

**San Francisco State University SHS  
GUIDELINES FOR COMMUNICABLE DISEASE OUTBREAK**

**ATTACHMENT B**

**INTRODUCTION:**

The CSU Chancellor's Office has recommended all CSU student health centers develop a uniform policy addressing the medical, environmental, and academic issues surrounding the emergence of communicable diseases. The guidelines listed below will help prepare the Student Health Service (SHS), campus administration, campus housing, and other departments for the threat of a communicable disease outbreak on campus. These guidelines also incorporate current epidemiological principles to help identify and medically manage faculty, staff and students who may be carrying and/or spreading a communicable disease to the campus community.

**Purpose:**

To establish a resource for mitigating and managing an outbreak of a communicable disease on the SFSU campus.

**I. Definitions**

A. CDC: Center for Disease Control and Prevention, Atlanta Georgia  
CDC website: [www.cdc.gov](http://www.cdc.gov)

B. A communicable disease (or infectious disease)

1. An illness due to a specific infectious agent or its toxic products which arises through transmission from an infected person, animal or inanimate reservoir to a susceptible person either directly or indirectly.

C. Communicable Disease Transmission

There are five main routes of transmission: **contact (direct & indirect)**, **droplet**, **airborne**, **common vehicle**, and **vector-borne**.

1a. Direct Contact:

A direct body surface-to-body surface contact and physical transfer of microorganisms between a susceptible host and an infected or colonized person

- a. Person to person (e.g., sexually transmitted diseases)
- b. Mother to unborn child (e.g., syphilis, Hep B, AIDS)

1b. Indirect Contact:

Contact of a susceptible host with a contaminated intermediate object, usually inanimate, such as contaminated instruments, needles, dressings, or contaminated gloves that are not changed between patients. (e.g., intestinal viruses – noroviruses, bloodborne pathogens [HIV, Hepatitis B])

2. Airborne Transmission

Occurs by dissemination of either **airborne** droplet nuclei (small-particle residue [5 µm or smaller] of evaporated droplets containing microorganisms that remain suspended in the air for long periods) or dust particles containing the infectious agent. Microorganisms carried in this manner can be dispersed widely by air currents, and may be inhaled by a susceptible

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host within the same room or over a longer distance from the source patient, depending on environmental factors; therefore, special air handling and ventilation are required to prevent **airborne transmission**. Microorganisms transmitted by **airborne transmission** include *Mycobacterium tuberculosis* and the measles and varicella viruses.

- Whooping cough
- Pneumonia
- Tuberculosis
- Polio
- SARS

b. Airborne particles (e.g., Tuberculosis, SARS, ??influenza)

3. Droplet Transmission

Droplets (e.g., Tuberculosis, SARS, ??Pandemic influenza)

4. Common vehicle transmission

This type of transmission is caused by microorganisms transmitted by contaminated by food, water, medications, devices and equipment.

5. Vector Borne

Vector borne transmission is the indirect transmission of an infectious agent from a host via a vector to a susceptible host. A **vector** is an organism that does not cause disease itself but which spreads infection by conveying pathogens from one host to another.

D. Isolation and Quarantine

1. Isolation: Separation of persons who have a specific infectious illness from those who are healthy.
2. Quarantine: Separation and restriction of movement of persons who, while not yet ill, have been exposed to an infectious agent and may become infectious.
  - a. CDC's list of quarantinable diseases include: cholera, diphtheria, infections tuberculosis, plague, smallpox, yellow fever, SARS and bioterrorism agents.
  - b. Quarantine has not been in use in the USA for many years. CDC uses personal surveillance on these diseases.

Quarantine Authority

HSC 120175 & HSC 120195  
Local Health Officer Issue Orders Deemed Necessary to Protect Public Health & Safety

HSC 120130

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Authority for Adoption of Quarantine and Isolation Orders

HSC 120275

Violation of Order of Quarantine or Isolation by Local Health Officer is a Misdemeanor

HSC 120295

Violation of Order of Quarantine or Isolation can result in fine and or imprisonment in jail.

CCR Title 17, 2501, 2516, 2518, 2522

Requires local health officer to take whatever steps deemed necessary to investigate and control of reported communicable diseases.

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**CDC LIST OF QUARANTINABLE COMMUNICABLE DISEASES (April, 2005):**

- Cholera
- Diphtheria
- Infectious Tuberculosis
- Plague
- Smallpox
- Yellow Fever
- Viral Hemorrhagic Fevers (Lassa, Marburg, Ebola, Crimean-Congo, South American, and others not yet isolated or named)
- Severe Acute Respiratory Syndrome (SARS)
- Pandemic Influenza - Influenza caused by novel or re-emergent influenza viruses that are causing, or have the potential to cause, a pandemic

**EXAMPLES OF OTHER COMMUNICABLE DISEASES:**

- Avian Influenza (Bird Flu)
- Meningitis
- Chicken Pox
- West Nile Virus
- Measles
- Mononucleosis
- Hepatitis B
- Hepatitis A
- Influenza
- Malaria
- Monkeypox
- Salmonellosis

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**II. Pre-Event Planning: Prepare Student Health Services (SHS)**

A. Establish a Communicable Disease Response Team

1. Identify individuals and alternates (3 levels of redundancy) to whom specific responsibilities are assigned.
  - a. Physician (Response Team Leader – Chief Of Staff, Urgent Care Physician)
  - b. Nursing (RN Manager, Urgent Care RN)
  - c. Administration ((Director, RN Manager, )
  - d. Health Promotion (Health Educators)
  - e. Receptionists (HRTs Medical Records)
  - f. IT Staff (1 in house staff member, Contractors, EHR vendor via VPN)
  - g. SHS Psychiatrist / Director C&PS, C&PS Psychologists
  
2. Liaise with San Francisco Department Public Health officials.

B. Prepare SHS internal alert mechanism

1. Use existing SHS Disaster Contact Telephone Tree which includes home and cell numbers of all staff – updated on Monthly Basis by SHS Office Manager.

C. Prepare university alert mechanism

Campus Staff			
	SFSU President		
	Vice President for Student Affairs		
	Associate Vice President for Student Affairs		
	Chief of Police		
	Asst Chief of Police		
	Public Affairs Director		
	Director Environmental Health & Safety		
	Director Counseling and Psych Services		

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Off Campus Contacts		
	SF Public Health Department – Emergencies	415 554 2684
	SF Public Health Department – Reporting	415 554 2830
	SF Public Health Department – Director – Susan Fernyak	415.554.2845
	Berkeley – Center Infectious Disease Preparedness - Tomas Aragon	510 847 9139
	SFGH Emergency room	415 206 8111
	SFGH Infection Control	415 206 5466
	SFGH Infectious Diseases Specialist	415 206 8703 / 5437
	SFGH Admissions	415 206 5420
	UCSF Emergency room	415 476 1037
	UCSF Infection Control	415 353 4343
	UCSF Infectious Diseases Specialist	415 353 2626
	UCSF Admissions	415 353 1488
	Seton Emergency Room	650 991 6892
	Seton Infection Control	650 991 6667
	Seton Infectious Diseases Specialist	650 991 6667
	Seton Admissions	650 991 6420

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**D. Training of Student Health Services Staff**

Educate staff about communicable diseases and exposure management including:-

1. Meticulous hand hygiene (soap and water and alcohol-based hand rubs),
2. Personal protective equipment,
3. Triage procedures, etc
  - A. Communicable Disease Policy and identification of Response Team members
  - B. Exposure management
  - C. Personal protective equipment
  - D. Triage and evaluation procedures

**E. Personal Protective Equipment which is available includes:**

1. N-95 respirator. (If not available, use a surgical mask understand limitations in airborne & droplet transmission)
2. Long sleeved isolation gowns
3. Gloves – non powdered latex or nitrile
4. Face shields or disposable goggles which are worn for all patient contacts,
5. Careful attention to hand hygiene. Alcohol based Germcontrol & Medi-Pak
6. (McKesson) Instant Hand Sanitizer is available.

Clinical staff and all staff in direct contact with patients shall medically screened and if medically approved fit-tested for N-95 respirator masks and trained in their use

**F. Prepare Student Health Services protocols for evaluating patients who are exhibiting signs and symptoms of the identified communicable disease.**

1. The protocol is to determine the likelihood of exposure in the patient while simultaneously minimizing contact with others until the risk has been fully assessed.
2. The protocols shall address walk-in patients and those making appointment via phone or EHR
3. Protocols shall be specific for the health care setting and reflect current CDC guidelines on triage and evaluation of the disease.
4. Protocols should be developed regarding surveillance of healthcare workers for that specific disease process.
5. Publicize “Hot Line” telephone in Urgent Care
6. The protocols shall address referrals from students faculty and staff.
7. Protocols shall be developed for managing outbreaks of:

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- a. Tuberculosis
- b. Meningitis
- c. SARS
- d. Measles
- e. Influenza (Pandemic)
- f. Chickenpox

The **SFSU SHS SARS PROTOCOL** gives an example of an SHS protocol. Protocols shall be specific for the health care setting and shall reflect current CDC guidelines on triage and evaluation of cases suspected of having a or being in contact with a communicable disease.

**G. Post signs at entrance to Student Health Services and on SHS Website**

- 1 Identify symptoms of disease
- 2 Requesting any patient to report via check in module of EHR or to the Receptionist the potential signs and/or symptoms of communicable disease that the individual may be experiencing
- 3 Requesting use of Masks and Cough Etiquette by all patients with respiratory symptoms eg ARI or ILI
- 4 Advising frequent hand washing / hand sanitizing.

**H. Prepare area within Student Health Services - no Isolation Rooms with special HVAC system; therefore utilize Spatial and Temporal Separation.**

- 1 Examination / Evaluation room available in Urgent Care which has its own entrance.
- 2 Consult with Facilities Management to determine if AE can be enhanced
- 3 Consult with Facilities Management regarding the use of HEPA filters for the Examination / Evaluation room exhaust and isolating this rooms ventilation from that of the remainder of the building – not possible with current system.

**I. Patients will not be transported to a local Emergency Departments for evaluation unless the patient is so ill that hospital admission would be required for medical stabilization and treatment. Transportation via ambulance**

**III. Prepare the university**

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A. Convene the Task Force

1. Environmental Health and Safety
2. Facilities Management
3. Academic Affairs
4. University and Foundation Housing
5. Risk Management
6. Public Affairs
7. Emergency Services Coordinator
8. Student Health Services
9. Instructional and Information Technology

B. Isolation

1. Identify isolation units on campus

- a. The President, in consultation with members of the academic community, Housing Directors, Facilities, Environmental Health and Safety, University Police and the Public Health Department will identify appropriate isolation units on campus.
- b. See attached Appendix 1 for potential isolation units on campus.

2. Identify who will be responsible for facilitating, monitoring isolation compliance.

- a) C&PS and Public Affairs should facilitate isolation quarantine compliance via counseling and communications
- b) Campus police should work with the local/state health department to enforce isolation compliance.
- c) Treating clinician and local/state health department should coordinate responsibility for monitoring of the isolated student's signs and symptoms.
- d) Treating clinician and local/state health department and/or CDC shall determine quarantine / isolation periods.

3. Prepare academic advisors, faculty and financial aid staff for dealing with the student's academic and financial concerns resulting from prolonged class absence.

- a. The President will consult with the Cabinet and the academic community to prepare faculty and staff for prolonged class absences.
- b. The Division of Academic Affairs, the Registrars Office and Financial Aid will confer to develop a plan that will mitigate financial or academic distress as result of a prolonged illness including accommodating late withdrawals for medical reasons and postpone enrollment for students unable to attend due to travel restrictions etc.

4. International travel

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- a. The Office International Programs (OIP) which oversees study abroad programs has the capability of canceling programs located in countries which may be experiencing a communicable disease outbreak. They utilize information from the CDC and State Department travel warnings to stay current on infectious diseases occurring abroad.

5. Mental Health Support

- a. Counseling and Psychological Services will provide mental health counselors for personal counseling and/or consultation services to students (faculty and staff) by telephone, in addition to offering telephone consultation for parents.
- b. Face to face consultations may be possible if the counselor has immunity to the disease that is present.

6. Disability Resource Center (DRS) Note-taking program; Tutoring

- a. In the event of a student(s) being isolated or in quarantine, Student Health Services will notify the Assistant to the Director of Disability Resource Center (x 3333) to request note-taking services on behalf of the student. DRC will require the following information:
  1. Student Name
  2. I.D. number
  3. List of currently enrolled courses
  4. Professor's contact information
  5. Enrollment status
  6. Location and method for note-taking distribution.
- b. A DRC staff member will contact the professors for the student's courses to request their assistance in soliciting note-taking services on behalf of the student. DRC and the course instructor will determine the appropriateness of providing note-taking services for a course.
- c. Tutoring may or may not be a viable option depending upon the communicable disease, the need for isolation or quarantine and the availability of online resources.  
The Learning Resource Center shall be contacted

C. Communication Plan

1) Electronic communications:

- a) Develop mass email capability to all students, staff, and faculty (assure 24/7 access to IT individual who has access to these lists).
- b) Develop website announcement capability including frequent timed updates and FAQs.
- c) Develop **designated email address** for questions from university community (as well as parents).

2) Phone communications:

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- a) Plan **hotline** with appropriate staffing.
- b) Plan answering machine messages to include timed updates.
- 3) Written communications. Identify individuals to write and plan and implement the printing of:
  - a) patient education handouts
  - b) flyers and posters
  - c) student newspaper announcement
- 4) Spokesperson communications. Identify individual(s) to do presentations and answer questions in the following settings:
  - a) residence halls
  - b) classrooms (electronic)
  - c) “town meeting”
  - d) employee work site
- 5) Plan media relations communication based on existing communication plans for emergency situations.
  - a) Identify university spokesperson
  - b) Forward all media requests to designated spokesperson(s)

**D. Documentation of event**

- 1. Required reporting
  - a. Public Health Department
  - b. OSHA
  - c. Risk Management
- 2. University documentation includes use of an activity log to maintain all required records and documentation to support the After-Action Report.
  - a. Document incident
  - b. Messages received
  - c. Action taken
  - d. Decision justification and documentation
  - e. Requests filled
  - f. Emergency Operations Center personnel, time on duty and assignments (if required).

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**Appendix #1**

**Potential Isolation Units at SFSU**

<b>Potential Isolation Units at SFSU</b>				
<b>Location - Housing</b>	<b>Building Number (s)</b>	<b># of bed spaces</b>	<b>Advantages</b>	<b>Disadvantages</b>

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**Appendix #2 – Demographic Data**

Permanent Address / “Home” for Students Registered at SFSU – Spring 2006			
San Francisco		8,006	28.6%
Marin		538	1.9%
Contra Costa		2,187	7.8%
Alameda		3,525	12.6%
San Mateo		3,346	11.9%
5 Bay Area Counties		17,602	62.8%
Other California Counties		8,938	31.9%
Other US States		554	2.0%
US Territories or Foreign Countries		923	3.3%
<b>Total</b>		<b>28,017</b>	<b>100%</b>

Faculty and Staff and Students SFSU – Spring 2006			
	Faculty	Staff	Students
Main Campus	1690	1820	n/a
Tiburon Campus	11	38	n/a
Canada College	16	1	n/a
Downtown Center	200	14	n/a
Sierra Nevada Field Campus	1*	0	n/a
Study Abroad	n/a	n/a	n/a
<b>Total</b>	<b>1917</b>	<b>1873</b>	<b>n/a</b>

\*Sierra Nevada Field Campus has one Staff/Faculty member during the academic year (Director Jim Steele).

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BUILDING/AREA	STUDENT				STAFF			
	UNITS	LIVING ROOMS	BED-ROOMS	BEDS	UNITS	LIVING ROOMS	BED-ROOMS	BEDS
Mary Ward Hall	215	0	215	430	7	0	7	14
Mary Park Hall	215	0	215	430	7	0	7	14
Towers at Centennial Square	168	168	282	564	12	12	12	24
Science and Technology Theme Community	50	0	50	100	4	0	4	8
Village at Centennial Square	182	182	469	728	10	10	10	20
University Park South (future outlets)	256	256	493	749	6	6	10	16
University Park North (future outlets)	697	697	1249	2358				
Dining Center	0	0	0	0	0	0	0	0
Seven Hills Conference Center	0	0	0	0	0	0	0	0
Towers Conference Center	0	0	0	0	0	0	0	0
	1783	1303	2973	5359	46	28	50	96

TOTAL STUDENT AND STAFF ACCOMMODATION SPACE			
UNITS	LIVING ROOMS	BED-ROOMS	BEDS
1829	1331	3023	5455

Children in ECEC (Early Childhood Education Center) SFSU – Spring 2006			
		Children	Staff
Infants (6-15 months old)		24	
Toddlers (15-24 months old)		30	
Transition (24-36 months old):		30	
Preschool (3-5 years old):		60	
Full-time staff			13
Part-Time Staff			50
<b>Total</b>		<b>144</b>	<b>63</b>

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**Appendix #3 – Specific Disease Data**

**COMMUNICABLE DISEASES REFERRED TO IN THESE GUIDELINES**

**A. CHICKEN POX**

Pathogen:	Varicella-zoster virus
Transmission:	Direct contact, airborne
Incubation:	Two to three weeks
Communicability:	One to two days prior to rash until lesions scabbed – usually five days after onset of vesicles
Diagnostics:	Centripetal, Monolocular vesicles in successive crops; culture, smear, serology
Therapy/Prophylaxis:	Immune globulin VZIG; Varicella vaccine x 2
Public Health Concern:	Isolation; susceptible adults; immunocompromised ; report to Public Health
Isolation:	Yes – Airborne precautions

**B. INFLUENZA**

Pathogen:	Influenza A (widespread) - Pandemic Flu Influenza B (regional or widespread) Influenza C (sporadic, localized)
Transmission:	Droplets, Direct contact, ??? airborne
Incubation:	1-3 days
Communicability:	5 days from clinical onset (10 days for children – longer for immunocompromized)
Diagnostics:	Nasopharyngeal swab (FA, ELISA)
Therapy/Prophylaxis:	Anti-viral medications within 48 hours; vaccine, LAIV (FluMist)
Public Health Concern:	Pandemics, high risk individuals; surveillance by CDC and WHO
Isolation:	Impractical – Seasonal Flu, may be important onset of virulent Pandemic Flu
Symptoms	Headache, sore throat, cough, fatigue, weakness, aching muscles, fever and runny nose

**C. MEASLES**

Pathogen:	Measles Virus
Transmission:	Airborne by droplets, nasal and throat secretions
Incubation:	7 to 18 days
Communicability:	At onset of disease until lesions scabbed – usually 4 days after appearance of rash
Diagnostics:	Clinical findings: Koplik spots on buccal mucosa, red blotchy rash
Therapy/Prophylaxis:	Supportive care, immunization x 2; immune globulin for high risk household contacts
Public Health Concern:	College outbreaks: immunize all without documentation of two doses of MMR An outbreak is considered to be 3 or more linked cases Report to Public Health within 24 hours
Isolation:	No school attendance for 4 days after onset of rash

**D. MENINGITIS (Bacterial)**

Pathogen:	Nesseria meningitides, groups A, B, C, W-135, X, Y, Z (Groups B and C most common in USA and Latin America, Group A in Asia and Africa)
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Streptococcus pneumoniae

Transmission: Direct contact: respiratory droplets from nose and throat

Incubation: 2-10 days (commonly 3-4 days)

Communicability: Until no meningococci in secretions (24 hours after starting antibiotics)

Diagnostics: Clinical: fever, headache, stiff neck, rash  
Laboratory: gram stain of spinal fluid, culture, coagglutination,

Therapy/Prophylaxis: Broad spectrum antibiotic; meningitis vaccine for Groups A, C, W-135, Y  
Prophylactic Antibiotics, Vaccine to control outbreaks

Public Health Concern: Asymptomatic carrier rate high (<5-10%) Case fatality 5-15% in invasive disease  
High occurrence in winter and spring  
Increased risk among newly aggregated adults (freshmen in residence halls) and individuals who have had their spleens removed.  
Report to Public Health

Isolation: For 24 hours after start of antibiotic therapy.

**E. SARS**

Pathogen: SARS - associated coronavirus

Transmission: Respiratory droplets (hand to nose), questionable fecal transmission

Incubation: 2-10 days

Communicability: Usually becomes infectious during 2<sup>nd</sup> week of symptoms.

Diagnostics: Suspect cases: Temperature >100.4 and cough, shortness of breath and history of exposure  
Probable cases: Temperature >100.4 and cough, shortness of breath, history of exposure and pneumonia on x-ray, respiratory distress or autopsy findings.

Therapy/Prophylaxis: Supportive care; no vaccine available

Public Health Concern: Hospital-associated spread; international spread by travelers (campus international  
Travel by students, staff, faculty and visitors)  
Report to Public Health

Isolation: Quarantine in suspected cases  
Isolation with negative pressure ventilation until 10 days after resolution of symptoms in probable cases

**F. TUBERCULOSIS**

Pathogen: Mycobacterium tuberculosis

Transmission: Airborne droplet

Incubation: 4-12 weeks

Communicability: With infectious disease

Diagnostics: Sputum culture

Therapy/Prophylaxis: 4 drug combination  
For latent Tuberculosis infection, Isoniazid for 6-9 months

Public Health Concern: Investigate contacts; initial tuberculosis testing of contacts, repeated in 2-3 months  
Chest x-ray of those with positive tests  
Report to Public Health

Isolation: Yes, with negative pressure ventilation

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## **Appendix #3 – Isolation**

### **Private Rooms and Cohorting**

The **CDC** guidelines recommend private rooms for all patients requiring **isolation precautions** (**airborne**, droplet, or contact).

For any patient with an infection requiring **airborne** precautions, a single room with negative pressure ventilation is indicated. The guidelines also recommend that patients who do not control body excretions should be in single rooms. The exception to the need for a single room is for patients infected with the same pathogen (such as respiratory syncytial virus) who can be separated by cohorts.

### **Guideline for Isolation Precautions**

[http://www.cdc.gov/ncidod/dhqp/gl\\_isolation\\_tableI.html](http://www.cdc.gov/ncidod/dhqp/gl_isolation_tableI.html)

From the Public Health Service, US Department of Health and Human Services, Centers for Disease Control and Prevention, Atlanta, Georgia. Garner JS, Hospital Infection Control Practices Advisory Committee. Guideline for isolation precautions in hospitals. *Infect Control Hosp Epidemiol* 1996; 17:53-80, and *Am J Infect Control* 1996; 24:24-52.

Synopsis of Types of Precautions and Patients Requiring the Precautions\*

### **Standard Precautions**

Use Standard Precautions, or the equivalent, for the care of all patients. *Category IB*

- a. [Handwashing](#)
- b. [Gloves](#)
- c. [Mask, Eye Protection, Face Shield](#)
- d. [Gown](#)
- e. [Patient Care Equipment](#)
- f. [Environmental Control](#)
- g. [Linen](#)
- h. [Occupational Health and Bloodborne Pathogens](#)
- i. [Patient Placement](#)

#### **A. Handwashing**

1. Wash hands after touching blood, body fluids, secretions, excretions, and contaminated items, whether or not gloves are worn. Wash hands immediately after gloves are removed, between patient contacts, and when otherwise indicated to avoid transfer of microorganisms to other patients or environments. It may be necessary to wash hands between tasks and procedures on the same patient to prevent cross-contamination of different body sites. *Category IB*
2. Use a plain (nonantimicrobial) soap for routine handwashing. *Category IB*
3. Use an antimicrobial agent or a waterless antiseptic agent for specific circumstances (e.g., control of outbreaks or hyperendemic infections), as defined by the infection control program. *Category IB*

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(See Contact Precautions for additional recommendations on using antimicrobial and antiseptic agents.)

**B. Gloves**

Wear gloves (clean, nonsterile gloves are adequate) when touching blood, body fluids, secretions, excretions, and contaminated items. Put on clean gloves just before touching mucous membranes and nonintact skin. Change gloves between tasks and procedures on the same patient after contact with material that may contain a high concentration of microorganisms. Remove gloves promptly after use, before touching noncontaminated items and environmental surfaces, and before going to another patient, and wash hands immediately to avoid transfer of microorganisms to other patients or environments. *Category IB*

**C. Mask, Eye Protection, Face Shield**

Wear a mask and eye protection or a face shield to protect mucous membranes of the eyes, nose, and mouth during procedures and patient-care activities that are likely to generate splashes or sprays of blood, body fluids, secretions, and excretions. *Category IB*

**D. Gown**

Wear a gown (a clean, nonsterile gown is adequate) to protect skin and to prevent soiling of clothing during procedures and patient-care activities that are likely to generate splashes or sprays of blood, body fluids, secretions, or excretions. Select a gown that is appropriate for the activity and amount of fluid likely to be encountered. Remove a soiled gown as promptly as possible, and wash hands to avoid transfer of microorganisms to other patients or environments. *Category IB*

**E. Patient-Care Equipment**

Handle used patient-care equipment soiled with blood, body fluids, secretions, and excretions in a manner that prevents skin and mucous membrane exposures, contamination of clothing, and transfer of microorganisms to other patients and environments. Ensure that reusable equipment is not used for the care of another patient until it has been cleaned and reprocessed appropriately. Ensure that single-use items are discarded properly. *Category IB*

**F. Environmental Control**

Ensure that the hospital has adequate procedures for the routine care, cleaning, and disinfection of environmental surfaces, beds, bedrails, bedside equipment, and other frequently touched surfaces, and ensure that these procedures are being followed. *Category IB*

**G. Linen**

Handle, transport, and process used linen soiled with blood, body fluids, secretions, and excretions in a manner that prevents skin and mucous membrane exposures and contamination of clothing, and that avoids transfer of microorganisms to other patients and environments. *Category IB*

**H. Occupational Health and Bloodborne Pathogens**

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1. Take care to prevent injuries when using needles, scalpels, and other sharp instruments or devices; when handling sharp instruments after procedures; when cleaning used instruments; and when disposing of used needles. Never recap used needles, or otherwise manipulate them using both hands, or use any other technique that involves directing the point of a needle toward any part of the body; rather, use either a one-handed "scoop" technique or a mechanical device designed for holding the needle sheath. Do not remove used needles from disposable syringes by hand, and do not bend, break, or otherwise manipulate used needles by hand. Place used disposable syringes and needles, scalpel blades, and other sharp items in appropriate puncture-resistant containers, which are located as close as practical to the area in which the items were used, and place reusable syringes and needles in a puncture-resistant container for transport to the reprocessing area. *Category IB*
2. Use mouthpieces, resuscitation bags, or other ventilation devices as an alternative to mouth-to-mouth resuscitation methods in areas where the need for resuscitation is predictable. *Category IB*

**I. Patient Placement**

Place a patient who contaminates the environment or who does not (or cannot be expected to) assist in maintaining appropriate hygiene or environmental control in a private room. If a private room is not available, consult with infection control professionals regarding patient placement or other alternatives. *Category IB*

**Airborne Precautions**

In addition to Standard Precautions, use Airborne Precautions for patients known or suspected to have serious illnesses transmitted by airborne droplet nuclei.

Examples of such illnesses include:

- Measles
- Varicella (including disseminated zoster)<sup>†</sup>
- Tuberculosis<sup>‡</sup>

**Droplet Precautions**

In addition to Standard Precautions, use Droplet Precautions for patients known or suspected to have serious illnesses transmitted by large particle droplets.

Examples of such illnesses include:

- Invasive *Haemophilus influenzae* type b disease, including meningitis, pneumonia, epiglottitis, and sepsis
- Invasive *Neisseria meningitidis* disease, including meningitis, pneumonia, and sepsis

Other serious bacterial respiratory infections spread by droplet transmission, including:

- Diphtheria (pharyngeal)
- Mycoplasma pneumonia
- Pertussis

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- Pneumonic plague
- Streptococcal (group A) pharyngitis, pneumonia, or scarlet fever in infants and young children

Serious viral infections spread by droplet transmission, including:

- Adenovirus†
- Influenza
- Mumps
- Parvovirus B19
- Rubella

### **Contact Precautions**

In addition to Standard Precautions, use Contact Precautions for patients known or suspected to have serious illnesses easily transmitted by direct patient contact or by contact with items in the patient's environment. Examples of such illnesses include:

- Gastrointestinal, respiratory, skin, or wound infections or colonization with multidrug-resistant bacteria judged by the infection control program, based on current state, regional, or national recommendations, to be of special clinical and epidemiologic significance
- Enteric infections with a low infectious dose or prolonged environmental survival, including:
  - *Clostridium difficile*
  - For diapered or incontinent patients: enterohemorrhagic *Escherichia coli* O157:H7, *Shigella*, hepatitis A, or rotavirus
- Respiratory syncytial virus, parainfluenza virus, or enteroviral infections in infants and young children

Skin infections that are highly contagious or that may occur on dry skin, including:

- Diphtheria (cutaneous)
- Herpes simplex virus (neonatal or mucocutaneous)
- Impetigo
- Major (noncontained) abscesses, cellulitis, or decubiti
- Pediculosis
- Scabies
- Staphylococcal furunculosis in infants and young children
- Zoster (disseminated or in the immunocompromised host)†
- Viral/hemorrhagic conjunctivitis
- Viral hemorrhagic infections (Ebola, Lassa, or Marburg)\*

\* See CDC for a complete listing of infections requiring precautions, including appropriate footnotes.

† Certain infections require more than one type of precaution.

‡ See CDC "[Guidelines for Preventing the Transmission of Tuberculosis in Health-Care Facilities.](#)" (PDF)(23)

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**Appendix #5 – Levels of Response**

**SFSU LEVELS OF RESPONSE:**

Because the severity of a communicable disease outbreak can vary, an appropriate level of response must follow. Below are four levels of response with the first level being the most mild and the fourth level being the most extreme. It will be the role of the SHS Director in consultation with public health officials to determine the appropriate level of response.

**LEVEL ONE: MILD**

During a level one response:

1. The SHS will prepare the clinic and follow established medical protocols.
2. A level one response requires no quarantining of students. However, students may be isolated and requested and possibly required to stay home/remain in residence room/apt and not attend classes until the infection has cleared.
3. Press releases, mass e-mails/voicemails, information on SHS or University website and other mass communication responses will not be necessary.
4. Public safety involvement may be minimal or unnecessary.
5. University President and/or his designee will be notified.
6. Professors may need to be notified should a student need to remain absent from classes.

**LEVEL TWO: MODERATE**

During a level two response:

1. The SHS will prepare the clinic and follow established medical protocols.
2. The SHS will contact appropriate SF Public Health Dept and governmental health officials.
3. Infected students and students suspected of being infected may need to show proof of testing and, if needed, treatment for the communicable disease.
4. Registrar's Office will provide a list of classes student(s) is/are currently attending so classmates can be notified of possible exposure and infection from the communicable disease.
5. A level two response will require isolation and may require student(s) to be quarantined or remain off-campus until the infection has cleared.
6. Patient education information and testing/vaccination of students in an infected person's classes and/or residence community may be needed.
7. The University President and/or his designee will be notified.
8. Relevant information will be released by the SHS and the University.

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**LEVEL THREE: SIGNIFICANT**

During a level three response:

1. The SHS will prepare the clinic and follow established medical protocols.
2. The SHS will contact appropriate SF Public Health Dept and governmental health officials.
3. Infected student(s) will be appropriately isolated.
4. Students suspected of being infected will be quarantined.
5. The University President and/or his designee will be notified.
6. The Communicable Diseases Emergency Preparedness Team will convene.
7. Registrar's Office will provide a list of classes student(s) is/are currently attending so classmates can be notified of possible exposure and infection from the communicable disease.  
Public Safety will assist in locating students who may have been exposed to the communicable disease.
8. Testing and/or vaccination program may be implemented as necessary.
9. Patient education information will be made available at the SHS and University website.
10. Relevant information will be released by the SHS and University. Mass distribution of information via e-mail and voicemail may be required.
11. Infected students and students suspected of being infected may need to show proof of testing and, if needed, treatment for the communicable disease.

**LEVEL FOUR: EXTREME**

During a level four response:

1. The SHS will prepare the clinic and follow established medical protocols.
2. The SHS will contact appropriate governmental health officials.
3. Infected student(s) will be isolated.
4. Students suspected of being infected or exposed will be quarantined.
5. If needed, the University will be quarantined or closed.
6. The University President and/or his designee will be notified.
7. The Communicable Diseases Emergency Preparedness Team will convene.
8. Public safety will assist as needed.
9. Relevant information will be released by the SHS and University. Mass distribution of information via e-mail and voicemail is suggested.
10. Testing and vaccination program may be implemented as necessary.
11. Infected students and students suspected of being infected may need to show proof of testing and, if needed, treatment for the communicable disease.

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**Appendix #6 – Counseling & Psychological Services Roles & Responsibilities**

- A. Institutionalize psychosocial support services for employees who participate in or provide support for the response to public health emergencies such as influenza pandemics.
  - 1. Ensuring that administrators, managers, and supervisors are familiar with and actively encourage the use of tools and techniques for supporting staff and their families during time of crisis
  - 2. Training staff in behavioral techniques to help employees cope with grief, stress, exhaustion, anger, and fear during an emergency
  - 3. If feasible, providing training in psychological support services to person who are not mental health professional
  
- B. Prepare educational and training materials on psychosocial issues for distribution to employees during an influenza pandemic
  - 1. Educate and inform employees about emotional responses they might experience or observe in their colleagues and families (including children) during an influenza pandemic and about techniques for coping with these emotions
  - 2. Educate employees about the importance of developing “family communication plans” so that family members can maintain contact during an emergency
  - 3. Describe workforce support services that will be available during an emergency, including confidential mental health services
  
- C. Provide guidance on the development of self-care strategies as well as provide psychological and social support services for employees and their families
  - 1. Stressors related to pandemic influenza
  - 2. Signs of stress
  - 3. Traumatic grief
  - 4. Psychosocial aspects related to management of mass fatalities
  - 5. Stress management and coping strategies
  - 6. Strategies for building and sustaining personal resilience
  - 7. Behavioral and psychological support resources
  - 8. Strategies for helping children and families in times of crisis

Strategies for working with highly agitated patients.

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**Appendix #7 – Resources**

CDC

- Chickenpox (Varicella) <http://www.cdc.gov/nip/diseases/varicella/>
- TB <http://www.cdc.gov/nchstp/tb/webcourses/CoreCurr/index.htm>
- Pandemic Flu <http://www.pandemicflu.gov/>  
[www.pandemicflu.gov/plan/pdf/colleges\\_universities.pdf](http://www.pandemicflu.gov/plan/pdf/colleges_universities.pdf)  
<http://www.cdc.gov/flu/pandemic/phases.htm>
- SARS <http://www.cdc.gov/ncidod/sars/>  
MMWR <http://www.cdc.gov/mmwr/>  
EID <http://www.cdc.gov/ncidod/EID/index.htm>
- NIP <http://www.cdc.gov/nip/default.htm>
- HSS  
Pandemic Flu <http://www.hhs.gov/pandemicflu/plan/sup1.html>

WHO

- Pandemic Flu <http://www.who.int/csr/disease/influenza/pandemic10things/en/>  
<http://www.who.int/csr/disease/influenza/pandemic/en/>

CA Dept Health  
Services

<http://www.dhs.ca.gov/>

San Francisco DPH

- General <http://www.dph.sf.ca.us/DPHMenu.htm>  
ID <http://www.sfcidp.com/index.cfm?id=5>  
Pandemic Flu <http://www.sfcidp.com/index.cfm?id=99>

Association Schools  
of Public Health

<http://www.asph.org/>

CAHAN - <http://www.dhs.ca.gov/epo/HANPrograms/EPOCAHAN.html>

The web-based **CAHAN** system is designed to broadcast warnings of impending or current disasters affecting the ability of health officials to provide disaster response services to the public, and to provide a collaborative work environment where sensitive disaster planning and response information may be securely shared between California local and state health agencies. CAHAN utilizes the BioTerrorism Readiness Suite (BTRS) under service contract with Global Secure Systems. The Rapid Alert System and the Secure Document Library predecessors are now backup systems.