

# **ST. CLAIR COUNTY COMMUNITY MENTAL HEALTH AUTHORITY**

## **ADMINISTRATIVE PROCEDURE**

Date Issued **11/22**

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<b>CHAPTER</b> Health/Medical		<b>CHAPTER</b> 04	<b>SECTION</b> 002	<b>SUBJECT</b> 0030
<b>SECTION</b> Health Care		<b>SUBJECT</b> Illness Protocol for Community Based Programs		
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### **I. APPLICATION:**

- ☐ SCCCMHA Board
- ☒ SCCCMHA Providers & Subcontractors
- ☒ Direct-Operated Programs
- ☒ Community Agency Contractors
- ☒ Residential Programs
- ☒ Specialized Foster Care

### **II. PURPOSE STATEMENT:**

St. Clair County Community Mental Health Authority (SCCCMHA) shall maintain a safe and healthy environment for individuals and staff that attends community based programs.

### **III. DEFINITIONS:**

None Available

### **IV. STANDARDS:**

None Available

### **V. PROCEDURES:**

#### **A. MEDICAL HEALTH**

##### **Program Supervisor/Designee**

1. Notifies individuals, parent/guardian, home supervisor/operator that individual should be screened for signs and symptoms of illness prior to sending them to a community based program. \*\*

\*\*Any person served in the CIS program who have a temperature of 100.4 or above (whether taken at home or on site) – are not to attend work/program. They are to contact their primary care physician for guidance. Ideally they should be tested for COVID and can return with proof, of a negative test and/or a doctor's note indicating they are to return to work/program. Person's served/home designee should contact CIS immediately if they experience a temperature of 100.4 or higher.

2. Ensures the program has both home and work telephone numbers for individual's parent and/or

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guardian, and residential provider.

**Home Supervisor/Designee, Parent/Guardian, Program Supervisor/Designee, Registered Nurse**

3. Refers to the following when in doubt regarding exclusion of individual or staff from activities:
  - a. Disease-Specific Information and Exclusion Guidelines from the St. Clair County Health Department (Exhibit A)
  - b. Primary Care Physician
  - c. Registered Nurse
  - d. Public Health Department
  - e. Facility's Covid-19 Preparedness and Response Plan (or similar document)
4. Ensures the individual has medical clearance from their physician before returning to program after a hospitalization.

**Registered Nurse and Program Supervisor/Designee**

5. Notifies the program when individual's condition meets exclusion criteria per Exhibit A or the related Covid-19 Preparedness and Response Plan.

**B. MENTAL HEALTH**

**Program Supervisor/Designee**

1. Determines appropriateness of exclusion based on psychiatric symptoms, may approve exclusion or consult with psychiatrist.

**Treating Psychiatrist**

2. Consults with Registered Nurse and Community Based Program Supervisor/Designee regarding appropriateness of exclusion from Program based on psychiatric symptoms.

**C. MEDICAL AND/OR MENTAL HEALTH**

**Program Supervisor/Designee**

1. Documents consultation and decision for exclusion on case consultation form and secures all signatures. Will notify homes and concerned parties of decision to exclude or not to exclude individual from Program.

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**Registered Nurse**

2. Notifies at risk individuals (and/or their guardian) of possible exposure to contagious condition.

VI. REFERENCES:

None Available

VII. EXHIBIT:

- A. Disease-Specific Information and Exclusion Guidelines



VIII. REVISION HISTORY:


Dates issued 02/90, 10/91, 12/93, 05/97, 04/99, 04/01, 04/03, 04/05, 04/07, 04/09, 10/11, 03/13, 03/14, 03/15, 03/16, 03/17, 03/18, 03/19, 03/20, 03/21.






No fever = no fever without the use of fever-reducing medication

## Disease-Specific Information and Exclusion Guidelines




All diseases in **bold** are to be reported to your local health department

Disease	Mode of Spread	Symptoms	Incubation Period	Contagious Period	Contacts	Exclusions (subject to LHD approval)
<b>Campylobacteriosis</b> <sup>†</sup>	Ingesting raw milk, undercooked meat, contaminated food / water; animal contact	Diarrhea (may be bloody), abdominal pain, malaise, fever	Average 2-5 days (range 1-10 days)	Throughout illness (usually 1-2 weeks, but up to 7 weeks without treatment)	Exclude with first signs of illness; encourage good hand hygiene	Exclude until diarrhea has ceased for at least 2 days; additional restrictions may apply
<b>Chickenpox</b> ** <sup>†</sup> <b>(Varicella)</b> 	Person-to-person by direct contact, droplet or airborne spread of vesicle fluid, or respiratory secretions	Fever, mild respiratory symptoms, body rash of itchy, blister-like lesions, usually concentrated on the face, scalp, trunk	Average 14-16 days (range 10-21 days)	As long as 5 days, but usually 1-2 days before onset of rash and until all lesions have crusted	Exclude contacts lacking documentation of immunity until 21 days after last case onset	Until lesions crusted and no new lesions for 24hr (for non-crusting lesions: until lesions are fading and no new lesions appear)
CMV (Cytomegalovirus)	Exposure to infectious tissues, secretions, or excretions	None or “mono-like”	1 month	Virus may be shed for 6 months to 2 years	If pregnant, consult OB; contacts should not be excluded	No exclusion necessary
Common Cold	Person-to-person; droplet or airborne respiratory secretions; contaminated surfaces	Runny or stuffy nose, slight fever, watery eyes	Variable, usually 1-3 days	24hrs before onset to up to 5 days after onset	Encourage cough etiquette and good hand hygiene	Exclude until 24hr with no fever <b>and</b> symptoms improving
<b>COVID-19</b> <sup>†</sup> 	Airborne or contact with respiratory secretions; person-to-person or by touching contaminated surfaces	Fever, sore throat, shortness of breath, difficulty breathing, cough, runny nose, congestion, fatigue, vomiting, diarrhea	Average 5 days (Range 2-14 days)	2 days prior to symptom onset and potentially after symptom resolution	Exclusion criteria based on type of exposure; masking or quarantine may be recommended;	Exclude until 24hr with no fever <b>and</b> symptoms have improved <b>and</b> 5 days since onset (positive test if no symptoms)
Croup	Airborne or contact with respiratory secretions	Barking cough, difficulty breathing	Variable based on causative organism	Variable based on causative organism	Encourage cough etiquette and good hand hygiene	Exclude until 24h with no fever <b>and</b> symptoms improving
Diarrheal Illness (Unspecified)	Fecal-oral: person-to-person, ingesting contaminated food or liquid, animal contact	Loose stools, nausea, vomiting, abdominal cramps, fever possible	Variable based on causative organism	Variable based on causative organism	Exclude with first signs of illness; encourage good hand hygiene	Exclude until diarrhea has ceased for 24h or until medically cleared
<b>E. coli</b> <sup>†</sup> <b>(Shiga toxin- producing)</b>	Fecal-oral: person-to-person, from contaminated food or liquid, animal contact	Abdominal cramps, diarrhea (may be bloody), gas, nausea, fever, or vomiting	Variable, usually 2-10 days	For duration of diarrhea until stool culture is negative	Exclude with first signs of illness; encourage good hand hygiene	Medical clearance required; Exclude until diarrhea has ceased for at least 2 days



Disease	Mode of Spread	Symptoms	Incubation Period	Contagious Period	Contacts	Exclusions (subject to LHD approval)
Fifth Disease (Erythema infectiosum) (Parvovirus B19)	Person-to-person; Contact with respiratory secretions	Fever, flushed, lacy rash ("slapped cheek")	Variable, usually 4- 20 days	Most infectious before 1- 2 days prior to onset	If pregnant, consult OB; encourage good hand hygiene; do not share eating utensils	No exclusion if rash is diagnosed as Fifth disease by a healthcare provider
<b>Giardiasis** †</b>	Person-to-person transmission of cysts from infected feces; contaminated water	Diarrhea, abdominal cramps, bloating, fatigue, weight loss, pale, greasy stools; may be asymptomatic	Average 7-10 days (range 3-25+ days)	During active infection	Encourage good hand hygiene	Exclude until diarrhea has ceased for at least 2 days; may be relapsing; additional restrictions may apply
Hand Foot and Mouth Disease** (Coxsackievirus) (Herpangina)	Contact with respiratory secretions or feces from an infected person	Sudden onset of fever, sore throat, cough, tiny blisters in mouth/throat and on extremities	Average 3-5 days (range 2-14 days)	From 2-3 days before onset and several days after onset; shed in feces for weeks	Exclude with first signs of illness; encourage cough etiquette and good hand hygiene	If secretions from blisters can be contained, no exclusion required
Head lice (Pediculosis)	Head-to-head contact with an infected person and/or their personal items such as clothing or bedding <a href="#">Head Lice Manual</a>	Itching, especially nape of neck and behind ears; scalp can be pink and dry; patches may be rough and flake off	1-2 weeks	Until lice and viable eggs are destroyed, which generally requires 1-2 shampoo treatments and nit combing	Avoid head-to-head contact during play; do not share personal items, such as hats, combs; inspect close contacts frequently	Individuals with live lice may stay in school until end of day; immediate treatment at home is advised
<b>Hepatitis A** †</b> 	Fecal-oral; person-to- person or via contaminated food or water	Loss of appetite, nausea, fever, jaundice, abdominal discomfort, diarrhea, dark urine, fatigue	Average 25-30 days (range 15-50 days)	2 weeks before onset of symptoms to 1 to 2 weeks after onset	Immediately notify LHD regarding evaluation and treatment of close contacts; encourage good hand hygiene	Exclude until 7 days after jaundice onset and medically cleared; exclude from food handling for 14 days
Herpes simplex I, II (cold sores / fever blisters) (genital herpes)	Infected secretions HSV I – saliva HSV II – sexual	Tingling prior to fluid- filled blister(s) that recur in the same area (mouth, nose, genitals)	2-14 days	As long as lesions are present; may be intermittent shedding while asymptomatic	Encourage hand hygiene and age- appropriate STD prevention; do not share personal items; avoid blister secretions	No exclusion necessary
Impetigo (Impetigo contagiosa)	Direct or indirect contact with lesions and their discharge	Lesions/blisters are generally found on the mouth and nostrils and occasionally near eyes	Variable, usually 4- 10 days, but can be as short as 1-3 days	While sores are draining	Encourage good hand hygiene	Cover lesions; can delay treat until day's end; no exclusion if treatment started before next day
<b>*Influenza** (influenza-like illness)</b>	Droplet; contact with respiratory secretions or contaminated surfaces)	High fever, fatigue, sore throat, cough, aches, runny nose, headache;	1-4 days	1 day prior to onset of symptoms to 1 week or more after onset	Exclude with first signs of illness; encourage cough etiquette and good hand hygiene	Exclude until 24hrs with no fever and cough has subsided

Disease 	Mode of Spread	Symptoms	Incubation Period	Contagious Period	Contacts	Exclusions (subject to LHD approval)
<b>*Influenza**</b> (influenza-like illness) 	Droplet; contact with respiratory secretions or contaminated surfaces)	High fever, fatigue, sore throat, cough, aches, runny nose, headache;	1-4 days	1 day prior to onset of symptoms to 1 week or more after onset	Exclude with first signs of illness; encourage cough etiquette and good hand hygiene	Exclude until 24hrs with no fever and cough has subsided
<b>Measles** †</b> (Rubeola) (Hard/red measles)	Contact with nasal or throat secretions; airborne via sneezing and coughing	High fever, runny nose, cough, red, watery eyes, followed by rash on face, then body	Average 10-12 days (range 7-21 days) from exposure to fever onset	4 days before to 4 days after rash onset	Exclude contacts lacking documentation of immunity until 21 days after last onset	Cases: Exclude until 4 days after rash onset
<b>Meningitis** †</b> (Aseptic/viral) 	Varies with causative agent: droplet or fecal oral route; may result from another illness	Severe headache, stiff neck or back, vomiting, fever, light intolerance, neurologic symptoms	Varies with causative agent	Varies with causative agent, but generally 2-14 days	Encourage cough etiquette and good hand hygiene	Exclude until medically cleared
<b>Meningitis** †</b> (Bacterial) ( <i>N. meningitis</i> ) ( <i>H. influenzae</i> ) ( <i>S. pneumoniae</i> )	Contact with respiratory secretions; spread by sneezing, coughing, and sharing beverages or utensils	Severe headache, fever, stiff neck or back, vomiting, irritability, light sensitivity, rash, neurologic symptoms;	Average 2-4 days (range 1-10 days)	Generally considered no longer contagious after 24hrs of antibiotic treatment	Immediately notify LHD; encourage good hand hygiene; do not share personal items and eating utensils	Medical clearance required; exclude until 24hrs after antimicrobial treatment
Molluscum contagiosum	Transmitted by skin-to-skin contact and through handling contaminated objects	Smooth, firm, flesh-colored papules (bumps) with an indented center	Usually between 2 and 7 weeks	Unknown but likely as long as lesions persist	Do not share personal items	No exclusion necessary
<b>Monkeypox virus (MPV) †</b>	Close contact (e.g., skin-to-skin); respiratory secretions or surfaces	Rash (several stages, with scabs), fever, chills, swollen lymph nodes, aches, sore throat	21 days	From onset until the rash has completely healed	Monitor for signs or symptoms and exclude with first signs of illness	Exclude until scabs have fallen off, and a fresh layer of skin has formed (~2-4 weeks)
Mononucleosis	Person-to-person via saliva	Fever, sore throat, fatigue, swollen lymph nodes, enlarged spleen	30-50 days	Prolonged, possibly longer than 1 year	Do not share personal items	Exclude until able to tolerate activity; Exclude from contact sports until recovered
<b>MRSA**</b> (Methicillin-resistant <i>Staphylococcus aureus</i> ) 	Transmitted by skin-to-skin contact and contact with surfaces that have contacted infection site drainage	Possibly fever; lesion may resemble a spider bite (swollen, draining, painful); asymptomatic carriage is possible	Varies	As long as lesions are draining; found in the environment; good hand hygiene is the best way to avoid infection	Encourage good hand hygiene; do not share personal items such as towels, washcloths, clothing, and uniforms	No exclusion if covered and drainage contained; No swim exclusion if covered by waterproof bandage
<b>Mumps** †</b> 	Airborne or direct contact with saliva	Salivary gland swelling (usually parotid); chills, fever, headache	Average 16-18 days (range 12-25 days)	7 days prior to and 8 days after parotitis onset	Exclude contacts lacking documentation of immunity until 25 days after last onset	Exclude until 5 days after onset of salivary gland swelling
Disease	Mode of Spread	Symptoms	Incubation Period	Contagious Period	Contacts	Exclusions (subject to LHD approval)

**EXHIBIT A**


<b>Mumps** †</b> 	Airborne or direct contact with saliva	Salivary gland swelling (usually parotid); chills, fever, headache	Average 16-18 days (range 12-25 days)	7 days prior to and 8 days after parotitis onset	Exclude contacts lacking documentation of immunity until 25 days after last onset	Exclude until 5 days after onset of salivary gland swelling
<b>*Norovirus** (viral gastroenteritis)</b>	Food, water, surfaces contaminated with vomit or feces, person-to-person, aerosolized vomit	Nausea, vomiting, diarrhea, abdominal pain for 12-72hrs; possibly low-grade fever, chills, headache	Average 24-48hrs (range: 12-72hrs)	Usually from onset until 2-3 days after recovery; typically, virus is no longer shed after 10 days	Encourage good hand hygiene; contact LHD for environmental cleaning recommendations	Exclude until illness has ceased for at least 2 days; exclude from food handling for 3 days after recovery
<b>Pink Eye (conjunctivitis)</b>	Discharge from eyes, respiratory secretions; from contaminated fingers, shared eye make-up applicators	Bacterial: Often yellow discharge in both eyes Viral: Often one eye with watery/clear discharge and redness Allergic: itchy eyes with watery discharge	Variable but often 1-3 days	During active infection (range: a few days to 2-3 weeks)	Encourage good hand hygiene	Exclude only if herpes simplex conjunctivitis and eye is watering; exclusion also may be necessary if 2 or more children have watery, red eyes; contact LHD
<b>Poliomyelitis † (polio)</b> 	Contact with the feces of an infected person (or less often, from respiratory droplets)	Most asymptomatic; 25%: flu-like symptoms e.g., sore throat, fatigue fever, headache; rarely meningitis or paralysis	Nonparalytic: 3-6 days; Paralysis: usually 7-21 days	Most risk 7-10 days before / following onset; possible while virus is excreted; Asymptomatic transmission possible.	Exclude contacts lacking documentation of immunity	At least 14 days from onset and until 2 stool samples taken 7 days apart are negative.
<b>Rash Illness (Unspecified)</b>	Variable depending on causative agent	Skin rash with or without fever	Variable depending on causative agent	Variable depending on causative agent	Variable depending on causative agent	Exclude if fever, change in behavior may need clearance
<b>Respiratory Illness (Unspecified)</b>	Contact with respiratory secretions	Slight fever, sore throat, cough, runny or stuffy nose	Variable but often 1-3 days	Variable depending on causative agent	Encourage cough etiquette and good hand hygiene	Exclude until fever free for 24hrs
<b>Ringworm (Tinea)</b>	Direct contact with an infected animal, person, or contaminated surface	Round patch of red, dry skin with red raised ring; temporary baldness	Usually 4-14 days	As long as lesions are present and fungal spores exist on materials	Inspect skin for infection; do not share personal items; seek veterinary care for pets with signs of skin disease	Can delay treatment until day's end; no exclusion if treatment started before next day; exclude from contact sports, swim until treatment start
<b>Rubella** † (German Measles)</b> 	Direct contact; contact with respiratory secretions; airborne (e.g., sneeze)	Red, raised rash for ~3 days; possibly fever, headache, fatigue, red eyes	Average 16-18 days (range: 14-21 days)	7 days before to 7 days after rash onset	If pregnant, consult OB; exclude contacts lacking documentation of immunity until 21 days after last onset	Exclude until 7 days after onset of rash

# EXHIBIT A

Disease	Mode of Spread	Symptoms	Incubation Period	Contagious Period	Contacts	Exclusions (subject to LHD approval)
<b>Salmonellosis</b> †	Fecal-oral: person-to-person, contact with infected animals, or via contaminated food	Abdominal pain, diarrhea (possibly bloody), fever, nausea, vomiting, dehydration	Average 12-36hrs (range: 6hrs-7 days)	During active illness and until organism is no longer detected in feces	Exclude with first signs of illness; encourage good hand hygiene	Exclude until diarrhea has ceased for at least 2 days; additional restrictions may apply
Scabies	Close, skin-to-skin contact with infected person or via infested clothing or bedding <a href="#">Scabies Prevention and Control Manual</a>	Extreme itching (may be worse at night); mites burrowing in skin cause rash / bumps	2-6 weeks for first exposure; 1-4 days for re-exposure	Until mites are killed by appropriate treatment; prescription skin and oral medications are generally effective after one treatment	Treat close contacts and infected persons at the same time; avoid skin-to-skin contact; do not share personal items; see exclusions	Treatment may be delayed until end of the day; if treatment started before next day's return, no exclusion necessary
<b>Shigellosis**</b> †	Fecal-oral: frequently person-to-person; also via contaminated food or water	Abdominal pain, diarrhea (possibly bloody), fever, nausea, vomiting, dehydration	Average 1-3 days (range 12-96hrs)	During active illness and until no longer detected; treatment can shorten duration	Exclude with first signs of illness; encourage good hand hygiene	Exclude until diarrhea has ceased for at least 2 days; Medical clearance required
Strep throat / Scarlet Fever	Respiratory droplet or direct contact; via contaminated food	Sore throat, fever; Scarlet Fever: body rash and red tongue	Average 2-5 days (range 1-7 days)	Until 12hrs after treatment; (10-21 days without treatment)	Exclude with signs of illness; encourage good hand hygiene	Exclude until 12hrs after antimicrobial therapy (2+ doses)
<b>Streptococcus pneumoniae</b> 	Contact with respiratory secretions	Varies: ear infection, pneumonia, meningitis	Varies; as short as 1- 3 days	Until 24hrs after antimicrobial therapy	Consult LHD to discuss any need for treatment	Exclude until 24hrs after antibiotics
<b>Tuberculosis (TB)</b> †	Airborne; spread by coughing, sneezing, speaking, or singing	Fever, fatigue, weight loss, cough (3+ weeks), night sweats, anorexia	2-10 weeks	While actively infectious	Consult LHD to discuss need for evaluation and testing of contacts	Exclude until medically cleared
<b>Typhoid fever (Salmonella typhi)</b> †	Fecal-oral: person-to-person, ingestion of contaminated food or water (cases are usually travel-related)	Fever, headache, rose spots, malaise, cough, anorexia, diarrhea, constipation, abd pain, mental status change	Average range: 8-14 days (3-60 days reported)	From first week of illness through convalescence	Consult LHD for evaluation of close contacts	Exclude until symptom free; Medical clearance required; Contact LHD about additional restrictions
Vomiting Illness (Unspecified)	Varies; See Norovirus	Vomiting, cramps, mild fever, diarrhea, nausea	Varies; See Norovirus	Varies; See Norovirus	Encourage good hand hygiene; See Norovirus	Exclude until 24hrs after last episode
<b>Whooping Cough** (Pertussis)</b> † 	Contact with respiratory secretions	Initially mild respiratory symptoms, cough; may have inspiratory whoop, posttussive vomiting	Average 7-10 days (range 5-21 days)	With onset of cold-like symptoms until 21 days from onset (or until 5 days of treatment)	Consult LHD to discuss the potential need for treatment	Exclude until 21 days after onset or until 5 days after appropriate antibiotic treatment
<b>West Nile Virus</b>	Bite from an infected mosquito	High fever, nausea, headache, stiff neck	3-14 days	Not spread person-to-person	Avoid bites with EPA approved repellents	No exclusion necessary

\*Report only aggregate number of cases for these diseases

†Consult with local health department on case-by-case basis

\*\* Contact your local health department for a “letter to parents”  
 Vaccination is highly encouraged to prevent or mitigate disease