

ENVIRONMENTAL HEALTH AND SAFETY

Safety Director

Parker Hall, Room 214, Phone: 482-5357

www.Louisiana.edu/ehs

Email: www.safetyman@Louisiana.edu

UL Lafayette is committed to providing a safe and secure environment for learning. The Environmental Health and Safety (EH&S) office is responsible for ensuring that commitment.

Check Environmental Health and Safety websites frequently for updated information.

Joseph “Joey” V. Pons IV
Environmental Health & Safety Director
Office Phone: 482-5357
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Office: Parker Hall, room 214

1. **Quick Reference Guide, revised 8/2008**
Minimum safety information that all University employees need to know
 - How to report emergencies - dial 911 – from any telephone on or off campus.
 - UL Lafayette General Safety Rules
 - An informational sheet on what to do if you have an accident
 - A copy of an accident reporting form – entitled DA2000
 - A copy of the Motor Vehicle Accident reporting form – DA2041 (keep this in your glove box)
 2. **Environmental Health and Safety Website (<http://www.safety.louisiana.edu>)**
 - Safety Policies
 - Safety Training classes with schedule
 - Safety Forms (downloadable)
 - Departmental Safety Coordinators – find out who yours is.
 3. **Driver’s Safety Training**
 - Check Website for Schedule
 - CD-Rom Course is available
 - Training is Mandatory for all Drivers
 - Check out article “Who has to take the driver safety course?” on webpage for more information.
 - Travel Request documents require a training date for expenses relative to driving motor vehicles.
 4. **Violence In The Workplace Policy**
 - Copy available on the Safety Website – safety.Louisiana.edu (click on “policy”)
 - If threatened or assaulted, report to either University Police or Elwood Broussard
 5. **Employee Drug Testing Policy**
 - Copy available on the Safety Website – safety.Louisiana.edu (click on “policy”)
 - Includes Pre-employment, Post Accident, Random for Safety Sensitive Positions, Reasonable Suspicion
 6. **Other Employee Policies of Interest – NOT included in this handout**
 - ADA Policy Statement - <http://infotech.louisiana.edu/>
 - EEOC Policy Statement - <http://infotech.louisiana.edu/>
 - Sexual Harassment Policy - <http://infotech.louisiana.edu/>
 - Asbestos Management Plan - <http://www.physicalplant.louisiana.edu/asbestos.shtml>
 7. **Bloodborne Pathogens Information/Meningitis General Information (Last Pages)**
 8. **Emergency Preparedness (website – safety.Louisiana.edu)**
 - Hurricane/Tropical Storm Preparedness, 3-phased plan
 - Pandemic Flu Preparedness, 4-phased plan
 - Emergency Notification System – ens.Louisiana.edu (cell phone text messages)
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Quick Reference For All University Employees

Contact Information for Emergencies and Unsafe Conditions

DIAL 911 FOR ALL EMERGENCIES

Description	Who Will Respond
Medical attention	Local Ambulance Service
Any campus fire	Lafayette Fire Department
All criminal activity	University Police Department
Motor Vehicle Accident	University Police Department
Unsafe Conditions	Departmental Safety Coordinator

Notice for University Employees Regarding Safe Work Practices

Good safe work ethics are required from every University employee. Any employee who repeatedly commits unsafe acts is a danger to himself or herself and to others around him or her. Once any unsafe condition is discovered, it should be reported to a Departmental Safety Coordinator or supervisor immediately. That person is responsible for initiating corrective action and for ensuring that all employees are trained on how to do these tasks safely.

UL Lafayette General Safety Rules

Note: These rules shall be distributed to every university employee as required by the Office of Risk Management. These rules shall also be available for students.

- Good safe ethics are required from everyone
- Report accidents or any unsafe activity to a Departmental Safety Coordinator or Supervisor.
- Consult the Emergency Information Floor Plan map located in every building.
- Possession or use of any weapons on campus is prohibited by law.
- UL Lafayette is an alcohol and drug free zone. Possession or use of these substances on campus is prohibited by law.
- Smoking is allowed only in approved areas.
- Horseplay and fighting are not tolerated on campus.
- Before beginning a task, notify your supervisor of any impairment that may reduce your ability to perform in a safe manner.
- Operate equipment only if you are trained and authorized to do so.
- Be sure to use Personal Protective Equipment to protect yourself from hazards
- Keep an orderly work environment. Pay close attention to hazards that can cause slips, trips, or falls.
- Store flammables, hazardous materials, and hazardous waste in appropriate containers.
- Use proper lifting techniques. Bend your knees when lifting objects. DO NOT bend your back when lifting objects.
- Fasten safety belts before starting any motor vehicle.
- Additional safety procedures and policies may be applicable for certain departments. Consult your Departmental Safety Coordinator or the EH & S Policy for more information on these. If you do not know who your Departmental Safety Coordinator is, contact the EH & S office at 482-5357.

Reference: UL Lafayette Environmental Health and Safety Policy, section 8.2

What to do if you have an accident...

For All Accidents (Including those involving a Motor Vehicle)

- If necessary, dial 911 or report to an emergency center of your choice
- Contact Departmental Safety Coordinator (DSC)
- For any injury, DSC will complete *ORM DA –2000* (keep copy for your records)
- For injury requiring medical attention, contact:

Ms. Jenny Dorsett
Human Resources Analyst
Personnel Department

Martin Hall, room 174
482-6246
jmd4516@louisiana.edu

(This is for Worker's Compensation paperwork)

Additional Information For Accidents Involving a Motor Vehicle

- Contact University Police: Dial 911
- Complete Form DA-2041 – *Driver's Accident Report Form* (copy attached)
- Contact:

Joey Pons, Director
Environmental Health and Safety
Parker Hall, room 214
482-5357
safetyman@louisiana.edu

**OFFICE OF RISK MANAGEMENT
UNIT OF RISK ANALYSIS AND LOSS PREVENTION
INCIDENT/ACCIDENT INVESTIGATION FORM
DA 2000-8-02**

*NOTE: This document should be completed by authorized persons only.
For questions regarding this form, call Joey Pons at 482-5357 or safetyman@louisiana.edu*

1. LOCATION CODE _____		2. ACCIDENT DATE _____		3. REPORTING DATE _____	
4. JOB TITLE _____			5. IMMEDIATE SUPERVISOR _____		
6. EMPLOYEE'S NAME (LAST-FIRST) _____			7. SOCIAL SECURITY # _____		
8. DESCRIBE IN DETAIL HOW INCIDENT/ACCIDENT OCCURRED (USE ADDITIONAL SHEETS IF NECESSARY) _____ _____ _____					
EMPLOYEE'S SIGNATURE _____					
9. NAME OF PERSON FILLING OUT REPORT _____ SIGNATURE _____					
10. AGENCY _____			PHONE NUMBER _____		
11. PARISH WHERE OCCURRED _____			PARISH OF DOMICILE _____		
12. WAS MEDICAL TREATMENT REQUIRED ___ Y ___ N		13. WAS EQUIPMENT INVOLVED ___ Y ___ N			
14. HAVE SIMILAR ACCIDENT/INCIDENTS OCCURRED ___ Y ___ N		15. INVOLVING SAME INDIVIDUAL ___ Y ___ N		16. SAME LOCATION ___ Y ___ N	
17. EXACT LOCATION WHERE EVENT OCCURRED _____ _____					
18. NAME(S) OF WITNESSES _____					
CAUSE CODE					
<input type="checkbox"/> AA Auto Accident <input type="checkbox"/> AB Contact with Skin Irritant <input type="checkbox"/> AC Insect Bite or Sting <input type="checkbox"/> AD Poisoning <input type="checkbox"/> AE Extreme Noise <input type="checkbox"/> AF Animal Bite <input type="checkbox"/> AG Overexertion <input type="checkbox"/> AH Stroke <input type="checkbox"/> AI Heart Attack <input type="checkbox"/> AJ Mental Stress <input type="checkbox"/> AK Traumatic Neurosis <input type="checkbox"/> AL Exposure to Occupational Disease <input type="checkbox"/> AM Inhalation of Chemicals/Other Irritants <input type="checkbox"/> AN Foreign Body in Eye <input type="checkbox"/> AR Human Bite <input type="checkbox"/> 1A Struck by Moving Object Other Than a Vehicle <input type="checkbox"/> 2A Struck by Motor Vehicle			<input type="checkbox"/> 1C Struck By Patient or Employee <input type="checkbox"/> 2A Strain by Lifting, Twisting, or Using Tool/Machine <input type="checkbox"/> 3A Slip and Fall on Foreign Object <input type="checkbox"/> 3B Slip and Fall from Ladder, Scaffolding & Chairs <input type="checkbox"/> 3C Slip and Fall from Ramps, Curbing, or Stairs <input type="checkbox"/> 4A Striking Against Object <input type="checkbox"/> 5A Stepping on a Sharp Object <input type="checkbox"/> 6A Caught In /Between Machinery or Other Objects <input type="checkbox"/> 7A Burns or Exposure Due to Physical Contact <input type="checkbox"/> 7B Burn or Exposure Involving Welding <input type="checkbox"/> 7C Burn or Exposure Due to Extreme Heat or Cold <input type="checkbox"/> 7D Burn or Exposure Involving Chemicals <input type="checkbox"/> 7E Burn or Exposure Involving Electricity <input type="checkbox"/> 8A Cut, Puncture or Scrape by a Tool <input type="checkbox"/> 8B Cut, Puncture or Scrape Involving Glass <input type="checkbox"/> 8C Cut, Puncture or Scrape by a Sharp Object <input type="checkbox"/> 9A Tripping		
FIELD 23—CITY		FIELD 27—DAY OF WEEK		FIELD 28—TIME OF DAY	
<input type="checkbox"/> A New Orleans <input type="checkbox"/> B Baton Rouge <input type="checkbox"/> C Lake Charles <input type="checkbox"/> D Shreveport <input type="checkbox"/> E Alexandria <input type="checkbox"/> F Lafayette <input type="checkbox"/> G Monroe <input type="checkbox"/> Z City Not Listed <input type="checkbox"/> O Rural Area <input type="checkbox"/> I International		<input type="checkbox"/> 1 Sunday <input type="checkbox"/> 2 Monday <input type="checkbox"/> 3 Tuesday <input type="checkbox"/> 4 Wednesday <input type="checkbox"/> 5 Thursday <input type="checkbox"/> 6 Friday <input type="checkbox"/> 7 Saturday		<input type="checkbox"/> A 12:01 AM – 1:00 AM <input type="checkbox"/> B 1:01 AM – 2:00 AM <input type="checkbox"/> C 2:01 AM – 3:00 AM <input type="checkbox"/> D 3:01 AM – 4:00 AM <input type="checkbox"/> E 4:01 AM – 5:00 AM <input type="checkbox"/> F 5:01 AM – 6:00 AM <input type="checkbox"/> G 6:01 AM – 7:00 AM <input type="checkbox"/> H 7:01 AM – 8:00 AM <input type="checkbox"/> I 8:01 AM – 9:00 AM <input type="checkbox"/> J 9:01 AM – 10:00 AM <input type="checkbox"/> K 10:01 AM – 11:00 AM <input type="checkbox"/> L 11:01 AM – 12:00 PM <input type="checkbox"/> M 12:01 PM – 1:00 PM <input type="checkbox"/> N 1:01 PM – 2:00 PM <input type="checkbox"/> O 2:01 PM – 3:00 PM <input type="checkbox"/> P 3:01 PM – 4:00 PM <input type="checkbox"/> Q 4:01 PM – 5:00 PM <input type="checkbox"/> R 5:01 PM – 6:00 PM <input type="checkbox"/> S 6:01 PM – 7:00 PM <input type="checkbox"/> T 7:01 PM – 8:00 PM <input type="checkbox"/> U 8:01 PM – 9:00 PM <input type="checkbox"/> V 9:01 PM – 10:00 PM <input type="checkbox"/> W 10:01 PM – 11:00 PM <input type="checkbox"/> X 11:01 PM – 12:00 AM	
FIELD 36—NEED LOSS PREVENTION OFFICER ASSISTANCE ___ Y ___ N					

FIELD 41—NATURE OF INJURY					
__AA Amputation __AB Animal Bite __AC Bruised/Contusion/Swelling __AD Burn/Abrasion/Redness __AE Concussion __AF Death __AG Depression and Anxiety __AH Dermatitis __AI Dislocation or Separation __AJ Electrical Shock or Burn	__AK Eye Irritation/Damage __AL Fracture __AM Hearing Impairment __AN Heart Attack __AP Heat Stroke __AQ Hernia __AR Herniated Disc __AS Insect Bite/Sting __AT Laceration __AU Loss of Vision/Headache	__AV Smashed or Crushed __AW Mental Anguish __AX Multiple Injuries __AY Poisoning __AZ Puncture __BA Prosthetic Replacement __BB Seizure __BC Sprain/Strain __BD Stress __BE Stroke __BF Human Bite			
FIELD 43—SEX OF EMPLOYEE	FIELD 44—LENGTH OF SERVICE	FIELD 43—AGE OF EMPLOYEE			
__F FEMALE __M MALE __N NOT GIVEN	__0 LESS THAN 6 MOS. __1 7 MOS. - 1 YEAR __2 1-3 YEARS __3 3-5 YEARS __4 5-10 YEARS __5 10-15 YEARS __6 MORE THAN 15 YEARS	__A 5-17 __B 18-21 __C 22-25 __D 26-30 __E 31-35 __F 36-40 __G 41-50	__H 51-55 __I 56-60 __J 61-65 __K OVER 65		
FIELD 50—PART OF BODY					
__AA HEAD __AG JAW __BB BACK __BH GROIN __CC ELBOW __DB THIGH __DH TOE	__AB FOREHEAD __AH TEETH __BC CHEST __BI GENITAL __CD WRIST __DC KNEE __BK SPINE	__AC EYE __AI FACE __BD RIBS __BJ BUTTOCK __CE HAND __DD LEG	__AD EAR __AJ CHEEK __BE STOMACH __BL INTERNAL __CF THUMB __DE SKIN	__AE NOSE __AK THROAT __BF LUNGS __CA SHOULDER __CG FINGER __DF ANKLE	__AF MOUTH __BA NECK __BG HEART __CB ARM __DA HIP __DG FOOT
ROOT CAUSE ANALYSIS PORTION					
<i>UNSAFE ACT (PRIMARY):</i>					
<i>UNSAFE CONDITION (PRIMARY):</i>					
<i>CONTRIBUTORY FACTOR (IF ANY):</i>					
<i>WHY WAS ACT COMMITTED:</i>					
<i>WHY DID CONDITION EXIST:</i>					
<i>IMMEDIATE ACTION TAKEN TO PREVENT RECURRENCE:</i>					
<i>LONG RANGE ACTION TO BE TAKEN:</i>					
<i>WHAT ADDITIONAL ASSISTANCE IS NEEDED TO PREVENT RECURRENCE:</i>					
KEEP COMPLETED FORM ON FILE FOR ALL INCIDENTS/ACCIDENTS AND ONLY MAIL NON-MEDICAL ACCIDENTS TO: <div style="text-align: center;"> JENNY DORSETT PERSONNEL DEPARTMENT UL LAFAYETTE CAMPUS MAIL </div>					

DA-2041

ACCIDENT REPORT LOUISIANA STATE DRIVER SAFETY PROGRAM

For questions regarding this form please call Joey Pons at 482-5357 or email at jyp6188@louisiana.edu

SUPERVISOR TO COMPLETE FIRST 4 ITEMS	1. Agency's Name	2. Person to Contact	3. Phone No.	4. Loc. Code
	5. State Vehicle Drivers Name (PRINT)	6. Drivers Social Security No.	7. Date of Accident	8. Time of Accident <input type="checkbox"/> AM <input type="checkbox"/> PM
9. Exact Location of Accident (Use street numbers, mileage markers, etc. to pinpoint location)				
10. DESCRIBE HOW ACC. HAPPENED				
11. Seat Belt in Use <input type="checkbox"/> Yes <input type="checkbox"/> No				

STATE VEHICLE INFORMATION				
If other than vehicle damage, fill in as much as possible under "Other Vehicle" section substituting property owner information for vehicle driver				
12. State Vehicle Driver's Address (Street No., City, State, Zip Code)			13. Home Phone	14. Work Phone
15. Driver's Lic. No.	16. Age	17. Sex <input type="checkbox"/> M <input type="checkbox"/> F	18. Vehicle Owner's Name and Address	
19. Year Vehicle	20. Make Vehicle	21. Model Vehicle	22. Body Type	23. Vehicle Lic. No./Equip. No/Vin
24A. Where can Vehicle be seen?		24B. Describe Damage		

OTHER VEHICLE INFORMATION				
If more than one vehicle is involved, submit additional sheet with information on other vehicle(s).				
25. Other Vehicle Driver's Name		26. Driver's Social Security No.	27. Driver's License No.	28. Age
30. Other Vehicle Driver's Address (Street No., City, State, Zip Code)			31. Home Phone	32. Work Phone
33. Vehicle Owner's Name and Address (Street No., City, State, Zip Code)				
34. Year Vehicle	35. Make Vehicle	36. Model Vehicle	37. Body Type	38. Vehicle I.D. No or Lic No.
40. Other Vehicle Insurance Co.				41. Policy No.
42. Describe Damage				43. Estimated Amount \$

INJURED						
44. Name and Address		45. Phone ()	46. Ped	47. Ins. Veh.	48. Other Veh.	49. Police Investigated? <input type="checkbox"/> Yes <input type="checkbox"/> No
44. Name and Address		45. Phone ()	46. Ped	47. Ins. Veh.	48. Other Veh.	49. Type Report: <input type="checkbox"/> Sheriff <input type="checkbox"/> State <input type="checkbox"/> City
44. Name and Address		45. Phone ()	46. Ped	47. Ins. Veh.	48. Other Veh.	49. Report No. (Item No)

WITNESSES OR PASSENGERS						
50. Name and Address		51. <input type="checkbox"/> Witness <input type="checkbox"/> Passenger	52. Phone ()	53. PED	53. Ins. Veh.	53. Specify
50. Name and Address		51. <input type="checkbox"/> Witness <input type="checkbox"/> Passenger	52. Phone ()	53. PED	53. Ins. Veh.	53. Specify
54. State Driver's Signature				55. Name of Driver's Immediate Supervisor and Phone No.		

How To Protect Yourself From Bloodborne Pathogens

Acknowledgements: Dr. Marelle Yongue, University Staff Physician
Camille Moniotte, Southeastern Louisiana University

Note: The information in this document is informative, but general. More information can be found in section 12 in the EH&S Policy. Formal Bloodborne Pathogen Training is available to all University employees free of charge and can be scheduled at www.louisiana.edu/ehs (click on training).

What are Bloodborne Pathogens?

Bloodborne pathogens are microorganisms such as viruses that are carried in blood and can cause disease in people. Everyone has some exposure to blood borne pathogens. However, employees who come into contact with bodily fluids (custodial workers, plumbers, Student Health Services, University Police, etc) have the most risk of infection.

The Hepatitis B Virus

The Hepatitis B Virus (HBV) causes infection and inflammation of the liver. Medical symptoms that occur from this virus, in extreme cases, can persist for the lifetime of the carrier. The Hepatitis B Virus can be transmitted by sexual contact, blood-to-blood contact, prenatal contact, and contaminated bodily fluids. Methods of infection include intimate contact, body/ear piercing and tattoos with contaminated equipment, and touching infected blood with a skin opening. The HBV is very stable and can survive in dried blood for at least one week. Once exposed, symptoms may not be evident for 45 – 180 days.

Human Immunodeficiency Virus

The Human Immunodeficiency Virus (HIV) is one that attacks the body's immune system, weakening it so that it cannot fight other deadly diseases. HIV is primarily transmitted through blood-to-blood contact, but can also be transmitted through sexual contact. In contrast to HBV, HIV is very fragile and will not survive very long outside the human body. Acquired Immune Deficiency Syndrome (AIDS) is a fatal disease that is caused by HIV. A person can be infected with HIV for years before AIDS develops. In some cases, HIV can lay dormant in the human body and that person may never develop AIDS.

Universal Precautions

Unbroken skin forms an impervious barrier against blood borne pathogens. However, infected blood can enter your system through things like open sores, cuts, abrasions, mucous membranes, acne, and sunburn. Because bloodborne pathogens are microscopic, treat all objects that come into contact with bodily fluids as if they contain something harmful. There is an HBV vaccination that involves 3 shots and some blood tests. Ask your doctor for more information on this procedure.

Personal Protection For Everyone

Here are some helpful tips to avoid bloodborne pathogens:

- Keeps cuts and scrapes bandaged until they are fully healed.
- Wash you hands with soap often – especially when leaving the restroom.
- In an emergency, you may have to help someone else who is bleeding. In this case, if gloves are not available, use 2 clean trash bags for emergency protection.
- If blood or other bodily fluids are discovered on campus, contact the Physical Plant immediately so that it can be properly cleaned (phone- 482-6440, 24 hours per day).
- If you accidentally touch someone else's bodily fluids with your bare skin, don't panic. The chances of being infected are remote. Wash yourself with soap and water and contact your doctor immediately.
- If your clothing is contaminated with unknown bodily fluids, throw them away. Most residential cloths washers do not heat the water high enough to destroy bloodborne pathogens.

For more information, try the following resources:

The Center For Disease Control - <http://www.cdc.gov/ncidod/hip/Blood/blood.htm>

The Occupational Safety and Health Administration, Bloodborne Pathogen Standard, 29CFR 1910.1030 – <http://www.osha.gov>

MENINGOCOCCAL DISEASE – general information

What is Meningococcal disease?

A disease caused by the systemic invasion of the bacteria *Neisseria meningitides*, also known as meningococcus and may be manifested as **meningitis** (inflammation of the lining of the brain and spinal cord), pneumonia, meningococemia (febrile bacteremia), and conjunctivitis. Complications may include arthritis, myocarditis, pericarditis and endophthalmitis.

What is meningitis?

Meningitis is an inflammation of the linings of the brain & spinal cord caused by either viruses or bacteria:

- *Viral meningitis* is more common than *bacterial meningitis* and usually occurs in late spring & early summer. Signs & symptoms of *viral meningitis* may include stiff neck, headache, nausea, vomiting, and rash. Most cases of viral meningitis run a short, uneventful course. Since the causative agent is a virus, antibiotics are not effective. Persons who have had contact with a person with viral meningitis do not require any treatment.
- *Bacterial meningitis* occurs rarely and sporadically throughout the year, although outbreaks tend to occur in late winter and early spring. Bacterial meningitis in college-aged students is most likely caused by *Neisseria meningitides* or *Streptococcus pneumoniae*. Meningococcal meningitis can cause grave illness and rapidly progress to death; early diagnosis and treatment are imperative. In contrast to viral meningitis, a person who has had *intimate contact* with a case requires prophylactic therapy. Untreated meningococcal disease can be fatal.

How does meningococcal disease occur?

- Approximately 10% of the general population carries meningococcal bacteria in the nose and throat in a harmless state. This carrier state may last for days or months before spontaneously disappearing, and it seems to give persons who harbor the bacteria in their upper respiratory tracts some protection from developing meningococcal disease.
- During meningococcal disease outbreaks, the percentage of people carrying the bacteria may approach 95%, yet the percentage of people who develop meningococcal disease is less than 1%. This low occurrence of disease following exposure suggests that a person's own immune system, in addition to bacterial factors, plays a key role in disease development.
- Meningococcal bacteria cannot usually live for more than a few minutes outside the body. As a result, they are not easily transmitted in water supplies, swimming pools, or by routine contact with an infected person in a classroom, dining room, bar, restroom, etc.
- Roommates, friends, spouses, and children who have had *intimate contact* with the oral secretions of a person diagnosed with meningococcal disease are **at risk** for contracting the disease and should seek medical evaluation and receive prophylactic medication immediately. Examples of such contact includes sharing of oral secretions, such as kissing, sharing drinks, food, utensils, any type of cigarettes, or any object that was in someone else's mouth, and being exposed to droplet contamination from the nose or throat, such as from sneezing or coughing.
- The incubation period is 1 to 10 days, usually less than 4 days.

How many cases of meningococcal disease occur each year?

The annual incidence of meningococcal disease in the U.S. is about 1 to 2 cases per 100,000 population. The case fatality rate is approximately 12%.

Can meningococcal disease be mistaken for other health problems?

YES. Meningococcal disease is potentially dangerous because it is relatively rare and can be mistaken for other conditions. The possibility of having meningitis may not be considered by someone who feels ill, and early signs and symptoms may be ignored. A person may have symptoms suggestive of a minor cold or flu for a few days before experiencing a rapid progression to severe meningococcal disease.

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What are the signs & symptoms of meningococcal disease?

Understanding the characteristic signs and symptoms of meningococcal disease is critical & possibly lifesaving. Common early symptoms of meningococcal disease include fever, leg pain, cold hands and feet, abnormal skin color, severe sudden headache accompanied by mental changes (confusion, fatigue), nausea and vomiting light sensitivity and neck stiffness. A rash may begin as a flat, red eruption, mainly on the arms & legs. It may then evolve into a rash of small dots that do not change with pressure (petechiae). New petechiae can form rapidly, even while the patient is being examined.

What is the treatment for meningococcal disease exposure?

Treatment of infected persons: Meningococcal disease can become rapidly progressive within hours of onset of the symptoms. With early diagnosis and treatment, however, the likelihood of full recovery is increased. Early recognition, performance of a lumbar puncture (spinal tap) and prompt initiation of antimicrobial therapy are crucial.

Chemoprophylaxis: The use of such prophylactic antibiotics as Ciprofloxacin, Rifampin or Rocephin is recommended for those who may have been exposed to a person diagnosed with meningococcal disease, and is considered at risk. These antibiotics kill or eliminate the bacteria in the at risk person's nose and throat, thereby decreasing the risk of them from passing the disease or becoming ill. Anyone who suspects possible exposure should consult a physician immediately to determine their risk status.

Vaccination: As an adjunct to appropriate antibiotic chemoprophylaxis, immunization against the meningococcus bacterium may be recommended when an outbreak of meningococcal disease has occurred in a community. It is important to note that meningococcal vaccine should not be used in place of chemoprophylaxis for those exposed to an infected person. The protection from immunization begins within 7 to 10 days and is too slowly generated in this situation.

Meningococcal Meningitis Vaccine

Immunization against the bacterium *N. meningitidis* may be recommended if they are members of a population that is experiencing an outbreak of meningococcal disease, e.g., students at a university where an outbreak has occurred.

As with any vaccine, vaccination may not protect 100% of all susceptible individuals. Adverse reactions to meningococcal vaccine are mild & infrequent, consisting primarily of redness & pain at the injection site that may last 1-2 days. Rarely, fever of short duration may occur.

How can one reduce the risk of contracting meningococcal disease?

Maximize your body's own immune system response. A lifestyle that includes a balanced diet, adequate sleep, appropriate exercise, & the avoidance of excessive stress is very important. Avoiding upper respiratory tract infections & inhalation of cigarette smoke may help to protect from invasive disease. Everyone should be sensitive to public health measures that decrease exposure to oral secretions, such as, covering one's mouth when coughing or sneezing & washing hands after contact with oral secretions.