



Infectious Disease Manual

For Columbus and Franklin County Schools



Chapter 1. Introduction

Chapter 2. Infection Control

- Chain of Infection
- Infection Control Practices
- Handwashing Posters
- Cover Your Cough Posters

Chapter 3. Laws and Reporting

- General Information
- IDRS Brochure
- Reporting Forms

Chapter 4. School Exclusion Policies

- Recommendations
- The Ohio Administrative Code excerpt
- Exclusion Chart

Chapter 5. Infectious Disease Resources

- Bed Bugs
- Head Lice
- Influenza
- MRSA
- Pertussis
- Ringworm
- Tuberculosis
- Non-infectious rashes
- Sexual Health Program at Columbus Public Health

Chapter 6. Immunizations

- Immunization Requirements
- Record Release Form
- Authorization to Disclose Immunization Information Form

Chapter 7. Staff Health Education

- School Nurse Training
- Bloodborne Pathogen Training
- Tuberculosis Screening Information

Chapter 8. Pandemic Influenza

- History
- Pandemic Flu Home Care Brochure

Chapter 9. Disaster Preparedness

- Planning for Emergencies Booklet
- Emergency Threats
- Ready in 3 Poster

Chapter 10. Animals in the Classroom

Chapter 11. Food Handling

- 10 Least Wanted Foodborne Pathogens
- Fight BAC brochure

Chapter 12. Resources

Chapter 1. Introduction

Infectious Disease Manual for Columbus Franklin County Schools

Columbus Public Health and the Franklin County Public Health are pleased to provide the *Infectious Disease Manual for Columbus and Franklin County Schools* as a resource and guide for all schools in Franklin County. The manual provides information about infectious conditions from a school perspective including prevention, control, and reporting cases. This manual is a guideline, not a comprehensive resource, and other resources are listed. Please review the Ohio Administrative Code for current rules and regulations regarding school safety and health. Please call your local health department for guidance whenever there is a question.

School officials are required to work with the local health department to prevent and control the spread of infectious disease. Illnesses like pertussis, bacterial meningitis, and measles, to name a few, each require different interventions at the school level and are best guided by the local health department. Following the guidelines set in the Ohio Administrative Code with assistance from the local health department can lead to significant infectious disease reduction in the community of your school. The local health department will advise you regarding exclusion criteria, notification, and disease control. Please call any time you have questions or concerns about an illness.

Your local health departments are:



Columbus Public Health
Communicable Disease Prevention
and Control Program
240 Parsons Avenue
Columbus, Ohio 43215
(614) 645-1474
After-hours emergencies (614) 645-7417



Franklin County Public Health
Infectious Disease Program
280 East Broad Street
Columbus, Ohio 43215
(614) 525-3165 and (614) 525-3097
After-hours emergencies (614) 525-3965

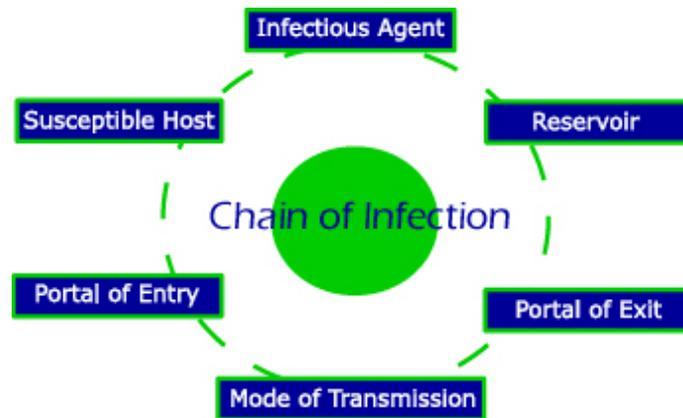
Which Health Department Do I Contact?

- Columbus Public Health serves Columbus City Schools, Worthington Schools, and all private and charter schools located within Columbus City limits.
- The Franklin County Public Health serves all schools located in Franklin County Townships, Villages, and Cities.
- If you are unsure which health department serves your school or school district, please call either health department and staff will clarify the jurisdiction.

Chapter 2. Infection Control

The Chain of Infection:

A Basic Model to Explain How Infectious Disease is Spread



A model used to understand the infection process is the chain of infection, a circle of links, each representing a component in the cycle. Each link must be present and in sequential order for an infection to occur. The links are: infectious agent, reservoir, portal of exit from the reservoir, mode of transmission, and portal of entry into a susceptible host. Understanding the characteristics of each link provides methods to support vulnerable persons and to prevent the spread of infection. An awareness of this cycle also provides methods of self-protection.

INFECTIOUS AGENT

A microbial organism with the ability to cause disease. The greater the organism's virulence (ability to grow and multiply), invasiveness (ability to enter tissue) and pathogenicity (ability to cause disease), the greater the possibility that the organism will cause an infection. Infectious agents are bacteria, virus, fungi, and parasites.

RESERVOIR

A place within which microorganisms can thrive and reproduce. For example, microorganisms thrive in human beings, animals, and inanimate objects such as water, table tops, and doorknobs.

PORTAL OF EXIT

A place of exit providing a way for a microorganism to leave the reservoir. For example, the microorganism may leave the reservoir through the nose or mouth when someone sneezes or coughs. Microorganisms, carried away from the body by feces, may also leave the reservoir of an infected bowel.

MODE OF TRANSMISSION

Method of transfer by which the organism moves or is carried from one place to another. There are four methods of transmission:

- **Contact (Direct, Indirect, or Droplet):** Direct contact is the method of transfer where the organism moves from the ill human to the susceptible human. Indirect contact is the method of transfer where the organism moves from the ill human to an object or surface, then to the susceptible human. Droplet contact is the method of transfer where droplets are created by the ill human's secretions in the air, and the susceptible human comes into contact with those droplets.
- **Airborne:** Airborne is the method of transfer where the organism travels over distance and time in the air before encountering a susceptible host.
- **Ingestion:** Ingestion is the method of transfer that occurs when a susceptible host swallows an organism.
- **Vector:** Vector is the method of transfer that occurs when a living creature or insect carries the organism from the reservoir to the susceptible host without being ill themselves.

PORTAL OF ENTRY

An opening allowing the microorganism to enter the host. Portals include body orifices, mucus membranes, or breaks in the skin. Portals also result from tubes placed in body cavities, such as urinary catheters, or from punctures produced by invasive procedures such as intravenous fluid replacement.

Continued >

SUSCEPTIBLE HOST

A person who cannot resist a microorganism invading the body, multiplying, and resulting in infection. The host is susceptible to the disease, lacking immunity or physical resistance to overcome the invasion by the pathogenic microorganism.

Information in this section is adapted from the City Colleges of Chicago website <http://faculty.ccc.edu/tr-infectioncontrol/chain.htm>.

Infection Control Practices:

Hand washing, Cover-your-cough, and Appropriate Exclusion

HAND WASHING

Hand washing is essential to prevent the spread of infection by removing pathogens from the surface of your hands. Correct hand washing involves washing with soap and warm water for 15 to 20 seconds – that is about the same time it takes to sing the “Happy Birthday” song twice. Antibacterial soap is preferred when it is available. Turn off the water with your arm or a paper towel.

Hands should be washed frequently, and especially after using the bathroom or helping someone use the bathroom, and before handling food like when eating or drinking.

COVER YOUR COUGH

Covering your mouth and nose by coughing or sneezing into a tissue and throwing it away helps prevent pathogens from being sent into the air. If you do not have a tissue, cover your cough or sneeze with your elbow. After using a tissue or covering, always clean your hands. Do not cough or sneeze into your hands.

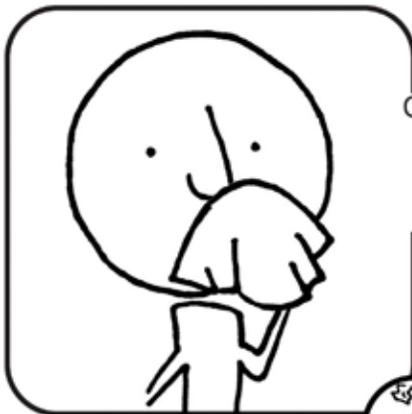
APPROPRIATE EXCLUSION

Recall that a disease’s incubation period is the time between initial exposure to a pathogen and the signs and symptoms of infection. The period of communicability is the time when an infection may be transmitted. These time periods are important to consider when considering student exclusion due to a communicable disease.

NOTE: The following pages in this chapter are examples of posters that can be found in the ‘Printer Friendly’ file. Printing from this chapter may result in less than optimal quality posters. Please feel free to go to the ‘Printer Friendly’ file and print from the PDF documents.

Stop the spread of germs that make you and others sick!

Cover your Cough



Cover your mouth and nose with a tissue when you cough or sneeze

or
cough or sneeze into your upper sleeve, not your hands.

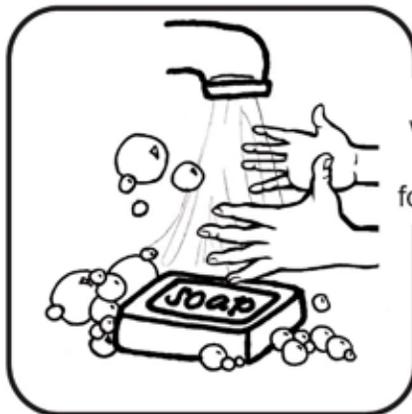


Put your used tissue in the waste basket.



Clean your Hands

after coughing or sneezing.



Wash hands with soap and warm water for 20 seconds

or
clean with alcohol-based hand cleaner.



Minnesota Department of Health
717 SE Delaware Street
Minneapolis, MN 55414
612-676-5414 or 1-877-676-5414
www.health.state.mn.us



Minnesota
Antibiotic
Resistance
Collaborative

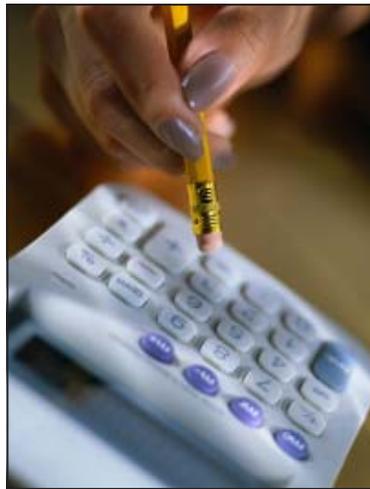


3 things you don't want to catch.

A Falling Elephant



Attention from the IRS



A Cold



Washing your hands can help with one.

Spread the Message Not Disease

WASH YOUR HANDS FREQUENTLY,

especially after using the bathroom and before eating or drinking.

- 1) Wash hands under warm, running water.
- 2) Apply soap and lather well for 15-20 seconds. Time yourself.
- 3) Rinse.
- 4) Turn off the water with your arm or a paper towel.
- 5) If possible, use the automatic door opener to exit the bathroom.

GOOD HYGIENE

is in your hands



Brought to you by the Ohio Department of Health and your local health department.

*According to the Centers for Disease
Control and Prevention (CDC),
hand washing
is the single most important action
one can take to prevent the onset of illness.*



WASH YOUR HANDS

Research shows that washing your hands is the best thing you can do to stay healthy.

- 1. Wash your hands with soap and warm water.**
- 2. Rub them together for 20 seconds** (or you can sing Happy Birthday twice, please feel free to jam out loud or in your head)
- 3. Dry your hands.**

See, it's that easy!



Franklin County
Public Health

A message from the Franklin County Public Health.

Wash Away Germs!



Wet your hands with warm water and soap.

Scrub your hands while singing Happy Birthday two times (15 to 20 seconds).



Rinse and dry your hands. Turn off the water with a clean paper towel.

Chapter 3. Laws and Reporting

Laws and Reporting General Information

The role of the school in infectious disease control and prevention includes educating students and staff on infection prevention and control strategies, appropriate infection control practices in schools, and immunization adherence. This role is usually filled by a school nurse.

The Ohio Revised Code requires health care personnel to report certain infectious diseases to the local health department according to the Ohio Administrative Code (OAC) 3701-3-02-3-05 and 3702-3-12. Diseases are classified as A, B(1), B(2), and C according to public health threat, and each classification has a different reporting time frame. Class A diseases must be reported immediately, class B(1) diseases by the end of the next business day, class B(2) diseases by the end of the work week, and class C by the end of the next business day.

Fact sheets for specific communicable diseases are available at the Infectious Disease Reporting System (IDRS) website: www.idrsinfo.com and the CDC website: www.cdc.gov.

For additional information on communicable diseases or guidance for notifying parents of cases of infectious disease at a school, contact the local health department.

In Franklin County, including Columbus City, all suspected, probable, and confirmed cases should be reported to the Columbus and Franklin County Infectious Disease Reporting System (IDRS). The report will be forwarded to the appropriate Communicable Disease nurse or epidemiologist. Schools are expected to report to IDRS and work with the local health department's communicable disease staff for guidance when dealing with communicable disease.

School reporting should also include unusual incidences of a communicable disease or symptoms. For example: There has been unusual incidence of ____ (number of cases) of ____ (disease or symptoms) occurring at ____ (name of school) since ____ (date).

IDRS

Telephone reporting line: 614-525-8888/8889

Fax reporting line: 614-525-8890

Brochure and Forms

Following this introductory page are references to help you with reporting and forms to use when reporting conditions and diseases to your local health department.

- IDRS brochure which includes information about reporting
- List of reportable conditions by class
- General Report Form
- Animal Bite Report Form
- Varicella Report Form

WHAT IS THE CDRS?

The CDRS is the combined communicable disease reporting system for all of Franklin County.

The Franklin County Board of Health and Columbus Public Health have joined forces to make the reporting, tracking and investigation of communicable disease cases easier and more convenient.

This means no more trying to figure out which health department to report a communicable disease case!

WHO SHOULD REPORT?

It is the responsibility of the health care practitioners and laboratories to report cases of communicable disease to the local health department as stated by the Ohio Revised Code 3701.

The staff of the CDRS will ensure proper investigation and follow-up of all reports. With this combined data the health departments will conduct surveillance of communicable disease; develop, implement and communicate prevention strategies; ensure affected residents have access to medical follow-up; communicate with the medical community; educate residents about communicable disease and support the domestic preparedness response plan.

call • fax • e-mail • mail

CDRS

c/o Franklin County Board of Health
280 East Broad Street
Columbus, OH 43215
Phone: (614) 719-8888
Fax: (614) 719-8890

E-Mail: cdrs@franklincountyohio.gov

THE CDRS WILL:

- Allow convenient and easy reporting of any communicable disease case in Columbus and Franklin County 24 hours a day.
- Enable active reporting and analysis of disease trends.
- Provide early identification of potential outbreaks and new trends in infectious disease.
- Enable timely case follow-up and preventive interventions which will result in fewer secondary cases.

Report Disease with Ease!
24 hours a day!

*with 4 easy ways to report
call • fax • e-mail • mail*

Call: (614) 719-8888

Other Resource Numbers:

Tuberculosis Clinic - (614) 645-7310

Sexual Health Clinic - (614) 645-7772

TDD - (614) 645-7041

Franklin County



Board of Health



Report Disease with Ease!
24 hours a day!

*with 4 easy ways to report
call • fax • e-mail • mail*



CDRS

Communicable Disease Reporting System

COLUMBUS & FRANKLIN COUNTY
COMMUNICABLE DISEASE
REPORTING SYSTEM

CALL (614) 719-8888

www.cdrsinfo.com

QUICK GUIDE TO REPORTING INFECTIOUS DISEASE

Class A Diseases

Diseases of major public health concern because of the severity of disease or potential for epidemic spread - report by telephone immediately upon recognition that a case, a suspected case, or a positive laboratory result exists

Anthrax	Rabies, human
Botulism, foodborne	Rubella (not congenital)
Cholera	Severe acute respiratory syndrome (SARS)
Diphtheria	Smallpox
Influenza A - novel virus	Tularemia
Measles	Viral hemorrhagic fever (VHF)
Meningococcal disease	Yellow fever
Plague	

Any unexpected pattern of cases, suspected cases, deaths or increased incidence of any other disease of major public health concern, because of the severity of disease or potential for epidemic spread, which may indicate a newly recognized infectious agent, outbreak, epidemic, related public health hazard or act of bioterrorism.

Class C Diseases

Report an outbreak, unusual incidence, or epidemic (e.g., histoplasmosis, pediculosis, scabies, staphylococcal infections) by the end of the next business day

- Outbreaks:**
- Community
 - Foodborne
 - Healthcare-associated
 - Institutional
 - Waterborne
 - Zoonotic

Class B (1) Diseases

Diseases of public health concern needing timely response because of potential for epidemic spread - report by the end of the next business day after the existence of a case, a suspected case, or a positive laboratory result is known

Arboviral neuroinvasive and non-neuroinvasive disease	Hepatitis B, perinatal
Eastern equine encephalitis virus disease	Influenza-associated pediatric mortality
LaCrosse virus disease (other California serogroup virus disease)	Legionnaires' disease
Powassan virus disease	Listeriosis
St. Louis encephalitis virus disease	Malaria
West Nile virus infection	Meningitis, aseptic (viral)
Western equine encephalitis virus disease	Meningitis, bacterial
Other arthropod-borne disease	Mumps
Chancroid	Pertussis
Coccidioidomycosis	Poliovirus (including vaccine-associated cases)
Cyclosporiasis	Psittacosis
Dengue	Q fever
E. coli O157:H7 and other enterohemorrhagic (Shiga toxin-producing) E. coli	Rubella (congenital)
Granuloma inguinale	Salmonellosis
Haemophilus influenzae (invasive disease)	Shigellosis
Hantavirus	Staphylococcus aureus, with resistance or intermediate resistance to Vancomycin (VRSA, VISA)
Hemolytic uremic syndrome (HUS)	Syphilis
Hepatitis A	Tetanus
	Tuberculosis, including multi-drug resistant tuberculosis (MDR-TB)
	Typhoid fever

Class B (2) Diseases

Diseases of significant public health concern - report by the end of the work week after the existence of a case, a suspected case, or a positive laboratory result is known

Amebiasis	Hepatitis E
Botulism, infant	Herpes (congenital)
Botulism, wound	Influenza-associated hospitalization
Brucellosis	Leprosy (Hansen disease)
Campylobacteriosis	Leptospirosis
Chlamydia infections (urethritis, epididymitis, cervicitis, pelvic inflammatory disease, neonatal conjunctivitis, pneumonia, and lymphogranuloma venereum (LGV))	Lyme disease
Creutzfeldt-Jakob disease (CJD)	Mycobacterial disease, other than tuberculosis (MOTT)
Cryptosporidiosis	Rocky Mountain spotted fever (RMSF)
Cytomegalovirus (CMV) (congenital)	Streptococcal disease, group A, invasive (IGAS)
Ehrlichiosis/Anaplasmosis	Streptococcal disease, group B, in newborn
Giardiasis	Streptococcal toxic shock syndrome (STSS)
Gonococcal infections (urethritis, cervicitis, pelvic inflammatory disease, pharyngitis, arthritis, endocarditis, meningitis, and neonatal conjunctivitis)	Streptococcus pneumoniae, invasive disease (SP)
Hepatitis B, non-perinatal	Toxic shock syndrome (TSS)
Hepatitis C	Trichinosis
Hepatitis D (delta hepatitis)	Typhus fever
	Varicella
	Vibriosis
	Yersiniosis

NOTE: Cases of AIDS (acquired immune deficiency syndrome), AIDS-related conditions, HIV (human immunodeficiency virus) infection, perinatal exposure to HIV, and CD4 T-lymphocytes counts <200 or 14% must be reported on forms and in a manner prescribed by the Director



Know Your ABCs: A Quick Guide to Reportable Infectious Diseases in Ohio

from the Ohio Administrative Code Chapter 3701-3; Effective January 1, 2009

Class A Diseases of major public health concern because of the severity of disease or potential for epidemic spread - report by telephone immediately upon recognition that a case, a suspected case, or a positive laboratory result exists

Anthrax	Influenza A - novel virus	Rabies, human	Smallpox
Botulism, foodborne	Measles	Rubella (not congenital)	Tularemia
Cholera	Meningococcal disease	Severe acute respiratory syndrome (SARS)	Viral hemorrhagic fever (VHF)
Diphtheria	Plague		Yellow fever

Any unexpected pattern of cases, suspected cases, deaths or increased incidence of any other disease of major public health concern, because of the severity of disease or potential for epidemic spread, which may indicate a newly recognized infectious agent, outbreak, epidemic, related public health hazard or act of bioterrorism.

Class B (1) Diseases of public health concern needing timely response because of potential for epidemic spread - report by the end of the next business day after the existence of a case, a suspected case, or a positive laboratory result is known

Arboviral neuroinvasive and non-neuroinvasive disease:	Chancroid	Hepatitis B, perinatal	Rubella (congenital)
Eastern equine encephalitis virus disease	Coccidioidomycosis	Influenza-associated pediatric mortality	Salmonellosis
LaCrosse virus disease (other California serogroup virus disease)	Cyclosporiasis	Legionnaires' disease	Shigellosis
Powassan virus disease	Dengue	Listeriosis	<i>Staphylococcus aureus</i> , with resistance or intermediate resistance to vancomycin (VRSA, VISA)
St. Louis encephalitis virus disease	<i>E. coli</i> O157:H7 and other enterohemorrhagic (Shiga toxin-producing) <i>E. coli</i>	Malaria	Syphilis
West Nile virus infection	Granuloma inguinale	Meningitis, aseptic (viral)	Tetanus
Western equine encephalitis virus disease	<i>Haemophilus influenzae</i> (invasive disease)	Meningitis, bacterial	Tuberculosis, including multi-drug resistant tuberculosis (MDR-TB)
Other arthropod-borne disease	Hantavirus	Mumps	Typhoid fever
	Hemolytic uremic syndrome (HUS)	Pertussis	
	Hepatitis A	Poliomyelitis (including vaccine-associated cases)	
		Psittacosis	
		Q fever	

Class B (2) Diseases of significant public health concern - report by the end of the work week after the existence of a case, a suspected case, or a positive laboratory result is known

Amebiasis	Cytomegalovirus (CMV) (congenital)	Hepatitis E	Streptococcal disease, group B, in newborn
Botulism, infant	Ehrlichiosis/Anaplasmosis	Herpes (congenital)	Streptococcal toxic shock syndrome (STSS)
Botulism, wound	Giardiasis	Influenza-associated hospitalization	<i>Streptococcus pneumoniae</i> , invasive disease (ISP)
Brucellosis	Gonococcal infections (urethritis, cervicitis, pelvic inflammatory disease, pharyngitis, arthritis, endocarditis, meningitis, and neonatal conjunctivitis)	Leprosy (Hansen disease)	Toxic shock syndrome (TSS)
Campylobacteriosis	Hepatitis B, non-perinatal	Leptospirosis	Trichinosis
Chlamydia infections (urethritis, epididymitis, cervicitis, pelvic inflammatory disease, neonatal conjunctivitis, pneumonia, and lymphogranuloma venereum (LGV))	Hepatitis C	Lyme disease	Typhus fever
Creutzfeldt-Jakob disease (CJD)	Hepatitis D (delta hepatitis)	Mycobacterial disease, other than tuberculosis (MOTT)	Varicella
Cryptosporidiosis		Rocky Mountain spotted fever (RMSF)	Vibriosis
		Streptococcal disease, group A, invasive (IGAS)	Yersiniosis

Class C Report an outbreak, unusual incidence, or epidemic (e.g., histoplasmosis, pediculosis, scabies, staphylococcal infections) by the end of the next business day

Outbreaks:

- Community
- Foodborne
- Healthcare-associated
- Institutional
- Waterborne
- Zoonotic



NOTE: Cases of AIDS (acquired immune deficiency syndrome), AIDS-related conditions, HIV (human immunodeficiency virus) infection, perinatal exposure to HIV, and CD4 T-lymphocytes counts <200 or 14% must be reported on forms and in a manner prescribed by the Director.

Ohio Department of Health

Ohio Confidential Reportable Disease

Use this form to submit reportable infectious diseases to your local health department (**Do not** use this form to report HIV/AIDS)

Disease reported						ODRS number	
Patient's last name		First name		Middle name (or initial and/or suffix)		Medical record number	
Address (number and street)						County	
City			State	ZIP	Patient expired? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
Home telephone ()			Work telephone ()			Alternate number ()	
Birthdate (month/day/year) / /		Age	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		Pregnant <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Delivery date / /
Race (check all that apply) <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> African American <input type="checkbox"/> Unknown <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other _____					Ethnicity (check one) <input type="checkbox"/> Hispanic <input type="checkbox"/> Unknown <input type="checkbox"/> Non-Hispanic		Was patient contacted? <input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input type="checkbox"/> No
Sensitive occupation? (Check all that apply) <input type="checkbox"/> Food handler <input type="checkbox"/> Direct patient-care <input type="checkbox"/> Child care attendee/staff <input type="checkbox"/> Long-term care resident/staff <input type="checkbox"/> Not applicable			Name of facility				
			Address of facility				

Parent, guardian, or alternate contact name		Phone
Health care provider name		Phone
Health care provider address		
Health care facility name		Phone
Health care facility address		
Submitted by (contact name, facility)		Phone

Date of report / /	Status <input type="checkbox"/> Laboratory confirmed <input type="checkbox"/> Clinically diagnosed (list symptoms) _____		Date of result / /
Date of onset / /	Laboratory name		Phone ()
Date of diagnosis / /	Laboratory address		
Hospital admission / /	Date of specimen collection / /	Reason for test <input type="checkbox"/> Dx <input type="checkbox"/> Prenatal <input type="checkbox"/> Repeat pos	Specific type of test (e.g. smear, culture, ELISA)
Hospital discharge / /	Specimen site/type <input type="checkbox"/> Blood <input type="checkbox"/> Stool <input type="checkbox"/> CSF <input type="checkbox"/> Urine <input type="checkbox"/> Cervix <input type="checkbox"/> Urethra <input type="checkbox"/> Sputum <input type="checkbox"/> Other _____		
Date of death / /	Treatment (required for STD) <input type="checkbox"/> Treated <input type="checkbox"/> Untreated: <input type="radio"/> Will treat <input type="radio"/> Unable to contact <input type="radio"/> Refused treatment <input type="radio"/> Referred to: _____		
	Date treatment initiated / /	Detail drugs/dose/route	

Remarks

Please submit to:

ANIMAL BITE INTAKE REPORT

Infectious Disease Reporting System (IDRS)
Columbus Public Health & Franklin County Public Health

PLEASE FAX THIS REPORT WITHIN 24 HOURS TO:
FAX (614) 525-8890

Ohio Administrative Code 3701-3-28 states: "Whenever a person is bitten by a dog or other mammal, report of such bite shall be made within 24 hours to the health commissioner of the district in which such bite occurred."

TO BE COMPLETED BY THE TREATING FACILITY

FACILITY NAME: _____ PHYSICIAN: _____
ADDRESS: _____ CITY: _____ ZIP CODE: _____
PHONE#: _____ RABIES POST EXPOSURE TREATMENT STARTED? NO YES

Please complete as much information as possible.

VICTIM (PERSON INJURED)

DATE OF INJURY: ____/____/____
VICTIM'S NAME: _____
STREET ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE#: (HOME) _____ (WORK) _____ (CELL) _____
SEX: MALE FEMALE AGE: _____ TYPE OF INJURY: BITE SCRATCH BRUISE OTHER
LOCATION OF INJURY(IES) ON BODY: _____
WAS THE VICTIM INJURED... ON THE ANIMAL OWNER'S PROPERTY OR OFF THE ANIMAL OWNER'S PROPERTY
PARENT/GUARDIAN (if under 18): _____
ADDRESS (if different than victim): _____ PHONE#: _____

ANIMAL

ANIMAL TYPE: DOG CAT FERRET BAT RACCOON SKUNK OTHER _____
ANIMAL COLOR: _____ BREED: _____ ANIMAL NAME: _____
WHERE IS THE ANIMAL NOW? _____ STRAY ANIMAL? YES NO
DO YOU BELIEVE THE ANIMAL IS VACCINATED FOR RABIES? YES NO
RABIES TAG # (if known) _____ VETERINARIAN/CLINIC: _____

OWNER or LOCATION OF ANIMAL

If the animal owner is not known, please indicate in the address section where the injury occurred (i.e. street or nearest intersection)

OWNER'S NAME: _____
STREET ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE#: (HOME) _____ (WORK) _____ (CELL) _____



QUESTIONS?

Columbus Public Health (614) 645-7288
Franklin County Public Health (614) 525-3160

IDRS Animal Bite Report
Rev 10/11

Varicella Report Form

Ohio Department of Health

Demographic Information

Child's Name

Parent's Name

Address

City

County

Zip

Phone

Date of Birth / Age

Sex: Male
 Female

Race: White Black Asian/PI
 Am Indian Other

Ethnicity: Hispanic
 Non-Hispanic

Clinical Information

Rash: Yes No Unknown

Onset Date: ___/___/___

Location of rash _____

Fever: Yes No Unknown

1st date child absent: ___/___/___
(due to chickenpox)

Received Varicella Vaccine: (check appropriate box)

Yes No Unknown

If yes, date(s) of vaccination:

Varicella (VZV) dose 1: ___/___/___

Varicella (VZV) dose 2: ___/___/___

Severity of Varicella: (check appropriate box)

< 50 lesions

50 – 500 lesions

> 500 lesions

(Severity I)

(Severity II)

(Severity III)

Hospitalized: (check appropriate box)

Yes No Unknown

Outcome: (check appropriate box)

Alive Dead Unknown

Diagnosed by: (check appropriate box)

Physician/Nurse School Parent Self Other _____

Reported date: ___/___/___

Report Source:

Name: _____ Agency/Site _____

(check appropriate box)

School Pre-school/Childcare Physician Lab

Phone number (should further information be needed): _____

Reporting Information

Please fax reports at the end of each work week to:

614-525-8890

Questions? Please contact Infectious Disease Reporting System (IDRS): 614-525-8888

Chapter 4. School Exclusion Policies

School Exclusion Policies

Exclusion Guidelines

Every school should have an Infection Control Plan based on recommendations of the local health departments (Columbus Public Health and Franklin County Public Health) and the Ohio Department of Health. This plan is to be used for all students and must be applied fairly and equitably to every student. The spread of infectious disease is a community concern, and the guidelines must be followed in order to protect the community. If you have questions about a disease or the proper response, call the infectious disease program at the local health department (contact information on introduction page).

Exclusion and Infectious Disease Policies:

1. The school follows the guidelines and recommendations of the Columbus Public Health and Franklin County Public Health as they relate to infectious disease prevention and control, and also follows the rules and regulations required by the Ohio Revised Code.
2. If Active TB is confirmed or suspected, the Columbus Public Health Tuberculosis Program must be notified at (614) 645-1823. The student may not be enrolled at school until authorized to do so by the Columbus Public Health Ben Franklin Tuberculosis Program.
3. Students and staff with infectious diseases must be reported to the school nurse or health services designee. Exclusion from school and/ or work will be based on the recommendations from the Ohio Department of Health and local health department. The Ohio Department of Jobs and Family Services prints a "Communicable Disease Chart" that can be ordered from the Ohio Department of Jobs and Family Services and used for reference at the school. The form number is JFS 08087. The phone number is (614) 728-7300
4. Cases of communicable disease that are reportable by Ohio law should be reported to the local health department as outlined in the Infectious Disease Reporting System brochure in the "Laws and Reporting" section of the manual. A log of cases of infectious disease should be maintained by the school health program.
5. The Ohio Revised Code 3313.671 requires certain immunizations for school attendance. Certain exemptions also apply. See the "Immunization Summary for Day Care, Head Start, Pre-School and School Attendance": ODH Immunization School Requirements 0708 document found in the "Immunizations" section of this manual. Students that do not receive the required immunizations or meet the exemptions will be excluded from school until proof of immunizations is received.

The Ohio Administrative Code 3301 – 32 – 08 Management of Infectious Disease

The following precautions shall be taken for children suspected of having a infectious disease:

1. The parent shall be notified immediately of the child's condition when a child has been observed with signs or symptoms of illness.
2. A child with the following signs or symptoms shall be isolated immediately and discharged to the parent:
 - Diarrhea (more than one loose stool in a 24-hour period)
 - Severe coughing, causing the child to become red or blue in the face or to make a whooping sound
 - Difficult or rapid breathing
 - Yellowish skin or eyes
 - Conjunctivitis
 - Temperature of 100° Fahrenheit taken by the axillary method when in combination with other symptoms
 - Untreated infected skin patch(es)
 - Unusually dark urine and/ or grey or white stool
 - Stiff neck
3. A child with any of the following signs or symptoms of illness shall be isolated immediately. Decisions regarding exclusion from the program either immediately or at some later time in the day shall be determined by the program coordinator or team leader and the parent(s). While isolated, the child shall be observed for the following symptoms as well as those listed above.
 - Unusual spots or rashes
 - Sore throat or difficulty swallowing
 - Elevated temperature
 - Vomiting
 - Evidence of lice, scabies, or other parasitic infestation

4. A child suspected of having a infectious disease shall be:
- Isolated in a room or portion of a room not being used in the school child program
 - Within the sight or hearing of a staff member
 - Made comfortable in a warm, safe environment. All linen and blankets used by an ill child shall be laundered before being used by another child, and cots, if used, shall be disinfected
 - Observed carefully for worsening condition

Frequently Reported Infectious Diseases and the Recommended School Exclusion

Disease	Incubation	Method of Transmission	Exclusion
Diarrheal illness	Varies depending on causative agent	Usually through the fecal-oral route: Ingesting fecal particles found on apparently or unapparently contaminated objects, hands, food, or water.	Children with diarrhea who attend a child care center or persons with diarrhea who work in a sensitive occupation (direct food handling, direct patient care, or any occupation which provides significant opportunity for an infected individual to transmit infectious disease agents) shall be excluded from the child care center or work and may return only after diarrhea free for 24 hours or the diarrhea has been evaluated medically to be non-infectious. A person with infectious diarrhea of known cause shall be excluded in accordance with the provisions in the Ohio Administrative Code. Call your local health department for provisions.
Meningitis, bacterial	1-10 days Usually less than 4 days	Direct contact with nose or throat secretions of infected person or asymptomatic carrier	Exclude infected persons until at least 24 hours of effective treatment is completed. Must be under physician's care.
Meningitis, viral/Aseptic	2-21 days, depends on causative agent	Varies with causative agent: Most are spread through fecal-oral route; some through respiratory secretions	Exclude while infected person has a fever. Must be under a physician's care.
Pediculosis (Head Lice)	Life cycle consists of 3 stages: eggs, nymph, and adult. The egg-to-egg stage cycle averages 3 weeks. Eggs hatch in 7-10 days	Direct hair-to-hair contact with infested person. Indirect contact with combs, brushes, hats, or other headgear or clothing, or bedding of infested persons.	Lice cannot survive off of the host for longer than 24-48 hours. Eggs can survive 7-10 days off of the host, but will not hatch in temperatures less than 72° F. A person with head lice shall be excluded from a school until application of an effective pediculocide.
Pertussis (Whooping Cough)	5-10 days with upper limit of 21 days	Close contact via respiratory secretions of an infected person	If not treated with antibiotics, isolate until 3 weeks after the onset of paroxysms. If appropriate antibiotics are given, the person shall be isolated for 5 days after the initiation of antibiotic therapy.
Scabies	First infestation: 2-6 weeks. Subsequent infestation: 1-4 days	Direct skin-to-skin contact with an infested person. Clothing and bedding rarely involved in transmission	The scabies mite cannot live off the skin of the host for more than 24 hours. Isolate for 24 hours following treatment with an appropriate scabicide. Symptoms generally do not stop immediately after treatment.
Varicella (Chicken Pox)	10-21 days usually 14-16 days	Direct contact with drainage from sores of an infected person; indirect contact with items soiled with drainage from sores; respiratory droplets; airborne. Scabs are not infective	Chickenpox: a person with chickenpox shall be isolated, including exclusion from school, child care center, and public places until the sixth day after onset of rash, or until all lesions are dry. Contagiousness may be prolonged in patients with altered immunity. Persons with chickenpox shall avoid contact with susceptible persons.

Chapter 5. Infectious Disease Resources

Infectious Disease Resources

For additional information on infectious diseases or guidance for notifying parents of cases of infectious disease, contact the local health department.

Fact sheets for specific infectious diseases are available on the Infectious Disease Reporting System website at www.idrsinfo.com and the CDC website at www.cdc.gov.

This chapter of the manual includes a selection of references useful in a school setting. The following pages can be found in the 'Printer Friendly' file. Printing from this chapter may result in less than optimal quality posters or brochures. Please feel free to go to the 'Printer Friendly' file and print from the PDF documents. If you have difficulty printing the documents, please contact your local health department.

- Bed Bugs
 - Central Ohio Bed Bug Task Force website: www.centralohiobedbugs.org
- Head Lice
 - CDC fact sheet
- Influenza
 - CDC fact sheet
- MRSA (methicillin-resistant Staphylococcus aureus)
 - Athlete 2-sided brochure
 - Parent 2-sided brochure
 - Resource page
 - School 2-sided brochure
 - Columbus Public Health MRSA handout for Athletes
 - Columbus Public Health MRSA guidelines for school athletics
 - Columbus Public Health MRSA for school athletics handout
- Pertussis
 - Isolation/exclusion, treatment, and vaccination guidelines
 - Definitions
 - Considerations/actions for the school
 - Sample notification letter
 - Considerations/actions for multiple cases
 - IDRS Fact Sheet
 - Working with the health department
- Ringworm
 - Fact sheet
- Tuberculosis
 - Benjamin Franklin Tuberculosis Clinic letter to schools
 - CDC Information sheet: The Difference Between Latent TB Infection and Active TB Disease
 - CDC Information Sheet: Targeted Tuberculin Testing and Interpreting Tuberculin Skin Test Results
- Non-Infectious Rashes
 - CDC Information
- Sexual Health
 - Columbus Public Health Sexual Health Program Brochure

Head Lice Infestation

What are head lice?

Also called *Pediculus humanus capitis* (peh-DICK-you-lus HUE-man-us CAP-ih-TUS), head lice are parasitic insects found on the heads of people. Having head lice is very common. However, there are no reliable data on how many people get head lice in the United States each year.

Who is at risk for getting head lice?

Anyone who comes in close contact (especially head-to-head contact) with someone who already has head lice is at greatest risk. Occasionally, head lice may be acquired from contact with clothing (such as hats, scarves, coats) or other personal items (such as brushes or towels) that belong to an infested person. Preschool and elementary-age children, 3-11, and their families are infested most often. Girls get head lice more often than boys, women more than men. In the United States, African-Americans rarely get head lice. Personal hygiene or cleanliness in the home or school has nothing to do with getting head lice.

What do head lice look like?

There are three forms of lice: the egg (also called a nit), the nymph, and the adult.



Actual size of the three lice forms compared to a penny.

Nit: Nits are head lice eggs. They are very small, about the size of a knot in thread, hard to see, and are often confused for dandruff or hair spray droplets. Nits are laid by the adult female at the base of the hair shaft nearest the scalp. They are firmly attached to the hair shaft. They are oval and usually yellow to white. Nits take about 1 week to hatch. Eggs that are likely to hatch are usually located within 1/4 inch of the scalp.

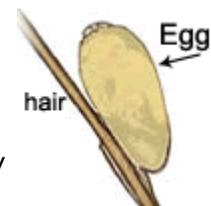


Illustration of egg on a hair shaft.



Nymph form

Nymph: The nit hatches into a baby louse called a nymph. It looks like an adult head louse, but smaller. Nymphs mature into adults about 7 days after hatching. To live, the nymph must feed on blood.

Adult: The adult louse is about the size of a sesame seed, has six legs, and is tan to greyish-white. In persons with dark hair, the adult louse will look darker. Females, which are usually larger than the males, lay eggs. Adult lice can live up to 30 days on a person's head. To live, adult lice need to feed on blood. If the louse falls off a person, it dies within 2 days.



Adult louse



Adult louse claw

Where are head lice most commonly found?

They are most commonly found on the scalp, behind the ears and near the neckline at the back of the neck. Head lice hold on to hair with hook-like claws found at the end of each of their six legs. Head lice are rarely found on the body, eyelashes, or eyebrows.

What are the signs and symptoms of head lice infestation?

- Tickling feeling of something moving in the hair.
- Itching, caused by an allergic reaction to the bites.
- Irritability.
- Sores on the head caused by scratching. These sores can sometimes become infected.

How did my child get head lice?

Contact with an already infested person is the most common way to get head lice. Head-to-head contact is common during play at school and at home (sports activities, on a playground, slumber parties, at camp).

Less commonly,

- Wearing clothing, such as hats, scarves, coats, sports uniforms, or hair ribbons, recently worn by an infested person.
- Using infested combs, brushes, or towels.
- Lying on a bed, couch, pillow, carpet, or stuffed animal that has recently been in contact with an infested person.

How is head lice infestation diagnosed?

An infestation is diagnosed by looking closely through the hair and scalp for nits, nymphs, or adults. Finding a nymph or adult may be difficult; there are usually few of them and they can move quickly from searching fingers. If crawling lice are not seen, finding nits within a 1/4 inch of the scalp confirms that a person is infested and should be treated. If you only find nits more than 1/4 inch from the scalp (and don't see a nymph or adult louse), the infestation is probably an old one and does not need to be treated. If you are not sure if a person has head lice, the diagnosis should be made by your health care provider, school nurse, or a professional from the local health department or agricultural extension service.

This fact sheet is for information only and is not meant to be used for self-diagnosis or as a substitute for consultation with a health care provider. If you have any questions about the disease described above or think that you may have a parasitic infection, consult a health care provider.

Revised August 18, 2005



DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION
SAFER • HEALTHIER • PEOPLE™





FACT SHEET

Key Facts About Influenza and Influenza Vaccine

What is Influenza (Also Called Flu)?

The flu is a contagious respiratory illness caused by influenza viruses. It can cause mild to severe illness, and at times can lead to death. The best way to prevent the flu is by getting a flu **vaccination** each year.

Every year in the United States, on average:

- 5% to 20% of the population gets the flu;
- more than 200,000 people are hospitalized from flu complications, and;
- about 36,000 people die from flu.

Some people, such as older people, young children, and people with certain health conditions, are at high risk for serious flu complications.

Symptoms of Flu

Symptoms of flu include:

- fever (usually high)
- headache
- extreme tiredness
- dry cough
- sore throat
- runny or stuffy nose
- muscle aches
- Stomach symptoms, such as nausea, vomiting, and diarrhea, also can occur but are more common in children than adults.

Complications of Flu

Complications of flu can include bacterial pneumonia, ear infections, sinus infections, dehydration, and worsening of chronic medical conditions, such as congestive heart failure, asthma, or diabetes.

How Flu Spreads

Flu viruses spread mainly from person to person through coughing or sneezing of people with influenza. Sometimes people may become infected by touching something with flu viruses on it and then touching their mouth or nose. Most healthy adults may be able to infect others beginning 1 day **before** symptoms develop and up to 5 days **after** becoming sick. **That means that you may be able to pass on the flu to someone else before you know you are sick, as well as while you are sick.**

Preventing the Flu: Get Vaccinated

The single best way to prevent the flu is to get a flu vaccination each year. There are two types of vaccines:

- **The "flu shot"** – an inactivated vaccine (containing killed virus) that is given with a needle. The flu shot is approved for use in people 6 months of age and older, including healthy people and people with chronic medical conditions.
- **The nasal-spray flu vaccine** – a vaccine made with live, weakened flu viruses that do not cause the flu (sometimes called LAIV for "Live Attenuated Influenza Vaccine"). LAIV is approved for use in healthy* people 2 years to 49 years of age who are not pregnant.

About two weeks after vaccination, antibodies develop that protect against influenza virus infection. Flu vaccines will not protect against flu-like illnesses caused by non-influenza viruses.

Key Facts About Influenza and Influenza Vaccine

(continued from previous page)

When to Get Vaccinated

October or November is the best time to get vaccinated, but you can still get vaccinated in December and later. Flu season can begin as early as October and last as late as May.

Who Should Get Vaccinated?

In general, anyone who wants to reduce their chances of getting the flu can get vaccinated. However, certain people should get vaccinated each year either because they are at high risk of having serious flu-related complications or because they live with or care for high risk persons. During flu seasons when vaccine supplies are limited or delayed, the Advisory Committee on Immunization Practices (ACIP) makes recommendations regarding priority groups for vaccination (www.cdc.gov/flu/about/qa/flushot.htm).

People who should get vaccinated each year are:

1. People at high risk for complications from the flu, including:

- Children aged 6 months until their 5th birthday,
- Pregnant women,
- People 50 years of age and older,
- People of any age with certain chronic medical conditions, and
- People who live in nursing homes and other long term care facilities.

2. People who live with or care for those at high risk for complications from flu, including:

- Household contacts of persons at high risk for complications from the flu (see above)
- Household contacts and out of home caregivers of children less than 6 months of age (these children are too young to be vaccinated)
- Health care workers.

3. Anyone who wants to decrease their risk of influenza.

Use of the Nasal Spray Flu Vaccine

Vaccination with the nasal-spray flu vaccine is an option for healthy* persons aged 2-49 years who are not pregnant, even healthy persons who live with or care for those in a high risk group. The one exception is healthy persons who care for persons with severely weakened immune systems who require a protected environment; these healthy persons should get the inactivated vaccine.

Who Should Not Be Vaccinated

Some people should not be vaccinated without first consulting a physician. They include:

- People who have a severe allergy to chicken eggs.
- People who have had a severe reaction to an influenza vaccination in the past.
- People who developed Guillain-Barré syndrome (GBS) (www.cdc.gov/flu/about/qa/gbs.htm) within 6 weeks of getting an influenza vaccine previously.
- Children less than 6 months of age (influenza vaccine is not approved for use in this age group).
- People who have a moderate or severe illness with a fever should wait to get vaccinated until their symptoms lessen.

If you have questions about whether you should get a flu vaccine, consult your health-care provider.

* "Healthy" indicates persons who do not have underlying conditions that confer higher risk of influenza complications. Safety of LAIV has not been established in these persons.

For more information, visit www.cdc.gov/flu,
or call CDC at 800-CDC-INFO (English and Spanish) or 888-232-6358 (TTY).

October 19, 2007

Page 2 of 2

MRSA

methicillin-resistant *Staphylococcus aureus*

a guide for athletes

MRSA stands for methicillin-resistant

Staphylococcus aureus. *Staphylococcus aureus* (often called “staph”) is one of many bacteria that normally reside in or on humans and does not usually cause infection. MRSA is a type of staph infection that is resistant to treatment with methicillin and other antibiotics in the penicillin family.

MRSA is typically seen as a skin infection that is red, swollen, warm and tender, and may look like a spider bite or infected hair follicle.

MRSA is usually transmitted from person to person through skin-to-skin contact. It can also be transmitted when a person’s broken, infected skin touches a surface, and then the same surface is touched by another person’s broken skin.



MRSA is typically seen as a skin infection that is red, swollen, warm and tender

RESOURCES FOR INFORMATION

Ohio Department of Health (ODH):
<http://www.odh.ohio.gov>

Centers for Disease Control and Prevention (CDC):
<http://www.cdc.gov/Features/MRSAinSchools>

Cleaning:
<http://www.epa.gov/oppad001/chemregindex.htm>

Ohio Department of Health
246 North High Street
Columbus, Ohio 43215

Ted Strickland, Governor
Alvin D. Jackson, M.D., Director of Health



<http://www.odh.ohio.gov>
An Equal Opportunity Employer/Provider



Some things you shouldn't share

ODH 3620.13/MRSA

The best way to prevent MRSA is good hygiene

Methicillin-resistant *Staphylococcus aureus* (MRSA)

Athletes must follow good hygiene practices at home and at school to prevent many illnesses

MRSA IS PREVENTED BY:

- Frequent hand washing with soap and water or alcohol-based hand sanitizers
- Cleaning any breaks in the skin, such as a cut, and covering with a bandage until healed
- Bathing regularly, especially after athletic competition or other skin-to-skin contact
- Changing bedding often and washing in hot water and drying thoroughly
- Not sharing personal items such as towels, razors or toothbrushes
- Seeing your health care provider and following instructions if you have an infection

Clean shared equipment, such as weight machines, before and after each use

STAY IN THE GAME:

As long as a wound can be completely covered by a bandage that stays in place and contains any drainage, an infected athlete may compete

ATHLETES SHOULD NOT:

- Share personal items such as towels, soap and razors
- Share a whirlpool or ice bath if they have a break in the skin such as a cut or turf burn
- Share ointments

ATHLETES SHOULD:

- Shower after each practice or competition
- Wash uniforms and towels in hot water after each use and dry completely
- Report any suspicious skin injuries to their coach, parent and/or health care provider
- Follow all the directions of their health care provider if they are diagnosed with MRSA
- Clean shared equipment, such as weight machines, before and after each use
- Cover all turf burns and other breaks in the skin
- Frequently wash their hands with soap and water or an alcohol-based hand sanitizer

Athletes and coaching staff should frequently wash their hands with soap and water or an alcohol-based hand sanitizer



Wash uniforms and towels in HOT water after each use and dry completely



MRSA

methicillin-resistant *Staphylococcus aureus*

a guide for parents

MRSA stands for methicillin-resistant *Staphylococcus aureus*. *Staphylococcus aureus* (often called "staph") is one of many bacteria that normally reside in or on humans and does not usually cause infection. MRSA is a type of staph infection that is resistant to treatment with methicillin and other antibiotics in the penicillin family.

MRSA is typically seen as a skin infection that is red, swollen, warm and tender, and may look like a spider bite or infected hair follicle.

MRSA is usually transmitted from person to person through skin-to-skin contact. It can also be transmitted when a person's broken, infected skin touches a surface, and then the same surface is touched by another person's broken skin.



MRSA is typically seen as a skin infection that is red, swollen, warm and tender

RESOURCES FOR INFORMATION

Ohio Department of Health (ODH):

<http://www.odh.ohio.gov>

Centers for Disease Control and Prevention (CDC):

<http://www.cdc.gov/Features/MRSAinSchools>

Cleaning:

<http://www.epa.gov/oppad001/chemregindex.htm>

Ohio Department of Health
246 North High Street
Columbus, Ohio 43215

Ted Strickland, Governor
Alvin D. Jackson, M.D., Director of Health



<http://www.odh.ohio.gov>

An Equal Opportunity Employer/Provider



ODH 3618.13/MRSA

Some things you shouldn't share

The best way to prevent MRSA is good hygiene

THE ROLE OF ANTIBIOTICS

Staph bacteria, including methicillin-resistant *Staphylococcus aureus* (MRSA), have become resistant to some antibiotics over time due to improper use and overuse of antibiotics. Using antibiotics properly helps prevent new drug-resistant illnesses from occurring and keeps antibiotics working well.



Wash bedding and towels in HOT water

HOW IS MRSA TREATED?

An infection must be cultured by a health care provider to tell if it is MRSA. Sometimes MRSA can be treated by only incision and drainage of the wound. Some, but not all, infections may need treatment with an appropriate antibiotic.

If you or your child has a MRSA infection, follow the directions of your health care provider. In general, you should keep the infected area clean and dry and keep a bandage on the infection if it is draining. Change the bandage when it becomes:

- Wet or dirty
- Soaked with pus
- Loose

Always wash your hands after touching the bandage or infection. Throw the used bandage away immediately.



HOW IS MRSA PREVENTED?

The best way to prevent MRSA is good hygiene. Parents and children need to follow good hygiene practices to prevent many illnesses. These include:

- Frequent hand washing with soap and water or alcohol-based hand sanitizers
- Cleaning any breaks in the skin, such as a cut, and covering it with a bandage until healed
- Bathing regularly, especially after athletic competition or other skin-to-skin contact
- Changing bedding and towels often and washing in hot water and drying thoroughly
- Not sharing personal items such as towels, razors or toothbrushes
- Seeing your health care provider and following instructions if you have an infection



PROPER USE OF ANTIBIOTICS INCLUDES:

- Always taking antibiotics as directed
- Not skipping doses
- Taking antibiotics until they are gone
- Not sharing or saving antibiotics
- Not taking antibiotics prescribed at any other time or for any other illness
- Not insisting on antibiotics for a viral illness. Antibiotics are effective only against bacterial illnesses





Methicillin-resistant *Staphylococcus aureus* (MRSA)

Some things you shouldn't share!

Resources for additional information:

I) Ohio Department of Health (ODH)

- A) <http://www.odh.ohio.gov>
- B) <http://www.odh.ohio.gov/alerts/mrsa1.aspx>
ODH's MRSA link.
- C) <http://www.odh.ohio.gov/odhPrograms/idc/ari/antimicr1.aspx>
ODH's Antimicrobial Resistance Initiative link.

II) Centers for Disease Control and Prevention (CDC):

- A) http://www.cdc.gov/ncidod/dhqp/ar_mrsa_ca.html
Fact sheets, downloadable posters.
- B) <http://www.bt.cdc.gov/coca/callinfo.asp>
CDC educational site that provides updates for clinicians.

III) Environmental Protection Agency (EPA)

- <http://epa.gov/oppad001/chemregindex.htm>
Approved list of cleaners effective against MRSA.

IV) Other State/Local Health Departments:

- A) California Department of Public Health
<http://www.cdph.ca.gov/healthinfo/discond/Pages/MRSA.aspx>
Spanish versions of materials including newsletters for parents.
- B) Columbus Public Health Department
http://www.publichealth.columbus.gov/programs/Environmental_Health/mrsa.asp
Specific instructions for sanitation of sports equipment; MRSA video.
- C) Minnesota Department of Health
<http://www.health.state.mn.us/divs/idepc/dtopics/athlete/materials.html>
Large selection of printable posters of different skin infections; hand washing posters in 18 languages.

- D) Tacoma-Pierce County Health Department, Washington State
<http://www.tpchd.org/page.php?id=364>
MRSA toolkit for middle and high schools, custodians and athletic departments; posters and fact sheets with some available in Spanish; “Living with MRSA” booklet.
- E) Texas Department of State Health Services
http://www.dshs.state.tx.us/idcu/health/antibiotic_resistance/mrsa/Prevention.pdf
Prevention and containment booklet including logs for cleaning and tracking infections for various community sites such as private gyms, workplaces and group homes.

April 2008

MRSA

methicillin-resistant *Staphylococcus aureus*

a guide for schools

MRSA stands for methicillin-resistant *Staphylococcus aureus*. *Staphylococcus aureus* (often called “staph”) is one of many bacteria that normally reside in or on humans and does not usually cause infection. MRSA is a type of staph infection that is resistant to treatment with methicillin and other antibiotics in the penicillin family.

MRSA is typically seen as a skin infection that is red, swollen, warm and tender, and may look like a spider bite or infected hair follicle.

MRSA is usually transmitted from person to person through skin-to-skin contact. It can also be transmitted when a person's broken, infected skin touches a surface, and then the same surface is touched by another person's broken skin.



MRSA is typically seen as a skin infection that is red, swollen, warm and tender

RESOURCES FOR INFORMATION

Ohio Department of Health (ODH):

<http://www.odh.ohio.gov>

Centers for Disease Control and Prevention (CDC):

<http://www.cdc.gov/Features/MRSAinSchools>

Cleaning:

<http://www.epa.gov/oppad001/chemregindex.htm>

Ohio Department of Health
246 North High Street
Columbus, Ohio 43215

Ted Strickland, Governor
Alvin D. Jackson, M.D., Director of Health



<http://www.odh.ohio.gov>

An Equal Opportunity Employer/Provider

ODH 3617.13/MRSA

Some things you shouldn't share



The best way to prevent MRSA is good hygiene

Methicillin-resistant *Staphylococcus aureus* (MRSA) is an infectious or communicable disease that may occur in students or staff in schools. As with other communicable diseases, schools must know how to address the occurrence of MRSA in the school community. Below are answers to some commonly asked questions about MRSA in the school setting.

HOW SHOULD THE SCHOOL BE CLEANED TO PREVENT MRSA?

Routine cleaning procedures are all that are necessary to combat MRSA. Schools do not need to be closed for special cleaning. A 10 percent bleach solution or Environmental Protection Agency-registered disinfectant that is effective against MRSA should be used.

SHOULD STUDENTS OR STAFF WITH MRSA BE EXCLUDED FROM SCHOOL?

The Centers for Disease Control and Prevention (CDC) recommends that students and staff diagnosed with MRSA be excluded only if the infection cannot be covered and contained.

SHOULD YOU SEND A LETTER HOME EACH TIME SOMEONE IS DIAGNOSED WITH MRSA?

The CDC does not recommend that schools notify families about a single case of MRSA in the school community. School officials should contact the local health department for guidance if there is a suspicion of an outbreak of MRSA at the school. Immunocompromised students and staff may need to be notified individually.

CAN ATHLETES WITH MRSA COMPETE?

An athlete may compete if the wound can be completely covered by a bandage that stays in place and contains drainage. The infected athlete should follow the treatment prescribed by the health care provider.

HOW IS MRSA TREATED?

An infection must be cultured by a health care provider to tell if it is MRSA. Sometimes MRSA can be treated by only incision and drainage of the wound. Some, but not all, infections may need treatment with an appropriate antibiotic.

HOW CAN MRSA BE PREVENTED?

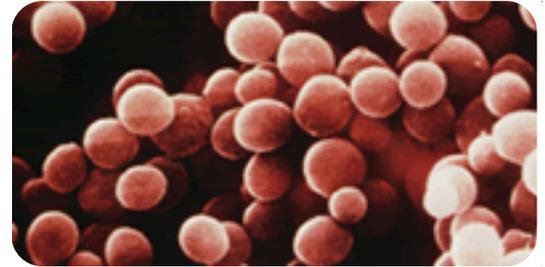
The most effective method to prevent MRSA is good hand washing. Schools must provide adequate time, facilities and supplies for hand washing.



MRSA Guidelines for School ATHLETICS

What is “Staph” / MRSA?:

Staphylococcus aureus, often referred to as “staph”, is a common type of bacteria that can live harmlessly on the skin or in the nose of 25 to 35 percent of healthy people (this is often referred to as being “colonized” with the germ). Occasionally, staph can cause an infection. Staph bacteria are one of the most common causes of skin infection in the United States, but most of these infections are minor, such as pimples or boils. The majority of these infections can be treated without antibiotics, however, some staph infections can cause serious infections, such as pneumonia, bloodstream, bone, and joint infections, and surgical wound infections.



**MRSA =
Methicillin-
Resistant
Staphylococcus
aureus**

In the past, most serious staph bacterial infections were treated with a certain type of antibiotic related to penicillin. In recent years, treatment of these infections has become more difficult because some staph bacteria have become resistant to various antibiotics. These resistant bacteria are called methicillin-resistant staphylococcus aureus (MRSA). According to the Centers for Disease Control (CDC) 1% of the population is colonized with MRSA. MRSA is one type of skin infection among several that are of concern in competitive sports.

Who Gets “Staph” / MRSA?:

“Staph” infections, including MRSA, have been traditionally associated with outbreaks in health-care facilities, but they are becoming increasingly common in student-athletes participating in close contact sports (e.g. football, wrestling, lacrosse, etc.), although anyone, including coaches, staff, family members, etc. who come into contact with colonized individuals, can contract the infection. “Staph” and MRSA are spread either by direct physical contact or indirect touching of contaminated objects. This includes touching, using, and/or sharing sheets, towels, clothes, equipment, dressings, personal items, bar soap, etc. which have been used by someone who has “staph” and/or MRSA, along with poor hygiene habits (e.g. hand washing, showering, etc.)

What Does “Staph” / MRSA Look Like?

“Staph” and/or MRSA usually first looks as some type of skin or soft tissue infection such as pimples, abscesses, pustules, and/or boils (see pictures). Some can be red, swollen, painful, and/or have pus or other drainage. The pustules may be confused with insect bites initially, and may also be associated with existing turf burns and/or abrasions.



What to Do

Without proper care, more serious infections may cause pneumonia, bloodstream, bone, and/or joint infections, and/or surgical wound infections. If anyone has what looks like “staph” and/or MRSA, seek medical attention as soon as possible for evaluation.

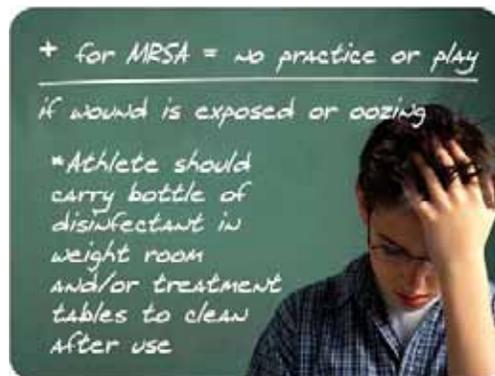
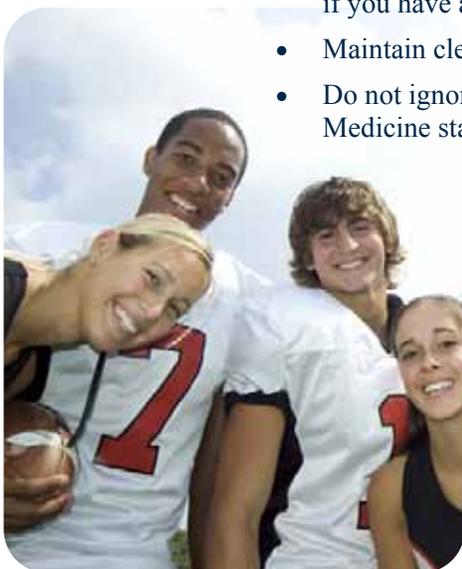
Athletes Who Have MRSA

There are no published return-to-play recommendations specifically for athletes who have MRSA infections, so many physicians are using general guidance for other bacterial skin infections and the NCAA guidelines for wrestlers.

Prevention of “Staph” and/or MRSA

Although treatable, there can be complications associated with “staph” and MRSA infections, making prevention the best measure to combat these infections. The Centers for Disease Control and Prevention suggest the following measures for preventing staphylococcal skin infections, including MRSA:

- Practice good hand hygiene by washing hands frequently and in a thorough fashion with soap and warm water or using an alcohol-based hand sanitizer.
- Take a shower with hot water and wash with soap (liquid antibacterial soap, not bar soap) following all activities (e.g. strength & conditioning sessions, practices, and competitions).
- Avoid sharing towels, equipment, razors, soap (use liquid soap instead of bar soap), etc.
- Use a barrier (e.g. clothing or a towel) between your skin and shared equipment.
- Wipe surfaces of equipment before and after use.
- Clean and properly cover any open wounds such as turf burns, abrasions, lacerations, etc. with an appropriate bandage at all times.
- Avoid whirlpools, hydrotherapy pools, cold tubs, swimming pools, and other common tubs if you have an open wound.
- Maintain clean facilities and equipment.
- Do not ignore skin infections, pimples, pustules, abscesses, etc. Report these to a Sports Medicine staff member and/or physician immediately.



Prevention of Other Infectious Diseases in Athletes

What you can do:

- Include adolescent vaccines on your sports physicals sheets
- Stress importance of vaccines at parent meetings & communications
- Emphasize ways to reduce the spread of diseases (wash hands & don't share water bottles)
- Coordinate with school nurse to ensure Tetanus updates after injuries

**Pertussis
Meningitis
Influenza
Tetanus**

MRSA Guidelines for School ATHLETICS

Equipment Sanitation Procedures

In order to maintain proper sanitary conditions within your athletic facilities and to prevent the outbreak of Methicillin-resistant Staphylococcus aureus (MRSA) and other harmful infections, the following procedures should be in place.

**The individual(s) responsible for cleaning and disinfecting the area should adhere to Universal Precautions at all times and wear personal protective equipment (PPE) as needed*

Treatment / Taping Tables, Weight Room / Rehabilitation Equipment, Countertops, Stools, etc.

1. All equipment must be cleaned everyday and/or following a possible contamination using a disinfectant.
 - Pour disinfectant into the spray bottle.
 - A 1:10 diluted bleach solution can be used to clean hard surfaces only (change bleach solution daily, if kept in sun, solution should be changed every 4 hours)
2. Clean / Disinfect tables, equipment, countertops, stools, etc. in the following manner:
 - Spray the disinfectant solution on the surface to be cleaned;
 - Allow the solution to sit on the surface for three (3) minutes; and
 - Wipe down the surface with a clean towel.



Coolers

1. Coolers must be cleaned and disinfected every day following use, or as needed following every possible contamination using a diluted solution of household dishwashing detergent or other appropriate cleaner.
2. Coolers are to be cleaned in the following manner:
 - Squirt the detergent solution inside and outside the cooler and inside and outside of the cooler's top or lid.
 - Partially fill the cooler with hot water.



- Use a designated scrub brush to thoroughly scrub the inside and outside of the cooler and the inside and outside of the cooler's top or lid.
- Allow the soapy solution to circulate through the cooler spigot and use a 6" cotton-tipped applicator to clean the spigot.
- Thoroughly rinse the cooler and cooler's top or lid using hot water.
- Allow the hot water to circulate through the cooler spigot for rinsing.
- Coolers should be allowed to air dry.
- Store coolers upside down in designated storage area(s). Cooler tops / lids should be stored standing up in designated area(s).

Water Bottles, Water Bottle Lids & Carriers, Pouring Pitchers, etc.

1. Water bottles, water bottle lids and carriers, pouring pitchers, etc. must be cleaned and disinfected every day following use, or as needed following every possible contamination using a diluted solution of household dishwashing detergent or other appropriate cleaner.
2. Water bottles, water bottle lids and carriers, pouring pitchers, etc. are to be cleaned using the "three-sink" system:
 - Fill Sink 1 (or Cooler 1) with a soapy solution of dishwashing detergent or other appropriate cleaner and hot water.
 - Fill Sink 2 (or Cooler 2) with hot water only.
 - Fill Sink 3 (or Cooler 3) with a 1:10 ratio of bleach to warm (not hot) water to sanitize.
 - Submerge the water bottles, water bottle lids and carriers, pouring pitchers, etc. in Sink 1 (or Cooler 1).
 - Use assigned brush to thoroughly scrub the inside and outside of the water bottles, water bottle lids and carriers, pouring pitchers, etc.
 - Submerge the water bottles, water bottle lids and carriers, pouring pitchers, etc. in Sink 2 (or Cooler 2).
 - Thoroughly rinse all items with hot water.
 - Submerge the water bottles, water bottle lids and carriers, pouring pitchers, etc. in Sink 3 (or Cooler 3) to sanitize.
 - Store water bottles upside down in cleaned carriers and place the carriers in the designated area(s)
 - Store water bottle lids in a designated container marked for lids.
 - Store pouring pitchers upside down in designated storage area(s).



Game Ready Attachments

1. Game Ready attachments must be cleaned / disinfected following every use.
2. Game Ready attachments are to be cleaned using proper disinfectant.

- Pour disinfectant into the spray bottle.
- Clean / Disinfect Game Ready attachments in the following manner:
- Spray the disinfectant solution on the inner surface of the Game Ready attachment;
- Allow the solution to sit for three (3) minutes; and
- Wipe down the Game Ready attachment with a clean towel.

Towels

- Cloth towels should only be used on a single person and should be laundered following every use.
- Disposable towels should be used whenever feasible on the field / court and should be disposed of after a single use.



Hydrocollator Packs & Covers

- A clean cloth and/or disposable towel should be placed between the person and the hydrocollator pack / cover.
- Hydrocollator covers should be laundered every day and/or following a possible contamination.

Soft Goods

- Soft goods (e.g. neoprene braces / sleeves, knee / elbow / forearm / shin pads, splints, lace-up ankle braces, shoulder harnesses, walking boot liners, cast shoes, back braces, etc.) should be laundered upon return to the athletic training facility BEFORE being returned to inventory and/or administered to another student athlete.
 - Soft goods that cannot be laundered (e.g. Philadelphia collars, Donjoy Velocity ankle braces, Aircast ankle braces, hard splints, etc.) should be disinfected using the aforementioned guidelines for treatment / taping tables, weight room / rehabilitation equipment, etc.

Whirlpools

1. Whirlpools shall be cleaned following every single use;
2. Whirlpools are not to be used by student-athletes with open or draining wounds;
3. Whirlpools are to be cleaned using disinfectant approved by the State Medical Board.
4. Whirlpools are to be cleaned in the following manner:
 - Spray the whirlpool cleaner in and around the sides of the whirlpool;
 - Allow the whirlpool cleaner to sit for five (5) minutes;

- Using a long-arm brush and hot water, scrub all surfaces of the whirlpool, including the bottom, sides, turbine, etc.
 - Rinse the tank very well with hot water and allow it to drain;
 - Air dry;
5. Whirlpool turbines are to be cleaned using household bleach or ammonia by allowing the bleach or ammonia solution to circulate through a running turbine with hot water for ten (10) minutes.
- DO NOT use bleach and ammonia at the same time as this will create harmful / hazardous fumes.

Chemical Controlled Hydrotherapy Pools (Swimex, spas, etc.)



- Chemical controlled hydrotherapy pools must be monitored on a daily basis as per State of Ohio Regulations.
- All monitoring and water chemistry must be recorded as per State of Ohio regulations.
- Chemical controlled hydrotherapy pools should be “shocked” on a weekly basis and/or as needed.
- Chemical controlled hydrotherapy pools should be vacuumed and the water-line scrubbed every other day and/or as needed.
- Chemical controlled hydrotherapy pools should be drained, thoroughly cleaned, waxed and polished, and refilled as per the manufacturer’s directions at the end of every semester and/or as needed.

Ice Baths / Ice Packs / Ice Towels

Ice is a major carrier of bacteria, viruses and toxins. It is important to keep the ice used during practice and competitions clean and free from exposure to dirt and open wounds.



1. Ice baths should only be used on a single person and should be cleaned and sanitized after each use.
2. Ice packs that are stored in a sealed plastic bag should be wrapped in a clean towel before each use. Discard disposable plastic bags at end of the day. If using a multi-use durable plastic ice pack, discard ice and clean using guidelines for water bottles.
3. Ice towels should only be used on a single person and should be laundered following every use. Clean ice towels may come from the same ice bucket.

MRSA Guidelines for School ATHLETICS

MRSA is a type of staph infection that is resistant to certain types of antibiotics, making it harder to treat. It may cause skin infections that look like pimples or boils. Skin infections caused by staph may be red, swollen, painful, or have pus or other drainage.

Anyone can get a staph infection. People who are more likely to get a staph infection if they have: skin-to-skin contact with someone who has a staph infection; contact with items and surfaces that have staph on them; openings in skin such as cuts and scrapes; and poor personal hygiene.

Things to do:

- Shower immediately after every practice and competition
- Wash all workout clothes after every practice and competition
- Do NOT share towels, equipment, razors, bar soap, etc
- Use a towel between your skin and shared equipment
- Disinfect surfaces of equipment before and after use
- Clean and properly cover any open wounds such as:
 - turf burns, abrasions, lacerations, etc
- Do NOT use whirlpools, hydrotherapy pools, cold tubs, swimming pools, and other common tubs if you have an open wound
- Maintain clean facilities and equipment according to Ohio School Inspection Guidelines
- Go to a doctor or clinic if you have any sores like the ones in the pictures

**MRSA =
Methicillin-
Resistant
Staphylococcus
aureus**



Treatment for a staph infection may include taking an antibiotic or have a doctor drain the infection (never try to drain it yourself).

If you are given an antibiotic, be sure to take all of the doses, even if the infection is getting better, unless your doctor tells you to stop taking it.

Do not share antibiotics with other people or save them to use later.

**If you have questions
call 645-1474
or go to
www.publichealth.columbus.gov**



City of Columbus
Mayor
Michael B. Coleman

Teresa C. Long, MD, MPH
Health Commissioner
240 Parsons Avenue
Columbus, Ohio 43215
www.publichealth.columbus.gov
August 10, 2007



Pertussis (Whooping Cough) Information/Guidelines for Franklin Co. & Columbus City Schools

Dear School Nurse/Administrator

Franklin County Public Health and Columbus Public Health Infectious Disease teams have compiled this document to assist school nurses with better understanding of Pertussis case investigation and surveillance.

Isolation/Exclusion

- Any person confirmed by the health department to have pertussis should be excluded from school for the first 5 days of a full course of antimicrobial treatment. The Ohio Administrative Code (OAC 3701-3-13[S]) states that “a person with pertussis who is not treated with appropriate antimicrobial therapy shall be isolated, including exclusion from school or child care center, until three weeks after the onset of paroxysms. If appropriate antimicrobial therapy is given, the person shall be isolated for five days after initiation of antimicrobial therapy”
- Any person confirmed by the health department to have pertussis who does not take antimicrobial treatment should be excluded from school for 21 days from onset of cough.
- The local health departments recommend that asymptomatic contacts who elect not to take antibiotics, or persons who are not up-to-date with their pertussis immunizations (especially infants who have not had 3 doses of a pertussis-containing vaccine) be excluded from school for 21 days after their last exposure.

Treatment

- Antibiotic treatment should be initiated as soon as pertussis is suspected in a patient. A 5 day course of Azithromycin or 14 day course of Erythromycin is recommended.
- Preventive antibiotic treatment of all household and close contacts with antibiotics is recommended regardless of their age and vaccination status.

Vaccination

Household and other close contacts younger than 7 years of age who have not completed the four-dose primary series should complete the series with minimum intervals. Household and other close contacts who are 4-6 years of age and who have not yet received the second booster (usually the 5th dose of DTaP). Tdap is the vaccine that is recommended for persons 10 years of age and older to boost their immunity against Tetanus, Diphtheria and Pertussis. If a Tdap or TD (Tetanus Booster) has been received in the last 2 years, they are not eligible for this vaccine. Please check the immunization record before proceeding. A child who has had the Tetanus vaccine within the last two years may have serious reaction to the Tdap.

Definitions

Outbreak: Two or more cases clustered in time (e.g., cases occurring within 42 days of each other) and space (e.g., in one child care center, class, or extracurricular activity). This definition is useful to determine if subsequent cases should be considered related or unrelated.

Close contact: The Ohio Infectious Disease Control Manual defines a close contact of a patient with pertussis as “anyone who has had face-to-face contact or shared a confined space for a prolonged period of time with an infected individual.” Respiratory droplet particles can be propelled through the air for distances of approximately 3 feet. Close contacts also can include persons who have direct contact with respiratory, oral or nasal secretions from a symptomatic patient (e.g. cough, sneeze, sharing food and eating utensils, mouth-to-mouth resuscitation, or performing a medical examination of the mouth, nose, and throat).

High-risk contact: persons at risk for developing severe disease and adverse outcomes. Infants aged <1 year are high-risk contacts. Persons who have an immunodeficiency or other underlying severe disease such as chronic lung disease or cystic fibrosis may be at risk for severe disease, but few data are available on pertussis among persons with these conditions.

Considerations/Actions for One laboratory-confirmed case(s) in school setting

- Recommend preventive antibiotics to groups who are close contacts (see definition of close contacts) to the confirmed case-patient.
- Determine if there are any patterns of interaction that would increase exposure time among a group (such as children living in the same neighborhood, riding the same bus, going to the same school, and participating in the same activities, etc.).

Extra-curricular activity groups

Teammates are usually considered to be close contacts, therefore, recommending preventive antibiotic treatment to the entire team (e.g., sports teams, latch-key program) should be considered.

The decision of how widely to recommend preventive antibiotic treatment to other extra-curricular activity groups should be based on:

- the extent of exposure
- existence of subgroups with significant exposure
- the presence/absence of other coughing persons in the group
- whether any other pertussis cases have been reported in the area
- whether high-risk individuals or unvaccinated young children are present.

Elementary/Middle/High School Sample Letter for one or two laboratory confirmed case(s)

Dear Parent,

A case of Pertussis (whooping cough) has been identified in your child's _____ grade classroom. Pertussis is a highly contagious bacterial illness that causes a cough lasting several weeks. Early symptoms include a runny nose, sneezing, fever and cough – symptoms similar to a common cold or allergies.

Be aware that your child may have been exposed, and if he/she experiences any of these symptoms or is a close contact of a pertussis case, call your child's healthcare provider for medical evaluation. The Ohio Infectious Disease Control Manual defines a close contact of a patient with pertussis as "anyone who has had face-to-face contact or shared a confined space for a prolonged period of time with an infected individual."

Young school children are protected against pertussis because they have been immunized with DTap vaccine. However, the immunity from this vaccine diminishes or may wane after the required kindergarten dose of DTap. Centers for Disease Control and Prevention (CDC) recommends, persons aged 10 and older should receive a single dose of Tdap instead of Td for booster immunization against tetanus, diphtheria, and pertussis. All persons exposed to a case of pertussis should be evaluated by their healthcare provider for pertussis-containing vaccination.

Please see the other side of this letter for additional information about pertussis.

Sincerely,

ABC Elementary School

Considerations/Actions for two or more laboratory-confirmed cases in school setting (Outbreak, see definition on page 1)

- For classrooms, teams and other groups in which there are at least two confirmed cases (including at least one laboratory-confirmed case), it is appropriate to consider providing prophylaxis to the entire class, team or group, especially if there is a high degree of student interaction within groups. The extent to which this recommendation is applied will vary according to the extent of exposure, the presence/absence of other coughing persons in the group, whether any other pertussis cases have been reported in the area and whether high-risk individuals or unvaccinated young children are present.
- Providing preventive antibiotic treatment to an entire school or child care center is generally not recommended. Widespread preventive antibiotic treatment may be considered if there are a large number of laboratory confirmed cases in multiple classes and a high degree of student interaction across classes and grades, or if there is a high absenteeism rate together with a small number of students in the entire school.
- In certain special circumstances it may be appropriate to recommend preventive antibiotic treatment to an entire classroom of children in an elementary or middle school where students do not change classes frequently or in certain high-risk settings such as residential schools for ill or developmentally delayed children.

The extent to which this recommendation is applied will vary according to the extent of exposure, the presence/absence of other coughing persons in the class, whether any other pertussis cases have been reported in the area, and whether high-risk individuals or unvaccinated young children are present.

Your Local Health Department might request the following information:

- Names of exposed persons/ suspected contacts
- Immunization records for those who have been exposed
- Healthcare provider information for those who have been exposed

Do's & Don'ts:

- Do contact your local health department
- Do verify/confirm pertussis diagnosis with your local health department before sending any notification
- Do check with the case's teacher to determine if others in the classroom have a persistent cough

The following information could be provided by the Health Department:

- Vaccine Information Sheet on Dtap/ Tdap
- IDRS brochure/ pertussis fact sheet
- FCPH/CPH Website address



Infectious Disease Fact Sheet

Pertussis

Pertussis, also known as Whooping Cough, is a highly contagious respiratory infection caused by the bacteria *Bordetella pertussis*.

Symptoms

Symptoms usually appear 7-10 days after exposure to the bacteria, including:

- Early symptoms resemble the common cold, including sneezing, runny nose, mild fever and cough.
- Within one to two weeks:
 - More severe cough or fits of numerous rapid coughs
 - Coughing followed by a high-pitched “whoop”
 - Coughing so hard that the ill person gags or vomits
- These episodes may recur for one to two months and are more frequent at night.
- Some people including young infants, immunized school children, adolescents, and adults, may not have these typical coughing spells. Infants may have pauses in breathing more than coughing.

Transmission

- Pertussis is primarily spread by direct contact with fluids from the nose and throat of infected people.
- Droplets from the nose or throat can be released into the air when an infected person coughs, sneezes, or talks. People within 3 feet of an ill person can breathe in these droplets and be infected.
- The greatest risk for spread is during the early stages of illness when symptoms resemble the common cold.
- A person can transmit pertussis from the time they begin to show symptoms until three weeks after coughing begins. This time can be reduced to five days after appropriate antibiotic therapy begins.
- A person diagnosed with pertussis **MUST** be excluded from school and/or child care center while they can still transmit pertussis.

Treatment

- A person infected with pertussis should receive an appropriate antibiotic to reduce their ability to spread the illness. Azithromycin, erythromycin, and clarithromycin are the preferred medicines for pertussis, although your physician may prescribe another antibiotic if you cannot take one of these medications.
- Household members and close contacts of a person diagnosed with pertussis will also need to take antibiotics to prevent them from getting pertussis. A close contact is anyone who has had face-to-face contact or shared a confined space for a prolonged period of time with a symptomatic person. Close contacts also include persons who have direct contact with fluids from the mouth, nose, and throat of a sick person.
- In addition to antimicrobials, household and close contacts who have had at least four doses of pertussis vaccine should receive a booster dose (DTaP) unless a dose has been given within the past three years. Ask your physician about what vaccines are available to you.

Additional Information

- Young infants are at the greatest risk for complications, which include mild complications like ear infections, loss of appetite, and dehydration, or serious complications like pneumonia, seizures, brain disorders, and death.
- The best way to prevent pertussis is to ensure that your entire family gets their vaccines on time. Having an up to date pertussis vaccine greatly reduces the chances of getting pertussis, and makes the infection milder if it does occur.

All information is general in nature and is not intended to be used as a substitute for appropriate professional advice.

Ringworm

What is it?

Ringworm is a skin and scalp disease that can be caused by any of several different kinds of fungi. Ringworm has a different medical name depending on where the infection is located:

- Ringworm of the body (tinea corporis): a fungal infection found on the nonhairy parts of the body like the face, trunk, and limbs.
- Ringworm of the foot (tinea pedis): also known as 'athlete's foot,' can be found anywhere on the foot, particularly between the toes
- Ringworm of the scalp (tinea capitis): a fungal infection of the scalp

How is it transmitted?

Ringworm is passed from one person to the next through direct contact.

- Direct skin-to-skin contact with an infected individual
- Direct contact with contaminated items such as combs, unwashed clothing, or surfaces in showers, locker rooms, or pools.
- Direct contact with an animal that carries the fungus, especially cats.

Note: The fungi that cause ringworm thrive in warm, moist areas. Transmission is more likely with frequent wetness (such as from sweating) and minor injuries to the skin, scalp, or nails.

What are the symptoms?

- Tinea corporis has a circular, slightly reddened, scaly, dry lesion (a lesion is abnormal tissue due to disease). This infection is often itchy.
- Tinea pedis has dry, scaly, patchy lesions and may feel itchy or burning.
- Tinea Capitis has patchy, scaly, dandruff-like areas. Hair loss and broken hair is found in those patchy areas.

How is it treated?

- Tinea corporis and tinea pedis can be treated with over-the-counter anti-fungal topical (put on the affected skin) creams that are used as directed
- Tinea capitis is not affected by topical medication and requires a prescription medication from a health care provider.
- If symptoms do not go away, seek medical attention
- Infected animals should also be treated

What can I do to prevent ringworm?

- Infected persons should cover their lesions and use good hand washing to prevent spread to others, especially if involved in contact sports.
- Keep your skin and feet clean and dry
- Shampoo regularly, especially after haircuts
- Do not share clothing, towels, hairbrushes, combs, headgear or other personal care items.
- Thoroughly clean and dry all personal care items after use.
- Wear sandals or shoes at gyms, lockers and pools
- Avoid touching animals with bald spots

Information adapted from the National Institutes of Health Ringworm web page at <http://www.nlm.nih.gov/medlineplus/ency/article/001439.htm> on 4/1/09

To: School District Boards of Education

From: Columbus Public Health, Ben Franklin Tuberculosis Control Program.

Recommendations to School Districts with Regards to Tuberculosis Detection and Prevention

On September 1, 2008, the Ohio Department of Health rescinded OAC 3701-15-04, the section of the Administrative Code that formerly required tuberculosis screening of all new school employees. This rescission has left many districts uncertain of how best to carry out tuberculosis detection and prevention in their schools. This statement is intended to serve as a guide in developing your district's policy on tuberculosis screening of both employees and students.

OAC 3701-15-01 to -03 requires local tuberculosis control units to establish policy on detecting and preventing tuberculosis in their areas. These policies are to be based on several national healthcare guidelines, including the United States Centers on Disease Control and Prevention's *Core Curriculum on Tuberculosis* (www.cdc.gov/tb/pubs/corecurr/default.htm). Columbus Public Health's Ben Franklin Tuberculosis Control Program is the designated tuberculosis control unit for Franklin County and works in cooperation with Nationwide Children's Hospital in managing pediatric tuberculosis cases. The following are recommendations that school districts may follow, in regards to school districts' role in tuberculosis detection and prevention, and were developed by this TB unit in accordance with national standards.

1. TB Screening of Employees and Students

- a. Any new employee or student from a country known to have high endemic rates of tuberculosis who has been in the United States for less than 5 years (generally all countries outside of the United States, Canada, Western Europe, Australia, and New Zealand) or who has spent more than one year in these countries should have on file the results of a tuberculosis screening completed within one year prior to beginning at the school.
- b. TB screenings may include a Tuberculin Skin Test (TST), with results being reported in "mm" and evaluated based on risk factors as described by the *Core Curriculum*, or for anyone 17 years of age or older a Blood Assay Measurement Test (BAMT), which measures interferon gamma and should be reported as either positive or negative.
- c. Employees or students with negative screenings do not require further screenings, but may receive further screenings at the discretion of the school district if they remain at risk for continued tuberculosis exposure or infection.
- d. Persons with a positive TB screening should have a clinical assessment and a chest x-ray and if these indicate absence of disease enrollment or employment may proceed.

- e. Persons found to have active TB disease should be reported to the Ben Franklin Tuberculosis Control Program and may be externally case managed or treated directly by this TB Control Unit. Students or employees with active tuberculosis disease may be infectious and should not be allowed to attend school or work until cleared to do so by the Ben Franklin Tuberculosis Control Program, which oversees the patients' therapies.
 - f. A positive TB screening with subsequent negative chest x-ray and clinical findings (latent TB infection) does not need reported to this TB Control Unit.
2. Latent Tuberculosis Infections (LTBI)
- a. Students or employees with latent tuberculosis infections are not infectious and should not be barred from school based on their latent infection status. There are no laws that can compel persons with latent tuberculosis infection to receive treatment for the infection.
 - b. Upon consultation with a qualified physician, a student or employee with latent tuberculosis infection may receive treatment for the infection for many months. Within limits of the patient's medical privacy rights, the school or school district is encouraged to take an active role in helping to ensure the completion of that treatment.
 - c. Students or employees with positive screenings usually do not require further screenings after evaluation. However, these persons should immediately report symptoms of active tuberculosis to their physician and seek medical evaluation for TB disease, should those symptoms develop.

It is important to note that tuberculosis screening is only recommended in targeted populations of at risk individuals (foreign-born, homeless, IV drug users, etc.) as defined by the *Core Curriculum*. Many of these individuals are routinely identified and screened by the local control unit. Before any screening program is instituted by your district, it is important to have a process in place for follow-up care of persons with suspected infections.

Any tuberculosis policy must make clear distinctions in the handling of active tuberculosis disease versus latent tuberculosis infections. Remember that a positive screening means only that the person may be infected with the organism. It does not necessarily mean the person has tuberculosis disease. Latent tuberculosis infections are not contagious. Approximately 10% of people with latent infections will go on to develop active disease over the course of their lifetime. The other 90% will never develop the disease and never become infectious.

Cases of active tuberculosis disease are routinely treated by the control unit through directly observed therapy (i.e., each dose of medication taken by TB patients are observed by a health professional). For patients with latent infections (LTBI) who are on preventative medication therapy, schools may play a role in supporting and enhancing this therapy by offering

observational therapy of medication by the school nurse. It is important to note, however, that persons with latent infections, or their guardians, have a right to keep all medical information private and these persons are not infectious/ contagious, and are not required to share their health status with the school. No person can be required to be treated for latent infections. For further recommendations, clarification, or explanation, please refer to the *Core Curriculum on Tuberculosis* link above or contact the Ben Franklin Tuberculosis Control Program.

Pete Denkowski, MS, RN
 Director, Ben Franklin TB Control Program
 Columbus Public Health Department
 240 Parsons Ave.
 Columbus, Ohio 43215
 (614) 645-6582; peted@columbus.gov

BOARD of HEALTH

The Difference Between Latent TB Infection and Active TB Disease

What Is TB?

Tuberculosis (TB) is a disease caused by a germ called *Mycobacterium tuberculosis* that is spread from person to person through the air. TB usually affects the lungs, but it can also affect other parts of the body, such as the brain, the kidneys, or the spine. When a person with infectious TB coughs or sneezes, droplet nuclei containing *M. tuberculosis* are expelled into the air. If another person inhales air containing these droplet nuclei, he or she may become infected. However, not everyone infected with TB bacteria becomes sick. As a result, two TB-related conditions exist: latent TB infection and active TB disease.

What Is Latent TB Infection?

Persons with latent TB infection do not feel sick and do not have any symptoms. They are infected with *M. tuberculosis*, but do not have active TB disease. The only sign of TB infection is a positive reaction to the tuberculin skin test or special TB blood test. **Persons with latent TB infection are not infectious and cannot spread TB infection to others.**

Overall, about 5 to 10% of infected persons will develop active TB disease at some time in their lives. About half of those people who develop active TB will do so within the first two years of infection. For persons whose immune systems are weak, especially those with HIV infection, the risk of developing active TB disease is considerably higher than for persons with normal immune systems.

Of special concern are persons infected by someone with extensively drug-resistant TB (XDR TB) who later develop active TB disease; these persons will have XDR TB, not regular TB disease.

A person with latent TB infection (LTBI)

Usually has a skin test or blood test result indicating TB infection
Has a normal chest x-ray and a negative sputum test
Has TB bacteria in his/her body that are alive, but inactive
Does not feel sick
Cannot spread TB bacteria to others
Needs treatment for latent TB infection to prevent TB disease; however, if exposed and infected by a person with multidrug-resistant TB (MDR TB) or extensively drug-resistant TB (XDR TB), preventive treatment may not be an option

What Is Active TB Disease?

In some people, TB bacteria overcome the defenses of the immune system and begin to multiply, resulting in the progression from latent TB infection to active TB disease. Some people develop active TB disease soon after infection, while others develop active TB disease later when their immune system becomes weak.

The general symptoms of active TB disease include

- Unexplained weight loss
- Loss of appetite
- Night sweats
- Fever
- Fatigue
- Chills

The symptoms of TB of the lungs include

- Coughing for 3 weeks or longer
- Hemoptysis (coughing up blood)
- Chest pain

What Is Active TB Disease? (cont.)

Other symptoms depend on the part of the body that is affected.

Persons with active TB disease are considered infectious and may spread TB bacteria to others. If TB disease is suspected, persons should be referred for a complete medical evaluation. If it is determined that a person has active TB disease, therapy is given to treat it. TB disease is a serious condition and can lead to death if not treated.

A person with active TB disease
Usually has a skin test or blood test result indicating TB infection
May have an abnormal chest x-ray, or positive sputum smear or culture
Has active TB bacteria in his/her body
Usually feels sick and may have symptoms such as coughing, fever, and weight loss
May spread TB bacteria to others
Needs treatment to treat active TB disease

Additional Information

American Thoracic Society (ATS) and CDC. Diagnostic standards and classification of tuberculosis in adults and children. *Am J Respir Crit Care Med* 2000; 161.

www.thoracic.org/adobe/statements/tbadult1-20.pdf

ATS, CDC, and Infectious Diseases Society of America. Treatment of tuberculosis. *MMWR* 2003; 52 (No. RR-11).

www.cdc.gov/MMWR/PDF/rr/rr5211.pdf

CDC. Targeted tuberculin testing and treatment of latent tuberculosis infection. *MMWR* 2000; 49 (No. RR-6).

www.cdc.gov/mmwr/preview/mmwrhtml/rr4906a1.htm

CDC. Multidrug-Resistant Tuberculosis (MDR TB). <http://www.cdc.gov/tb/pubs/tbfactsheets/mdrtb.htm>

CDC. Extensively Drug-Resistant Tuberculosis (XDR TB). <http://www.cdc.gov/tb/pubs/tbfactsheets/xdrtb.htm>

Targeted Tuberculin Testing and Interpreting Tuberculin Skin Test Results

Introduction

Targeted tuberculin testing is used to focus program activities, provider practices, and financial resources on groups at the highest risk for latent tuberculosis infection (LTBI). Once TB disease has been ruled out, those who would benefit from treatment of LTBI should be offered this option regardless of their age.

Every effort should be made to test only those persons at the highest risk, interpret tuberculin skin test (TST) reactions accurately, and ensure appropriate treatment and completion of the recommended regimen.

Persons at Risk for Developing TB Disease

Generally, persons at high risk for developing TB disease fall into two categories: those who have been recently infected, and those with clinical conditions that increase the risk of progression from LTBI to TB disease.

Recent infection should be suspected in the following:

- Close contacts of a person with infectious TB
- Persons who have immigrated from areas of the world with high rates of TB
- Children ≤ 5 years of age who have a positive TST result
- Recent converters (those with an increase of 10 mm or more in size of TST reaction within a 2-year period)
- Groups with high rates of *M. tuberculosis* transmission, such as homeless persons, injection drug users, and persons with HIV infection
- Persons who work or reside with people who are at high risk for TB in facilities or institutions such as hospitals, homeless shelters, correctional facilities, nursing homes, and residential homes for those with HIV

Clinical conditions that increase the risk of progression from LTBI to TB disease:

- HIV infection
- Radiographic evidence of prior TB
- Low body weight ($\geq 10\%$ below ideal)
- Silicosis
- Diabetes mellitus
- Chronic renal failure or being on hemodialysis
- Gastrectomy
- Jejunioileal bypass
- Solid organ transplant
- Head and neck cancer
- Prolonged use of immunosuppressive agents (e.g., prednisone, TNF- α antagonists)

Criteria for Classifying Positive TST Reactions

Reaction of ≥ 5 mm of induration is considered positive in

- HIV-infected persons
- Recent contacts of infectious TB cases
- Persons with fibrotic changes on chest radiograph consistent with prior TB
- Organ transplant recipients
- Persons who are immunosuppressed for other reasons (e.g., taking the equivalent of >15 mg/day of prednisone for 1 month or more, taking TNF- α antagonists)

Reaction of ≥ 10 mm of induration is considered positive in

- Recent immigrants (within last 5 years) from high-prevalence countries
- Injection drug users
- Residents or employees of high-risk congregate settings
- Mycobacteriology laboratory personnel
- Children < 4 years of age, or children or adolescents exposed to adults at high risk
- Persons with clinical conditions previously mentioned

Reaction of > 15 mm of induration is considered positive in

- Persons with no known risk factors for TB*

* Although skin testing programs should be conducted only among high-risk groups, certain individuals may require TST for employment or school attendance. An approach independent of risk assessment is not recommended by CDC or the American Thoracic Society.

Special Considerations

Questions often arise about the interpretation of TST results in persons with a history of Bacille Calmette-Guérin (BCG) vaccine, HIV infection, and recent contacts to an infectious TB case.

BCG vaccine is currently used in many parts of the world to protect infants and children from severe TB disease, especially TB meningitis. It does not confer lifelong immunity, and its significance in persons receiving the TST causes confusion in the medical and lay community.

- History of BCG vaccine is NOT a contraindication for tuberculin testing
- TST reactivity caused by BCG vaccine generally wanes with time
- If more than 5 years have elapsed since administration of BCG vaccine, a positive TST reaction is most likely a result of *M. tuberculosis* infection

Persons who are HIV infected have a much greater risk for progression to TB disease if they have LTBI.

- Individuals with HIV infection may be unable to mount an immune response to the TST and may have false-negative TST results
- Usefulness of anergy testing in TST-negative persons who are HIV infected has not been demonstrated

Persons with a positive TST result who are contacts of an individual with infectious TB should be treated regardless of age.

- Some TST-negative persons should also be considered for treatment (i.e., young children, immunosuppressed)
- Repeat TST in 8–12 weeks if initial test result is negative. A delayed-type hypersensitivity response to tuberculin is detected 2–12 weeks after infection

References

ATS/CDC. Targeted tuberculin testing and treatment of latent tuberculosis infection. *MMWR* 2000;49 (No. RR- 6).

<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr4906a1.htm>

ATS/CDC. Update: Adverse Event Data and Revised American Thoracic Society/CDC Recommendations Against the Use of Rifampin and Pyrazinamide for Treatment of Latent Tuberculosis Infection.

MMWR 2003; 52 (No. 31).

<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5231a4.htm>

CDC. Tuberculosis Associated with Blocking Agents Against Tumor Necrosis Factor - Alpha - California, 2002–2003. *MMWR* 2004; 53 (No. 30).

<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5330a4.htm>

ATS/CDC. Treatment of tuberculosis. *MMWR* 2003; 52(No. RR-11).

<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5211a1.htm>

Additional Resources

Websites:

TB Education and Training Resources
<http://www.findtbresources.org/>

World Health Organization (WHO)
<http://www.who.int/>

The following resources can be viewed and downloaded from the CDC website at www.cdc.gov/tb.

Slide Set:

Targeted Tuberculin Testing and Treatment of Latent Tuberculosis Infection, 2005: Applying CDC/ATS Guidelines in Your Clinical Practice

Fact Sheets:

Treatment of Latent Tuberculosis Infection:
Maximizing Adherence

Treatment Options for Latent Tuberculosis Infection

NIOSH Safety and Health Topic:

Poisonous Plants



Photos courtesy of Edwin P. Ewing, Jr., (poison ivy) and U.S. Department of Agriculture (poison oak and poison sumac)

Overview

Many native and exotic plants are poisonous to humans when ingested or if there is skin contact with plant chemicals. However, the most common problems with poisonous plants arise from contact with the sap oil of several ever-present native plants that cause an allergic skin reaction—poison ivy, poison oak, and poison sumac.

Poison ivy, poison oak, and poison sumac release an oil, urushiol, when the leaf or other plant parts are bruised, damaged, or burned. When the oil gets on the skin an allergic reaction, referred to as contact dermatitis, occurs in most exposed people as an itchy red rash with bumps or blisters. When exposed to 50 micrograms of urushiol, an amount that is less than one grain of table salt, 80 to 90 percent of adults will develop a rash. The rash, depending upon where it occurs and how broadly it is spread, may significantly impede or prevent a person from working. Although over-the-counter topical medications may relieve symptoms for most people, immediate medical attention may be required for severe reactions, particularly when exposed to the smoke from burning these poisonous plants. Burning these poisonous plants can be very dangerous because the allergens can be inhaled, causing lung irritation.

Outdoor workers may be exposed to poisonous plants. Outdoor workers at risk include farmers, foresters, landscapers, groundskeepers, gardeners, painters, roofers, pavers, construction workers, laborers, mechanics, and any other workers who spend time outside. Forestry workers and firefighters who battle forest fires are at additional risk because they could potentially develop rashes and lung irritation from contact with damaged or burning poisonous plants. It is important for employers to train their workers about their risk of exposure to poisonous plants, how they can prevent exposures and protect themselves, and what they should do if they come in contact with these plants.

U.S. Geographic Distribution

One or more of the most common poisonous plant species are found throughout the United States (except Alaska and Hawaii). These plants can be found in forests, fields, wetlands and along streams, road sides, and even in urban environments, such as, parks and backyards.

Poisonous Plants



Topic Index:

[Hazards to Outdoor Workers](#)

Physical Hazards

- [Heat Stress](#)
- [Cold Stress](#)
- [UV Radiation](#)

Biological Hazards

- [Insects and Scorpions](#)
- [Poisonous Plants](#)
- [Venomous Spiders](#)
- [Venomous Snakes](#)

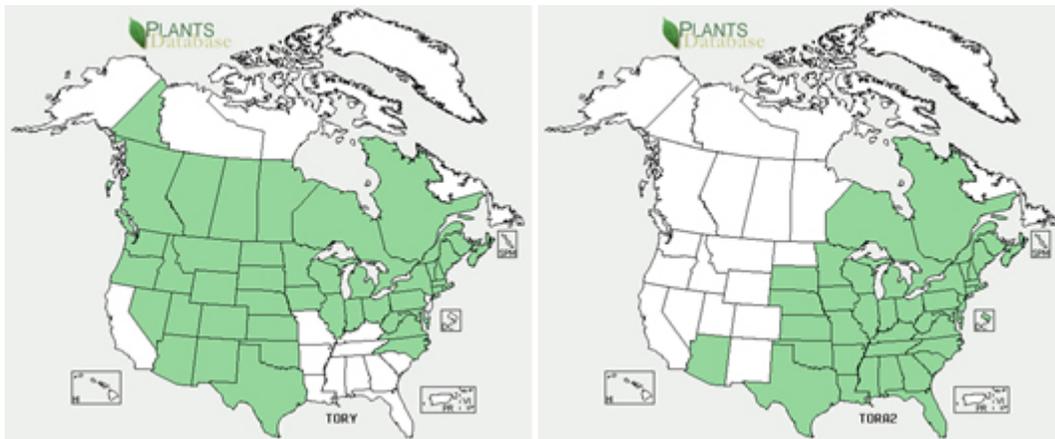
Vector-Borne Diseases

- [West Nile Virus](#)
- [Lyme Disease](#)
- [Tick-Borne Disease](#)

On This Page...

- [Overview](#)
- [U.S. Geographic Distribution](#)
- [Plant Identification](#)
- [Exposure](#)
- [Symptoms](#)
- [Recommendations for Protecting Workers](#)
- [Additional Resources](#)

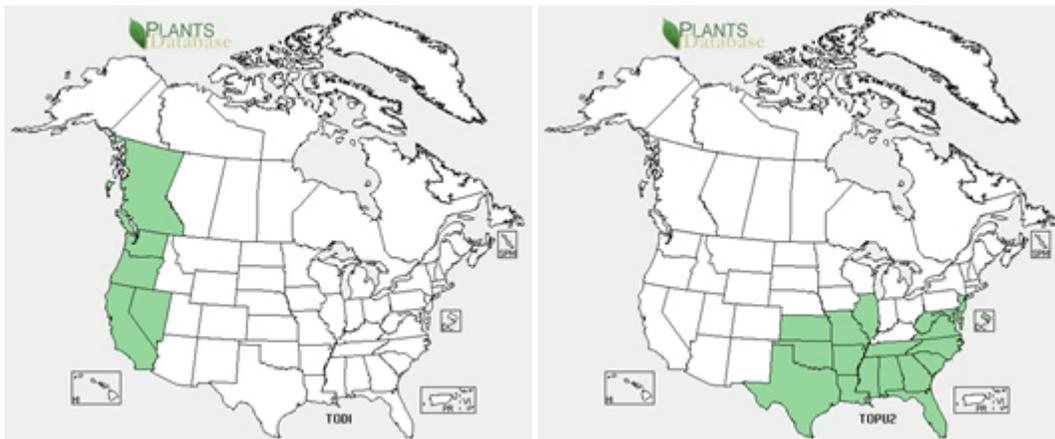
Poison Ivy



Western poison ivy (left); Eastern poison ivy (right)

Across the United States, except California, Alaska, and Hawaii

Poison Oak



Pacific poison oak (left); Atlantic poison oak (right)

Primarily the Southeast and West Coast

Poison Sumac



Abundant along the Mississippi River and boggy areas of the Southeast

Maps in this section courtesy of U.S. Department of Agriculture

Plant Identification

The old saying "*Leaves of three, Let it be!*" is a helpful reminder for identifying poison ivy and oak, but not poison sumac which usually has clusters of 7-13 leaves. Even poison ivy and poison oak may have more than three leaves and their form may vary greatly depending upon the exact species encountered, the local environment, and the season. Being able to identify local varieties of these poisonous plants throughout the seasons and differentiating them from common nonpoisonous look-a-likes are the major keys to avoiding exposure.

Poison Ivy



Photos courtesy of U.S. Department of Agriculture

- Eastern poison ivy is typically a hairy, ropelike vine with three shiny green (or red in the fall) leaves budding from one small stem
- Western poison ivy is typically a low shrub with three leaves that does not form a climbing vine
- May have yellow or green flowers and white to green-yellow or amber berries

Poison Oak



Photos courtesy of U.S. Department of Agriculture

- Typically a shrub with leaves of three, similar to poison ivy
- Pacific poison oak may be vine-like
- May have yellow or green flowers and clusters of green-yellow or white berries

Poison Sumac



Photos courtesy of U.S. Department of Agriculture

- Woody shrub that has stems that contain 7-13 leaves arranged in pairs

- May have glossy, pale yellow, or cream-colored berries

Exposure

Workers may become exposed to urushiol through:

- Direct contact with the plant
- Indirect contact, such as touching tools, livestock, or clothing that have urushiol on them
- Inhalation of particles containing urushiol from burning plants

Symptoms

Signs or symptoms associated with dermal contact with poisonous plants may include:

- Red rash within a few days of contact
- Possible bumps, patches, streaking, or weeping blisters (blister fluids are not contagious)
- Swelling
- Itching

Recommendations for Protecting Workers

Employers should protect their workers from poisonous plants by training them about:

- Their risk of exposure to poisonous plants
- How to identify poisonous plants
- How to prevent exposure to poisonous plants
- What they should do if they are exposed to poisonous plants

Prevention

Workers can prevent contact with poisonous plants by taking these steps:

- Wear long sleeves, long pants, boots, and gloves.
 - Wash exposed clothing separately in hot water with detergent.
- Barrier skin creams, such as a lotion containing bentoquatam, may offer some protection before contact.
 - Barrier creams should be washed off and reapplied twice a day.
- After use, clean tools with rubbing alcohol (isopropanol or isopropyl alcohol) or soap and lots of water. Urushiol can remain active on the surface of objects for up to 5 years.
 - Wear disposable gloves during this process.
- Do not burn plants that may be poison ivy, poison oak, or poison sumac.
 - Inhaling smoke from burning plants can cause severe allergic respiratory problems.

Employers should prevent workers from being exposed to burning poisonous plants whenever possible. However, when exposure to burning poisonous plants is unavoidable, employers should provide workers with:

- A NIOSH-certified half-face piece particulate respirator rated R-95, P-95, or better. This recommendation does NOT apply to wildland firefighters. Firefighters may require a higher level of respiratory protection to protect against possible exposure to combustion products.
- These respirators should protect against exposure to burning poisonous plants, but will not protect against all possible combustion products in smoke, such as carbon monoxide.
- Respirators must be worn correctly and consistently throughout the time they are used.
- For respirators to be effective there must be a tight seal between the user's face and the respirator.
- Respirators must be used in the context of a written comprehensive respiratory protection program (see OSHA Respiratory Protection standard 29 CFR 1910.134, or www.osha.gov/SLTC/respiratoryprotection/index.html).

First Aid

Workers who have come in contact with poisonous plants should:

- Immediately rinse skin with rubbing alcohol, specialized poison plant washes, degreasing soap (such as dishwashing soap) or detergent, and lots of water.
 - Rinse frequently so that wash solutions do not dry on the skin and further spread the urushiol.
- Scrub under nails with a brush.
- Apply wet compresses, calamine lotion, or hydrocortisone cream to the skin to reduce itching and blistering.
 - Follow the directions on any creams and lotions. Do not apply to broken skin, such as open blisters.
 - Oatmeal baths may relieve itching.
- An antihistamine such as diphenhydramine (Benadryl) can be taken to help relieve itching.
 - Follow directions on the package.
 - Drowsiness may occur.
 - If children come in contact with work clothing contaminated with urushiol, a pediatrician should be contacted to determine appropriate dosage.
- In severe cases or if the rash is on the face or genitals, seek professional medical attention.
- Call 911 or go to a hospital emergency room if the worker is suffering a severe allergic reaction, such as swelling or difficulty breathing, or has had a severe reaction in the past.

Additional Resources

[Occupational Safety and Health Administration – Sawmills eTool: Poisonous Plants](http://www.osha.gov/SLTC/etools/sawmills/poison.html)

External link: <http://www.osha.gov/SLTC/etools/sawmills/poison.html>

[National Library of Medicine/National Institutes of Health – Medline Plus: Poison Ivy-Oak-Sumac Rash](http://www.nlm.nih.gov/medlineplus/ency/article/000027.htm)

External link: <http://www.nlm.nih.gov/medlineplus/ency/article/000027.htm>

[Food and Drug Administration: Outsmarting Poison Ivy and Its Cousins](http://www.fda.gov/fdac/features/796_ivy.html)

External link: http://www.fda.gov/fdac/features/796_ivy.html

[American Academy of Dermatology: Poison Ivy, Oak, and Sumac](http://www.aad.org/public/Publications/pamphlets/Poison_IvyOakSumac.htm)

External link: http://www.aad.org/public/Publications/pamphlets/Poison_IvyOakSumac.htm

[The Poison Ivy Site](http://www.poison-ivy.org/index.htm)

External link: <http://www.poison-ivy.org/index.htm>

[Poison Ivy, Oak, and Sumac Information Center](http://poisonivy.aesir.com/view/welcome.html)

External link: <http://poisonivy.aesir.com/view/welcome.html>

[Ohio State University Extension - Poison Ivy, Poison Oak, and Poison Sumac for Trainers and Supervisors](http://ohioline.osu.edu/aex-fact/192/pdf/0192_2_37.pdf)

External link: http://ohioline.osu.edu/aex-fact/192/pdf/0192_2_37.pdf

[Poison Oak: More Than Just Scratching the Surface](http://waynesword.palomar.edu/ww0802.htm)

External link: <http://waynesword.palomar.edu/ww0802.htm>

Page last updated: October 22, 2008

Page last reviewed: October 21, 2008

Content Source: National Institute for Occupational Safety and Health (NIOSH)

[NIOSH Home](#) | [NIOSH Search](#) | [Site Index](#) | [Topic List](#) | [Contact Us](#)

SEXUAL HEALTH EXAMS, TESTS & TREATMENT

HOW MUCH DOES IT COST?

A minimal fee is requested to cover the cost of the Sexual Health Clinic visit.

Fees are based on a sliding scale. Some insurances can be billed. **HIV testing and HIV case management are always free.**

****No one is turned away because they cannot pay!**



HOW LONG WILL MY VISIT TAKE?

It will take at least 2 hours for a clinic visit, longer depending on how many persons are before you. It takes this long because you need to wait for some



test results. That way you can know if you have an STD and get medicine before you leave.

COMMON SEXUALLY TRANSMITTED DISEASES (STD'S)		SYMPTOMS	
DISEASE	TRANSMISSION	MALE	FEMALE
Chlamydia	Unprotected vaginal or anal sex with a person who has Chlamydia	<ul style="list-style-type: none"> Watery or milky discharge from penis Burning when urinating Pain or swelling of the testicles 	<ul style="list-style-type: none"> Unusual discharge from the vagina Bleeding/spotting between periods Lower abdominal pain Burning when urinating
Genital Herpes	By direct contact with the sores or blisters of an infected person. <i>Cold sores are a form of the herpes virus. If a cold sore comes into contact with someone's genitals (oral sex) there is a risk for development of genital herpes.</i>	<p>Same for males and female</p> <ul style="list-style-type: none"> Tingling or itching of the skin around the genitals blisters in or around the genitals, or wherever there is skin to skin contact (lips, nipples, anus) Burning when you urinate (pee) Flu-like symptoms (usually during the outbreak) Tender, swollen glands in the groin 	<p>Same for males and female</p> <ul style="list-style-type: none"> Tingling or itching of the skin around the genitals blisters in or around the genitals, or wherever there is skin to skin contact (lips, nipples, anus) Burning when you urinate (pee) Flu-like symptoms (usually during the outbreak) Tender, swollen glands in the groin
Genital Warts (HPV)	Through direct skin to skin contact or unprotected vaginal, oral or anal sex	<ul style="list-style-type: none"> Warts may be round, flat or raised small cauliflower-like bumps that are flesh/grey colored; found around the genital area Warts can be single or in clusters 	<ul style="list-style-type: none"> See male symptoms They can also appear on the vaginal walls and cervix (opening of the uterus)
Gonorrhea	By having unprotected vaginal, oral or anal sex with a person who has gonorrhea	<ul style="list-style-type: none"> Yellow/green pus from the penis Burning/pain when urinating Rectal discharge from anal sex Blood in the stool Sore throat from oral sex 	<ul style="list-style-type: none"> See male symptoms Thick yellowish vaginal discharge Abnormal vaginal bleeding
HIV/AIDS	<ul style="list-style-type: none"> Contact with blood, semen, vaginal secretions or breast milk Sex – including vaginal, anal, oral sex and sharing sex toys etc. Pregnancy – from an infected mother to an unborn baby Use or re-use of needles or syringes with traces of the blood of an infected person (e.g., tattooing, sharing needles, piercing) 	<p>Same for males and females</p> <ul style="list-style-type: none"> HIV – infected people often have no symptoms and look and feel fine. Some people with HIV will have symptoms like fatigue, loss of appetite, night sweats etc. AIDS – (occurs after the virus has damaged the immune system) People may have symptoms like extreme weight loss, unusual skin infections, pneumonias or cancers. 	<p>Same for males and females</p> <ul style="list-style-type: none"> Many people have no symptoms Painless sore(s) from pinpoint size to as large as a quarter Flu-like symptoms, fever, fatigue, pain in the joints and muscles Painless rash on hands, feet or whole body Swollen lymph nodes Hair loss
Syphilis	By having direct contact with a syphilis sore during vaginal, oral or anal sex.	<p>Same for males and females</p> <ul style="list-style-type: none"> Many people have no symptoms Painless sore(s) from pinpoint size to as large as a quarter Flu-like symptoms, fever, fatigue, pain in the joints and muscles Painless rash on hands, feet or whole body Swollen lymph nodes Hair loss 	<p>Same for males and females</p> <ul style="list-style-type: none"> Many people have no symptoms Painless sore(s) from pinpoint size to as large as a quarter Flu-like symptoms, fever, fatigue, pain in the joints and muscles Painless rash on hands, feet or whole body Swollen lymph nodes Hair loss



SHOULD I BE EXAMINED FOR STD'S?

The Sexual Health Clinic recommends STD and/or HIV testing to anyone who has:

- Had oral, anal, or vaginal sex and did not use a condom
- Shared needles to inject drugs or has had sex with someone who does
- Felt that they may have been exposed

WHY DO I NEED TO BE TESTED AND TREATED FOR STD'S?

If you have an STD & don't get treated:

- You can get very sick
- You may not be able to have children
- You can give the STD to someone else

COLUMBUS PUBLIC HEALTH, SEXUAL HEALTH PROGRAM

offers the only public sexual health clinic in central Ohio providing:

- STD diagnosis and treatment—age 13 and older without parental consent
- HIV education, testing, and resources...free!
- HIV case management

All services are provided by a team of trained staff who have the skills necessary to meet the diverse needs of the people they serve.

SOME COMMON SYMPTOMS OF STD'S...

- Pain when urinating or having sex
- Unusual discharge from the vagina or penis
- Sores or bumps near or on the penis, anus, vagina, or mouth

Many STDs do not have symptoms, especially in women. A test is the only way to tell for sure if you have an infection.

HIV EDUCATION & TESTING

This program offers free anonymous and confidential education and testing for HIV infection.

People infected with HIV often look and feel healthy for a long time. An HIV test is the only way to tell if you have HIV.

By taking the test you will:

- Find out if you have HIV
- Find out how to access care for HIV
- Learn ways to protect you and yourself from HIV and STDs



WHAT WILL HAPPEN IF I TAKE AN HIV TEST?

- After talking with clinic staff about HIV, a small amount of your blood will be drawn and tested.
- Rapid HIV testing takes about 20 minutes.

If you test positive for HIV...

You can meet with a social worker. The social worker can provide support, tell you about other community services, and give you information on living with HIV.

For more information call 645-6993.

HIV EARLY INTERVENTION CASE MANAGER

The HIV Early Intervention Case Manager is a licensed social worker who assists people, who are HIV+. The social worker specializes in providing support, counseling, and HIV education. Connections can be made for services such as medical care, support groups, counselors, and legal and financial assistance.

YOU CAN ALWAYS GET TESTED IN THE COMMUNITY:

SHAC (Sexual Health Awareness Clinic) is a walk-in community clinic, where trained staff provide education and testing for HIV, Gonorrhea, Chlamydia, and Syphilis. SHAC has different locations throughout the week (see location listing below). You do not need an appointment.

For more information call 645-7772.

The goal of the Sexual Health Program is to improve the sexual health of the Columbus community through a continuum of quality services.

SEXUAL HEALTH CLINIC HOURS

@ 240 Parsons Ave, Columbus, OH 43215

Monday 7:15am—3:30pm
 Tuesday 10:45am—7:00pm
 Wednesday 7:15am—10:30pm
 Thursday 7:15am—3:30pm
 Friday 7:15am—3:30pm



**This is a walk-in clinic. When all daily patient slots are full, we cannot accept more patients that day.*

sexual health program



SEXUAL HEALTH PROGRAM

Columbus Public Health
 240 Parsons Avenue
 Columbus, Ohio 43215
 (614)645-7772

www.publichealth.columbus.gov



Teresa C. Long, M.D., M.P.H., Health Commissioner



City of Columbus
 Mayor Michael B. Coleman



2/08

The City of Columbus is an Equal Opportunity Provider of Services/EEO Employer.

SHAC LOCATIONS

Planned Parenthood OSU Campus
 18 E. 17th Ave.
 Every Monday from 1 pm to 3pm

Planned Parenthood East
 3255 East Main St.
 Every Tuesday from 11 am to 1 pm

Women's Health Center, North
 COFA Bldg. 1390 Cleveland Ave., 2nd flr
 2nd & 4th Thurs. of the month, 2 pm – 5 pm

Planned Parenthood Franklinton
 1511 West Broad St.
 2nd & 4th Thurs. of the month, 3 pm– 5 pm

Women's Health Center, West
 3556 Sullivant Ave, Ste 203
 1st & 3rd Friday of the month, 8:30– 10:30a

Chapter 6. Immunizations

Immunization Summary for Child Care, Head Start, Pre-School and School Attendance

VACCINES	<i>FALL 2011</i> IMMUNIZATIONS FOR CHILD CARE/HEAD START AND PRE-SCHOOL ATTENDANCE	<i>FALL 2011</i> IMMUNIZATIONS FOR SCHOOL ATTENDANCE
DTaP/DTP/DT Tdap/Td Diphtheria, Tetanus, Pertussis	4 doses of DTaP, DTP, or DT or any combination.	Kindergarten 5 doses of DTaP, DTP, or DT, or any combination, if the fourth dose was administered prior to the 4 th birthday Grades 1-12 3-4 doses of DTaP, DTP, DT or Td or any combination. Grades 7-8 1 dose of Tdap or Td vaccine must be administered prior to entry.
POLIO	3 doses of OPV or IPV or any combination of OPV or IPV.	K-1 A minimum of 3 doses. The final dose must have been given on or after the 4 th birthday, regardless of the number of previous doses; 4 doses if a combination of OPV and IPV was administered. Grades 2-12 4 doses if a combination of OPV and IPV was administered. 4 doses of all OPV or all IPV is required if the third dose of either vaccine was administered prior to the 4 th birthday.
MMR Measles, Mumps, Rubella	1 dose of MMR administered on or after the first birthday	K-12 2 doses of MMR. Dose 1 must be administered on or after the first birthday. The second dose must be administered at least 28 days after dose 1.
Hib <i>Haemophilus Influenzae</i> Type b	3 or 4 doses depending on the vaccine type, the age when the child began the 1 st dose and the last dose must be after 12 months or 1 dose if given on or after 15 months of age	None
HEP B Hepatitis B	3 doses of Hepatitis B	K-12 3 doses of Hepatitis B. The second dose must be administered at least 28 days after the first dose. The third dose must be given at least 16 weeks after the first dose and at least 8 weeks after the second dose. The last dose in the series (third or fourth dose), must not be administered before age 24 weeks.
Varicella (Chickenpox)	None	K-1 2 doses of varicella vaccine must be administered prior to entry. Grade 2-5 1 dose of varicella vaccine must be administered on or after the first birthday.

NOTES:

- The 4 day “grace” period applies to all age and interval minimums. If MMR and Varicella are not given on the same day, the doses must be separated by at least 28 days with no grace period.
- The Tdap and Varicella requirements will be progressive.
- Only full doses of vaccine using proper intervals shall be counted as valid doses.
- For additional information please refer to the Ohio Administrative Code 5101:2-12-37 for Child Care, Head Start, Pre-School and the Ohio Revised Code 3313.67 and 3313.671 for School Attendance. These documents list required and recommended immunizations and indicate exemptions to immunizations.
- Please contact the Ohio Department of Health Immunization Program at (800) 282-0546 or (614) 466-4643 with questions or concerns.

Authorization to Disclose Immunization Information

Name of Child _____

Date of Birth _____

I, _____, as the parent or guardian of the above named child, hereby authorize (*Name of Provider[s]*):

_____ to disclose the specific and individually identifiable immunization records of the above named child to (*Name of School*):

_____ for the specific purpose of presenting written evidence, satisfactory to the person in charge of admission, that the above named child has been immunized by a method of immunization approved by the department of health as required by section 3313.671 of the Ohio Revised Code.

This authorization will expire upon the presentation of written evidence sufficient to comply with section 3313.671 of the Ohio Revised Code or for the period of time needed to fulfill its purpose. I also understand that I may revoke this authorization, in writing, at any time and that I may be asked to sign the *Revocation Section* on the back of this form. I further understand that any action taken by the above named Provider(s) or School in accordance to this authorization prior to it being revoked is legal and binding.

I understand that my information may not be protected from re-disclosure by the requester of the information unless otherwise provided for by state or federal law. Please note: medical records provided to schools that receive federal funding are protected by the Family Educational Rights and Privacy Act (FERPA).

I also understand that I may refuse to sign this authorization and that my refusal to sign will not affect my ability to obtain treatment, payment for services, or my eligibility for benefits; however, if a service is requested by a non-treatment provider (e.g., insurance company) for the sole purpose of creating health information (e.g., physical exam), service may be denied if authorization is not given.

I also understand that my refusal to sign this authorization may prevent the school from verifying that the above named child has been immunized. I further understand that if the school cannot verify and I cannot provide satisfactory written evidence that above named child has been immunized, the child may be excluded from school pursuant to section 3313.671 of the Ohio Revised Code.

I further understand that I may request a copy of this signed authorization.

(*Signature of Personal Representative*) _____ (*Date*) _____ (*Relationship/ Authority*)

NOTE: This Authorization was revoked on:

_____ (*Date*) _____ (*Signature of Staff*)

REVOCATION SECTION

I do hereby request that this authorization to disclose immunization information of _____
(Name of Child/Patient)
signed by _____ on _____ be rescinded,
(Enter Name of Person Who Signed Authorization) *(Enter Date of Signature)*
effective _____.
(Date)

I understand that any action taken by the named Provider(s) or School in accordance to this authorization prior to the revocation date is legal and binding.

(Signature of Client/Patient) _____
(Date) _____
(Signature of Witness) _____
(Date)

(Signature of Personal Representative) _____
(Date) _____
(Relationship/ Authority)

A Link to Better Health

Ohio's IMPACT SIIIS

Immunization registries transform mere record keeping into tangible quality of care improvements. Computer analysis of when doses are due (based on a consolidated record from all providers) results in quality of patient care dividends far exceeding the returns from practice-centric records with limited or no analytical capabilities. With the support and assistance of the Ohio healthcare community, the Ohio Department of Health has developed a Web-based application to link Ohio's immunization registry to your practice. The registry is called the Impact Statewide Immunization Information System (SIIIS).

Medical practices will be able to:

- Provide a centralized place to track patient immunization histories.
- Find new patient information quickly and efficiently.
- Quickly print immunization records for parents, schools, day-care centers and patient charts.
- Send immunization reminder/recall notices automatically.
- Manage immunization inventories and quickly print reports for the Vaccines for Children (VFC) program.
- Learn about new immunization protocols in a timely manner.

The Impact SIIIS is offered free-of-charge.

Benefits to our community

Immunization registries are essential in order to maintain current high immunization rates. High-risk areas of the community can be identified and action taken to prevent or contain disease outbreaks. With record-low disease rates, registry information is important for reminding parents of the importance of timely immunizations.

Benefits to your medical practice

Through increased accuracy of immunization delivery, medical practices improve the quality of patient care, save time, money and administrative hassles. Fewer missed immunizations, reduced instances of over-immunization, quick access to immunization histories, electronic vaccine inventory management and electronic reporting help practices to improve quality and achieve operational efficiencies.

Record Consolidation

- Combine immunization information from all providers into one record to provide a reliable immunization history resulting in fewer calls to past providers.
- Electronically store all required immunization documentation, including VFC status.
- Print standard reports for managed care, day-care centers, schools and camps including a blank annual physical form with printed immunization dates.

Reminder/Recall System

- Automatically send patient reminder notices for immunizations due or overdue. Patient reminder notices are automatically sent to parents and paid for by the state.

Information Source

- Easily measure quality of care by assessing practice immunization rates in minutes.
- Find information on an online bulletin board about product recalls, immunization news stories, patient education sheets, disease outbreak warnings and new immunization protocols.

Ensuring security/confidentiality of immunization and patient information

Security and privacy issues are top priorities. Patient information is protected from misuse and inappropriate access. Software security guards data. Confidentiality/privacy policies and agreements protect against unauthorized disclosure of immunization information.

Provider participation is important

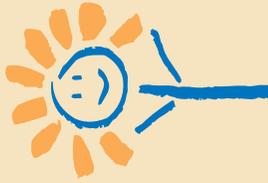
The usefulness of registries is directly proportional to the level of participation by providers and patients. To be fully successful, all health care providers, both public and private, must actively participate.

How do I get started?

Contact the Registry Call Center:
866-349-0002
<https://www.impactsiis.org>

FACTS

- One in five U.S. children receives at least one unnecessary dose of vaccine by two years-of-age, wasting \$26.5 million in vaccine costs each year.
 - The average cost to manually retrieve, review and update a child's immunization record is \$14.40, more than three times that of an immunization registry.
 - More than 22 percent of U.S. children have seen at least two healthcare providers in their first two years of life.
- Source: Segments of information in this brochure were utilized from the All Kids Count Web site, <http://www.allkidscount.org> and the Centers for Disease Control and Prevention.



Immunization registries are confidential, computerized information systems that provide a single source of immunization records for children, adolescents and adults. Information is entered at birth through a linkage with electronic birth records or at first contact with the health care system.



Ohio Department of Health
Immunization Program – IMPACT SIIS
246 North High Street
Columbus, Ohio 43215

<http://www.impactsiis.org>

3944.11 Rev. 02/2008



*A Link to
Better Health*

Ohio's Immunization Registry



Immunization registries are confidential, computerized information systems that provide a single source of immunization records for children. Information is entered at birth through a linkage with electronic birth records or at first contact with the health care system.



Ohio's Immunization Registry

Questions or concerns contact:

Ohio Department of Health
Immunization Program-IMPACT SIIS
P.O. Box 118
Columbus, OH 43216-0118

A Link to Better Health

What is IMPACT SIIS?

Every year, more than 151,000 children are born in Ohio. Each of these children require 18-22 immunizations (also called shots or vaccinations) by the age of 6 to protect them from serious, but preventable, diseases. Teens and adults need immunizations too. With all of these required immunizations it can be hard to remember when and what your child is due for the next round.

That's where **IMPACT SIIS**, Ohio's Statewide Immunization Information System, can help. Information is entered into **IMPACT SIIS** at birth or at first contact with your child's health care provider. Then each time your child receives an immunization it is entered into the system helping to ensure correct and timely immunizations for your children.

Best of all, the registry provides a centralized place to maintain your child's immunization records that are required for day-care, school, college and even the workplace. Because **IMPACT SIIS** is statewide, any Ohio doctor or clinic you take your child to will know what immunizations your child needs.

Your participation is important

Your child's doctor, clinic and health department wants to partner with you. **IMPACT SIIS** can help make sure your child receives the right immunizations in a timely manner to help ensure a healthy childhood. **IMPACT SIIS** ensures that your child and all Ohio children are properly immunized.

As your partners, we will use the registry to contact you with friendly pre-appointment reminders and missed appointment letters, postcards, or telephone calls to help make sure your child receives the right immunizations on time. When you need an immunization record for entry into daycare, school, college or the workplace call your doctor or clinic and they can get a copy of the record from **IMPACT SIIS** to you fast.

Secure and Confidential

Every medical provider and public health agency that uses the registry has signed a legally binding security agreement to protect the information in **IMPACT SIIS** from being misused or from unauthorized release.



Why should I place my child in a registry?

IMPACT SIIS benefits you, your child, your doctor, and your community by maintaining all immunization records in a safe, central location. This improves accuracy and helps to avoid misplaced records. **IMPACT SIIS** improves and maintain high immunization rates and assists Ohio in the prevention of disease outbreaks.

NOTE:

Your medical providers will enter your child's immunization record and related information into **IMPACT SIIS** unless you tell them not to. Your participation in **IMPACT SIIS** is encouraged but not required. If you don't want your child included in **IMPACT SIIS**, tell your doctor, clinic or health department. They will provide you with a form to remove your child.

Chapter 7. Staff Health Education

Staff Health Education

School Nurse Training

The Ohio Department of Health offers an Annual Orientation for Nurses New to Ohio Schools. The three day training provides new school nurses with basic information related to implementing clinical school nursing services in the educational system.

Bloodborne Pathogen Training

On December 6, 1991, the Occupational Safety and Health Administration(OSHA) promulgated the [Occupational Exposure to Bloodborne Pathogens Standard](#). This standard is designed to protect workers from the risk of exposure to bloodborne pathogens such as the Human Immunodeficiency Virus (HIV) and the Hepatitis B Virus (HBV).

OSHA requires bloodborne pathogen training to be provided annually to certain staff members at no cost to the employee during work hours. Records must be kept for three years and must include the date of training, content, name of the person conducting the training, and the name and title of each attendee.

The Occupational Safety and Health Administration (OSHA) has "[Model Plans and Programs for the OSHA Bloodborne Pathogens and Hazard Communications Standards](#)" that can be used to help your school comply with OSHA standards.

The American Red Cross offers a Bloodborne Pathogens class. From the [American Red Cross of Greater Columbus](#) website, the class trains participants to recognize, report, and follow up on exposures to infectious materials. The course is developed with guidelines from the Federal OSHA.

Tuberculosis Screening

The Benjamin Franklin Tuberculosis Control Program at Columbus Public Health does NOT offer screening tests for employment or school. They DO offer testing for high-risk groups. The Clinic recommends seeing a healthcare provider, Kroger's "Little Clinic," or Walgreens's "Take Care Clinic" for screening tests.

Chapter 8. Pandemic Influenza

Pandemic Influenza

A pandemic is a global disease outbreak. Pandemic flu is a global outbreak of disease that occurs when a new influenza A virus appears or “emerges” in the human population, causes serious illness, and then spreads easily from person to person worldwide. Past influenza pandemics have led to high levels of illness, death, social disruption, and economic loss.

Historically, the 20th century saw 3 pandemics of influenza:

- 1918 influenza pandemic caused at least 675,000 U.S. deaths and up to 50 million deaths worldwide
- 1957 influenza pandemic caused at least 70,000 U.S. deaths and 1-2 million deaths worldwide
- 1968 influenza pandemic caused about 34,000 U.S. deaths and 700,000 deaths worldwide

During a pandemic it is likely that schools and daycares will have to close. Just like a normal flu season, schools will become a place for pandemic flu to spread quickly and to large amounts of people. The best way to protect our children and their teachers will be to temporarily close schools and daycares.

(from <http://www.columbuspandemicflu.com/school.html>)

Pandemic Influenza Checklist

The Department of Health and Human Services (HHS) and the Centers for Disease Control and Prevention (CDC) have developed the following checklist to assist in developing and/or improving plans to prepare for and respond to an influenza pandemic.

Building a strong relationship with the local health department is critical for developing a meaningful plan. The key planning activities in this checklist build upon existing contingency plans recommended for school districts by the U.S. Department of Education ([Practical Information on Crisis Planning: A Guide For Schools and Communities \(PDF\)](#) (1.56MB). Further information on pandemic influenza can be found at www.pandemicflu.gov and www.columbuspandemicflu.com.

Pandemic Influenza Checklist

1. Planning and Coordination:

Tasks	Not Started	In Progress	Completed
<ul style="list-style-type: none"> Identify the authority responsible for declaring a public health emergency at the state and local levels and for officially activating the district's pandemic influenza response plan. 	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<ul style="list-style-type: none"> Identify for all stakeholders the legal authorities responsible for executing the community operational plan, especially those authorities responsible for case identification, isolation, quarantine, movement restriction, healthcare services, emergency care, and mutual aid. 	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<ul style="list-style-type: none"> As part of the district's crisis management plan, address pandemic influenza preparedness, involving all relevant stakeholders in the district (e.g., lead emergency response agency, district administrators, local public health representatives, school health and mental health professionals, teachers, food services director, and parent representatives). This committee is accountable for articulating strategic priorities and overseeing the development of the district's operational pandemic plan. 	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<ul style="list-style-type: none"> Work with local and/or state health departments and other community partners to establish organizational structures, such as the Incident Command System, to manage the execution of the district's pandemic flu plan. An Incident Command System, or ICS, is a standardized organization structure that establishes a line of authority and common terminology and procedures to be followed in response to an incident. Ensure compatibility between the district's established ICS and the local/state health department's and state education department's ICS. 	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

<ul style="list-style-type: none"> • Delineate accountability and responsibility as well as resources for key stakeholders engaged in planning and executing specific components of the operational plan. Assure that the plan includes timelines, deliverables, and performance measures. 	○	○	○
<ul style="list-style-type: none"> • Work with your local and/or state health department and state education agencies to coordinate with their pandemic plans. Assure that pandemic planning is coordinated with the community's pandemic plan as well as the state department of education's plan. 	○	○	○
<ul style="list-style-type: none"> • Test the linkages between the district's Incident Command System and the local/state health department's and state education department's Incident Command System. 	○	○	○
<ul style="list-style-type: none"> • Contribute to the local health department's operational plan for surge capacity of healthcare and other services to meet the needs of the community (e.g., schools designated as contingency hospitals, schools feeding vulnerable populations, community utilizing LEA's healthcare and mental health staff). In an affected community, at least two pandemic disease waves (about 6-8 weeks each) are likely over several months. 	○	○	○
<ul style="list-style-type: none"> • Incorporate into the pandemic influenza plan the requirements of students with special needs (e.g., low income students who rely on the school food service for daily meals), those in special facilities (e.g., juvenile justice facilities) as well as those who do not speak English as their first language. 	○	○	○
<ul style="list-style-type: none"> • Participate in exercises of the community's pandemic plan. 	○	○	○
<ul style="list-style-type: none"> • Work with the local health department to address provision of psychosocial support services for the staff, students and their families during and after a pandemic. 	○	○	○
<ul style="list-style-type: none"> • Consider developing in concert with the local health department a surveillance system that would alert the local health department to a substantial increase in absenteeism among students. 	○	○	○
<ul style="list-style-type: none"> • Implement an exercise/drill to test your pandemic plan and revise it periodically 	○	○	○
<ul style="list-style-type: none"> • Share what you have learned from developing your preparedness and response plan with other LEAs as well as private schools within the community to improve community response efforts. 	○	○	○

2. Continuity of Student Learning and Core Operations:

Tasks	Not Started	In Progress	Completed
<ul style="list-style-type: none"> Develop scenarios describing the potential impact of a pandemic on student learning (e.g., student and staff absences), school closings, and extracurricular activities based on having various levels of illness among students and staff. 	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<ul style="list-style-type: none"> Develop alternative procedures to assure continuity of instruction (e.g., web-based distance instruction, telephone trees, mailed lessons and assignments, instruction via local radio or television stations) in the event of district school closures. 	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<ul style="list-style-type: none"> Develop a continuity of operations plan for essential central office functions including payroll and ongoing communication with students and parents. 	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. Infection Control Policies and Procedures:

Tasks	Not Started	In Progress	Completed
<ul style="list-style-type: none"> Work with the local health department to implement effective infection prevention policies and procedures that help limit the spread of influenza at schools in the district (e.g. promotion of hand hygiene, cough/sneeze etiquette). Make good hygiene a habit now in order to help protect children from many infectious diseases such as flu. 	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<ul style="list-style-type: none"> Provide sufficient and accessible infection prevention supplies, such as soap, alcohol-based/waterless hand hygiene products (containing at least 60% alcohol), tissues, and receptacles for their disposal. 	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<ul style="list-style-type: none"> Establish policies and procedures for students and staff sick leave absences unique to a pandemic influenza (e.g., non-punitive, liberal leave). 	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<ul style="list-style-type: none"> Establish sick leave policies for staff and students suspected to be ill or who become ill at school. Staff and students with known or suspected pandemic influenza should not remain at school and should return only after their symptoms resolve and they are physically ready to return to school. 	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<ul style="list-style-type: none"> Establish policies for transporting ill students. 	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<ul style="list-style-type: none"> Assure that the LEA pandemic plan for school-based health facilities conforms to those recommended for health care settings (Refer to www.hhs.gov/pandemicflu/plan/sup4.html). 	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. Communications Planning:

Tasks	Not Started	In Progress	Completed
<ul style="list-style-type: none"> Assess readiness to meet communication needs in preparation for an influenza pandemic, including regular review, testing, and updating of communication plans. 	○	○	○
<ul style="list-style-type: none"> Develop a dissemination plan for communication with staff, students, and families, including lead spokespersons and links to other communication networks. 	○	○	○
<ul style="list-style-type: none"> Ensure language, culture and reading level appropriateness in communications by including community leaders representing different language and/or ethnic groups on the planning committee, asking for their participation both in document planning and the dissemination of public health messages within their communities. 	○	○	○
<ul style="list-style-type: none"> Develop and test platforms (e.g., hotlines, telephone trees, dedicated websites, and local radio or TV stations) for communicating pandemic status and actions to school district staff, students, and families. 	○	○	○
<ul style="list-style-type: none"> Develop and maintain up-to-date communications contacts of key public health and education stakeholders and use the network to provide regular updates as the influenza pandemic unfolds. 	○	○	○
<ul style="list-style-type: none"> Assure the provision of redundant communication systems/channels that allow for the expedited transmission and receipt of information. 	○	○	○
<ul style="list-style-type: none"> Advise district staff, students and families where to find up-to-date and reliable pandemic information from federal, state and local public health sources. 	○	○	○
<ul style="list-style-type: none"> Disseminate information about the LEA's pandemic influenza preparedness and response plan (e.g., continuity of instruction, community containment measures). 	○	○	○
<ul style="list-style-type: none"> Disseminate information from public health sources covering routine infection control (e.g., hand hygiene, cough/sneeze etiquette), pandemic influenza fundamentals (e.g., signs and symptoms of influenza, modes of transmission) as well as personal and family protection and response strategies (e.g., guidance for the at-home care of ill students and family members). 	○	○	○
<ul style="list-style-type: none"> Anticipate the potential fear and anxiety of staff, students, and families as a result of rumors and misinformation and plan communications accordingly. 	○	○	○

Last revised: May 31, 2007

The Ohio Department of Health also offers a “Pandemic Influenza Toolkit for Ohio Schools” to assist school systems in planning for a Pandemic Outbreak.

Chapter 9. Disaster Preparedness

Disaster Preparedness

This chapter of the manual includes a selection of references useful in a school setting. Some may not print well from the electronic version of the manual. If you have difficulty printing the documents, please contact your local health department.

Biological Agents

Category A Diseases/Agents

The U.S. public health system and primary healthcare providers must be prepared to address various biological agents, including pathogens that are rarely seen in the United States. High-priority agents include organisms that pose a risk to national security because they

- Can be easily disseminated or transmitted from person to person;
- Result in high mortality rates and have the potential for major public health impact;
- Might cause public panic and social disruption; and
- Require special action for public health preparedness.

Agents / Diseases

- Anthrax (*Bacillus anthracis*)
- Botulism (*Clostridium botulinum* toxin)
- Plague (*Yersinia pestis*)
- Smallpox (variola major)
- Tularemia (*Francisella tularensis*)
- Viral hemorrhagic fevers (filoviruses [e.g., Ebola, Marburg] and arenaviruses [e.g., Lassa, Machupo])

Category B Diseases/Agents

Second highest priority agents include those that

- Are moderately easy to disseminate;
- Result in moderate morbidity rates and low mortality rates; and
- Require specific enhancements of CDC's diagnostic capacity and enhanced disease surveillance.

Agents / Diseases

- Brucellosis (*Brucella* species)
- Epsilon toxin of *Clostridium perfringens*
- Food safety threats (e.g., *Salmonella* species, *Escherichia coli* O157:H7, *Shigella*)
- Glanders (*Burkholderia mallei*)
- Melioidosis (*Burkholderia pseudomallei*)
- Psittacosis (*Chlamydia psittaci*)
- Q fever (*Coxiella burnetii*)

- Ricin toxin from *Ricinus communis* (castor beans)
- Staphylococcal enterotoxin B
- Typhus fever (*Rickettsia prowazekii*)
- Viral encephalitis (alphaviruses [e.g., Venezuelan equine encephalitis, eastern equine encephalitis, western equine encephalitis])
- Water safety threats (e.g., *Vibrio cholerae*, *Cryptosporidium parvum*)

Category C Diseases/Agents

Third highest priority agents include emerging pathogens that could be engineered for mass dissemination in the future because of

- Availability;
- Ease of production and dissemination; and
- Potential for high morbidity and mortality rates and major health impact.

Agents

- Emerging infectious diseases such as Nipah virus and hantavirus

*** The ODH School & Adolescent Health Program has information on preparing a “TO GO BAG”, which is recommended for use in a disaster. Go to www.odh.ohio.gov/assets/fadd0a468fd4276a0e0093de66791/togobag.pdf**

This information is from the CDC website at www.bt.cdc.gov/agent/agentlist-category.asp



Planning for Emergencies: Three Steps to be Prepared A Family Safety Guide



For More Information:

www.publichealth.columbus.gov
www.franklincountyohio.gov/health
www.franklincountyohio.gov/ready
columbus.redcross.org
www.ready.gov

Columbus & Metropolitan Medical Response System
Business Hours M-F (614) 645-7089

Franklin County Emergency Management and Homeland Security
Business Hours M-F (614) 794-0213

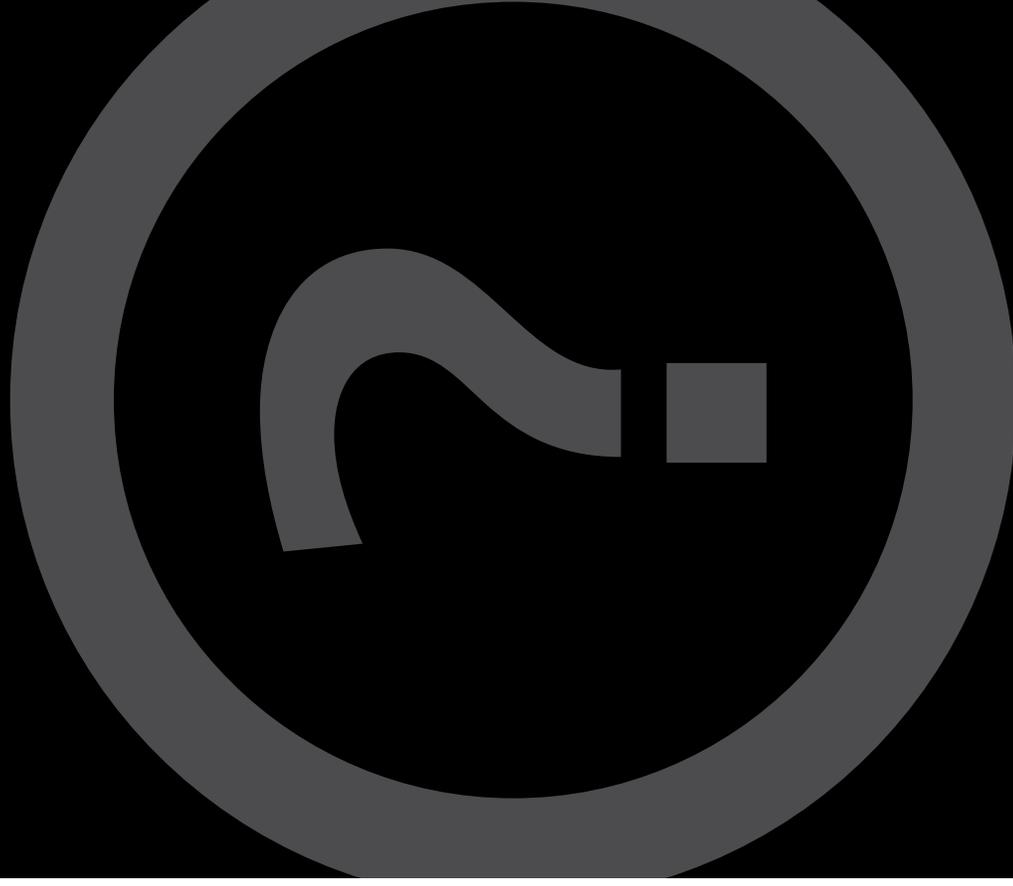
The American Red Cross of Greater Columbus
Business Hours M-F (614) 253-2740

Does your home have a smoke detector?

Does your car have a spare tire?

Is there a box of bandages in your medicine cabinet?

If you answered yes, then you have experience in preparing for an emergency. These may seem like small things, but small things can save lives.



READY IN 3: THREE STEPS TO PREPARE FOR AN EMERGENCY

Local, state, and federal agencies have plans to protect the public. But you are responsible for your own safety, even in an emergency. This booklet focuses on preparing you and your family.

At home, school, work, and even in our cars, we need to know what to do in an emergency and where to go. Ready in 3 is an easy way to learn how to prepare for an emergency.

Ready in 3 includes three steps.

- ▲ Create a plan for you, your family, and your business.
- ▲ Prepare a kit for home, car, and work.
- ▲ Listen for information about what to do and where to go during an actual emergency.

Emergencies happen. It can be a tornado, house fire, flood, or terrorist attack. No one wants to think about accidents or disasters. But being prepared for an emergency can help protect your family. The whole point of emergency preparation is to do as much as possible before an emergency happens. That's why this booklet was created. It provides you with the information you need to become prepared. We want you to share this information with family, friends, and neighbors. Working together, we can be prepared and save lives.

The most important thing to remember in an emergency is to stay calm. If something happens, try to get as much information about the situation as possible. Many of us rely on TV, the radio, or the Internet for news. But some emergencies might knock out the electricity, that is why it is important to have a battery-powered radio nearby.



READY IN 3: CREATE A PLAN

Develop an emergency plan for you and your family. Your family might not be together when an emergency happens. That's why it is important to have a plan in place. The entire family should know and understand the plan.

Talk about how you will reach each other in different situations. You might think about a couple of different plans.

Consider contacting the same friend or family member by phone or e-mail. Think about making an out-of-town family member or friend the contact. It might be easier to make a long-distance phone call instead of a local call during an emergency. It could be easier for an out-of-town person to connect separated family members.

Plan for two situations – staying home or leaving.

You should be prepared to stay in one place (like your house) or to evacuate. Deciding whether it is best to stay or go depends on the type of emergency. Officials may tell you what you need to do.

In some cases, limited communication and information may require you to decide what is best for you and your family.

- ▶ Watch TV or listen to the radio to get as much information as possible.
- ▶ Use common sense.
- ▶ Try to stay calm and keep your family calm.

Prepare a shelter at home.

Before an emergency, decide which room in your house will be safest if you have to stay. The room should be in the interior of the house. Pick a room with few windows and doors. There are a couple things to keep in mind including:

- ▶ There should be enough space in the room for all family members and pets.
- ▶ Exterior doors to the house should be locked.

In an emergency where poisons are in the air, you may have to seal the room as best you can. This involves:

- ▶ Closing windows, air vents, and fireplace dampers.
- ▶ Turning off air conditioning, forced air heating systems, exhaust fans, and clothes dryers.
- ▶ If instructed, seal doors and air vents with heavy-duty plastic sheeting and heavy-duty tape.
- ▶ Keep emergency supplies in this room.
- ▶ Listen to the television or a battery-powered radio for information.

Know where to go if you have to leave.

Sometimes it may not be safe to stay in your home. Plan where family members can meet. Know where you will go and how you will get there.

- ▶ Plan several different routes in different directions.
- ▶ If you are driving, keep windows and vents closed, and air conditioning and heat off.
- ▶ Bring an emergency supply kit with you.
- ▶ If you can, bring your pets. However, many public shelters won't allow pets. Have a plan for your pet's care in case you can't bring your pet with you.

READY IN 3: PREPARE A KIT

If an emergency happens, you might not be able to get food or water for days or weeks, and your electricity may not be working.

Try to have three days' worth of food and fresh water for each person in your plan. You should have one gallon of water for each person for each day. If you have the space, you should store additional drinking water for each person.

But food and water aren't the only things you need to have on hand. The following items should be a part of your emergency kit. The kit should be kept in a container that can be easily carried in case you have to leave home. You could use a large bag, plastic container, or a trash can with a lid. You can find a more detailed emergency kit checklist at the end of this brochure.

Basic Supplies

- ▶ Water and canned or dried food
- ▶ Battery-powered radio
- ▶ Flashlight
- ▶ Extra batteries for the radio and flashlight
- ▶ Prescription medicine
- ▶ First-aid kit

Car Supplies

Keep a small, portable emergency supply kit in your car at all times. In addition, you should include a small, personal supply kit with:

- ▶ A gallon of water
- ▶ Several cans of food and a manual can opener
- ▶ A sleeping bag or extra blanket
- ▶ Extra money
- ▶ First-aid supplies

READY IN 3: LISTEN FOR INFORMATION

It is important to stay calm in an emergency. Get as much information about the situation as possible. Many of us rely on TV, the radio, or the Internet for news. But some emergencies might knock out the electricity. Make sure to have a battery-powered radio with extra batteries.

City, county, and state officials have developed emergency plans. During an emergency, it is important to follow their instructions and advice. They will provide you with the latest information.

SPECIAL SITUATION PLANNING

Emergency planning if you have a child in school

Many schools have their own emergency plans. Officials at your child's school should have current contact information for you and another family member. Make sure they have up-to-date work, home, and cell phone numbers. Give your e-mail address, if you have one.

It's important to ask your child's teacher or principal how they will contact parents in case of an emergency. You should also know what steps will be taken to protect the children. Some questions you might consider asking include:

- ▶ How will you reach me if there's an emergency?
- ▶ Do you regularly practice fire, earthquake, tornado, and terrorism drills?
- ▶ Is there enough water and food stored at the school for all the children?
- ▶ What first-aid supplies are at the school?
- ▶ Are the teachers and administrators prepared to "shelter in place"?
- ▶ Do you have a plan to separate those students who may have been exposed to chemicals, bacteria, or viruses from others?
- ▶ Where will the students be taken if they must evacuate the school?

Emergency planning at work:

Your employer may have a building-evacuation plan. Some companies practice regular emergency-evacuation drills. There should be a meeting place outside your building where everyone can gather.

Emergency preparation for pets:

Make sure your pets have identification tags and up-to-date vaccinations (shots). If you must leave home, bring your pet with you, if possible. You can plan ahead by creating a supply kit for your pet that includes extra food, water, and medicine. A carrier and leash will also be important. For cats, remember to include extra litter.

Emergency planning for people with special needs:

Senior citizens and disabled persons living in special-care facilities should review the building's emergency plans. Know where your medicines and special medical equipment are located in case you need to have someone get it during an evacuation. Equipment such as wheelchairs, canes, or walkers should be labeled with your name.

People living at home who are disabled or have special medical needs should identify people who can help during an emergency. Make sure these people know where you keep your emergency supplies. Give someone a key to your house or apartment.

Medical-alert tags or bracelets will help identify your disability if you need medical attention. If you need dialysis or another life-sustaining treatment, know the location of more than one facility.

A supply kit for people with special needs should include the following additional items:

- ▶ A list of prescription and nonprescription medicines, including dosages
- ▶ A list of allergies
- ▶ Extra eyeglasses and hearing-aid batteries, if necessary
- ▶ Extra wheelchair batteries or other special equipment, if necessary
- ▶ A list of the brand/style and serial numbers of medical devices
- ▶ Copies of medical insurance and Medicare cards
- ▶ A list of doctors
- ▶ A list of emergency contacts and family
- ▶ Phone numbers of close neighbors who can help

PAT YOURSELF ON THE BACK — AND STAY ALERT

You've talked to your family and friends. Your plan is in place. Your emergency supply kit is stocked and ready. Be proud of the fact that you've taken the right steps to keep yourself and your family as safe as possible.

The final step is to remain alert. Review your plan regularly. Be sure to check your food, water, and medical supplies so that they stay fresh.

Remember – emergencies can affect anyone. But by being Ready in 3, you've made the decision to take an active role in your safety and the safety of the ones you love.

EMERGENCY KIT CHECKLIST

Water

One gallon of water for each person per day, for a minimum of three days. If you have the space, you should store additional drinking water for each person. Remember to change your stored water supply every six months.

Canned or Dried food

Include canned or dried foods that will not spoil. Remember to pack a can opener that does not need electricity.

- ▶ Ready-to-eat canned meats, fruits, and vegetables
- ▶ Protein or fruit bars
- ▶ Dry cereal or granola
- ▶ Peanut butter
- ▶ Dried fruit
- ▶ Nuts
- ▶ Crackers
- ▶ Canned juices
- ▶ Nonperishable, pasteurized milk
- ▶ Vitamins
- ▶ “Comfort” foods like chocolate and candy

Basic Supplies

- ▶ Clean clothes and sturdy shoes for each person
- ▶ Rain gear
- ▶ Coats, hats, and gloves
- ▶ Sleeping bags or blankets
- ▶ An extra credit card and some money
- ▶ Extra set of keys for your car and house
- ▶ Battery-powered radio
- ▶ Flashlight
- ▶ Extra batteries for the radio and flashlight
- ▶ Eating supplies such as paper plates, plastic forks and spoons, and napkins
- ▶ Tent
- ▶ Heavy-duty tape (duct tape, electrical tape)
- ▶ Scissors
- ▶ Heavy-duty trash bags or plastic sheets
- ▶ Matches in a waterproof container
- ▶ Paper and pencil
- ▶ Needles and thread
- ▶ Toilet paper, moistened towelettes
- ▶ Liquid detergent
- ▶ Soap/deodorant/toothpaste
- ▶ Plastic garbage bags with ties
- ▶ Household chlorine bleach
- ▶ Plastic bucket with tight lid
- ▶ Disinfectant
- ▶ Prepaid, long-distance calling card
- ▶ A whistle to signal for help

Special Items

- ▶ Prescription medicine
- ▶ Baby supplies such as diapers, formula, bottles
- ▶ Feminine hygiene supplies
- ▶ Extra eyeglasses or contact lenses including supplies
- ▶ Dental supplies
- ▶ Entertainment such as books, playing cards, and board games
- ▶ Important family documents stored in a waterproof container including identification, insurance information, bank account numbers, and birth certificates
- ▶ Pet supplies such as food, water, and identification

First-aid Kit

- ▶ Adhesive bandages in different sizes
- ▶ Safety pins
- ▶ Soap
- ▶ Antibiotic ointment
- ▶ Latex gloves
- ▶ Washcloths
- ▶ Sunscreen
- ▶ Several 2-inch and 4-inch sterile gauze pads
- ▶ Several triangular bandages (3)
- ▶ 2-inch sterile roller bandages (3 rolls)
- ▶ 3-inch sterile roller bandages (3 rolls)
- ▶ Scissors
- ▶ Tweezers
- ▶ Needle
- ▶ Moistened towelettes
- ▶ Antiseptic
- ▶ Thermometer
- ▶ Petroleum jelly
- ▶ Aspirin or nonaspirin pain medicine
- ▶ Anti-diarrhea medicine
- ▶ Antacid
- ▶ Laxative
- ▶ Candy (diabetics)

It is important to be prepared for emergencies. Emergencies include natural ones like tornadoes or earthquakes; other types include man-made ones such as biological, chemical, or nuclear emergencies.

READY IN 3

We don't know when an emergency will happen. But there are things we can do to prepare for emergencies of any kind. Preparing now will help protect you and your family in the future. **Ready in 3** is an easy way to learn how to prepare for an emergency.

- Ready in 3 includes three steps**
- ◆ Create a plan for you, your family, and your business.
 - ◆ Prepare a kit for home, car and work.
 - ◆ Listen for information about what to do and where to go during an actual emergency.

This brochure will help you learn about three types of emergencies: **biological**, **chemical**, and **nuclear**.

BIOLOGICAL EMERGENCIES

Bacteria, viruses, and poisons made by bacteria can cause biological emergencies. They can be sprayed into the air or put into food sources or drinking water. They can also be spread by person-to-person contact.

What should I do during a biological emergency?

Listen to a radio, television, or an emergency-alert system for instructions. Have a battery-powered radio available, if needed. Officials will tell you whether to stay inside or leave your home. They will tell you where to go if you need to leave your home.

Columbus and Metropolitan Medical Response System
C/O Columbus Health Department
Office of Emergency Preparedness
240 Parsons Avenue
Columbus, Ohio 43215
614-645-7089

The Columbus & Metropolitan Medical Response System is a partnership among Columbus and Franklin County: law enforcement, fire departments, emergency medical services, emergency management agencies, emergency response agencies, public health organizations, hospitals, and other community partners. These groups also work closely with response and planning agencies throughout the State of Ohio.



Ready in 3 information is available in English, Spanish and Somali. This brochure and other emergency preparedness materials are available on the Columbus Health Department's website at www.publichealth.columbus.org and at the Columbus Health Department's Community Resource Center located at 240 Parsons Avenue, Columbus, Ohio 43215.

Special arrangements can be made for persons with disabilities to access information by calling the Columbus & Metropolitan Medical Response System located in the Office of Emergency Preparedness at the Columbus Health Department (614) 645-7089.

Ready in 3 was originally designed and created by the Missouri Department of Health and Senior Services in March 2004 to educate Missourians on preparing for emergencies.
Rev 6.29.05



BIOLOGICAL, CHEMICAL AND NUCLEAR EMERGENCY THREATS

WHAT YOU NEED TO KNOW



Will a biological emergency make me sick?

You may not know right away if you were exposed to the germs or poisons that caused the emergency. Symptoms depend on the type of germ or poison that caused the emergency. Some common signs include trouble breathing and flu-like symptoms. If you feel sick, call your doctor right away. They may tell you to:

- ◆ Take off your clothes and put them in a plastic bag
- ◆ Wash yourself with soap and water
- ◆ Put on clean clothes

What should I do after a biological emergency?

Continue to listen to the radio, television, or emergency-alert system for instructions.

CHEMICAL EMERGENCIES

Chemical emergencies happen when the air is poisoned with harmful chemicals or when chemicals are put into food sources or drinking water. These chemicals can be breathed in or absorbed through the skin.

What should I do during a chemical emergency?

Listen to a radio, television, or an emergency-alert system for instructions. Have a battery-powered radio available, if

needed. Officials will tell you whether to stay inside or leave your home. They will tell you where to go if you need to leave your home. You may be told to stay at home and:

- ◆ Turn off all ventilation systems. This includes furnaces, air conditioners, vents, and fans
- ◆ Stay in an inside room with no windows. Make sure there is enough space for everyone in the room.
- ◆ If instructed, seal the room openings with heavy-duty tape and plastic sheets. Room openings include doors and all vents.

Will a chemical emergency make me sick?

During a chemical emergency, you may have some of these symptoms:

- ◆ Watery eyes
- ◆ Burning feeling on your skin
- ◆ Trouble breathing
- ◆ Twitching
- ◆ Choking
- ◆ Trouble walking in a straight line
- ◆ Confusion

If you have these symptoms, call your doctor right away. If you have watery eyes and burning skin, you should:

- ◆ Take off your clothes and put them in a plastic bag.
- ◆ Wash yourself with soap and water, but do NOT scrub your skin.
- ◆ Put on clean clothes.
- ◆ Call your doctor right away.

What should I do after a chemical emergency?

Continue to listen to the radio, television, or emergency-alert system for instructions.

NUCLEAR OR RADIATION EMERGENCIES

People are exposed to very small amounts of radiation every day. Nuclear or radiation emergencies could expose people to large amounts of radiation, depending on the type of emergency.

A radiation emergency could include a nuclear power plant accident, the explosion of a small nuclear device, or a dirty bomb. A dirty bomb is an explosive, like dynamite, that contains radioactive materials.

What should I do during a radiation emergency?

Officials will monitor the amount of radiation and decide what to do. Listen to a radio, television, or an emergency-alert system for instructions. Have a battery-powered radio available, if needed. Officials will tell you whether to stay inside or leave your home. You may be told to stay at home and:

- ◆ Close and lock all doors and windows.
- ◆ Turn off all ventilation systems. This includes furnaces, air conditioners, vents, and fans.

- ◆ Stay in an inside room with no windows. Make sure there is enough space for everyone in the room

If you are told to leave, follow the instructions that your local officials provide and take your emergency kit.

Will a radiation emergency make me sick?

Dirty bombs probably do not have enough radiation to make you sick. The main danger is the blast. But a large nuclear explosion could make you sick. It can take from several hours to days for any signs to appear. Some people have no symptoms. Others have only one or two symptoms. Some common symptoms include:

- ◆ Reddening of the skin
- ◆ Feeling sick or throwing up
- ◆ Diarrhea
- ◆ Feeling very tired
- ◆ Headache
- ◆ Sore mouth or bleeding gums

If you feel sick, call your doctor right away.

What should I do after a nuclear or radiation emergency?

Continue to listen to the radio, television, or emergency-alert system for instructions.



1. MAKE A PLAN _____

2. MAKE A KIT _____

3. LISTEN _____

PREPARE FOR EMERGENCIES

In just three easy steps...

- 1. MAKE A PLAN** for you, your family and your business.
 - Plan for two situations: staying home and leaving.
 - Prepare a shelter at home.
 - Always carry emergency contact numbers.
- 2. MAKE A KIT** for home, car and work.
 - Have three days worth of food and fresh water for every person.
 - Include basic supplies: water, canned food, radio, flashlight, batteries, first-aid and prescription medicine.
- 3. LISTEN** for information and follow instructions.
 - Stay calm - and get as much information as possible.
 - Make sure you have a battery-operated radio.



Chapter 10. Animals in the Classroom



classroom pets



*Safely Caring for
Animals in the Classroom*

 Columbus
Public Health
Healthier, Safer People
Visit us online at...
www.publichealth.columbus.gov



City of Columbus
Mayor Michael B. Coleman



resources and links

Below are resources and links that could provide you with more information on the topic of animal care.

School Safe

Columbus Public Health developed the School Safe toolbox to educate and empower school teachers and faculty on important health and safety factors that are in schools today.

Components of this toolbox include information on laboratory safety, hazards relating to art classes, air quality issues in and around schools, and other physical hazards that may be in the school.

School Safe... Classroom Pets
This portion of the School Safe toolbox contains information on safely keeping and caring for classroom pets such as rodents and lizards.



Centers for Disease Control and Prevention

www.cdc.gov/healthypets/

Columbus Academy of Veterinary Medicine

www.cavm-online.org

The Humane Society

www.hsus.org/pets/pet_care/

Unites States Department of Agriculture - Animal Care Program

www.aphis.usda.gov/ac/

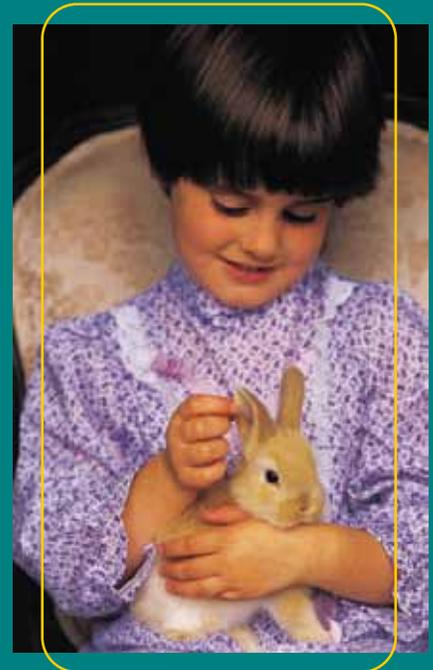


table of contents

Before You Get a Classroom Pet.....	4
Housing and Caring for Your Pet.....	5
Once You Have a Classroom Pet	6
Sample Classroom Pet Form.....	7
Sample Parental Notice Form.....	9

A note to the reader...

Classroom pets can provide opportunities to achieve a variety of learning objectives. Due to the risk of allergies, injuries, and zoonotic diseases, however, schools must exercise restraint and take appropriate measures to limit the risks and liabilities associated with classroom pets.

According to the Centers for Disease Control and Prevention (CDC), approximately 70,000 people get salmonellosis from contact with reptiles in the United States every year. Additionally, allergens shed by mammals and birds can be asthma triggers. The CDC also estimates that asthma is the leading cause of school absenteeism. Each year, U.S. students miss about 14 million days because of asthma. These are just two of the possible risks that are associated with pets. This does not mean that animals must be completely excluded from all schools, but it does illustrate the importance of proper controls.

By exercising appropriate caution, and developing specific rules regarding classroom pets, you can limit the risks associated with classroom pets. This toolbox is presented as a guide for school administrators to assist in making decisions and assessing the risks associated with classroom pets.

Columbus Public Health hopes that this document provides you with the tools necessary to understand the risks, communicate effectively with classroom instructors, address questions and concerns from parents/legal guardians of students, and ultimately control the risks animals present in your facility.

before you get a classroom pet

Parental Notification Form

Included with this toolbox is a sample Parental Notification Form. Before you introduce a classroom pet to your students, send this form home and request that the student's parents read, fill out and sign.

Having a parent fill out a form like this could provide you with important information, such as allergic reactions that one or more students may have to a particular animal.

A sample Parental Notification Form can be found in the back of this toolbox.

Educational Purposes

Classroom pets should be limited to animals that are bred in captivity, and necessary to achieve the learning objectives. Wild animals can be a source of infectious agents, parasites, and are likely to bite.



Healthy Animals

All classroom pets should be examined by a veterinarian prior to being introduced to a classroom. The animals should be up to date on all vaccinations recommended by the veterinarian, and follow all of the veterinarian's guidance on proper handling, habitat, feeding, care, and other conditions for the particular type of pet.

Allergic Reactions

Allergies and sensitivities of students should be considered before getting any classroom pet, and students should be observed for signs that they are becoming sensitive to a pet (allergies can develop at any time). Please communicate with parents to determine what allergies and sensitivities are known.

Exotic Animals



Some animals require a written permission from the Health Commissioner or an authorized representative to be kept within the city of Columbus. These include hogs, equine, cattle, alligators, crocodiles, caimans, sheep, goats, llamas, captive wild fowl, and all domestic fowl. Please contact the

public health veterinarian before attempting to keep any of the animals mentioned above.

Food in the Classroom

Pets are inappropriate for classrooms where meals or snacks are served, and animals should never be allowed to roam in areas where food is served or stored.

Fill Out a Classroom Pet Form

Provided in the back of this workbook is a Classroom Pet Form. It will help you think through some necessary planning measures such as animal enclosure options, how the enclosure will be cleaned, and weekend, holiday and summer care arrangements.

housing and caring for your classroom pet

Constant Proper Care

Ensure that a proper habitat can be kept for the pet(s) (free of drafts and harsh sunlight). Also consider what type of care the animal will receive over weekends, and during school breaks (paying close attention to building heat and air conditioning status during times when school is not in session).

Enclosure Materials

Pets should be housed in an enclosure constructed from a nonporous material that is easily cleanable.

Keep Enclosures Clean

Cleaning of pet enclosures should be done as often as necessary to keep the animal healthy, prevent odors from building up, and eliminate any unsanitary conditions. It should be noted that cleaning and disinfection may be necessary as often as daily, however it should be done weekly at a minimum.

Sanitizing Enclosures

Enclosures should be sanitized after each cleaning with a fresh bleach solution (4oz of 5.25% unscented chlorine bleach to one gallon of water) OR a quaternary ammonia solution at a dilution suggested by the manufacturer for food service uses (NEVER MIX CHEMICALS!!!). Food and water bowls should be thoroughly scrubbed and rinsed with hot soapy water. As animals can be sensitive to sanitizers, care should be taken in adequately rinsing and drying the enclosure before putting the animal back in the enclosure. Some pathogens will not be killed by the sanitizers, but may be removed by rinsing thoroughly with water (this will also remove residual amounts of sanitizers). An animal's sensitivity is not an adequate reason to avoid the use of sanitizers.

Where to Wash Animal Enclosures

Animal enclosures must never be cleaned in plumbing fixtures used for food service, drinking water, or handwashing purposes. After cleaning the enclosure, the fixtures used to clean the enclosure should also be cleaned and sanitized.

CLEANING PRODUCT GUIDELINES

Chlorine should never be used on metal

Chlorine is corrosive and should not be used on metal surfaces. It can result in pitting and producing uncleanable surfaces that can harbor bacteria that could be deadly to your pet. If you have metal enclosures or surfaces you should use a quaternary ammonia sanitizer or ask your veterinarian for advice on other available sanitizers.

Quats

Quaternary Ammonia sanitizers are available at most restaurant supply stores. They may be more expensive than bleach, but will also have a longer shelf life.

Bleach

Chlorine sanitizers have a very short shelf life. You will need to mix a fresh solution each time you clean the enclosure, but they are relatively inexpensive and can be purchased at any grocery store.

Do not use fragrant sanitizers

When purchasing sanitizers it is important to select the unscented types. Fragrances could be harmful to your pet.

once you have a classroom pet



Obtain Parental Notification Forms

It is not recommended that students be permitted to handle any pet or be given caring or cleaning duties without prior parental/legal guardian consent.

Educate on Handwashing

If anyone does handle an animal, they should wash their hands with hot soapy water for at least 20 seconds (instant hand sanitizers should only be used in addition to proper hand washing).

LIVE FOOD

The health of crickets and other live food is also important. Sick crickets can lead to sick pets. Keep cricket enclosures clean and do not let crickets eat moldy or otherwise spoiled food.

Keep Pets Healthy

Pets that are injured or in poor health should be removed from the classroom immediately and given proper care. It should be noted, however that even animals that are or appear to be in good health can still shed potential pathogens.

Monitor Pet's Behavior

It should be noted that any animal may behave aggressively, however naturally aggressive species, and animals that are unusually aggressive or those displaying odd or uncharacteristic behaviors for their species should be removed immediately. Animals capable of causing substantial injury through aggressive or defensive reflexes should also be avoided (i.e. snapping turtles, venomous snakes, poisonous frogs, large birds).

Secure Enclosures to Protect Students

All pet enclosures should be securely covered and locked if possible. This will help protect the students and animals from one another by discouraging unsupervised handling and reducing potential of escape.

Animal Food Storage

Store all animal food in rigid containers with tight fitting lids to prevent access to food by pests. Also, some animals require fresh foods that may require refrigeration, or live foods. Should this be the case, make sure you have necessary equipment before bringing the animal in to the classroom.

Report Bites and Scratches Immediately

Report all animal bites or scratches to the school nurse immediately, and have a qualified person clean and disinfect such injuries. Parents/Legal guardians should also be informed, and, if necessary, consult with a physician.



classroom pet form

To be completed by the primary classroom instructor

School: _____

Classroom: _____

Instructor Name: _____

Type and quantity of animal proposed:

Provide a brief explanation of how the animal will be used to achieve learning objectives in your classroom:

Primary veterinarian who has examined proposed animal...

Name:

Clinic Address:

Phone:

Are the animal(s) up to date on vaccines recommended by primary veterinarian? Yes or No

What type of enclosure will be used to house the animal(s)?

How often will the animal(s)' enclosure be cleaned and sanitized?

What type of sanitizer will be used when sanitizing the enclosure?

Is food properly stored in a rigid sealed container? Yes or No

Will students be permitted to handle animal(s), and will students be given care or cleaning responsibilities for animal(s)?

Yes or No

If so, have parents signed permission slips for such activities?

Yes or No

What arrangements have been made for the animal(s) care over weekends, holidays, and summer recess?

What arrangements have been made if the animal needs to be removed from the classroom permanently?

classroom pet form

To be completed by the primary classroom instructor

School: _____

Classroom: _____ **Instructor Name:** _____

Type and quantity of animal proposed: _____

Provide a brief explanation of how the animal will be used to achieve learning objectives in your classroom: _____

Primary veterinarian who has examined proposed animal...

Name: _____

Clinic Address: _____

Phone: _____

Are the animal(s) up to date on vaccines recommended by primary veterinarian?

Yes or No (circle one)

What type of enclosure will be used to house the animal(s)? _____

How often will the animal(s)' enclosure be cleaned and sanitized? _____

What type of sanitizer will be used when sanitizing the enclosure? _____

Is food properly stored in a rigid sealed container? Yes or No (circle one)

Will students be permitted to handle animal(s), and will students be given care or cleaning responsibilities for animal(s)? Yes or No (circle one)

If so, have parents signed permission slips for such activities? Yes or No (circle one)

What arrangements have been made for the animal(s) care over weekends, holidays, and summer recess? _____

What arrangements have been made if the animal needs to be removed from the classroom permanently? _____

THIS FORM IS TO NOTIFY YOU THAT YOUR STUDENT'S CLASSROOM PLANS TO KEEP A CLASSROOM PET.

The specific animal(s) planned are: _____

The pet for your student's classroom may aid in achieving the following learning objectives: _____

Should you have any concerns regarding this animal (ex. student allergies, other medical sensitivities, sanitation practices, etc.) you may contact: _____

INFORMATION BELOW TO BE COMPLETED BY A PARENT OR GUARDIAN

In addition to this notification, we would like to ask whether you would like your student to participate in any of the following activities (check all that apply):

- Handling of animal(s)
- Providing care for animal(s)
- Given cleaning responsibilities for animal(s)

I, _____ Parent/Legal Guardian Name acknowledge that I have been informed of plans for my student, (_____ Student Name)'s, classroom to house a classroom pet as specified above.

Furthermore I consent to my student's participation in activities specified above.

Note: As a sign of good faith, we have included an informational brochure and animal complaint form provided by Columbus Public Health. Should you have any concerns regarding this situation you may contact either the school's principal directly at _____, or file a complaint or inquiry with Columbus Public Health (see form for details).

parental notice form

To notify you of pets in your student's classroom

School: _____

Classroom: _____

Instructor Name: _____

parental notice form

To notify you of pets in your student's classroom

School: _____

Classroom: _____ Instructor Name: _____

The specific animal(s) planned are: _____

The pet for your student's classroom may aid in achieving the following learning objectives: _____

Should you have any concerns regarding this animal (ex. student allergies, other medical sensitivities, sanitation practices, etc.) you may contact: _____

INFORMATION BELOW TO BE COMPLETED BY A PARENT OR GUARDIAN

In addition to this notification, we would like to ask whether you would like your student to participate in any of the following activities (check all that apply):

- Handling of animal(s)
- Providing care for animal(s)
- Given cleaning responsibilities for animal(s)

I, _____
Parent/Legal Guardian Name acknowledge that I have been informed of plans for my student, (_____)'s, classroom to house a classroom pet as specified above. Furthermore I consent to my student's participation in activities specified above.
Student Name

Note: As a sign of good faith, we have included an informational brochure and animal complaint form provided by Columbus Public Health. Should you have any concerns regarding this situation you may contact either the school's principal directly at _____, or file a complaint or inquiry with Columbus Public Health (see form for details).

evaluation

Columbus Public Health
Attn: Healthy Schools Program
240 Parsons Ave N110
Columbus, OH 43215-5331

Help us improve the quality of our publication by taking a moment to fill out this brief evaluation and return it in the self-addressed stamped envelope provided or fax this evaluation to the Healthy Schools Program (614)645-7155.

School Name (optional): _____

Before receiving this publication, did your school have an active plan to control the risks associated with classroom pets?: **Y** **N**

As a result of this publication, will your school be developing a plan or re-evaluating current plans regarding classroom pets?: **Y** **N**

Is your school likely to use the “classroom pet form” for instructors planning to house animals in the classroom?: **Y** **N**

Is your school likely to use the “parental notice form” for students in classrooms that house animals?: **Y** **N**

How many classroom pets are in your school? _____

Was there any information provided in this publication that needs clarification, more information, or is otherwise in need of improvement?: _____

Do you have any questions regarding classroom pets that were not addressed in this publication?: _____

Please provide any additional comments or questions that you have regarding this publication, or any challenges or concerns presented during implementation of rules or procedures regarding classroom pets: _____



Columbus
Public Health
Healthier, Safer People
Visit us online at...
www.publichealth.columbus.gov



City of Columbus
Mayor Michael B. Coleman

Chapter 11. Food Handling

Food Handling

What is foodborne disease?

Foodborne disease is caused by consuming contaminated food or beverages. Many different disease-causing microbes, or pathogens, can contaminate foods. Therefore, there are many different foodborne infections. In addition, poisonous chemicals or other harmful substances can cause foodborne disease if they are present in food.

More than 250 different foodborne diseases have been described. Most of these diseases are infectious, caused by a variety of bacteria, viruses, and parasites that can be food borne. Other diseases are poisonings, caused by harmful toxins or chemicals that have contaminated the food. Poisonous mushrooms are an example of a food with harmful chemicals. These different diseases have many different symptoms, so there is no one “syndrome” that is foodborne illness. However, in foodborne illness, the microbe or toxin enters the body through the gastrointestinal tract, and often causes the first symptoms there. This is why nausea, vomiting, abdominal cramps, and diarrhea are common symptoms in many foodborne diseases.

What are the most common foodborne diseases?

**See “Ten Least Wanted Pathogens” page from the CDC for pictures at the end of this section

The most commonly recognized foodborne infections are those caused by the bacteria *Campylobacter*, *Salmonella*, and *E. Coli O157:H7*, and a group of viruses called caliciviruses, also known as Norovirus, Norwalk, and Norwalk-like viruses.

Campylobacter is a bacterial pathogen that causes fever, diarrhea, and abdominal cramps. It is the most commonly identified bacterial cause of diarrheal illness in the world. These bacteria live in the intestines of healthy birds, and most raw poultry meat is contaminated. Eating undercooked chicken or other food that has been contaminated with drippings from raw poultry is the most frequent source of the infection.

Salmonella is also a bacterium that is widespread in the intestines of birds, reptiles, and mammals. It can be spread to humans via a variety of foods of animal origin. The illness, salmonellosis, typically includes fever, diarrhea, and abdominal cramps. In persons with poor underlying health or a weakened immune system, the bacteria can invade the blood stream and cause life-threatening conditions.

E. Coli O157:H7 is another bacterial pathogen, this one with a reservoir in cattle and other similar animals. Human illness typically follows consumption of food or water that has been contaminated by an infected animal’s feces. The illness is often severe including bloody diarrhea and painful abdominal cramps without high fever. Three to five percent of cases develop hemolytic uremic syndrome (HUS) as a complication several weeks after the initial symptoms. This severe condition includes temporary anemia, profuse bleeding, and kidney failure.

Noroviruses are an extremely common cause of foodborne illness. However, the source is rarely diagnosed because laboratory testing is not widely available. The viruses cause an acute gastrointestinal illness that usually includes more vomiting than diarrhea. Symptoms resolve without intervention within two days. Unlike the foodborne pathogens with animal reservoirs, noroviruses are spread primarily from human to human.

Some pathogens are usually transmitted through other routes, but have had cases spread through food. This list includes *Shigella*, hepatitis A, *giardia*, and *cryptosporidia*.

Other pathogens cause disease by producing toxin in a food source. When food is contaminated with the bacterium *Staphylococcus aureus*, for example, the bacteria itself does not cause illness, but the toxin it produces causes intense vomiting. Toxins can produce illness even if the microbes that produced them are no longer present in the food. *Clostridium botulinum* is another bacterium that produces toxins in food.

Pathogens are not the only source of dangerous chemicals in food. Foodborne illness also occurs when pesticide is inadvertently added to food, or if naturally poisonous substances are used to prepare a meal. Every year, people become ill after mistaking poisonous mushrooms for safe species or after eating poisonous reef fishes.

Why do public health officials investigate outbreaks?

A foodborne outbreak is an indication that something needs to be improved in a food safety system. Public health scientists investigate outbreaks in order to control the outbreak and to learn how similar outbreaks can be prevented. Two activities are critical when an outbreak occurs. First, emergency action is needed to keep the immediate danger from spreading. Second, a detailed, objective, scientific investigation is conducted to learn how the outbreak occurred. Much of current foodborne disease knowledge and knowledge about foodborne disease prevention has been derived from

outbreak investigation. Investigation is often how new pathogens are identified, and is also how links between pathogens and animal reservoirs are discerned. Full investigations may involve a multidisciplinary team including epidemiology, microbiology, food sanitation, veterinary medicine, and process engineering.

What foods are most associated with foodborne illness?

Raw foods of animal origin are the most likely to be contaminated; that is, raw meat and poultry, raw eggs, unpasteurized milk, and raw shellfish. Because filter-feeding shellfish strain microbes from the sea over many months, they are particularly likely to be contaminated if there are any pathogens in the sea water. Foods that mingle the products of many individual animals, such as bulk raw milk, pooled raw eggs, or ground beef, are particularly hazardous because a pathogen present in any one of the animals may contaminate the whole batch. A single hamburger may contain meat from hundreds of animals. A single restaurant omelet may contain eggs from hundreds of chickens. A glass of raw milk may contain milk from hundreds of cows. A broiler chicken carcass can be exposed to the drippings and juices of many thousands of other birds that went through the same cold water tank after slaughter.

Fruits and vegetables consumed raw are of particular concern. Washing can decrease but not eliminate contamination, so the consumers can do little to protect themselves. Recently, a number of outbreaks have been traced to fresh fruits and vegetables that were processed under less than sanitary conditions. These outbreaks show that the quality of the water used for washing and chilling the produce after it is harvested is critical. Using water that is not clean can contaminate many boxes of produce. Fresh manure used to fertilize vegetables can also contaminate them. Alfalfa sprouts and other raw sprouts pose a particular challenge, as the conditions under which they are sprouted are ideal for growing microbes as well as sprouts, and because they are eaten without further cooking. That means that a few bacteria present on the seeds can grow to high numbers on the sprouts. Unpasteurized fruit juice can also be contaminated if there are pathogens in or on the fruit that is used to make it.

What can consumers do to protect themselves from foodborne illness?

**see "Fight BAC" brochure at the end of this chapter

A few simple precautions can reduce the risk of foodborne diseases:

COOK meat, poultry, and eggs thoroughly. Using a thermometer to measure the internal temperature is a good way to be sure that it is cooked sufficiently to kill bacteria. For example, ground beef should be cooked to an internal temperature of 160 degrees Fahrenheit, and eggs should be cooked until the yolk is firm.

SEPARATE different foods. Avoid cross-contamination by washing hands, utensils, and cutting boards after they have been in contact with raw meat or poultry and before they touch another food. Put cooked meat on a clean platter; do not place cooked meat on a platter that held raw meat.

CHILL leftovers promptly by placing them in the refrigerator. Bacteria can grow quickly at room temperature, so refrigerate leftover food if it will not be eaten within four hours. Large volumes of food will cool more quickly if they are divided into several shallow containers for refrigeration.

CLEAN produce. Rinse fresh fruits and vegetables in running tap water to remove visible dirt and grime. Remove and discard the outermost leaves of a head of lettuce or cabbage. Because bacteria can grow well on the cut surface of fruit or vegetables, be careful not to contaminate these foods while slicing, and avoid leaving cut produce at room temperature for many hours.

Do not become a source of foodborne illness yourself. Wash your hands with soap and water before preparing food. Avoid preparing food for others if you yourself have a diarrheal illness. Changing diapers while preparing food is a bad idea that can easily spread illness.

REPORT suspected foodborne illness to your local health department. The local health department is an important part of the food safety system. Often calls from concerned citizens are how outbreaks are first detected. If a public health official contacts you to find more about an illness you had, your cooperation is important. In public health investigations, it can be as important to talk to healthy people as to ill people. Your cooperation may be needed even if you are not ill.

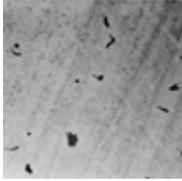
To report a possible outbreak to the Franklin County Public Health, call (614) 525-3160

To report a possible outbreak to the Columbus Public Health, call (614) 645-1474

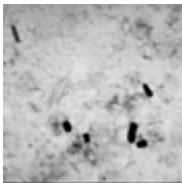
Least Wanted Foodborne Pathogens

The U.S. Public Health Service has identified the following microorganisms as being the biggest culprits of foodborne illness, either because of the severity of the sickness or the number of cases of illness they cause. Beware of these pathogens: Fight BAC![®]

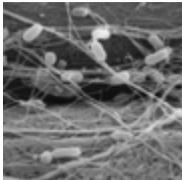
LEARN WHERE THEY ARE AND HOW TO AVOID THEM



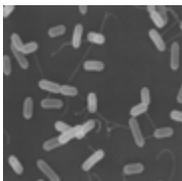
Campylobacter- Second most common bacterial cause of diarrhea in the United States; Sources: raw and undercooked poultry and other meat, raw milk and untreated water.



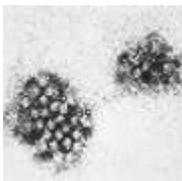
Clostridium botulinum- This organism produces a toxin which causes botulism, a life-threatening illness that can prevent the breathing muscles from moving air in and out of the lungs. Sources: improperly prepared home-canned foods; honey should not be fed to children less than 12 months old.



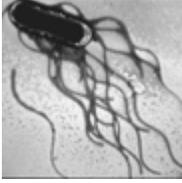
E. coli O157:H7- A bacterium that can produce a deadly toxin and causes approximately 73,000 cases of foodborne illness each year in the U.S. Sources: beef, especially undercooked or raw hamburger; produce; raw milk; and unpasteurized juices and ciders.



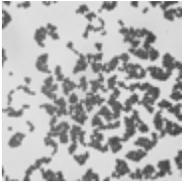
Listeria monocytogenes- Causes listeriosis, a serious disease for pregnant women, newborns and adults with a weakened immune system. Sources: unpasteurized dairy products, including soft cheeses; sliced deli meats; smoked fish; hot dogs; pate'; and deli-prepared salads (i.e. egg, ham, seafood, and chicken salads).



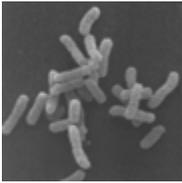
Norovirus- The leading viral cause of diarrhea in the United States. Poor hygiene causes Norovirus to be easily passed from person to person and from infected individuals to food items. Sources: Any food contaminated by someone who is infected with this virus.



Salmonella- Most common bacterial cause of diarrhea in the United States, and the most common cause of foodborne deaths. Responsible for 1.4 million cases of foodborne illness a year. Sources: raw and undercooked eggs, undercooked poultry and meat, fresh fruits and vegetables, and unpasteurized dairy products.



Staphylococcus aureus- This bacterium produces a toxin that causes vomiting shortly after being ingested. Sources: cooked foods high in protein (e.g. cooked ham, salads, bakery products, dairy products) that are held too long at room temperature.



Shigella- Causes an estimated 448,000 cases of diarrhea illnesses per year. Poor hygiene causes Shigella to be easily passed from person to person and from infected individuals to food items. Sources: salads, unclean water, and any food handled by someone who is infected with the bacterium.



Toxoplasma gondii- A parasite that causes toxoplasmosis, a very severe disease that can produce central nervous system disorders particularly mental retardation and visual impairment in children. Pregnant women and people with weakened immune systems are at higher risk; Sources: raw or undercooked pork.



Vibrio vulnificus- Causes gastroenteritis, wound infection, and severe bloodstream infections. People with liver diseases are especially at high risk. Sources: raw or undercooked seafood, particularly shellfish.

"Ten Least Wanted Pathogens" information provided by the Centers for Disease Control. For more information visit www.cdc.gov.

The Partnership for Food Safety Education www.fightbac.org

Chapter 12. Resources

Resources

Association for Professionals in Infection Control, Inc. (APIC): mission is to improve health and patient safety by reducing risks of infection and other adverse outcomes. APIC advances its mission through education, research, consultation, collaboration, public policy, practice guidelines, and credentialing.

Web Page: www.apic.org Includes publications related to infection control guidelines and disaster preparedness.

Centers for Disease Control and Prevention (CDC): one of the major operating components of the Department of Health and Human Services.

Web page: www.cdc.gov includes a wealth of information about diseases and conditions, emergency preparedness, workplace safety and health and has sections of particular interest:

CDC Coordinated School Health Programs www.cdc.gov/healthyyouth/states/oh.htm

National Immunization Program <http://www.cdc.gov/vaccines/>

Central Ohio Association of School Nurses (COASN): local chapter of the Ohio Association of School Nurses with local resources.

Web page: www.coasn.com

Columbus Public Health (CPH): Local health department with jurisdiction over schools and individuals who reside within the City of Columbus. The department offers education, information, and clinics. The Communicable Disease Prevention Program offers recommendations and direction for communicable diseases.

Web page www.publichealth.columbus.gov

Communicable Disease Phone: (614) 645-1474

Infectious Disease Reporting System (IDRS): Franklin County and Columbus City's combined reporting line. Report infectious diseases to IDRS, and go to the IDRS web site for information about infectious diseases and news about local updates regarding infectious disease.

Web page: www.idrsinfo.org

Phone reporting line: (614) 525-8888

Fax reporting line: (614) 525-8890

Franklin County Public Health (FCPH): Local health department with jurisdiction over schools and individuals who reside in Franklin County and outside the City of Columbus. The department offers education, information, and clinics. The Infectious Disease Program offers recommendations and direction for infectious diseases.

Web page: www.myfcph.org

Infectious Disease Phone: (614) 525-3165

Health Information Translations: Quality translations in multiple languages. Translated information on disaster preparedness, diseases and conditions, pediatrics, and more is available at the website.

Web page: www.healthinfotranslations.com

Occupational Safety and Health Administration (OSHA): Promotes the safety and health of America's workers by setting and enforcing standards; providing training, outreach, and education; establishing partnerships; and encouraging continual process improvement in workplace safety and health.

Web page: www.osha.gov includes compliance assistance, laws and regulations, and safety/health topics.

Ohio Association of School Nurses: promotes optimal wellness among Ohio's school children and their communities by supporting their educational success & providing leadership, education, & support for the practice of school nursing

Web page: www.oasn.org

Address: P.O. Box 150

Tipp City, OH 45371

Phone: (937) 667-0850

Continued >

Ohio Department of Health (ODH): State health department with jurisdiction over the State of Ohio. This department provides recommendations and education.

School Nursing Program: Supports the provision of quality health services in schools to promote student health and success. Also assists schools with an all-hazards approach to emergency preparedness. School nurse consultants are available.

Web page: <http://www.odh.ohio.gov/odhPrograms/chss/schnurs/schnurs1.aspx>

Phone: (614) 466-1930

Fax: (614) 644-9850

- New School Nurse Orientation Program

Ohio Department of Job and Family Services (ODJFS): State department with jurisdiction over the state of Ohio. Resource for child cares, has Communicable Disease Posters

Web page: <http://jfs.ohio.gov/>

Phone: (614) 728-7300



Columbus Public Health
Communicable Disease Prevention
and Control Program
240 Parsons Avenue
Columbus, Ohio 43215
(614) 645-1474
After-hours emergencies (614) 645-7417



Franklin County Public Health
Infectious Disease Program
280 East Broad Street
Columbus, Ohio 43215
(614) 525-3165 and (614) 525-3097
After-hours emergencies (614) 525-3965