloves.

Be sure to wash your hands and remove any protective clothing before: eating, drinking, smoking, applying cosmetics or lip balm, handling contact lenses. Keep your hands away from your face, and especially your nose, mouth and eyes.

HIV/AIDS

I. Human Immunodeficiency Virus (HIV) is the virus considered to be the cause of the disease Acquired Immunodeficiency Syndrome (AIDS). The virus is found in body fluids (blood, semen, blood products, vaginal secretions, cerebrospinal fluid, synovial fluid, pericardial fluid and amniotic fluid) of infected individuals. Transmission of the virus is associated with a person's contact with these fluids from a person carrying the virus. HIV is not transmitted via the fecal/oral route or by casual contact. HIV is a sexually-transmitted virus.

Infection with HIV causes a process of gradual and accelerating destruction of the body's immune system.

As the presence or absence of the virus in body fluids cannot always be known, all individuals are considered capable of transmitting HIV.

Universal precautions must be practiced by all who have the potential for contact with body fluids. Following universal precautions can reduce the risk of transmission of HIV/AIDS.

II. Definitions:

HIV -- Human Immunodeficiency Virus - the virus capable of producing AIDS.

AIDS -- Acquired Immunodeficiency Syndrome - an illness characterized by the following:

- a. Failure of the immune system to defend against other diseases, leading to severe opportunistic infections and tumors.
- b. The virus' direct attack on nerve cells.

HIV antibody -- the antibody which develops within 1-6 months as a result of the presence of HIV in the bloodstream. The virus cannot be detected in the blood- stream; therefore, the presence of the HIV antibody measures the presence of HIV infection in an individual.

Source Individual - any individual, living or dead, whose blood or other potentially infectious body fluids may be a source of occupational exposure to an employee or individual living in the residential community.

High-Risk Factors - persons are at risk for the transmission of HIV through the interpersonal sharing of blood, tissue or other body fluids, such as semen, vaginal secretions or other body cavity fluids. Risk factors include:

- a. unprotected sexual contact with persons who are infected with HIV, or those who engage in high-risk behavior.

- b. sharing of intravenous drug materials.

Universal Precautions - a system of infectious disease control which assumes that every direct contact with blood or body fluids is infectious.

Exposure Incident - eye, mouth, or other mucous membrane, non-intact skin, or other parenteral contact with blood or other potentially infectious materials resulting from performing your duties.

HEPATITIS B

I. Hepatitis B - is an infection of the liver caused by the Hepatitis B virus. The virus is found in body fluids (blood, semen, blood products, vaginal secretions, cerebrospinal fluid, synovial fluid, pericardial [membrane sac surrounding the heart] fluid and amniotic fluid) of infected individuals. Transmission of the virus is associated with an individual's contact with these body fluids from a person carrying or infected by the Hepatitis B virus.

Hepatitis B is sometimes known as "Serum Hepatitis." Some of the symptoms of acute illness are: loss of appetite, nausea and vomiting, fatigue and headache, followed by jaundice. This illness usually lasts four to eight weeks. Chronic liver disease may follow the infection, and bring serious consequences.

Possible Means of Contracting Hepatitis B:

1. Direct injection of contaminated blood by needle, tattooing, ear piercing, or illicit drug use with a needle and syringe.
2. Transfer of infected blood through small, often unrecognized, breaks in the surface of the skin, and through larger skin lesions, such as burns or scratches.
3. Introduction of the infected blood onto the inner surface of the mouth or eyes.
4. Introduction of saliva containing blood or semen, which carries the virus onto surfaces of the mouth, eyes, vagina or rectum. Mouth-to-mouth or mouth-to-body contact, sexual activity, and kissing may be potential routes for transmission of Hepatitis B.
5. Indirect transfer of infected blood from obviously soiled surfaces or objects.

Hepatitis B is **not** spread in the following ways:

1. Through the air, or by coughs and sneezes.
2. Contact with feces of infected persons.
3. Use of drinking fountains, swimming pools, toilet seats.
4. Social contact in schools, workshops and similar social settings.

As the presence or absence of active infection cannot always be known, all individuals are considered capable of transmitting the disease.

Universal precautions must be practiced by all who have the potential for contact with body fluids to reduce the risk of transmission of Hepatitis B.

II. Definitions:

HBV -- Hepatitis B Virus

HBsAG -- Hepatitis B surface antigen. Found on the surface of the virus. Can be identified in serum 30-120 days after exposure to HBV, and can persist for variable periods.

Anti-HBs: Antibody to HBsAG. Found circulating in the bloodstream after a resolved infection. Antibody is responsible for long-term immunity, and may also indicate passive antibody from Hepatitis B Immune Globulin (HBIG) or Hepatitis B vaccine.

Chronic HBV Carrier:

1. Carriers are people who have the virus in the blood (positive Hepatitis B antigen), but show no symptoms of disease. Although they are not sick themselves, carriers can pass the virus to others, causing them to develop Hepatitis B.
2. The carrier state is more prevalent among the following groups: institutionalized people or those living in group settings; persons in kidney dialysis units; persons who receive multiple blood transfusions; and promiscuous male homosexuals.

7%-35% of institutionalized mentally retarded persons will be carriers.

Approximately 3 persons/1000 in the general population will be carriers.

3. Recovery from infection with Hepatitis B virus provides lifelong immunity to repeat infection by this virus.

Hepatitis B Vaccine:

A form of immunization against Hepatitis B. The vaccine is a series of three injections administered within a six-month period.

Only recombinant vaccines (artificially produced in a lab and containing no human plasma) are being used in the U.S. for routine immunization.

Adequate antibody response to the vaccine occurs in greater than 90% of healthy adults after completion of series.

The arm is the recommended site for Hepatitis B vaccination of adults and children.

III. Post-Vaccination Testing/Revaccination - Hepatitis B vaccine when given in the deltoid (muscle covering the shoulder joint) produces protective antibody in greater than 90% of healthy persons. Therefore, testing for immunity after vaccination is not recommended. Testing for immunity is advised for persons who: previously received the vaccine in the buttock; persons greater than 50 years of age; persons with known HIV infection; and persons who have had an exposure incident.

IV. Routine Vaccine Boosters - Available data indicates the vaccine-induced antibody levels decline steadily with time. Up to 50% of adults vaccinated who responded adequately to vaccine may have low or undetectable antibody levels by 7 years after vaccination. These individuals may receive boosters as currently recommended by the Center for Disease Control (CDC).

V. Post-Exposure Follow-Up - Any employee determined to have had a significant exposure to blood or body fluids shall receive a medical follow-up at no cost to the employee.

Significant exposure includes:

1. Needle prick accidents.
2. Bites by carriers.
3. Scratches by a carrier which draws blood.
4. Exposure of mouth/eye membrane with carrier's blood.
5. Exposure of broken skin to blood, saliva or semen from a carrier.

Follow these procedures: Wash exposed area thoroughly, notify your supervisor or nurse, and consult with your physician as soon as possible. It may be recommended that you be given Hepatitis B immune globulin which can help prevent development of Hepatitis B.

Hepatitis B Immune Globulin (HBIG) is human plasma containing high levels of Anti HBs (antibody to HBV). It is intended for immediate, short-term protection after a known significant exposure to blood or body fluids.

TUBERCULOSIS (TB)

Tuberculosis (TB), which was thought to be under control in the U.S. and many other areas of the world, is now on the rise. Drugs traditionally used to treat TB are not effective in many of the TB cases today, which is alarming. Some authorities feel this may be the result of infected individuals not taking medications in the past as prescribed.

This increase in the number of TB cases has been noted in persons with weakened immune systems. Persons at risk for TB are those infected by the Human Immunodeficiency Virus (HIV), the homeless, substance abusers, immigrants from countries where TB has remained a problem, and in persons residing in crowded living conditions. TB is appearing more often in the 25-45 year-old group, and among racial and ethnic minorities.

SIGNS AND SYMPTOMS:

Coughing up thick mucous (sputum), sometimes bloody, weakness, night sweats, weight loss, lack or loss of appetite, fever, hoarseness.

DESCRIPTION OF CONDITION:

TB is a communicable disease caused by the germ *Mycobacterium tuberculosis*, which most often affects the respiratory (lung) system, although it may affect other body systems. It is spread by inhaling droplets when an infected person coughs, sneezes, speaks, sings, or spits, and spreads droplets into the air from their infected respiratory system. About 5% of persons infected will develop active TB within a year. Others will "wall off" the germ, which may become active at anytime, even years later, when the immune system weakens. Although TB is usually found in the lung, it can affect any body system. TB is not as easily spread as once thought. The droplets from an infected person must actually be inhaled (breathed in) by another person.

Treatment consists of various drug combinations and schedules over a long period (months). Cases of drug-resistant TB are now being seen, and these cases are difficult to treat.

Persons in community placement developing signs and symptoms that you think may be TB must be evaluated by their physician as soon as possible. Positive tests for TB must be reported to the public health department within 24 hours, so they can start identifying close contacts of the infected person. Contacts will be tested for TB and treated when indicated. Preventive therapy may be ordered for 6-12 months. The health department follows TB cases for response and adherence to treatment in order to ensure protection for the community.

TB is detected by:

1. Skin test (PAD) which, if positive, may indicate a person has been infected with the TB organism. A positive skin test does not necessarily mean a person has TB. Further testing must be done.
2. Signs and symptoms.
3. Chest X-ray which shows lesions, but does not distinguish active from inactive TB.
4. Stains and cultures of sputum, wound drainage or other body fluids.
5. Computed tomography (CT) or magnetic resonance imaging (MR) scans used to detect lung damage or confirm the diagnosis.

TREATMENT:

Treatment includes multiple drug combinations. Two, three or four drug combinations are usually ordered by the physician. The most common drugs ordered are:

Isoniazid (IN)

Rifampin

Pyrazinamide

Ethambutol

Streptomycin

Other drugs and combinations are used when necessary. Treatment often extends to 9-12 months. Occasionally, surgery is necessary to remove infected tissue. It is important to make sure the person takes medication as ordered by the physician. After a few weeks on the medication, a person with TB is no longer contagious.

STAFF ACTION:

1. Follow physician's orders.
2. Encourage person to eat prescribed diet and to get adequate rest.
3. Teach person to cough and sneeze into a tissue and to dispose of tissue properly (provide a covered container).
4. Insure person keeps appointments with physician.
5. Follow proper hand washing procedure.

MONTCALM CARE NETWORK 611 North State Street, Stanton, MI 48888	
SUBJECT: Infection Control Plan	Section: 10700
Effective Date: October 24, 2006	Revised Date: June 25, 2013
Version: 2	Status: Current

Montcalm Care Network shall establish through policy and procedure, and as a part of its overall Environment of Care/Safety program, a written plan to reduce the risk of acquisition and transmission of infections.

Minimally, the Infection Control Plan will include processes to address the following:

- Risk analysis/assessment
- Data collection and monitoring
- Infection control and prevention
- Education and training
- Community collaboration and emergency management (as contained under Policy #10400)

It is the responsibility of the designated Agency Nurse to serve as the Infection Control Nurse in taking actions to prevent or control infectious situations.

It is the responsibility of the Environment of Care Committee to facilitate ongoing monitoring of the effectiveness of prevention and/or control activities and interventions with a comprehensive assessment and evaluation of the plan at least annually, or as risks in the environment change.

The only official version of this policy /procedure may be found on line under Policy Manual 09/18/2018 08:45 AM

MONTCALM CARE NETWORK		PROCEDURE
611 North State Street, Stanton, MI 48888		
SUBJECT: Infection Control and Reporting	Section: 10700A	
Effective Date: April 27, 1993	Revised Date: March 31, 2011, July 2, 2013	
Version: 4	Status: Current	

Employees are expected to comply with Agency health rules and promptly notify their Supervisor or Human Resources upon discovering any potential or existing health hazard.

Employees will not be required or assigned to engage in any activity involving dangerous conditions of work or danger to person or property in violation of any applicable statute, court order, or Government regulation relating to health of persons or equipment.

- A. Employees, consumers and others who are physically ill place those in their environment at increased risk for illness, as well as increasing their own risk for more serious illness or a longer recovery period. Employees and consumers who are ill are advised to seek early medical intervention and/or advice. If a Supervisor feels that an employee may be placing themselves, or others at risk due to illness or other conditions which may be contagious by being in the work environment, the Supervisor will take appropriate action to provide for the protection of the employee and other staff. This may include, but is not limited to, directing the employee to take sick leave.
- B. Employees will report illnesses according to procedure #7320A.
- C. Executive Director or designee, may require the employee to submit a medical release for return to work after any illness, according to procedure #7320A.
- D. Employees will adhere to universal/standard precautions, exposure control, and other related Agency polices and procedures.
- E. Employees who believe that they have a communicable disease, or who have been diagnosed with such a disease, should report this information to Human Resources and refrain from returning to work until the disease is no longer contagious.
- F. Employees who are aware of any incidence of communicable disease among consumers or others at the facility are to report this information immediately to Human Resources and follow up with an incident report to the Environment of Care Committee. The Executive Director or designee, in consultation with the infection control nurse, will review the specifics of the situation and will direct the immediate implementation of appropriate medical and other health safety intervention. The Environment of Care Committee will review reported incidents and make recommendations (if any), based on patterns of infection and/or potential for the reduction of future occurrences.
- G. Any apparent incidence of clusters of infection, unusual infections, or unusual epidemics should be reported immediately to the Executive Director. If needed, a meeting of the

Environment of Care Committee will be convened to determine the type and scope of the investigation that may be needed, depending on the circumstances and shall make recommendations for the reduction or prevention of future occurrences.

- H. The Safety Officer will be responsible for referring all reportable communicable diseases to the local County Health Department as required by State law.

The only official version of this policy /procedure may be found on line under Policy Manual 09/18/2018 08:45 AM

MONTCALM CARE NETWORK 611 North State Street, Stanton, MI 48888		PROCEDURE
SUBJECT: Exposure Control	Section: 10700B	
Effective Date: July 26, 1994	Revised Date: June 21, 2019	

The MCN Board shall require implementation of an Exposure Control Plan for the prevention of exposure to infection risks identified as priorities. The priority risks are as follows: Airborne and Blood-borne pathogens which include Tuberculosis (TB), Hepatitis B virus, Human Immunodeficiency virus, and Influenza. High risk activities will be targeted and include administration of injections, collections of specimens and bodily fluids, and the direct provision of personal care services.

1. Job Classifications at Risk for Exposure:

Those employees with the highest potential for exposure by employee job classifications are determined to be as follows. The determination is based on whether the employee performs tasks that would bring them into a reasonably anticipated contact with airborne, blood-borne or other potentially infectious materials. This potential for exposure list shall be used to determine priorities for access to vaccines or other preventative measures in the event of changes in the availability of funding or other resources.

- . Medical Staff
- . Family Support Assistants
- . Outreach Workers
- . Clubhouse/Wellness Staff
- . Maintenance Worker
- . On-call Staff
- . Office based Staff directly interacting with consumers
- . All others

2. Screening and Immunization:

Employees will be provided screening and immunization opportunities to support personal health and wellness, as well as to prevent the spread of infectious diseases.

A. Tuberculosis (TB)

All employees will be screened for Tuberculosis before beginning their employment with the Agency. Employees are required to be rescreened for Tuberculosis if exposure is suspected or as recommended by their physician. The results of Tuberculosis screenings are reviewed by the infection control nurse as needed and filed in personnel files.

Negative skin tests will be sufficient evidence that the employee is free of Tuberculosis. While positive skin tests are questionable, chest x-rays do not confirm a diagnosis of Tuberculosis, they must be followed by a physician's examination. A physician's statement indicating that the employee is not infectious and may return to work is required.

If not covered by Agency provided medical insurance and if resources are available, Montcalm Care Network will cover the cost of testing.

B. Hepatitis B

In an effort to reduce the employee's occupational exposure to blood-borne pathogens, employees are provided with an opportunity and are encouraged to receive Hepatitis B inoculations.

New employees will be provided with the Hepatitis B Vaccination Fact Sheet during orientation or within ten (10) days of initial assignment to a job where exposure to blood or other potentially infectious material can be "reasonably anticipated."

After reading the Hepatitis B Vaccination Fact Sheet, those employees requesting vaccination must read and sign the Hepatitis B Consent Form. Those employees declining vaccination must read and sign a Hepatitis B Declination Form.

A copy of either the Hepatitis B Consent Form or the Hepatitis B Declination Form will be placed in the employee's medical personnel file. If refusal is based on prior vaccination, employee must provide a copy of their immunization record with date and place of previous administration.

Upon completion of the three (3) injection series, a copy of the health record received from the health care provider is placed in the employee's medical personnel file.

Employees may request a Hepatitis B titer every ten (10) years, or at the time of suspected exposure.

Current employees may request initial vaccination at any time. Re-vaccination for current employees is also available if recommended by a physician or as indicated by a Hepatitis B titer.

C. Influenza

MCN will provide its staff with education and training on the benefits of receiving the influenza vaccine, both as a protection for themselves, as well as in recognition of the agency's obligation to protect the vulnerable populations it serves. MCN will encourage all staff get vaccinated.

Montcalm Care Network will offer free annual Influenza vaccine to all MCN employees at an accessible location during regular work hours each flu season.

- Employees will be provided with Influenza information and vaccination fact sheet prior to annual vaccinations.

All employees will complete an online survey indicating if they received the vaccination or declined and the reason. The survey will not be anonymous in order to account for 100% completion rate however reporting will be in aggregate only.

- Current employees may request initial vaccination at any time as long as the vaccine is available.
- Environment of Care Committee will evaluate annually the reasons for declining vaccination in an effort to improve the vaccination rate.

3. Provision of Personal Protection Equipment and Universal Precautions

Due to the occupational hazards some employees encounter as result of the delivery of care, Montcalm Care Network will provide the necessary Personal Protection Equipment necessary to perform duties within an employee's scope of practice and job duties. In addition, all employees will receive Universal Precautions trainings with additional specialized safety training as required by job function.

A. Use of Syringe

Medical professionals administering injections will be provided with appropriate protective wear and disposal bins to reduce undue risks of needle sticks and a clean environment in which to administer medications.

- All medical professionals administering injections will complete a safety orientation on the prevention of needle sticks.
- Employees will wash hands prior to administration of injections and after removal of gloves.
- Appropriately fitting medical grade gloves will be worn during the injections process.
- Sterile procedures will be followed in the administration process.
- The injection site is prepped with an alcohol pad.
- A needle will be immediately disposed of in an approved biohazard sharps container once an injection has been given.
- The site will be inspected for bleeding and a bandage applied.
- Gloves are disposed of in a trash receptacle.

B. Specimen Collection

Medical professionals collecting blood, urine, tissue samples, cultures or other specimen samples, will be provided with appropriate protective wear, collection materials, disposal bins, storage facilities and a clean environment.

- All medical staff involved in specimen collection will complete Universal Precautions training, Biohazard Disposal training, and Laboratory Preparation training.
- Medical staff will wash hands before and after any procedure.
- Appropriately fitting medical grade gloves and other necessary items such as gowns or eye covers, will be worn during the collection process.

- Instruments used will be placed in an approved biohazard container for disposal or autoclaving.
- Extraneous human waste will be disposed of in approved biohazard containers.
- Any sites will be inspected for bleeding and appropriately bandaged.
- Patients will be provided necessary materials- soap, hand sanitizer; alcohol wipes to clean up after a procedure.
- Sterile procedures will be followed as required.
- Specimens will be stored in a locked medical cabinet or refrigerator until transported to a laboratory as required by the specified test.
- Patient areas will be cleaned with approved sanitizing spray and wipes after each patient contact.
- Gloves will be disposed of in the trash or biohazard bin if contaminated with biohazard material.

C. Personal Care

Staff providing personal care to consumer including bathing, grooming, and toileting activities will be provided with proper protective equipment to maintain sanitation and reduce the spread of communicable disease.

- Staff will receive training in Universal Precautions.
- Staff will be provided proper protective equipment to take into home settings.
- Staff will wash hands prior to and after any personal care.
- Personal protective equipment will be disposed of immediately after use in a trash receptacle.

Any incidents involving exposure will be immediately reported to a supervisor, an Adverse Incident Report Involving Staff should be completed (according to procedure #7490A) and Post Exposure Procedures #10700C followed.