

INFECTIOUS DISEASE

PURPOSE: To prevent transmission of infection among guests of Ronald McDonald House Charities of Madison, Inc. and to provide guidance in the handling of communicable disease cases which exist or may occur among guests, staff or volunteers at RMHC-Madison.

POLICY: Any person who has a physical condition that could endanger the health of other residents, particularly those residents who are immuno-suppressed, receiving medication and/or treatment, will not be registered as a guest or visitor of the House. Any registered guest who develops an illness that might be contagious shall be confined to an area where s/he cannot transmit the disease and will be required to seek treatment or referred to a hotel. Such confinement will last until the disease is no longer contagious or the guest leaves the House.

PROCEDURES:

1. An adult responsible for the guest family is asked to review and sign an infectious disease policy card at the time of check-in.
2. Any person having a temperature of 101 F or more, vomiting, diarrhea, cough, generalized muscle pains or a notable skin rash will not be registered as a guest without a medical doctor's statement that the individual's presence in the House will not endanger others. Any recorded statement shall advise if the risk of transmission is airborne or via physical contact.
3. Any individual who has in the past stayed at the House and who developed an illness that was contagious and checked out due to infection control reasons, will not be re-admitted to the House unless s/he provides written or verbal notification from a medical doctor or doctor's designee, stating that the individual is no longer contagious.
4. All guests are required to report any fever, rashes, nausea, vomiting or diarrhea (not caused by treatment) to the House Director or Night/Weekend Supervisor on duty.
5. Any procedures involving needles, medical equipment, or home health care must be performed by a parent, guardian, or visiting health care professional. The family is responsible for the safe handling of all equipment and medical supplies. Needles must be disposed of in a needle box provided by the parent or guardian who must remove the container from the House upon leaving. The housekeeper will be informed which guest rooms the House knows are using needles.

6. Families should be instructed that if they become aware of an infectious disease situation within two weeks after their stay, they should call the House so appropriate measures can be taken.
7. All staff and volunteers that are present at the House during the stay of an individual who has been exposed to a contagious disease will be informed by the House Director when appropriate so that the proper procedures can be followed as directed by policy.
8. All staff, volunteers and guests shall practice strict hand hygiene methods essential for prevention and control of infection. Alcohol based hand gels such as Purell are preferred but soap and water for 15 seconds is acceptable and sufficient. Hand hygiene is especially important:

Adults:

- Before eating or handling food.
- Before feeding a child.
- After diapering.
- After toileting child or self.

Children:

- Before eating or handling food.
- After toileting.
- After playing outside

9. All common dishes shall be washed and dried in the dishwasher. Before unloading the dishwasher, all staff and guests shall practice strict hand hygiene procedures.
10. Food must be stored in covered containers, labeled and dated. Perishable food is to be removed from the refrigerator when a family leaves the House.
11. For the protection of all persons in the House, all blood spills and other accidents with secretions shall be cleaned with disposable towels and gloves and a solution of one part household bleach and nine parts water. This solution should be mixed at the time of the clean-up. A bucket containing these items will be available in a closet for this purpose.
12. Any person unable to control body fluid excretion or secretion and/or control behavior that may endanger other individuals in the House (for example, biting, spitting, scratching) shall be excluded from the House or isolated in the House at the discretion of the House Director.
13. It shall be the duty of appointed members of the House Operations Committee, House Director and a qualified medical advisor to evaluate these guidelines as they pertain to specific circumstances. Written documentation of each incident will be kept on file. (The medical advisor will be apprised of each instance of potential

contagious disease. If the House becomes aware of a contagious disease exposure, the medical advisor will be consulted.) Families may be asked to leave the House to prevent transmission of infectious diseases among other guests, staff and volunteers.

14. For health reasons, guests should be asked to always change diapers in their rooms and not in common living or play areas. Good hand hygiene and disposal of diapers in the diaper pails provided are required to prevent the spread of stool-borne disease.

SPECIFIC ILLNESSES:

No Admission to Ronald McDonald House Charities of Madison, Inc.

1. Chicken Pox and Shingles (Zoster)

Chicken pox is a very serious illness for any immuno-compromised child or adult. No individual may visit or stay at the House if s/he:

- has an acute case of chicken pox with vesicular (blistery) lesions;
- has not had chicken pox or chicken pox vaccine (Varivax) and has been exposed to active chicken pox in the past 2 days (maximum incubation).

Any individual with active shingles cannot stay or visit at the House. Shingles (Zoster) is a cluster of painful blister-like lesions in a single nerve distribution due to re-activated chicken pox virus.

Any individual who has been exposed to shingles and has not had chicken pox or chicken pox vaccine (Varivax) cannot stay or visit at the House. An individual who has been exposed to shingles or chicken pox AND who has not had chicken pox but has been vaccinated may stay at the House at the discretion of the House Director.

2. Measles and Rubella

Measles and rubella are very contagious viral illnesses characterized by a runny nose, fever, red eyes and a body rash. These illnesses are very uncommon but have re emerged in the US due to decreasing numbers of children receiving routine childhood vaccines. Most viral rashes are not measles or rubella. Individuals with diagnosed measles or rubella may not stay at the House. Individuals who have been exposed to measles or rubella within the past 18 days may not stay at the House.

3. Whooping Cough (Pertussis)

Whooping Cough is an infectious disease that causes spasms of coughing often followed by deep noisy inspiration. Individuals with diagnosed whooping cough and those individuals who have been exposed to whooping cough within the past 10 days may not stay at the House. Individuals who have been receiving treatment for 48 hours may be allowed to stay at the House after providing a written statement from their physician confirming they are no longer contagious.

4. Mumps

Mumps is an acute viral disease characterized by swelling especially of the salivary glands. It is spread from person to person and by direct contact with contaminated articles. Individuals with diagnosed mumps and individuals who have been exposed to mumps within the past two (2) weeks may not stay at the House.

5. Head Lice

Individuals known to have head lice may not stay at the House due to the highly contagious nature of head lice. If head lice are discovered, the family will be instructed to check out of the House and contact their physician for further treatment. The House Director is notified so that appropriate disinfection occurs. Infestation should be reported to the hospital by the family if a family member is hospitalized. Other guests, staff and volunteers will be notified that a family is being treated for head lice, and that appropriate disinfection measures are being taken at the House. They will be advised that it would be wise to be alert for any signs of infestation in their own families.

Isolation at Ronald McDonald House Charities of Madison, Inc.

1. Conjunctivitis (Pinkeye)

This is a highly contagious eye infection, characterized by red, sore eyes with a purulent discharge. Individuals with conjunctivitis may stay at the House. They should be isolated from other guests from onset until 24 hours after being treated with eye drops or ointment by their physician.

2. Hepatitis A

This is a viral illness, usually manifested by fatigue and jaundice of skin and sclera (eyes). Individuals with a diagnosis of Hepatitis A may stay at the House but must be isolated from other residents for seven (7) days after the onset of jaundice. Separate bathroom facilities are required.

3. Strep Throat

Strep throat is a common and highly contagious condition. It is no longer contagious after receiving 24 hours of antibiotic treatment. Individuals with strep throat may stay at the House but should be isolated from other guests and staff until 24 hours of treatment is completed. Keep in mind that small children expose one another easily when playing.

4. Diarrhea

Children who develop a diarrheal illness, defined as three or more unusually loose stools per day, shall not be permitted to have contact with other children in the House. Hand hygiene is the most important measure for preventing the transmission of diarrheal illnesses.

Other Illnesses (May Stay at RMHC-Madison)

1. Hepatitis B, Hepatitis Non-A, Non-B

These forms of viral hepatitis are more low-grade in nature with fatigue and jaundice being the common manifestation. Some people become chronic carriers of the Hepatitis B Virus (HBV) after the acute illness resolves. HBV is transmitted from person to person by accidental needle sticks or by direct contact with blood or body secretions contaminated with HBV. HBV carrier adults may stay at the House without restriction. HBV carrier children with no unusual behavior (e.g., biting, frequent scratching), generalized dermatitis or bleeding problems may stay at the House with no special restrictions. The House Director and a medical advisor shall assess admission of HBV carrier children with these risk factors on a case-by-case basis.

2. MRSA

MRSA is a form of Staph infection that is resistant to certain antibiotics. Anyone can get a staph infection and many infections are minor skin infections and easily treated. If a family indicates on the Infectious Disease Card that they have been diagnosed with MRSA or told that they carry a MDR (multi-drug resistant) bacteria requiring isolation in medical facilities they must be referred immediately to the House Director or Night Supervisor on duty for further evaluation. If a family is actively being treated for MRSA they will not be allowed to stay at the House.

If no visible signs of MRSA are apparent (open sores, rashes) the affected family should be notified of the following procedures:

- Practice hand hygiene thoroughly and often especially after toileting
- place own dishes in the dishwasher
- avoid using the RMHC House public restroom facilities.
- any child staying at the House is that is not toilet trained must only have diapers changed in the resident room
- soiled diapers should be disposed in the resident room.

2. Other Illnesses or Body Rashes

Any individual with an illness or rash that comes to the attention of the staff or volunteers as a possible communicable disease should be referred to a physician for diagnosis, either by phone or office visit. It is the responsibility of the House Director to see that this is done. Cases should then be handled on an individual basis, based on the recommendations of the physician.

3. Tuberculosis

Tuberculosis (TB) is communicable by inhalation of droplets spread by individuals with active pulmonary tuberculosis. Within 2-4 weeks of starting treatment, the individual with active TB is no longer contagious. Individuals receiving treatment for active TB may stay at the House with a written statement from their physician confirming that they are no longer contagious.

4 AIDS and HIV Infection

HIV is not a highly infectious agent. There are two main ways the virus is contracted. First, an individual can become infected by having sex (oral, anal or vaginal) with someone who is infected with the AIDS virus. Second, an individual can be infected by sharing drug needles and syringes with an infected person. Babies of women who have been infected with the AIDS virus may be born with the infection because it can be transmitted to the baby before birth or during birth. Individuals with the HIV virus or AIDS may stay at the House. If an individual is unable to control oneself and may present a danger to others by biting or scratching, they will be isolated from other guests.

5. Immunizations

There are no restrictions on children or adults staying at the House who have recently received immunizations **unless** they have a rash or fever. In these circumstances they may be permitted to stay at the House at the discretion of the House Director, provided that they family provides documentation from a medical provider indicating that they are not contagious (see above criteria #2 under PROCEDURES).

NEEDLE STICK

If a needle stick occurs to a guest, volunteer or employee, first aid should be given immediately and follow-up treatment provided as indicated below.

Immediate Treatment Following a Needle Stick

- Squeeze the puncture or open area to induce bleeding.
- Cleanse the wound thoroughly with soap and water. The wound may be further cleansed with 10% povidone-iodine (Betadine solution). If a mucous membrane or eye exposure occurs, irrigate the area immediately with large amounts of water or normal saline.
- Assist in gathering the needed information about the status of the needle prior to the needle stick. Inform the guest, volunteer or employee what actions to take based on the follow-up protocol outlined below.

Determination of an Exposure

- Exposure to a sterile needle:
If it was a sterile needle, risk of obtaining an infection from this exposure is extremely low. The person should determine if s/he feels further follow-up is needed. Encourage guests to seek assistance from their primary physician or the Emergency Room if further follow-up is desired.
- Exposure to a used needle or a needle of unknown sterility:
If it is unknown whether or not the needle is sterile or if it is known that it is a used needle, follow-up is strongly encouraged. If the needle was used by a person who may have active non-A or non-B hepatitis or had received large volumes of blood products, risk of acquiring hepatitis can be reduced if interventions are put in place within 24 hours of exposure.

Evaluation of the Source of Needle Stick

The source, if known, must be evaluated for evidence of hepatitis B, non-A or non-B hepatitis, HIV infection, and other blood-borne infections. Source patients with a history of previous viral hepatitis of unknown type, a history of intravenous drug use, hemodialysis, multiple blood transfusions, male homosexuality or other sexual risk factors for HIV infection, with unexplained abnormal liver function tests, or immigrants from developing countries should be considered at increased risk for carriage of blood-borne viruses, especially hepatitis B, non-A or non-B hepatitis virus and HIV. Hepatitis A or B panels or liver function tests should not be done "routinely" either on the individual injured or the source patients.