

Guidelines on Skin Infections
**Including Community Associated Methicillin-
Resistant *Staphylococcus aureus* (CA-MRSA)**



Erie County Department of Health (ECDOH)
in collaboration with
Erie 1 BOCES and Erie 2 BOCES
Health, Safety & Risk Management

**School Guidelines on Skin Infections Including Community Associated
Methicillin-Resistant *Staphylococcus aureus* (CA-MRSA)**

Committee Members

The following committee members collaborated during the 2007-2008 school year to create a school based reference/guidance document to address questions and concerns regarding skin infections in the school setting. Although it is recognized that some data might change in the course of the document's current use, websites and references have been provided for future resource updates.

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Table of Contents

Topic	Page
I. Strategies for the Prevention and Recognition of Skin Infections in School Settings..	1
II. Definitions	1
A. CA-MRSA	
B. Outbreak	
III. Universal Precautions and Infection Control	1
IV. Communicable Disease Notification	2
V. Education and Increased Awareness	2
A. School Mandates	
B. Exposure Control Awareness Plan	
C. Handwashing Procedure	
D. Community Education	
VI. Care and Cleaning of School Facilities	2
A. Physical Education: Athletics and Training Areas, Swimming Pool, Fitness Centers	
B. Health Office, Occupational Therapy [OT]/Physical Therapy [PT] Areas	
C. Cafeteria	
D. Indoor Air Quality	
E. Hand Washing Facilities	
F. Transportation Department Procedures	
G. Science, Technology and Other Sports Equipment	
VII. Cleaning Procedures	4
A. Use of Registered Disinfectants or Sanitizer Products	
B. Building and Vehicle Maintenance	
VIII. Signage	5

Appendices

- Appendix 1: Proper Handwashing Procedure, and Erie County Department of Health Handwashing Guidelines
- Appendix 2: Sample School Physical Activity Assessment Forms:
Physical Education Activity Assessment Form K-5
Physical Education Activity Assessment Form 6-12
- Appendix 3: New York State Department of Health *Communicable Disease Reporting* Requirements Form
New York State Department of Health, Division of Epidemiology Confidential Case Report Form
- Appendix 4: Sample Health Risk Clause for Building Facility Use Form
- Appendix 5: Sample Cleaning Procedures & Disinfectants
December 9, 2008 State of New York Department of Health, Health Advisory: Prevention Of Methicillin- Resistant Staphylococcus Aureus (MRSA) Infections In The School Setting
NYS Products Registered For MRSA – Sorted Alphabetically By Product [10-18]
NYS Products Registered For MRSA – Sorted By EPA Registration Number [19-27]
- Appendix 6: School Green Cleaning -List of Products Approved Against MRSA Guidelines And Specifications For The Procurement And Use Of Environmentally Sensitive Cleaning And Maintenance Products For All Public And Nonpublic Elementary And Secondary Schools In New York State, July 10, 2008 [Hyperlink]

**School Guidelines on Skin Infections Including Community Associated
Methicillin-Resistant *Staphylococcus aureus* (CA-MRSA)**

Table of Contents [CONTINUED]

Topic	Page
Appendices [CONTINUED]	
Appendix 7: Signage	
A. General Handwashing Posters from Centers for Disease Control [CDC]	
B. General Posters for Athletics from Centers for Disease Control [CDC]	
C. Sample Signage Messages- Print On Cardstock And Laminate Before Posting At Respective Sites: Locker Rooms Fitness/Weight Room Health Office/ Occupational and Physical Therapy Areas	
Appendix 8: Reference Websites	

School Guidelines on Skin Infections Including Community Associated Methicillin-Resistant *Staphylococcus aureus* (CA-MRSA)

I. Strategies for the Prevention and Recognition of Skin Infections in School Settings

It is recommended that schools follow district policies on infection control procedures and disease prevention education to limit the spread of skin infections in school settings. A policy should include a procedure and guidance related to skin infections such as community associated methicillin-resistant *Staphylococcus aureus* (CA-MRSA).

Any student with a draining skin wound/lesion could potentially transmit an infectious illness to others and is at higher risk of contracting an infection. Transmission of skin infections among students, staff, faculty and student athletes can have substantial public health impact. These guidelines will provide information for skin infection prevention and control in the school setting.

II. Definitions

A. CA-MRSA

Methicillin-resistant *Staphylococcus aureus* is a type of *Staphylococcus* (staph) bacteria that is resistant to certain antibiotics including methicillin and other common antibiotics such as oxacillin, penicillin and amoxicillin. CA-MRSA can be successfully treated with other types of antibiotics.

B. Outbreak

Single cases of skin infection, including CA-MRSA, are not currently reportable to the health department. Outbreaks of multiple, related cases among people who share something in common (e.g. football players on the same team) are reportable and will be investigated as needed.

III. Universal Precautions and Infection Control

All open wounds/lesions and broken skin should be treated as potentially infectious and should be evaluated by the school nurse. Patients should be referred to their Health Care Providers (HCP) as necessary. Particular caution should be exercised when wounds/lesions with drainage (e.g. pus) are identified.

Hand hygiene is the single most important strategy to prevent the spread of communicable diseases, including skin infections such as CA-MRSA [[See Appendix 1: Proper Handwashing Procedure](#)].

The following infection control guidelines apply to any open wounds/lesions or broken skin:

- Cover the wound with a clean, dry bandage capable of containing any drainage.
- Practice proper hygiene measures, including washing hands with soap and water or waterless hand sanitizers if soap and water are not available, especially when changing bandages and caring for wounds.
- Properly dispose of soiled bandages and wound coverings in a plastic-lined waste receptacle. In a non-Health Office setting, body fluid waste should be contained in a plastic bag to prevent cross contamination.
- Prohibit students from sharing personal care items.
- Launder personal clothing regularly with soap and hot water.
- Keep environmental surfaces clean.

Students referred to their HCP for medical evaluation should provide written verification of the health condition diagnosis and the HCP's treatment plan. Unless directed by the HCP, students with skin infections, including wounds/lesions or broken skin, should not be excluded from school. According to New York State Education Department (NYSED)

Commissioner's Regulations [8 NYCRR 136.3 (h)], schools may only exclude those students with communicable diseases, which are reportable under Public Health Law [See Appendix 2: Sample School Physical Activity Assessment Forms (for physical activity restrictions)]. A list of such diseases may be found at: http://www.erie.gov/health/offices/disease_control.asp [See Appendix 3: New York State Department Of Health Communicable Disease Reporting Requirements Form, and New York State Department Of Health, Division Of Epidemiology Confidentiality Case Report Attachment Form].

IV. Communicable Disease Notification

Isolated cases of confirmed skin infections, including CA-MRSA, are not reportable to the ECDOH or to the community in general. If multiple students, staff or faculty members are identified with skin infections, which may be related to one another, the school nurse should contact the ECDOH Epidemiology and Surveillance Section at (716) 858-7697 for guidance.

Although letters notifying parents of isolated cases are not recommended, the school nurse and superintendent will determine whether notification letters to parents for confirmed related cases may be warranted. Notification of parents and staff is discretionary and should be based on existing policy for other illnesses.

V. Education and Increased Awareness

A. School Mandates

School districts should follow New York State Commissioner's Regulations and New York State Health Education Standards to educate students on communicable diseases. Instruction on proper personal hygiene and skin care should be included in the curriculum. Annual instruction for students in Grades Pre-K through 12 on disease prevention and control measures should be age appropriate and sequential utilizing 'Learning Standards for Health, Physical Education, and Home Economics', and 'New York State Health Education Scope and Sequence' documents.

B. Exposure Control Awareness Plan

All district staff and faculty must attend mandated annual Bloodborne Pathogen/Right-to-Know training. District administration should have a procedure in place to ensure that all employees attend, e.g. those who were absent, new hires, substitute personnel, etc.

C. Handwashing Procedure

Proper handwashing procedures must be part of the mandated health instruction units for all students in Grades Pre-K through 12. School personnel should follow recommended handwashing procedures and model good health habits. [See Appendix 1: Proper Handwashing Procedure, Erie County Department of Health Handwashing Guidelines].

D. Community Education

In addition to school personnel and students, community groups utilizing school facilities should receive information on communicable disease prevention and control relative to facility usage. School districts should revise their 'Building Facility Use' forms to include a 'health risk' clause and protocols for medical emergencies and body fluid spill clean up [See Appendix 4: Sample Health Risk Clause Sample For Building Facility Use Form].

VI. Care and Cleaning of School Facilities

Close proximity of persons and sharing of fitness equipment can increase the potential for infection. It is imperative that facilities are kept clean and disinfected, and students and school personnel informed of the importance of good personal hygiene in the prevention of communicable disease.

A. Physical Education: Athletics and Training Areas, Swimming Pool, Fitness Centers

1. Inform all persons utilizing fitness equipment of proper procedures and cleanup prior to utilizing the facility [See Section VII Cleaning Procedures].

2. Enforce wearing of proper workout attire, e.g. t-shirts. It is recommended that no bare skin should be in contact with equipment. Use a clean towel as a barrier between bare skin and shared surfaces (e.g., exercise equipment, sauna bench, leg supports during therapy) to reduce the need for frequent disinfection application. Wet and soiled towels and uniforms should be regularly removed from the locker rooms and properly laundered.
3. Encourage athletes to disinfect all shared surfaces that come in contact with bare skin (e.g., mats, massage tables, training tables, and therapy machines) between each use.
4. A regular cleaning schedule should be established for shared environmental surfaces, such as wrestling mats or strength-training equipment. Disinfect all skin-contact points of weight equipment at a minimum once per day.
5. Disinfect mats and other high-use equipment before each practice and several times a day throughout a tournament. Clean contact surfaces of fitness equipment after use with an approved disinfectant, e.g. handlebars, seat, pads, mats, and touch/control panels. Avoid use of alcohol and bleach [See Section VII Cleaning Procedures].
6. Repair or discard equipment with damaged surfaces that cannot be adequately cleaned (e.g., equipment with exposed foam).
7. Pool deck, shower stalls and locker room facilities should be regularly cleaned and disinfected using proper district-wide standard cleaning procedures that include approved products against multiple pathogens.
8. Gymnasium Carpet- Establish daily and weekly routine of cleaning indoor grass/turf gymnasium carpet. Daily vacuuming and weekly disinfection is recommended using an approved disinfecting solution.
9. Disinfection of outdoor artificial playing surfaces (e.g., artificial turf) is not recommended outdoors.

B. Health Office, Occupational Therapy [OT]/Physical Therapy [PT] Areas

1. A thorough and regular cleaning schedule should be established for all health offices.
2. Clean and disinfect health room cots regularly (at least daily), and use pillow protectors.
3. Disinfect all treatment tables. Discard or launder table coverings after each use.
4. Launder blankets and linens after each use.

C. Cafeteria

All cafeteria workers and monitors should receive instruction on proper clean-up, recommended solutions, equipment to use, and who provides the cleaning. Students should not be responsible for cleaning tables and surfaces in the cafeteria or kitchen, unless proper Exposure Control Awareness Plan training has been provided.

Districts should follow a district-wide standard cleaning and disinfection procedure for cleaning their cafeteria tables using approved disinfecting products such as neutral disinfectants or quaternaries [See Appendix 5: [December 9, 2008 State of New York Department of Health, Health Advisory: Prevention Of Methicillin- Resistant Staphylococcus Aureus \(MRSA\) Infections In The School Setting](#)].

D. Indoor Air Quality

All school buildings should maintain indoor air quality control measures that prohibit growth of potential pathogens. Follow district-wide standard cleaning procedures for filters, storage areas, and equipment such as pool kick boards and wrestling mats that should be thoroughly dried before storage. Proper storage should allow adequate airflow around stored equipment. Excess moisture and condensation facilitated by inadequate ventilation can lead to mold and mildew growth.

E. Hand Washing Facilities

1. Sink areas should have available liquid soap, disposable paper towels or air dryers. Avoid cloth toweling. Liquid soap is recommended rather than bar soap. Anti-bacterial soap is not recommended.
2. Meter flow faucets should be routinely inspected and serviced. Water flow should continue long enough so that continual touching of the faucet for re-activation is not necessary. It is recommended that meter flow faucet inspection be included in a preventive maintenance program to ensure that water flows long enough for proper handwashing.
3. Approved hand sanitizers are recommended for placement in areas where no hand washing facilities are located with the understanding that hand sanitizers are not a replacement for regular washing of hands.

F. Transportation Department Procedures

Transportation personnel should receive instruction on and follow proper procedures for clean up and disinfection of all vehicles used in transporting students and school personnel. School districts should ensure that private transportation agencies have a proper disinfection procedure in place and executed.

G. Science, Technology and Other Sports Equipment

Equipment where direct-skin contact by multiple users is likely should be disinfected after each use (e.g., goggles, safety glasses, microscopes, etc.).

VII. Cleaning Procedures

Each school district should have outlined in their 'Exposure Control Awareness Plan' district-wide standard cleaning procedures for proper clean-up and recommended disinfecting products such as neutral disinfectants or quaternaries [See Appendix 5: December 9, 2008 State of New York Department of Health, Health Advisory: Prevention Of Methicillin- Resistant Staphylococcus Aureus (MRSA) Infections In The School Setting].

The following cleaning and disinfecting procedures are recommended.

A. Use of Registered Disinfectants or Sanitizer Products

1. A list of disinfectant products that are registered in New York State as effective against MRSA can be found at:
<http://www.aapdistrictii.org/research/MRSAguidance.pdf>
[See Appendix 5: December 9, 2008 State of New York Department of Health, Health Advisory: Prevention Of Methicillin- Resistant Staphylococcus Aureus (MRSA) Infections In The School Setting].
2. Since the registration status of products is subject to change, please verify NYS product registration by checking the Cornell, New York state pesticide product, ingredient, and manufacturer system (PIMS) website at:
<http://magritte.psur.cornell.edu/pims/>
3. **Follow all label directions and precautions listed on the labels of all cleaning/disinfecting products with particular attention to the contact times for any sanitizing/disinfectant solution. Also, check expiration dates specific to each product.**

4. Recommendations:
 - a. Use clean rags, not paper towels.
 - b. Use spray solutions or disinfectant wipes.
 - c. Avoid bleach and alcohol.
 - d. Avoid ringer mops.
5. Train personnel in proper disinfectant use according to label directions.

B. Building and Vehicle Maintenance

1. Follow New York State Office of General Services (OGS) school green cleaning guidance for routine classroom and school bus cleaning using OGS-approved green-cleaning products. Details are available on the OGS web site: <http://www.ogs.state.ny.us/bldgadmin/environmental/default.html> [See Appendix 6: School Green Cleaning -List Of Such Products Approved Against MRSA].
2. Follow regular cleaning and maintenance procedures for equipment and materials that may be shared in the classroom, such as clothing. However, it is recommended that each person use his or her own protective eyewear.
3. Proper cleaning of surfaces is required prior to applying disinfectant. Proper cleaning reduces levels of bacteria on environmental surfaces.
4. Disinfectant wipes/pop-up wipes are recommended rather than spray bottles and cloths.
5. If soiled linens and clothing are washed on school premises, wash with laundry detergent in hot water (minimum 160°F), add one cup of bleach if water is not 160°F, and dry in a hot dryer. Wear gloves when handling dirty laundry.

There are no specific cleaning and disinfection procedures required when cases of skin infections, including, CA-MRSA, are identified in the school population. Widespread disinfection of entire buildings or vehicle fleets based on the occurrence of skin infections, including CA-MRSA is not recommended.

However, the following recommendations apply when there has been potential contamination due to contact with drainage, (e.g. pus) from uncovered skin wound/lesions.

1. Disinfect limited areas, such as surfaces that are likely to be in contact with uncovered or poorly covered infections, using a NYS registered product effective against MRSA [See Appendix 6: School Green Cleaning -List Of Such Products Approved Against MRSA].
 - a. Environmental surfaces in the classroom(s) and shared equipment where direct-skin contact by multiple users is likely (e.g., desks, counter-tops).
 - b. Seats in the school bus where the infected individual was seated.

VIII. Signage

Signage should be placed in designated areas for education and procedural instruction such as: hand washing, clean up, Fitness Center facility use, etc. [See Appendix 7: Signage Samples].

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Appendix 1

Proper Handwashing Procedure

Erie County Department of Health Handwashing Guidelines

Proper Handwashing Steps

1. Roll paper towel down.
2. Turn on warm water.
3. Wet both hands.
4. Put soap on hands. Liquid soap is best.
5. Rub hands vigorously together at least 15-20 seconds; 30 seconds is better.
Wash: * Palms * Between fingers * Wrists
* Back of hands * Under fingernails.
6. Point fingertips down and rinse well with warm water.
7. Dry hands with paper towel.
8. Turn water off with paper towel, not with bare hands.
9. Throw paper towel in waste can.



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County of Erie

CHRIS COLLINS
COUNTY EXECUTIVE

Anthony J. Billitteri IV, M.D., FACEP
Commissioner of Health

DEPARTMENT OF HEALTH

Hand Washing Guidelines

Hand washing is one of the most important steps we can take to avoid getting sick and spreading germs to others. The Erie County Department of Health recommends the following guidelines on hand washing to help keep our community healthy.

What kind of soap should you use?

- Liquid or foaming soap is recommended over bar soap.
- There is insignificant scientific justification to recommend antibacterial soap over non-antibacterial soap.
- It is the action of rubbing hands together followed by flushing with lots of water that is most important, not the specific type of soap used.

How to wash your hands:

- Wet both hands with clean, running, warm water.
- Apply soap and rub hands together to make a lather.
- Rub hands together vigorously for at least **20 seconds** (HINT: imagine singing the "Happy Birthday" song twice)
- Be sure to wash your palms, in between fingers, wrists, backs of hands and under fingernails.
- Rinse hands well under running water.
- When using a public sink, dry your hands using a paper towel or air dryer.
 - If possible, use your paper towel to turn off the water faucet and open the door to exit.
 - Throw the paper towel in the trash.

When to wash your hands:

- Before preparing or eating food
- After going to the bathroom
- After changing diapers or cleaning up a child who has gone to the bathroom
- Before and after tending to someone who is sick
- After blowing your nose, coughing or sneezing
- After handling an animal or animal waste
- After handling garbage
- Before and after treating a cut or wound

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Appendix 2

Sample School Physical Activity Assessment Forms:

- 1. Physical Education Activity Assessment Form K-5**
- 2. Physical Education Activity Assessment Form 6-12**

SECONDARY SCHOOL MEDICAL EXCUSE FOR PHYSICAL EDUCATION Rev. 1-08

Name of Student: _____ Grade _____ Date _____

Please Advise Re: _____

~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~

Dear Health Care Provider:

We have received a notice that your patient is to be excused from physical exercise while at school. Physical education is a course required by State Law and continued absence will result in loss of credit for this course.

Will you please help us to properly place this student by completing this form. Thank you.

I. EXEMPTION FOR PHYSICAL EDUCATION CLASS ACTIVITIES

Student should be exempted due to: [Please state condition] _____

II. Please the level of physical activity for school, physical education and playground activities permitted:

- No restrictions. The above student may resume full activity.
- The above student may participate if the protective equipment is worn:
 - helmet mouth guard chest pad wrist guards joint pads glasses/protective eye wear
- The above student should NOT participate in the activities below:

III. PLEASE ACTIVITIES NOT CONSIDERED APPROPRIATE FOR STUDENT:

- | | | |
|---|---|--|
| <input type="checkbox"/> Aerobics | <input type="checkbox"/> Football | <input type="checkbox"/> Softball |
| <input type="checkbox"/> Archery | <input type="checkbox"/> Golf | <input type="checkbox"/> Sportwalls |
| <input type="checkbox"/> Badminton | <input type="checkbox"/> Gymnastics | <input type="checkbox"/> Swimming |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Lacrosse | <input type="checkbox"/> Team Handball |
| <input type="checkbox"/> Cross Country Skiing | <input type="checkbox"/> Kan Jam [Frisbee Horseshoes] | <input type="checkbox"/> Tennis |
| <input type="checkbox"/> Bowling | <input type="checkbox"/> Outdoor Education Ropes Course | <input type="checkbox"/> Touch Foot ball |
| <input type="checkbox"/> Dance | <input type="checkbox"/> Pickle Ball | <input type="checkbox"/> Track and Field |
| <input type="checkbox"/> Field Hockey | <input type="checkbox"/> Racquetball | <input type="checkbox"/> Volleyball |
| <input type="checkbox"/> Fitness Unit [Equipment] | <input type="checkbox"/> Rock Climbing Wall | <input type="checkbox"/> Weight Training |
| <input type="checkbox"/> Floor Hockey | <input type="checkbox"/> Soccer | <input type="checkbox"/> Wrestling |

Other _____

Other Activity Not to Participate _____

Comments _____

Duration of Excuse: This School Year Other _____

Health Care Provider Name [Please Print] _____

Health Care Provider [Signature] _____ Date _____

Address _____

Please return this form to:

Telephone () _____

FAX () _____

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Appendix 3

**New York State Department Of Health Communicable Disease Reporting
Requirements**

<http://www.erie.gov/health/pdfs/NYS%20DOH%20Reportable%20diseases.pdf>

**New York State Department Of Health, Division Of Epidemiology Confidentiality
Case Report Attachment Forms**

NEW YORK STATE DEPARTMENT OF HEALTH COMMUNICABLE DISEASE REPORTING REQUIREMENTS

Reporting of suspected or confirmed communicable diseases is mandated under the New York State Sanitary Code (10NYCRR 2.10). The primary responsibility for reporting rests with the physician; moreover, laboratories (PHL 2102), school nurses (10NYCRR 2.12), day care center directors, nursing homes/hospitals (10NYCRR 405.3d) and state institutions (10NYCRR 2.10a) or other locations providing health services (10NYCRR 2.12) are also required to report the diseases listed below.

- | | | |
|--|---|---|
| <ul style="list-style-type: none"> Amebiasis ☒ Animal bites for which rabies prophylaxis is given¹ ☒ Anthrax² ☒ Arboviral infection³ Babesiosis ☒ Botulism² ☒ Brucellosis² Campylobacteriosis Chancroid Chlamydia trachomatis infection ☒ Cholera Cryptosporidiosis Cyclosporiasis ☒ Diphtheria E. coli O157:H7 infection⁴ Ehrlichiosis/Anaplasmosis ☒ Encephalitis ☒ Foodborne illness Giardiasis ☒ Glanders² Gonococcal infection Haemophilus influenzae⁵ (invasive disease) ☒ Hantavirus disease Hemolytic uremic syndrome Hepatitis A ☒ Hepatitis A in a food handler Hepatitis B, C (specify acute or chronic) | <ul style="list-style-type: none"> Pregnant hepatitis B carrier Herpes infection, infants aged 60 days or younger Hospital associated infections (as defined in section 2.2 10NYCRR) Influenza, laboratory-confirmed Legionellosis Listeriosis Lyme disease Lymphogranuloma venereum Malaria ☒ Measles ☒ Melioidosis² Meningitis Aseptic or viral ☒ Haemophilus ☒ Meningococcal Other (specify type) ☒ Meningococemia ☒ Monkeypox Mumps Pertussis ☒ Plague² ☒ Poliomyelitis Psittacosis ☒ Q Fever² ☒ Rabies Rocky Mountain spotted fever ☒ Rubella (including congenital rubella syndrome) | <ul style="list-style-type: none"> Salmonellosis ☒ Severe Acute Respiratory Syndrome (SARS) Shigatoxin-producing ecoli⁴ Shigellosis⁴ ☒ Smallpox² Staphylococcus aureus⁵ (due to strains showing reduced susceptibility or resistance to vancomycin) ☒ Staphylococcal enterotoxin B poisoning² Streptococcal infection (invasive disease)⁵ Group A beta-hemolytic strep Group B strep Streptococcus pneumoniae ☒ Syphilis, specify stage⁷ Tetanus Toxic shock syndrome Transmissible spongiform encephalopathies⁸ Trichinosis ☒ Tuberculosis current disease (specify site) ☒ Tularemia² ☒ Typhoid Vibriosis⁶ ☒ Vaccinia disease⁹ ☒ Viral hemorrhagic fever² Yersiniosis |
|--|---|---|

- 1 Local health department must be notified prior to initiating rabies prophylaxis.
- 2 Diseases that are possible indicators of bioterrorism.
- 3 Including, but not limited to, infections caused by eastern equine encephalitis virus, western equine encephalitis virus, West Nile virus, St. Louis encephalitis virus, La Crosse virus, Powassan virus, Jamestown Canyon virus, dengue and yellow fever.
- 4 Positive shigatoxin test results should be reported as presumptive evidence of disease.
- 5 Only report cases with positive cultures from blood, CSF, joint, peritoneal or pleural fluid. Do not report cases with positive cultures from skin, saliva, sputum or throat.
- 6 Proposed addition to list.
- 7 Any non-treponemal test \geq 1:16 or any positive primary or secondary stage disease or prenatal or delivery test result regardless of titer should be reported by phone; all others may be reported by mail.
- 8 Including Creutzfeldt-Jakob disease. Cases should be reported directly to the New York State Department of Health Alzheimer's Disease and Other Dementias Registry at (518) 473-7817 upon suspicion of disease. In NYC, cases should also be reported to the NYCDOHMH.
- 9 Persons with vaccinia infection due to contact transmission, and persons with the following complications from vaccination: eczema vaccinatum, erythema multiforme major or Stevens-Johnson syndrome, fetal vaccinia, generalized vaccinia, inadvertent inoculation, ocular vaccinia, post-vaccinal encephalitis or encephalomyelitis, progressive vaccinia, pyogenic infection of the infection site, and any other serious adverse events.

SPECIAL NOTES

- Diseases listed in **bold type** (☒) warrant prompt action and should be reported **immediately** to local health departments by phone followed by submission of the confidential case report form (DOH-389). In NYC use universal reporting form PD-16.
- In addition to the diseases listed above, any unusual disease (defined as a newly apparent or emerging disease or syndrome that could possibly be caused by a transmissible infectious agent or microbial toxin) is reportable.
- Outbreaks: while individual cases of some diseases (e.g., streptococcal sore throat, head lice, impetigo, scabies and pneumonia) are not reportable, a cluster or outbreak of cases of any communicable disease is a reportable event.
- **Cases of HIV infection, HIV-related illness and AIDS are reportable to:**
 Division of Epidemiology
 P.O. Box 2073, ESP Station
 Albany, NY 12220-2073
 (518) 474-4284
 In New York City: New York City Department of Health and Mental Hygiene
 For HIV/AIDS reporting, call: (212) 442-3388

**For more information on disease reporting,
call your local health department or the
New York State Department of Health
Bureau of Communicable Disease Control at
(518) 473-4439 or (866) 881-2809 after hours.
In New York City, 1 (866) NYC-DOH1.
To obtain reporting forms (DOH-389), call (518) 474-0548.**

PLEASE POST THIS CONSPICUOUSLY

WHO SHOULD REPORT?

Physicians, nurses, laboratory directors, infection control practitioners, health care facilities, state institutions, schools.

WHERE SHOULD REPORT BE MADE?

Report to local health department where patient resides.

Contact Person _____

Name/Address _____

Phone _____

Fax _____

WHEN SHOULD REPORT BE MADE?

- Within 24 hours of diagnosis:
- phone diseases in bold type,
 - mail case report, DOH-389, for all other diseases.
 - in New York City use form PD-16.

CONFIDENTIAL CASE REPORT

Serial # _____

Date Form Received _____

Date Supplemental Received _____

Patient's name: _____
Last
First
MI
Maiden

Phone No. () _____ - _____ Work () _____ - _____

<input type="checkbox"/>	City	<input type="checkbox"/>	Village
<input type="checkbox"/>	Town	<input type="checkbox"/>	Hamlet

Address: (Number & Street) _____

City _____ Zip Code _____ - _____ Date of Birth _____ / _____ / _____ Age _____

<p>Occupation/Setting</p> <p>1 <input type="checkbox"/> Food Service</p> <p>2 <input type="checkbox"/> Day Care</p> <p>3 <input type="checkbox"/> Health Care</p> <p>4 <input type="checkbox"/> Student/School</p> <p>5 <input type="checkbox"/> Inmate</p> <p>6 <input type="checkbox"/> Other Occ: _____</p> <p>7 <input type="checkbox"/> Correction Worker</p> <p>9 <input type="checkbox"/> Unknown</p>	<p>Ethnicity:</p> <p>1 <input type="checkbox"/> Hispanic</p> <p>2 <input type="checkbox"/> Non-Hispanic</p> <p>9 <input type="checkbox"/> Unknown</p> <hr/> <p>Sex:</p> <p>1 <input type="checkbox"/> Male</p> <p>2 <input type="checkbox"/> Female</p> <p>9 <input type="checkbox"/> Unknown</p>	<p>Pregnant:</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> Unknown</p> <hr/> <p>Race (Check all that apply):</p> <p><input type="checkbox"/> White</p> <p><input type="checkbox"/> Black</p> <p><input type="checkbox"/> American Indian/Alaskan</p> <p><input type="checkbox"/> Asian _____</p> <p><input type="checkbox"/> Native Hawaiian/Oth. Pacific Islander _____</p> <p><input type="checkbox"/> Other <input type="checkbox"/> Unknown</p>
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Hospitalized? Y N Admission Date _____ / _____ / _____ Discharge Date _____ / _____ / _____

Name of Hospital _____ Chart # _____

Disease _____ Site of Infection _____

Date of First Symptom _____ / _____ / _____ Date of Diagnosis _____ / _____ / _____ Date of Report _____ / _____ / _____ Date of Death _____ / _____ / _____

Comments (Agent, laboratory data, treatment, etc) _____

Where was disease acquired if not in above municipality _____

Reporting Individual _____ Telephone () _____ - _____

Address _____

For Local Health Unit Use		
<p>Outbreak Related</p> <p><input type="checkbox"/> Sporadic</p> <p><input type="checkbox"/> Cluster</p> <p><input type="checkbox"/> Outbreak</p> <p><input type="checkbox"/> Unknown</p>	<p>Case Status</p> <p><input type="checkbox"/> Confirmed</p> <p><input type="checkbox"/> Probable</p> <p><input type="checkbox"/> Suspect</p> <p><input type="checkbox"/> Unknown</p>	<p>Local Health Unit Signature _____</p> <p>Date Report Received _____ / _____ / _____</p>

**School Guidelines on Skin Infections Including Community Associated
Methicillin-Resistant *Staphylococcus aureus* (CA-MRSA)**

Appendix 4

Health Risk Clause Sample For Building Facility Use Form

The person listed on the building request form is responsible for reviewing, understanding, and disseminating safety information to all participants in attendance.

1. Contact the building health professional for any safety or known health concerns prior to facility usage. Information on managing health concerns will be provided upon request.
2. Automated External Defibrillators [AEDs] are located in each building for emergencies. The AED should be brought to the location of an unconscious person and 911 emergency medical services contacted.
3. The building cleaner or custodian must be informed of any emergency, health, or safety concern during building usage.

**School Guidelines on Skin Infections Including Community Associated
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Appendix 5

**Sample Cleaning Procedures
and
Disinfectants**

See Document:

December 9, 2008 State of New York Department of Health,
Health Advisory: Prevention Of Methicillin- Resistant Staphylococcus Aureus (MRSA)
Infections In The School Setting

See Document:

NYS Products Registered For MRSA – Sorted Alphabetically By Product
Pages 10 thru 18

See Document:

NYS Products Registered For MRSA – Sorted Alphabetically By EPA Registration Number
Pages 19 thru 27

**School Guidelines on Skin Infections Including Community Associated
Methicillin-Resistant *Staphylococcus aureus* (CA-MRSA)**

Appendix 6

**School Green Cleaning-
List Of Such Products Approved Against MRSA**

HYPERLINK

Guidelines And Specifications For The Procurement And Use Of
Environmentally Sensitive Cleaning And Maintenance Products
For All Public And Nonpublic Elementary And Secondary Schools
In New York State

July 10, 2008

<http://www.ogs.state.ny.us/bldgadmin/environmental/GreenGuidelines.pdf>

Pages 1 thru 84

**School Guidelines on Skin Infections Including Community Associated
Methicillin-Resistant *Staphylococcus aureus* (CA-MRSA)**

Appendix 7

Signage

A. General Handwashing Posters from Centers for Disease Control [CDC]

'Don't give bacteria a free ride.' [3 Posters]
'Don't Open the Door to Infection'

B. General Posters for Athletics from Centers for Disease Control [CDC]

'Sharing Isn't Always Caring.' [3 Posters]
'Is it a spider bite?' [2 Posters]
'Who's Playing DEFENSE? Protect Against Skin Infections.'
'Don't let infection get under your skin.'
'Take Care of Your Skin: Tips For Athletes.' [2 Posters]
'Winners share the ball, not their germs.'
'Skin infections can be passed between athletes.'
'bandages always make the cut.'
'A Good Player Will Pass The Ball, NOT STAPH.'
'BLOOD Is Not Part Of Your UNIFORM.'
'When In Doubt, CHECK IT OUT.'

C. Sample Signage Messages- Print On Cardstock And Laminate Before Posting At Respective Sites:

Locker Rooms

Clean-Out Lockers After Use

Sharing Isn't Always Caring

Sharing Personal Items Like Towels, Razors, Or Tweezers Can Spread Diseases.
[Source: www.erie.gov/health]

Fitness/Weight Room

Shirts Required!
No Bare Skin On Equipment.

Spray Towel First
Then Wipe Equipment
Do Not Spray Equipment (Ruins Electronic Devices)

Do Not Share Equipment, Towels, And Personal Care Products
(Combs, Hair Utensils, Razors, Tweezers, Etc.)

For Your Own Protection
Please Wipe Down All Equipment Before And After Use
Spray Towel, Then Wipe Surface

[CONTINUED]

**School Guidelines on Skin Infections Including Community Associated
Methicillin-Resistant *Staphylococcus aureus* (CA-MRSA)**

Appendix 7 [CONTINUED]

Signage

**C. Sample Signage Messages- Print On Cardstock And Laminate Before Posting At
Respective Sites: [CONTINUED]**

Health Office/ Occupational and Physical Therapy Areas

For Your Own Protection

Please Wipe Down ALL Mats And Tables Before And After Use

Spray Towel, Then Wipe Surface

**School Guidelines on Skin Infections Including Community Associated
Methicillin-Resistant *Staphylococcus aureus* (CA-MRSA)**

Appendix 8

Reference Websites

A List Of Reportable Communicable Diseases May Be Found At:

1. www.erie.gov/health/offices/disease_control.asp
2. www.erie.gov/health
3. www.nyhealth.gov
4. www.pandemicflu.gov

January 5, 2009