PERFORMANCE EVALUATION INFORMATION

The attached information is to be reviewed with all employees, annually, at the time of the performance evaluation. Please provide this information to all staff that you supervise. It serves as annual training and reminders for staff so they remain competent in their position. The Report Form should be attached to the Annual Evaluation and forwarded to HR. Some items on the checklist may be department specific and should be marked as NA.

Please remember to refer the staff person to our nurses to get questions answered about any of the Blood borne Pathogen materials.

Attached, you will find copies of:

Rights of Persons Served

Policy 03-023, Performance Evaluations

Policy 03-040, Blood borne Pathogen Training and Vaccination

Policy 03-041, Sanitation and Infection Control

Policy 03-042, Post Exposure to Blood borne Pathogens
Information regarding HIV/AIDS, Hepatitis B, STDs, CMV, TB

Policy 05-028, Confidentiality of Consumer Documents

Policy 04-032, Reporting of Waste, Fraud, Illegal or Unethical Activity (Whistleblower)
(Cottonwood's Corporate Compliance Policy)

Policy 03-025, Harassment

Form 610 Employee Information Form

COTTONWOOD, INCORPORATED
Performance Evaluation Report Form

NAME: _____ TITLE: _____

Please use complete dates with month/day/year and mark each item with date completed or NA.

Date Completed	Training Topic
_____	Performance Evaluations- Policy 03-023
_____	Bloodborne Pathogen Training and Vaccination- Policy 03-040 (Note: Refer staff to nurses for questions regarding blood borne pathogens.)
_____	Sanitation and Infection control- Policy 03-041
_____	Post Exposure to Bloodborne Pathogens- Policy 03-042
_____	Information on HIV/AIDS, Hepatitis B, STD's, CMV, TB and other communicable diseases from Intranet
_____	Confidentiality of Consumers Information-Policy 05-028
_____	Harassment-Policy 03-025
_____	Reporting of Waste, Fraud, Illegal or Unethical Activity (Whistleblower)-Policy 04-032 (This is Cottonwood's Corporate Compliance Policy)
_____	Fire Safety Video
_____	Schedule Computerized Medication Administration Test (if applicable)
_____	Schedule Written Medication Administration Test (if applicable)
_____	Schedule Review of Insulin Administration with Nurse (if applicable)
_____	Review and sign Cottonwood Code of Ethical Conduct
_____	Complete Employee Information Form
_____	Review of Rights of Persons Served
_____	Residential Specific Review: Residential Policies (utilizing Manual Review Test) Review and sign Staff Accountability Memo

I understand that it is my responsibility to ask questions about anything in the above training that I don't fully understand.

I agree to be held responsible for carrying out these policies, procedures, and rules as they are amended from time to time.

_____ _____
Staff signature Supervisor's signature

Please attach completed form to Annual Performance Evaluation and forward to HR.

Reviewed: 7/31/19

Review of Rights of Persons Served

Article 63- Developmental Disabilities- Licensing Providers of Community Services

Regulation 30-63-22. Individual rights and responsibilities (of persons served), (a) Each provider (Cottonwood) shall at all times encourage and assist each person served to understand and exercise the person's individual rights and to assume the responsibilities that accompany those rights.

(b) Each person served shall be guaranteed the same rights afforded to individuals without disabilities. These rights may be limited only by provisions of law or court order, including guardianship, conservatorship, power of attorney or other judicial determination. These rights shall Include the following:

(1) being free from physical or psychological abuse or neglect, and from financial exploitation;
(see CW policy #05-036 "Protection from Abuse/Neglect/Exploitation" for definitions and reporting options)

(2) having control over the person's own financial resources; (#30-028 "Consumer Money")

(3) being able to receive, purchase, have, and use the person's personal property; (CW Consumer Handbook)

(4) actively and meaningfully making decisions affecting the person's life; (CW's mission- "We help people with disabilities shape their own future", #05-008 "Person Centered Support Plan", #05-045 "Consumer Input into Services")

(5) having privacy; (Consumer Handbook, #05-022 "Human Sexuality")

(6) being able to associate and communicate publicly or privately with any person or group of people of the person's choice; (#05-021 "Visitors to Consumers", Consumer Handbook)

(7) being able to practice the religion or faith of the person's choice; (#05-001 "Access to Cottonwood Services", Consumer Handbook)

(8) being free from the Inappropriate use of a physical or chemical restraint, medication, or Isolation as punishment, for the convenience of a provider or agent, in conflict with a physician's orders or as a substitute for treatment, except when physical restraint is in furtherance of the health and safety of the person; (#05-011 "Behavioral
Supports", #05-043 "Informed Consent")

(9) not being required to work without compensation, except when the person is living and being provided services outside of the home of a member of a person's family, and then only for the purposes of the upkeep of the person's living space and of common living areas and grounds that the person shares with others; (Consumer Handbook)

(10) being treated with dignity and respect; (job descriptions, Cottonwood Code of Ethics)

(11) receiving due process; (Consumer Handbook, #05-015 "Consumer Grievance/Confljct Resolution")

(12) having access to the person's own records, including information about how the person's funding is accessed and utilized and what services were billed for on the person's behalf. (#05-028 "Confidentiality of Consumer Information", Consumer Handbook)

(c) Each provider shall train its agents regarding the rights specified in subsection (b). In addition, each provider shall offer training at least annually regarding these rights and effective ways to exercise them to each person served, to the guardian if one is appointed, and to the person's parent and other individuals from each person's support network.

Cottonwood, Incorporated

Policies and Procedures

SECTION: Personnel PAGE 1 OF 2 PAGES

SUBJECT: Performance Evaluation POLICY NO. 03-023 F

EFFECTIVE DATE: May, 1987

Policy:

It is the policy of Cottonwood, Incorporated that the job performance of each employee be evaluated periodically by the employee's supervisor. Information derived from the evaluation will be used to identify training needs, goals, and to determine the employee's eligibility for merit salary increases, promotion and transfer. Information obtained during these evaluations, however, shall not be the sole basis for these decisions. A favorable performance evaluation does not guarantee a salary increase, promotion, or continued employment.

Procedure:

1. Performance evaluation will be completed upon each anniversary date of initial employment or position change. An employee who changes to a lateral position will retain their established evaluation date. Responsibility for this first evaluation after the transfer should be negotiated between the current and former supervisor and will generally depend on the timing of the transfer as to who has supervised the employee the longest.

2. For promotions, the annual performance evaluation date will change to the month in which the employee is promoted unless there was no wage change. Vacation and sick leave anniversary dates will not change if an employee is promoted or transferred.

3. At the scheduled evaluation meeting, the supervisor and employee shall discuss the job performance, assess the employee's strengths and weaknesses in a constructive manner, set objectives and goals for the period ahead, and review last year’s objectives and goals if applicable. The employee shall be given the opportunity to examine the written evaluation and make written comments about any aspect of it.

4. The job description will be reviewed at this time (or when turnover occurs) to determine if revisions need to be made, but only when it is a singly held position should changes be suggested at this time to the director of the department. The director must seek administrative approval before a job description is revised for that category of position or for singly held positions. The director, upon agreement with administrators, will release the suggested changes to HR for finalization. Job descriptions do not need to be signed by the employee as part of the evaluation if the job duties remain the same. Job descriptions need only be signed by all signatories when the job description is changed to show that new or changed duties are approved and understood.

5. The evaluation will be signed by all parties and placed in the employee's personnel file, along with a signed Personnel Action Request for salary verification. Additionally, the Performance Evaluation Report Form whereby staff and their supervisor attest that required training topics and flagged policies have been reviewed and understood will be signed by the employee and their supervisor and placed in the employee’s file.

6. If the evaluation contains an unfavorable comment or rating which the employee feels is unfair or unjustified, and the matter has not been resolved to the employee's satisfaction during the discussion with the supervisor, the employee may take further action by using the regular grievance procedure (See Policy No. 03-026) or writing a memo to their personnel file stating the employee's justifications.

7. Nothing contained in this policy should be construed to prohibit or discourage supervisors from discussing an employee's job performance with the employee on an informal basis whenever the need to do so arises.

8. A performance evaluation may be done more frequently than annually for any of several reasons; such as: during the employees first year in a position, need for any change in the job description, following any changes in procedures, failure of the employee to make necessary improvements following an informal discussion with supervisor, at employees request (if reasonable) and at supervisor's or director's discretion.

9. Employees may cash in unused sick leave as per policy 03-018 at the time of their evaluation. This benefit may not be available in tight budget years.

Cottonwood, Incorporated

Policies and Procedures

SECTION: Personnel **PAGE 1 OF 2 PAGES**

SUBJECT: Bloodborne Pathogen Training and Vaccination **POLICY NO. 03-040**

EFFECTIVE DATE: June, 1992

Policy:

It is the policy of Cottonwood, Incorporated to provide as safe an environment as possible for employees and consumers. In compliance with Occupational Safety and Health Administration (OSHA) regulations, guidelines have been established for the provision of training, vaccination and record keeping for staff, to eliminate or minimize the potential occupational exposure to bloodborne pathogens. Since it is expected of all Cottonwood, Inc. staff, with the exception of production workers, to provide first aid to consumers or to intervene in behavioral situations, the guidelines outlined in this policy will apply to all staff, with the exception of production workers, regardless of job classifications. Production workers may receive the vaccination, however, as a benefit to them. This policy does not apply to temporary workers who are not employees of Cottonwood, Inc. Consumers are not considered to be at risk of occupational exposure as defined by OSHA regulations. Cottonwood, Inc. will provide to applicable staff Bloodborne Pathogen training, vaccine and vaccination during working hours and at no cost to the employee.

Procedures:

1. Within ten days of hire or assuming duties all applicable staff, as described above, will receive training and vaccination opportunities from Human Resources and the Nurse as indicated in the following procedures:

A. A copy of the regulatory text of the OSHA standard 29 CFR Part 1910.1030 and an explanation of its contents;

B. A general explanation of the epidemiology and symptoms of bloodborne diseases as well as an explanation of the modes of transmission of bloodborne pathogens;

C. An explanation of the exposure control plan and copy of the written plan if desired:

D. A review of Policy No. 03-041, "Sanitation and Infection Control" and 03-042 Post Exposure to Bloodborne Pathogens.

E. An explanation of the basis for selection of personal protective equipment;

F. Information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge;

G. An explanation of Cottonwood, Inc.'s post-exposure procedures, evaluation and follow-up, including information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials;

H. An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting incident and the medical follow-up that will be made available; and information on the post-exposure evaluation and follow-up that Cottonwood is required to provide for the employee following an exposure incident;

I. An explanation of the signs and labels and/or color coding as required by the regulation.

J. An explanation of emergency procedures and any engineering controls that may be in place.

2. Staff will be provided an opportunity for interactive questions and answers with the person conducting the training, a registered or licensed practical nurse.

3. Training records shall be kept including the dates of the training sessions, a summary of the training, a roster of trainees and the names, titles and qualifications of the trainer(s). These records shall be retained for three years from the date of the training, and a copy shall be made available to the employee upon request.

4. Upon completion of the training and within 10 working days of hire or of being reassigned, the employee or supervisor will make an appointment with the nurse to receive the vaccine or the employee will sign form H declining the vaccine at that time, unless the employee has previously received the complete hepatitis B vaccination series, antibody testing has revealed that the employee is immune, or the vaccine is contraindicated for medical reason.

5. If the employee initially declines hepatitis B vaccination but at a later date, while still covered under the standard, decides to accept the vaccination, Cottonwood, Inc. shall make available hepatitis B vaccination.

6. Cottonwood, Inc. shall establish and maintain an accurate record for each employee with risk of occupational exposure, in accordance with 29 CFR 1910.20, for at least the duration of employment plus 30 years. These medical records will be provided upon request for examination and copying to the subject employee and to anyone having written consent of the subject employee.

7. A review of these training components will be done annually by the employee's supervisor at the time of the annual evaluation. The employee will then be referred to the nurse and or Douglas County Health Department for questions and discussion if necessary.

Cottonwood, Incorporated

Policies and Procedures

SECTION: Personnel **PAGE 1 OF 3 PAGES**

SUBJECT: Sanitation & Infection Control **POLICY NO. 03-041**

EFFECTIVE DATE: August, 1988

Policy:

It is Cottonwood, Inc.'s policy to provide as safe and healthy an environment as possible. In compliance with the Occupational Safety and Health Administration (OSHA) regulations, guidelines have been established that are designed to provide protection through adherence to work practices that minimize or eliminate exposure to infectious materials or that provide a barrier between the employee and exposure source through the use of personal protective equipment (i.e. gloves, masks). The following procedures will be followed by all Cottonwood, Inc. employees with regard to universal precautions, bloodborne pathogens, sanitation practices and infection control.

Procedures:

1. The concept of "Universal Precautions" is an approach to infection control whereby all human blood and certain body fluids (semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid and saliva in dental procedures) are treated as if known to be infectious for HIV, HBV or other bloodborne pathogens. Universal precautions shall be used to prevent contact with blood, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult to differentiate whether it is contaminated with blood or where it is difficult to differentiate between body fluids. This contact or potential exposure may occur when performing such responsibilities as assisting consumers with dental hygiene, menses, CPR/first aid after certification or intervening in behavioral situations when blood may be present (scratching, biting). **Failure to use universal precautions and sanitation control practices could result in disciplinary action.**

2. Since it is expected of all Cottonwood, Inc. staff with the exception of production workers to provide first aid to consumers or to intervene in behavioral situations the guidelines outlined in this policy will apply to all staff regardless of job classifications. Consumers are not considered to be at risk of occupational exposure as defined by OSHA regulations. This policy will not apply to temporary workers who are not employees of Cottonwood, Inc. and are not expected to intervene in situations involving consumer care.

3. Frequent hand washing is to be promoted as a general infection control procedure. Handwashing facilities will be readily accessible to all employees. All areas for handwashing will be equipped with paper towels or dry air blowers and liquid soap dispensers. No bar soap is to be used or shared. Your supervisor will show you where the bathrooms are in the area where

you work. There are also handwashing areas in staff and consumer break rooms and in the kitchens of homes.

4. Employees are to wash their hands immediately or as soon as feasible after removal of gloves or other personal protective equipment (i.e. eye goggles).

5. Employees must wash hands or any other skin with soap and water or flush mucous membranes with water immediately following contact of skin or body areas with blood or other potentially infectious materials.

6. Personal protective equipment will be provided to all employees by Cottonwood, Inc. to protect against exposure to infectious materials. These include disposable single-use gloves, and pocket masks for use in CPR. This equipment will be provided at all first aid stations in homes and in all vehicles. Eye goggles may be provided where staff have to help with flossing teeth.

7. Disposable single use gloves shall be worn when it can be reasonably anticipated that the employee may have hand contact with blood, non-intact skin, mucous membranes, or other potentially infectious materials and when handling or touching contaminated items or surfaces. This includes stopping blood flow in first aid, bandaging, flossing, bathing, and cleaning. Disposable gloves shall be replaced if during the course of the procedure they become torn or punctured. When possible, the consumer should be encouraged to administer their own first aid or helped with verbal prompt.

8. Eye goggles or face shields shall be worn whenever an employee assists an individual in toothbrushing or flossing if there is obvious blood present.

9. All Cottonwood sites will be maintained in a clean and sanitary condition. All equipment and environmental and working surfaces shall be cleaned and decontaminated with an appropriate disinfectant after contact with blood or other potentially infectious materials by the employee who is responsible for the care of the source individual.

10. All waste which may be contaminated with infectious materials shall be disposed of in containers which are closable, leak proof, and labeled. A plastic trash bag which can be closed at the top should be used to line all waste receptacles. Prior to removal, the trash bag should be closed and labeled with the biohazard legend if it is known to contain materials that have been contaminated with blood (i.e. dripping, blood-soaked bandages, contaminated cleaning rags etc.) Waste receptacles in the nurses area should be routinely cleaned, and decontaminated at least monthly by the nursing staff.

11. All laundry will be done separately and mechanically for each individual as per policy #30-022.

12. Contaminated laundry (blood stained or soaked) shall be handled as little as possible and should be transported in plastic bags to prevent leakage. When it is feasible, the consumer should transport and wash their own laundry to prevent contact with other individuals. Employees who have contact with contaminated laundry should wear single use disposable gloves and transport laundry in plastic bags if leaking is a possibility. At the Cottonwood worksite the washers and dryers are located in bldg. II by the central restrooms,in the laundry room off of Work Enrichment South and in the large personal care room in Work Enrichment.

13. Broken glassware which may be contaminated by blood shall not be picked up directly with the hands. Mechanical means should be used such as a brush and dustpan or tongs. The glassware should then be disposed of in an appropriate sharps container which is puncture proof, leak proof and labeled.

14.Employees will encourage handwashing by consumers using the above guidelines and whenever meals are eaten.

15. Staff shall monitor consumers so that the sharing of liquids, food, toothbrushes, razors, manicuring equipment, towels, and other personal hygiene items is strictly forbidden. Consumers will receive training in personal care skills so as to prevent the above sharing of items and promote knowledge of sanitation practices.

16. Consumers will be prohibited from touching any items which have been soiled by another person.

17. All dishes will be washed in a dishwasher. When this is not possible a third rinse of liquid bleach and water solution will be used.

18. Cottonwood, Inc. will make available to all employees pocket masks to be used in the administration of CPR. The masks will be kept at sites and in all vehicles. Staff will be trained in the use of the masks during the course of their regular first aid and CPR training. Staff are prohibited from using CPR prior to official certification. Cottonwood requires the use of the mask unless the employee temporarily and briefly declines to use the mask when under rare and extraordinary circumstances it is the employee's judgment that in the specific instance its use would prevent the delivery of health care.

19. When the employee makes the judgment not to use personal protective equipment, the circumstances shall be documented and investigated in order to determine whether changes can be instituted to prevent such occurrences in the future.

20. Consumers who self-administer their own injections will dispose of used needles in an appropriate sharps container which is leak proof, puncture resistant and labeled. Nurses will dispose of sharps in the same manner. The sharps containers will be located in designated area in the group homes and the nurse's station respectively.

21. Cottonwood recognizes its responsibility to promote healthy environments for consumers and staff. All staff with a “need to know” will be informed of consumers’ health conditions including contagious conditions such as hepatitis, TB, MRSA, etc. This “need to know” designation would generally include DSP staff who work directly with that consumer. Identifying a specific condition does not preclude the necessity to use Universal Precautions in all consumer care despite the presence or absence of any specific diagnosis.

This “need to know” status triggers the responsibility for highly professional conduct with regard to privacy and confidentiality. Gossiping, assuming the role of a medical professional by “diagnosing” a condition, refusing to accept the diagnosis and treatment advice of a medical professional, scaring or inciting other staff with distorted information, or any other misconduct associated with health information will be grounds for discipline up to and including termination.

Cottonwood, Incorporated
Policies and Procedures

SECTION: Personnel **PAGE 1 OF 2 PAGES**

SUBJECT: Post Exposure to BloodbornePathogens **POLICY NO. 03-042**

EFFECTIVE DATE: July, 1992

Policy:

It is the policy of Cottonwood, Incorporated to provide as safe an environment as possible for employees. In compliance with the Occupational Safety and Health Administration (OSHA) regulations all employees will be offered immediate post exposure medical evaluation and follow-up should they incur an exposure incident wherein the eyes, mouth, and other mucous membranes or non-intact skin have come into contact with blood or other potentially infectious materials or there has been parenteral contact (i.e. needlestick).

Procedure:

1. After an exposure incident has been determined to have occurred a written report from the exposed employee documenting the route of exposure and the circumstances related to the incident will be submitted to the employee's supervisor.

2. The source individual will be identified as per OSHA guidelines but it is Cottonwood, Inc.'s policy that the health condition of both consumers and employees is personal and confidential. Only after informed written consent has been obtained from the source individual will the source individual be tested for HIV/HBV infectivity. If the source individual declines to be tested, this will be documented in writing.

3. Should consent be obtained results of the testing will be made available to the exposed employee. The employee is charged with protecting the identity and infectivity of the source individual's status as per Cottonwood, Inc.'s policy regarding confidentiality.

4. The designated Healthcare Professional for Cottonwood, Inc. is the Business Health Center (BHC) at Lawrence Memorial Hospital. Employees will be directed to access post exposure care by reporting to the BHC as soon as feasible.

5. The exposed employee will be offered the option of having their blood collected for testing of their HIV serological status. If the employee gives consent, the blood sample will be preserved for up to 90 days to allow the employee time to decide if their blood should be tested for HIV. If within 90 days of the exposure incident the employee elects to have the baseline sample tested, such testing will be done as soon as feasible.

6. The employee will be offered post exposure prophylaxis in accordance with the current recommendations of the US Public Health Service.

7. An exposure should be treated as any other accident as per policy 02-011 with regard to reporting and documentation.

8. The employee will be given appropriate counseling concerning precautions to take during the period following an exposure incident. The employee will also be given information on potential

illnesses to be alert for and will be asked to report any related health problem to the Healthcare Professional.

9. The employee will make available to the Healthcare Professional evaluating the employee following an exposure incident the following information:

A. A description of the exposed employee's duties as they relate to the exposure incident.
B. Information about the routes of exposure and circumstances under which exposure occurred.
C. Results of the source individuals blood testing, if available.
D. Medical information relevant to the employee's vaccination status or other pertinent information.

10. Cottonwood, Inc. shall then obtain and provide the employee with a copy of the Healthcare Professional's written opinion within 15 days of the completion of the evaluation. The written opinion for post exposure evaluation shall be limited to the following information:
A. That the employee has been informed of the results of the evaluation by the Healthcare Professional.
B. That the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation and treatment.
C. All other findings or diagnoses shall remain confidential and shall not be included in the written report.
11. The written opinion will be maintained in the employee's record in accordance with the guidelines in policy 03-040.
12. All exposure incidents will be evaluated by the employee's supervisor or a member of management staff when appropriate to determine how to prevent such exposure incidents from recurring.

13. In the event of a medical emergency that involves profuse bleeding or hemorrhaging all staff providing First Aid should first call 911 as the injury would most likely be a serious one. All staff are instructed to use universal precautions and personal protective equipment if possible when administering first aid in all situations.

AVERT Basic Information about HIV/AIDS March 31, 2017

What are HIV and AIDS?

What is HIV?

HIV is a virus that attacks the immune system, which is our body's natural defense against illness. The virus destroys a type of white blood cell in the immune system called a T-helper cell, and makes copies of itself inside these cells. T-helper cells are also referred to as CD4 cells.

As HIV destroys more CD4 cells and makes more copies of itself, it gradually breaks down a person's immune system. This means someone living with HIV, who is not receiving treatment, will find it harder and harder to fight off infections and diseases.

If HIV is left untreated, it may take up to 10 or 15 years for the immune system to be so severely damaged it can no longer defend itself at all. However, the speed HIV progresses will vary depending on age, health and background.

Basic facts about HIV

- HIV stands for human immunodeficiency virus.
- There is effective antiretroviral treatment available so people with HIV can live a normal, healthy life.
- The earlier HIV is diagnosed, the sooner treatment can start – leading to better long term health. So regular testing for HIV is important.
- HIV is found in semen, blood, vaginal and anal fluids, and breast milk.
- HIV cannot be transmitted through sweat, saliva or urine.
- Using male condoms or female condoms during sex is the best way to prevent HIV and other sexually transmitted infections.
- If you inject drugs, always use a clean needle and syringe, and never share equipment.
- If you are pregnant and living with HIV, the virus in your blood could pass into your baby's body, or after giving birth through breastfeeding. Taking HIV treatment virtually eliminates this risk.

What is AIDS?

AIDS is not a virus but a set of symptoms (or syndrome) caused by the HIV virus. A person is said to have AIDS when their immune system is too weak to fight off infection, and they develop certain defining symptoms and illnesses. This is the last stage of HIV, when the infection is very advanced, and if left untreated will lead to death.

Basic facts about AIDS

AIDS stands for acquired immune deficiency syndrome.

- AIDS is also referred to as advanced HIV infection or late-stage HIV.
- AIDS is a set of symptoms and illnesses that develop as a result of advanced HIV infection which has destroyed the immune system.
- Treatment for HIV means that more people are staying well, with fewer people developing AIDS.

Although there is currently no cure for HIV with the right treatment and support, people with HIV can live long and healthy lives. To do this, it is especially important to take treatment correctly and deal with any possible side-effects.

How HIV infects the body and the lifecycle of HIV

Understanding how HIV infects the body is important to help explain how HIV drugs work to treat the virus. The science behind the virus and the HIV life cycle help put wider prevention, treatment, and general HIV awareness into context.

The immune system and HIV

The HIV virus attacks a type of white blood cell called T-helper cells (also called CD4 cells). These cells are important when it comes to having a healthy immune system as they help us fight off diseases and infections.

HIV cannot grow or reproduce on its own. Instead, it makes new copies of itself inside T-helper cells. This damages the immune system and gradually weakens our natural defenses. This process of infected T-helper cells multiplying is called the HIV life cycle.

How quickly the virus develops depends on your overall health, how early you are diagnosed and started on treatment, and how consistently you take your treatment. It's important to know that antiretroviral treatment will keep the immune system healthy if taken correctly, preventing the symptoms and illnesses associated with AIDS developing.

The HIV life cycle

There are several steps in the life cycle of HIV that can happen over many years. Antiretroviral treatment works by interrupting the cycle and protecting your immune system. There are different drugs offered depending on the particular stage of the HIV life cycle.

Understanding the HIV life cycle helps scientists to know how to attack the virus when it is weak and reduce its ability to multiply. Drug resistance means a person's HIV treatment no longer prevents the virus from multiplying. This usually happens if treatment has not been taken correctly, allowing the virus to mutate.

Stages of the HIV life cycle

1. Binding and fusion

First, the HIV virus attaches itself to a T-helper cell and releases HIV into the cell.

Drugs that can stop this part of the process are called fusion or entry inhibitors.

2. Conversion and integration

Once inside the cell, HIV changes its genetic material so it can enter the nucleus of the cell and take control of it.

Drugs that can stop this part of the process are called NRTIs (nucleoside reverse transcriptase inhibitors), NNRTIs (non-nucleoside reverse transcriptase inhibitors) and integrase inhibitors.

3. Replication

The cell then produces more HIV proteins that can be used to produce more HIV.

4. Assembly, budding and maturation

New HIV particles are then released from the T-helper cell into the bloodstream. These are now ready to infect other cells and begin the process all over again.

Drugs that can stop this part of the process are called protease inhibitors.

Antiretroviral treatment (or ART for short) uses a number of different HIV medicines to treat HIV infection. By combining different drugs that target different steps in the HIV life cycle ART is now very effective at preventing HIV from multiplying, and enables people who are on treatment to live longer, healthier lives.

Symptoms and stages of HIV infection

The symptoms of HIV can differ from person-to-person and some people may not get any symptoms at all for many years. Without treatment, the virus will get worse over time and damage your immune system. There are three broad stages of HIV infection, with different possible effects.

Stage 1: Acute primary infection

Around one to four weeks after becoming infected with HIV , some people will experience symptoms that can feel a lot like flu. This may not last long (a week or two) and you may only get some of the flu symptoms – or none at all. Experiencing these symptoms alone is not a reliable way of diagnosing HIV.

You should always visit your doctor if you are worried you have been at risk of HIV infection, even if you don't feel unwell or have any of the following symptoms. They can then arrange for you to have an HIV test.

Symptoms can include:

- fever (raised temperature)
- body rash
- sore throat
- swollen glands
- headache
- upset stomach
- joint aches and pains
- muscle pain.

These symptoms can happen because your body is reacting to the HIV virus. Cells that are infected with HIV are circulating throughout your blood system. Your immune system, in response, tries to attack the virus by producing HIV antibodies. This process is called seroconversion. Timing varies but it can take up to a few months to complete.

It may be too early to get an accurate HIV test result at this stage (depending on the type of HIV test , it can take anything from a few weeks to a few months for HIV to show up), but the levels of virus in your blood system are very high at this stage. Condoms are the best way way to protect yourself from HIV when having sex. Using a condom is especially important if you think you have been exposed to HIV.

Stage 2: The asymptomatic stage

Once the seroconversion stage is over, many people start to feel better. In fact, the HIV virus may not reveal any other symptoms for up to 10 or even 15 years (depending on age, background and overall health). However, the virus will still be active, infecting new cells and making copies of itself. Over time this will cause a lot of damage to your immune system.

Stage 3: Symptomatic HIV infection

By the third stage of HIV infection there has been a lot of damage to your immune system. At this point, you are more likely to get serious infections or bacterial and fungal diseases that you would otherwise be able to fight off. These infections are referred to as 'opportunistic infections'.

Symptoms that you may have during this time can include:

- weight loss
- chronic diarrhea
- night sweats
- a fever
- a persistent cough
- mouth and skin problems
- regular infections
- serious illnesses or diseases.

What is AIDS?

It's important to understand that HIV and AIDS are not the same thing. AIDS is not a virus or disease in its own right - it is a particular set of symptoms. If a person develops certain serious opportunistic infections or diseases (as a result of damage to their immune system from advanced stage 3 HIV infection), they are said to have AIDS. There isn't a test for AIDS and you can't inherit it.

If you have advanced HIV (with AIDS-defining symptoms), it is really important to get the right treatment as soon as possible. With treatment it is still possible to recover from AIDS-related infections and diseases and bring HIV under control. The earlier you have HIV diagnosed, and start treatment, the better your likely long-term health.

Is there a cure for HIV and AIDS?

There is no cure for HIV and AIDS yet. However, treatment can control HIV and enable people to live a long and healthy life.

If you think you've been at risk of HIV, it's important to get tested to find out your HIV status. Testing is the only way to know if you have the virus.

If you've already been for a test and your result came back positive, you will be advised to start treatment straight away. Treatment is the only way to manage your HIV and prevent it from damaging your immune system. It also reduces the risk of you passing on HIV to your sexual partners.

Will there be a cure for HIV?

Researchers and scientists are talking more and more about the possibility of a cure. We now know a lot about HIV, as much as certain cancers. There are two types of cure that are talked about – a functional cure and a sterilizing cure.

Functional cures

A functional cure would suppress the amount of HIV virus in the body to such low levels it can't be detected or make you ill – but it would still be present. Some scientists argue that antiretroviral treatment is now effectively a functional cure, but most scientists still see a functional cure suppressing the virus without the need for ongoing antiretroviral treatment.

There are a few examples of people considered to have been functionally cured, such as the Mississippi Baby, but sadly all have subsequently seen the virus re-emerge. Most of these people received antiretroviral treatment very quickly after infection or birth.

Sterilizing cures

A sterilizing cure is one where all HIV virus is eradicated from the body, even from hidden reservoirs. There is only one known case of a potentially successful sterilizing cure. This occurred in a man called Timothy Brown, also known as the 'Berlin Patient'.

In 2007-8, Brown had chemotherapy and a bone marrow transplant to treat leukemia. His transplant also came from someone with natural genetic resistance to HIV. This seems to have cured his HIV but it's still not fully understood why. Because bone marrow transplants are also very dangerous, this type of transplant is not practical as a cure for others. However, it has given researchers key parts of a blueprint from which to work towards a cure.

Researching for a cure

There are four main research approaches being looked at for a cure:

- 'Shock and kill' approaches aim to flush the virus out of its reservoirs and then kill the infected cells.
- Gene editing aims to change immune cells so they can't be infected by HIV.
- 'Immune modulation' is looking for ways to permanently change the immune system to better fight HIV.
- Stem cell transplants, as used in the case of the Berlin patient, aim to completely eliminate a person's infected immune system and replace with a donor system. This is the most complex and risky approach.

While there have been a number of promising pieces of research, there is no cure currently on the horizon.

Vaccines

There has also been lots of research into an HIV vaccine, with a number of trials showing some encouraging results. However, a vaccine would only offer partial protection and would need to be used in combination with other treatments.

What should I do until there is a cure?

For now, the best thing to do for your health is to test regularly for HIV. If you have the virus, start treatment and keep taking it regularly.

How Do You Get HIV?

HIV lives in the following bodily fluids of an infected person:

- blood
- semen and pre-seminal fluid (“pre-cum”)
- rectal fluids/anal mucous
- vaginal fluids
- breast milk.

To get infected, these bodily fluids need to get into your blood through a mucous membrane (for example the lining of the vagina, rectum, the opening of the penis, or the mouth), breaks in the skin (like cuts), or be injected directly into your bloodstream.

Other bodily fluids, like saliva, sweat or urine, don't contain enough of the virus to transmit it to another person.

A person living with HIV can pass the virus to others whether they have symptoms or not. People with HIV are most infectious in the first few weeks after infection. People living with HIV who have an ‘undetectable’ viral load cannot pass on HIV through sex.

The main ways you can get HIV are:

Sex without a condom

- having unprotected sex (meaning sex without a condom, if you are not taking PrEP) with someone who has HIV, particularly unprotected vaginal sex and anal sex.

Sharing injecting equipment

- sharing needles, syringes or other equipment used to prepare and inject drugs with someone who has HIV.

Passed from mother-to-baby during pregnancy, childbirth and breastfeeding

- a mother infected with HIV can pass the virus to her baby via her blood during pregnancy and birth, and through her breast milk when breastfeeding.

Contaminated blood transfusions and organ/tissue transplants

- receiving blood transfusions, blood products, or organ/tissue transplants that are contaminated with HIV. This risk is extremely small because most countries test blood products for HIV first.

If adequate safety practices are not in place, healthcare workers can also be at risk of HIV from cuts made by a needle or sharp object (needlestick injury) with infected blood on it. However, the risk of ‘occupational exposure’, is very low in most countries.

If you think you have put yourself at risk of HIV, the only way to find out if you have HIV is to have an HIV test.

How can’t you get HIV?

There are many myths about HIV. Some people wrongly believe that HIV can be spread through the air (even though HIV can’t survive outside the body). HIV can’t be spread by touching toilet seats or from mosquito bites either.

How do I protect myself from HIV?

There are a number of ways you can protect yourself from HIV, including:

- using a condom every time you have vaginal, anal or oral sex
- in some countries PrEP is available. This is a course of HIV drugs which if taken consistently as advised by your healthcare professional prevents HIV infection through sex
- avoiding sharing needles, syringes and other injecting equipment with anyone if you take drugs
- taking HIV treatment if you are a new or expectant mother living with HIV, as this can dramatically reduce the risk of passing HIV to your baby during pregnancy, childbirth and breastfeeding
- asking your healthcare professional if the blood product you are receiving (blood transfusion, organ or tissue transplant) has been tested for HIV
- taking precautions if you are a healthcare worker, such as wearing protection (like gloves and goggles), washing hands after contact with blood and other bodily fluids, and safely disposing of sharp equipment.

Why get tested for HIV?

The only way to tell if you have HIV is to get tested. A lot of people feel nervous about it, but the reasons to test far outweigh the reasons not to test.

How accurate are different types of HIV tests?

Modern HIV tests are extremely accurate. There are a variety of different HIV tests and your healthcare worker should explain which test you will be given and how you will get your result. Normally, testing involves taking a small sample of blood from either your finger or your arm, or a sample of oral fluid.

How long an HIV test takes to give you an accurate result depends on the type of test you are taking. If you are taking a rapid test, you will be given your results within 20 minutes. Other types of tests will be sent to a laboratory and you may have to wait for the result which may take between a few days to a few weeks for you to receive a final result.

Hepatitis B FAQs CDC May 31, 2015

What is Hepatitis?

"Hepatitis" means inflammation of the liver. Toxins, certain drugs, some diseases, heavy alcohol use, and bacterial and viral infections can all cause hepatitis. Hepatitis is also the name of a family of viral infections that affect the liver; the most common types are Hepatitis A, Hepatitis B, and Hepatitis C.

What is the difference between Hepatitis A, Hepatitis B, and Hepatitis C?

Hepatitis A, Hepatitis B, and Hepatitis C are diseases caused by three different viruses. Although each can cause similar symptoms, they have different modes of transmission and can affect the liver differently. Hepatitis A appears only as an acute or newly occurring infection and does not become chronic. People with Hepatitis A usually improve without treatment. Hepatitis B and Hepatitis C can also begin as acute infections, but in some people, the virus remains in the body, resulting in chronic disease and long-term liver problems. There are vaccines to prevent Hepatitis A and B; however, there is not one for Hepatitis C. If a person has had one type of viral hepatitis in the past, it is still possible to get the other types.

What is Hepatitis B?

Hepatitis B is a contagious liver disease that ranges in severity from a mild illness lasting a few weeks to a serious, lifelong illness. It results from infection with the Hepatitis B virus. Hepatitis B can be either "acute" or "chronic."

Acute Hepatitis B virus infection is a short-term illness that occurs within the first 6 months after someone is exposed to the Hepatitis B virus. Acute infection can — but does not always — lead to chronic infection.

Chronic Hepatitis B virus infection is a long-term illness that occurs when the Hepatitis B virus remains in a person's body.

Statistics

How common is acute Hepatitis B in the United States?

In 2014, there were an estimated 19,200 new hepatitis B virus infection in the United States. However, the official number of reported Hepatitis B cases is much lower. Many people don't know they are infected or may not have symptoms and therefore never seek the attention of medical or public health officials.

Has the number of people in the United States with acute Hepatitis B been decreasing?

Yes, rates of acute Hepatitis B in the United States have declined by approximately 82% since 1991. At that time, routine Hepatitis B vaccination of children was implemented and has dramatically decreased the rates of the disease in the United States, particularly among children.

How common is chronic Hepatitis B in the United States?

In the United States, an estimated 850,000-2.2 million persons have chronic hepatitis B.

How common is chronic Hepatitis B outside the United States?

Globally, chronic Hepatitis B affects approximately 240 million people and contributes to an estimated 786,000 deaths worldwide each year.

Transmission / Exposure

How likely is it that acute Hepatitis B will become chronic?

The likelihood depends upon the age at which someone becomes infected. The younger a person is when infected with Hepatitis B virus, the greater his or her chance of developing chronic Hepatitis B. Approximately 90% of infected infants will develop chronic infection. The risk goes down as a child gets older. Approximately 25%–50% of children infected between the ages of 1 and 5 years will develop chronic hepatitis. The risk drops to 6%–10% when a person is infected over 5 years of age. Worldwide, most people with chronic Hepatitis B were infected at birth or during early childhood.

How is Hepatitis B spread?

Hepatitis B is spread when blood, semen, or other body fluid infected with the Hepatitis B virus enters the body of a person who is not infected. People can become infected with the virus during activities such as:

- Birth (spread from an infected mother to her baby during birth)
- Sex with an infected partner
- Sharing needles, syringes, or other drug-injection equipment
- Sharing items such as razors or toothbrushes with an infected person
- Direct contact with the blood or open sores of an infected person
- Exposure to blood from needlesticks or other sharp instruments

Can a person spread Hepatitis B and not know it?

Yes. Many people with chronic Hepatitis B virus infection do not know they are infected since they do not feel or look sick. However, they still can spread the virus to others and are at risk of serious health problems themselves.

Can Hepatitis B be spread through sex?

Yes. Among adults in the United States, Hepatitis B is most commonly spread through sexual contact and accounts for nearly two-thirds of acute Hepatitis B cases. In fact, Hepatitis B is 50–100 times more infectious than HIV and can be passed through the exchange of body fluids, such as semen, vaginal fluids, and blood.

Can Hepatitis B be spread through sex?

Unlike Hepatitis A, it is not spread routinely through food or water. However, there have been instances in which Hepatitis B has been spread to babies when they have received food pre-chewed by an infected person.

What are ways Hepatitis B is not spread?

Hepatitis B virus is not spread by sharing eating utensils, breastfeeding, hugging, kissing, holding hands, coughing, or sneezing.

Who is at risk for Hepatitis B?

Although anyone can get Hepatitis B, some people are at greater risk, such as those who:

- Have sex with an infected person
- Have multiple sex partners
- Have a sexually transmitted disease

- Are men who have sexual contact with other men
- Inject drugs or share needles, syringes, or other drug equipment
- Live with a person who has chronic Hepatitis B
- Are infants born to infected mothers
- Are exposed to blood on the job
- Are hemodialysis patients
- Travel to countries with moderate to high rates of Hepatitis B

If I think I have been exposed to the Hepatitis B virus, what should I do?

If you are concerned that you might have been exposed to the Hepatitis B virus, call your health professional or your health department. If a person who has been exposed to Hepatitis B virus gets the Hepatitis B vaccine and/or a shot called “HBIG” (Hepatitis B immune globulin) within 24 hours, Hepatitis B infection may be prevented.

How long does the Hepatitis B virus survive outside the body?

Hepatitis B virus can survive outside the body at least 7 days. During that time, the virus can still cause infection if it enters the body of a person who is not infected.

How should blood spills be cleaned from surfaces to make sure that Hepatitis B virus is gone?

All blood spills — including those that have already dried — should be cleaned and disinfected with a mixture of bleach and water (one part household bleach to 10 parts water). Gloves should always be used when cleaning up any blood spills. Even dried blood can present a risk to others.

If I had Hepatitis B in the past, can I get it again?

No, once you recover from Hepatitis B, you develop antibodies that protect you from the virus for life. An antibody is a substance found in the blood that the body produces in response to a virus. Antibodies protect the body from disease by attaching to the virus and destroying it. However, some people, especially those infected during early childhood, remain infected for life because they never clear the virus from their bodies.

Can I donate blood, organs, or semen if I have Hepatitis B?

No, if you have ever tested positive for the Hepatitis B virus, experts recommend that you not donate blood, organs, or semen because this can put the recipient at great risk for getting hepatitis.

Symptoms

Does acute Hepatitis B cause symptoms?

Sometimes. Although a majority of adults develop symptoms from acute Hepatitis B virus infection, many young children do not. Adults and children over the age of 5 years are more likely to have symptoms. Seventy percent of adults will develop symptoms from the infection.

What are the symptoms of acute Hepatitis B?

Symptoms of acute Hepatitis B, if they appear, can include:

- Fever
- Fatigue
- Loss of appetite
- Nausea

- Vomiting
- Abdominal pain
- Dark urine
- Clay-colored bowel movements
- Joint pain
- Jaundice (yellow color in the skin or the eyes)

How soon after exposure to Hepatitis B will symptoms appear?

On average, symptoms appear 90 days (or 3 months) after exposure, but they can appear any time between 6 weeks and 6 months after exposure.

How long do acute Hepatitis B symptoms last?

Symptoms usually last a few weeks, but some people can be ill for as long as 6 months.

Can a person spread Hepatitis B without having symptoms?

Yes. Many people with Hepatitis B have no symptoms, but these people can still spread the virus.

What are the symptoms of chronic Hepatitis B?

Some people have ongoing symptoms similar to acute Hepatitis B, but most individuals with chronic Hepatitis B remain symptom free for as long as 20 or 30 years. About 15%–25% of people with chronic Hepatitis B develop serious liver conditions, such as cirrhosis (scarring of the liver) or liver cancer. Even as the liver becomes diseased, some people still do not have symptoms, although certain blood tests for liver function might begin to show some abnormalities.

How will I know if I have Hepatitis B?

Talk to your health professional. Since many people with Hepatitis B do not have symptoms, doctors diagnose the disease by one or more blood tests. These tests look for the presence of antibodies or antigens and can help determine whether you:

- have acute or chronic infection
- have recovered from infection
- are immune to Hepatitis B
- could benefit from vaccination

How serious is chronic Hepatitis B?

Chronic Hepatitis B is a serious disease that can result in long-term health problems, including liver damage, liver failure, liver cancer, or even death. Approximately 1,800 people die every year from Hepatitis B-related liver disease.

Tests

What are antigens and antibodies?

An antigen is a substance on the surface of a virus that causes a person’s immune system to recognize and respond to it. When the body is exposed to an antigen, the body views it as foreign material and

takes steps to neutralize the antigen by producing antibodies. An antibody is a substance found in the blood that the body produces in response to a virus. Antibodies protect the body from disease by attaching to the virus and destroying it.

What are the common blood tests available to diagnose Hepatitis B?

There are many different blood tests available to diagnose Hepatitis B. They can be ordered as an individual test or as a series of tests. Ask your health professional to explain what he or she hopes to learn from the tests and when you will get the results. Below are some of the common tests.

Hepatitis B Surface Antigen (HBsAg) is a protein on the surface of the Hepatitis B virus. It can be detected in the blood during acute or chronic Hepatitis B virus infection. The body normally produces antibodies to HBsAg as part of the normal immune response to infection.

Hepatitis B Surface Antibody (anti-HBs) is an antibody that is produced by the body in response to the Hepatitis B surface antigen.

Total Hepatitis B Core Antibody (anti-HBc) is an antibody that is produced by the body in response to a part of the Hepatitis B virus called the ”core antigen.” The meaning of this test often depends on the results of two other tests, anti-HBs and HBsAg.

IgM Antibody to Hepatitis B Core Antigen (IgM anti-HBc) is used to detect an acute infection.

Hepatitis B “e” Antigen (HBeAg) is a protein found in the blood when the Hepatitis B virus is present during an active Hepatitis B virus infection.

This test is also used to monitor the effectiveness of treatment for chronic Hepatitis B.

Hepatitis B e Antibody (HBeAb or anti-HBe) is an antibody that is produced by the body in response to the Hepatitis B “e” antigen.

Hepatitis B Viral DNA refers to a test to detect the presence of Hepatitis B virus DNA in a person’s blood.

This test is also used to monitor the effectiveness of drug therapy for chronic Hepatitis B virus infection.

Treatment

How is acute Hepatitis B treated?

There is no medication available to treat acute Hepatitis B. During this short-term infection, doctors usually recommend rest, adequate nutrition, and fluids, although some people may need to be hospitalized.

How is chronic Hepatitis B treated?

It depends. People with chronic Hepatitis B virus infection should seek the care or consultation of a doctor with experience treating Hepatitis B. This can include some internists or family medicine practitioners, as well as specialists such as infectious disease physicians, gastroenterologists, or hepatologists (liver specialists). People with chronic Hepatitis B should be monitored regularly for signs of liver disease and evaluated for possible treatment. Several medications have been approved for Hepatitis B treatment, and new drugs are in development. However, not every person with chronic Hepatitis B needs to be on medication, and the drugs may cause side effects in some patients.

What can people with chronic Hepatitis B do to take care of their liver?

People with chronic Hepatitis B should be monitored regularly by a doctor experienced in caring for people with Hepatitis B. They should avoid alcohol because it can cause additional liver damage. They also should check with a health professional before taking any prescription pills, supplements, or over-the-counter medications, as these can potentially damage the liver.

Prevention / Vaccination

Can Hepatitis B be prevented?

Yes. The best way to prevent Hepatitis B is by getting the Hepatitis B vaccine. The Hepatitis B vaccine is safe and effective and is usually given as 3-4 shots over a 6-month period.

What is the Hepatitis B vaccine series?

The Hepatitis B vaccine series is a sequence of shots that stimulate a person's natural immune system to protect against HBV. After the vaccine is given, the body makes antibodies that protect a person against the virus. An antibody is a substance found in the blood that is produced in response to a virus invading the body. These antibodies are then stored in the body and will fight off the infection if a person is exposed to the Hepatitis B virus in the future.

Who should get vaccinated against Hepatitis B?

Hepatitis B vaccination is recommended for:

- All infants, starting with the first dose of Hepatitis B vaccine at birth
- All children and adolescents younger than 19 years of age who have not been vaccinated
- People whose sex partners have Hepatitis B
- Sexually active persons who are not in a long-term, mutually monogamous relationship.
- Persons seeking evaluation or treatment for a sexually transmitted disease
- Men who have sexual contact with other men
- People who share needles, syringes, or other drug-injection equipment
- People who have close household contact with someone infected with the Hepatitis B virus
- Health care and public safety workers at risk for exposure to blood or blood-contaminated body fluids on the job
- People with end-stage renal disease, including predialysis, hemodialysis, peritoneal dialysis, and home dialysis patients
- Residents and staff of facilities for developmentally disabled persons
- Travelers to regions with moderate or high rates of Hepatitis B
- People with chronic liver disease
- People with HIV infection
- Anyone who wishes to be protected from Hepatitis B virus infection

In order to reach individuals at risk for Hepatitis B, vaccination is also recommended for anyone in or seeking treatment from the following:

- Sexually transmitted disease treatment facilities
- HIV testing and treatment facilities
- Facilities providing drug-abuse treatment and prevention services
- Health care settings targeting services to injection drug users
- Health care settings targeting services to men who have sex with men
- Chronic hemodialysis facilities and end-stage renal disease programs
- Correctional facilities
- Institutions and nonresidential day care facilities for developmentally disabled persons

When should a person get the Hepatitis B vaccine series?

Children and Adolescents:

- All children should get their first dose of Hepatitis B vaccine at birth and complete the vaccine series by 6–18 months of age.
- All children and adolescents younger than 19 years of age who have not yet gotten the vaccine should also be vaccinated. “Catch-up” vaccination is recommended for children and adolescents who were never vaccinated or who did not get the entire vaccine series.

Adults:

- Any adult who is at risk for Hepatitis B virus infection or who wants to be vaccinated should talk to a health professional about getting the vaccine series.

Is the Hepatitis B vaccine recommended before international travel?

The risk for Hepatitis B virus infection in international travelers is generally low, although people traveling to certain countries are at risk. Travelers to regions with moderate or high rates of Hepatitis B should get the Hepatitis B vaccine.

How is the Hepatitis B vaccine series given?

The Hepatitis B vaccine is usually given as a series of 3 or 4 shots over a 6-month period.

Is the Hepatitis B vaccine series effective?

Yes, the Hepatitis B vaccine is very effective at preventing Hepatitis B virus infection. After receiving all three doses, Hepatitis B vaccine provides greater than 90% protection to infants, children, and adults immunized before being exposed to the virus.

Is the Hepatitis B vaccine safe?

Yes, the Hepatitis B vaccine is safe. Soreness at the injection site is the most common side effect reported. As with any medicine, there are very small risks that a serious problem could occur after getting the vaccine. However, the potential risks associated with Hepatitis B are much greater than the risks the vaccine poses. Since the vaccine became available in 1982, more than 100 million people have received Hepatitis B vaccine in the United States and no serious side effects have been reported.

Is it harmful to have an extra dose of Hepatitis B vaccine or to repeat the entire Hepatitis B vaccine series?

No, getting extra doses of Hepatitis B vaccine is not harmful.

What should be done if Hepatitis B vaccine series was not completed?

Talk to your health professional to resume the vaccine series as soon as possible. The series does not need to be restarted.

Who should not receive the Hepatitis B vaccine?

The Hepatitis B vaccine is not recommended for people who have had serious allergic reactions to a prior dose of Hepatitis B vaccine or to any part of the vaccine. Also, it not recommended for anyone who is allergic to yeast because yeast is used when making the vaccine. Tell your doctor if you have any severe allergies.

Are booster doses of Hepatitis B vaccine necessary?

It depends. A “booster” dose of Hepatitis B vaccine is a dose that increases or extends the effectiveness of the vaccine. Booster doses are recommended only for hemodialysis patients and can be considered for other people with a weakened immune system. Booster doses are not recommended for persons with normal immune status who have been fully vaccinated.

Is there a vaccine that will protect me from both Hepatitis A and Hepatitis B?

Yes, there is a combination vaccine that protects people from both Hepatitis A and Hepatitis B. The combined Hepatitis A and B vaccine is usually given as three separate doses over a 6-month period.

Can I get the Hepatitis B vaccine at the same time as other vaccines?

Yes. Getting two different vaccines at the same time has not been shown to be harmful.

Where can I get the Hepatitis B vaccine?

Talk to your doctor or health professional or call your health department. Some clinics offer free or low-cost vaccines.

What is Hepatitis B immune globulin (HBIG)?

Hepatitis B immune globulin is a substance made from human blood samples that contains antibodies against the Hepatitis B virus. It is given as a shot and can provide short-term protection (approximately 3 months) against Hepatitis B.

Pregnancy and Hepatitis B

Are pregnant women tested for Hepatitis B?

Yes. When a pregnant woman comes in for prenatal care, she will be given a series of routine blood tests, including one that checks for the presence of Hepatitis B virus infection. This test is important because women infected with this virus can pass Hepatitis B to their babies during birth. But this can be prevented by giving the infant HBIG and the first Hepatitis B vaccine at birth, and then completing the series.

What if a pregnant woman has Hepatitis B?

If a pregnant woman has Hepatitis B, she can pass the infection to her baby during birth. But this can be prevented through a series of vaccinations and HBIG for her baby beginning at birth. Without vaccination, babies born to women with Hepatitis B virus infection can develop chronic infection, which can lead to serious health problems.

Syphilis - CDC Fact Sheet June 8, 2017

Syphilis is a sexually transmitted disease (STD) that can have very serious complications when left untreated, but it is simple to cure with the right treatment.

What is syphilis?

Syphilis is a sexually transmitted infection that can cause serious health problems if it is not treated. Syphilis is divided into stages (primary, secondary, latent, and tertiary). There are different signs and symptoms associated with each stage.

How is syphilis spread?

You can get syphilis by direct contact with a syphilis sore during vaginal, anal, or oral sex. You can find sores on or around the penis, vagina, or anus, or in the rectum, on the lips, or in the mouth. Syphilis can spread from an infected mother to her unborn baby.

What does syphilis look like?

Syphilis is divided into stages (primary, secondary, latent, and tertiary), with different signs and symptoms associated with each stage. A person with **primary syphilis** generally has a sore or sores at the original site of infection. These sores usually occur on or around the genitals, around the anus or in the rectum, or in or around the mouth. These sores are usually (but not always) firm, round, and painless. Symptoms of **secondary syphilis** include skin rash, swollen lymph nodes, and fever. The signs and symptoms of primary and secondary syphilis can be mild, and they might not be noticed. During the **latent stage**, there are no signs or symptoms. **Tertiary syphilis** is associated with severe medical problems. A doctor can usually diagnose tertiary syphilis with the help of multiple tests. It can affect the heart, brain, and other organs of the body.

How can I reduce my risk of getting syphilis?

The only way to avoid STDs is to not have vaginal, anal, or oral sex.
If you are sexually active, you can do the following things to lower your chances of getting syphilis:

- Being in a long-term mutually monogamous relationship with a partner who has been tested for syphilis and does not have syphilis;
- Using latex condoms the right way every time you have sex. Condoms prevent transmission of syphilis by preventing contact with a sore. Sometimes sores occur in areas not covered by a condom. Contact with these sores can still transmit syphilis.

Am I at risk for syphilis?

Any sexually active person can get syphilis through unprotected vaginal, anal, or oral sex. Have an honest and open talk with your health care provider and ask whether you should be tested for syphilis or other STDs.

- All pregnant women should be tested for syphilis at their first prenatal visit.
- You should get tested regularly for syphilis if you are sexually active *and*
    - are a man who has sex with men;
    - are living with HIV; or
    - have partner(s) who have tested positive for syphilis.

I'm pregnant. How does syphilis affect my baby?

If you are pregnant and have syphilis, you can give the infection to your unborn baby. Having syphilis can lead to a low birth weight baby. It can also make it more likely you will deliver your baby too early or

stillborn (a baby born dead). To protect your baby, **you should be tested for syphilis at least once during your pregnancy. Receive immediate treatment if you test positive.**
An infected baby may be born without signs or symptoms of disease. However, if not treated immediately, the baby may develop serious problems within a few weeks. Untreated babies can have health problems such as cataracts, deafness, or seizures, and can die.

What are the signs and symptoms of syphilis?

Symptoms of syphilis in adults vary by stage:

Primary Stage
During the first (primary) stage of syphilis, you may notice a single sore or multiple sores. The sore is the location where syphilis entered your body. Sores are usually (but not always) firm, round, and painless. Because the sore is painless, it can easily go unnoticed. The sore usually lasts 3 to 6 weeks and heals regardless of whether or not you receive treatment. Even after the sore goes away, you must still receive treatment. This will stop your infection from moving to the secondary stage.

Secondary Stage
During the secondary stage, you may have skin rashes and/or mucous membrane lesions. Mucous membrane lesions are sores in your mouth, vagina, or anus. This stage usually starts with a rash on one or more areas of your body. The rash can show up when your primary sore is healing or several weeks after the sore has healed. The rash can look like rough, red, or reddish brown spots on the palms of your hands and/or the bottoms of your feet. The rash usually won't itch and it is sometimes so faint that you won't notice it. Other symptoms you may have can include fever, swollen lymph glands, sore throat, patchy hair loss, headaches, weight loss, muscle aches, and fatigue (feeling very tired). The symptoms from this stage will go away whether or not you receive treatment. Without the right treatment, your infection will move to the latent and possibly tertiary stages of syphilis.

Latent Stage
The latent stage of syphilis is a period of time when there are no visible signs or symptoms of syphilis. If you do not receive treatment, you can continue to have syphilis in your body for years without any signs or symptoms.

Tertiary Stage
Most people with untreated syphilis do not develop tertiary syphilis. However, when it does happen it can affect many different organ systems. These include the heart and blood vessels, and the brain and nervous system. Tertiary syphilis is very serious and would occur 10–30 years after your infection began. In tertiary syphilis, the disease damages your internal organs and can result in death.

Neurosyphilis and Ocular Syphilis
Without treatment, syphilis can spread to the brain and nervous system (neurosyphilis) or to the eye (ocular syphilis). This can happen during any of the stages described above.
Symptoms of neurosyphilis include

- severe headache;
- difficulty coordinating muscle movements;
- paralysis (not able to move certain parts of your body);
- numbness; and
- dementia (mental disorder).

Symptoms of ocular syphilis include changes in your vision and even blindness.

How will I or my doctor know if I have syphilis?

Most of the time, a blood test is used to test for syphilis. Some health care providers will diagnose syphilis by testing fluid from a syphilis sore.

Can syphilis be cured?

Yes, syphilis can be cured with the right antibiotics from your health care provider. However, treatment might not undo any damage that the infection has already done.

I've been treated. Can I get syphilis again?

Having syphilis once does not protect you from getting it again. Even after you've been successfully treated, you can still be re-infected. Only laboratory tests can confirm whether you have syphilis. Follow-up testing by your health care provider is recommended to make sure that your treatment was successful.

It may not be obvious that a sex partner has syphilis. This is because syphilis sores can be hidden in the vagina, anus, under the foreskin of the penis, or in the mouth. Unless you know that your sex partner(s) has been tested and treated, you may be at risk of getting syphilis again from an infected sex partner.

STD information and referrals to STD Clinics
CDC-INFO
1-800-CDC-INFO (800-232-4636)
TTY: 1-888-232-6348

About CMV CDC December 5, 2017

Cytomegalovirus (pronounced sy-toe-MEG-a-low-vy-rus), or CMV, is a common virus that infects people of all ages. In the United States, nearly one in three children are already infected with CMV by age 5 years. Over half of adults by age 40 have been infected with CMV. Once CMV is in a person's body, it stays there for life and can reactivate. A person can also be reinfected with a different strain (variety) of the virus.

Most people infected with CMV show no signs or symptoms. That's because a healthy person's immune system usually keeps the virus from causing illness. However, CMV infection can cause serious health problems for people with weakened immune systems, as well as babies infected with the virus before they are born (congenital CMV).

Signs & Symptoms

Most people with CMV infection have no symptoms and aren't aware that they have been infected. In some cases, infection in healthy people can cause mild illness that may include

- Fever,
- Sore throat,
- Fatigue, and
- Swollen glands.

Occasionally, CMV can cause mononucleosis or hepatitis (liver problem).

Transmission and Prevention

People with weakened immune systems who get CMV can have more serious symptoms affecting the eyes, lungs, liver, esophagus, stomach, and intestines. Babies born with CMV can have brain, liver, spleen, lung, and growth problems. Hearing loss is the most common health problem in babies born with congenital CMV infection, which may be detected soon after birth or may develop later in childhood.

People with CMV may shed (pass) the virus in body fluids, such as urine, saliva, blood, tears, semen, and breast milk. CMV is spread from an infected person in the following ways:

- From direct contact with urine or saliva, especially from babies and young children
- Through sexual contact
- From breast milk
- Through transplanted organs and blood transfusions

A woman who is infected with CMV can pass the virus to her developing baby during pregnancy. Women may be able to lessen their risk of getting CMV by reducing contact with saliva and urine from babies and young children. Some ways do this are: kissing children on the cheek or head rather than the lips, and washing hands after changing diapers. These cannot eliminate your risk of getting CMV, but may lessen your chances of getting it.

Diagnosis

Blood tests can be used to diagnose CMV infections in people who have symptoms.

Treatment

Healthy people who are infected with CMV usually do not require medical treatment.

Medications are available to treat CMV infection in people who have weakened immune systems and babies who show symptoms of congenital CMV infection.

Tuberculosis - Get the Facts! CDC May 5, 2016

What is tuberculosis?

Tuberculosis (TB) is a disease that usually affects the lungs. TB sometimes affects other parts of the body, such as the brain, the kidneys, or the spine. TB disease can cause death if it is not treated.

How is TB spread?

TB germs are spread from person to person through the air. TB germs are put into the air when a person with TB disease of the lungs or throat coughs, sneezes, laughs, or sings. People nearby may breathe in the TB germs and become infected. TB is NOT spread by sharing silverware or cups, or sharing saliva when kissing someone.

What is the difference between latent TB infection and TB disease?

Latent TB infection

Not everyone infected with TB germs gets sick. People who are infected, but are not sick, have what is called latent TB infection. People with latent TB infection have TB germs in their body, but they are not sick because the germs lie dormant (sleeping) in their body.
People with latent TB infection do not have symptoms and cannot spread the germs to others. However, these people may develop TB disease in the future. To prevent developing TB disease, people with latent TB infection can take medicine.

TB disease

People with TB disease are sick from the large number of TB germs that are active in their body. They usually have one or more of the symptoms of TB disease. People with TB disease often feel weak or sick, lose weight, have fever, and have night sweats. If TB disease is in their lungs, they may also cough and have chest pain, and they might cough up blood. Other symptoms depend on what part of the body is affected by the TB germs.
People with TB disease may spread TB germs to others. TB disease needs to be treated with medicine. If NOT treated, a person with TB disease can have serious health problems and die.

Who is more likely to develop TB disease?

Once a person has TB infection, he or she has a higher chance of developing TB disease if the person

- Has HIV infection;
- Is younger than 5 years old;
- Was infected with TB germs within the last 2 years;
- Has other health problems, like diabetes, that make it hard for the body to fight germs;
- Abuses alcohol or drugs; or
- Was not treated correctly for TB disease in the past.

How can I tell if I have TB?

Get a TB skin test or TB blood test. If you have a positive result to either of the tests, you will be given other tests to see if you have latent TB infection or TB disease.

Where can I get a TB test?

You can get a TB skin test or blood test from your doctor or the local health department.

How are the TB tests given?

For a TB skin test, a health care worker uses a small needle to put some fluid, called tuberculin, just under your skin. This is usually done on the lower inside part of your arm. After you get the test, you must return in 2 to 3 days to see if there is a reaction to the test. If there is a reaction, the size of the reaction is measured to determine if you have a positive result.
If you receive the blood test, a sample of your blood will be taken to do the test. Your health care worker will tell you how to get the results of your test.

What if my TB test is negative?

A negative test usually means you are not infected with TB germs. However, the test may be falsely negative if your immune system is not working properly or if you were infected recently. This is because it usually takes 2 to 8 weeks after exposure to a person with TB disease for your immune system to produce a response to the test. If you have a negative result and it has been less than 8 weeks since you were last exposed to TB disease, you may need to get a second test. Your health care worker will let you know if you need another test.

What if my test is positive?

A positive test usually means that you have been infected with the TB germs. It does not mean that you have TB disease. Other tests, such as a chest x-ray or sputum (phlegm) sample, are needed to see if you have TB disease.

What if I had the BCG vaccine?

BCG is a vaccine for TB. This vaccine is not widely used in the United States, but it is often given to infants and small children in other countries where TB is common. The BCG vaccine is not very good at protecting adults against TB. You can still get TB infection or TB disease even if you were vaccinated with BCG. You will need a TB test to see if you have latent TB infection or TB disease.
In some people, BCG may cause a positive skin test even if they are not infected with the TB germs. Unlike the TB skin test, TB blood tests are not affected by BCG. The TB blood tests are less likely to give a false-positive result in people who have received BCG.

What should I do if I have latent TB infection or TB disease?

Get the required follow-up tests. Follow your doctor’s advice and take the medicine as prescribed. Both latent TB infection and TB disease can be treated with medication.

Cottonwood, Incorporated

Policies and Procedures

SECTION: Consumer Related **PAGE 1 OF 1 PAGE**

SUBJECT: Confidentiality of Consumer Documents **POLICY NO. 05-028F**

EFFECTIVE DATE: April, 1988 **Licensing Regulation Reference: 30-63-29**

Policy:

Any verbal/written information regarding an individual served by Cottonwood, Incorporated shall be considered confidential. The individual's right to confidentiality of information shall be respected by staff at all times, even when staff is off duty.

This policy outlines how Cottonwood secures case records, fax machines, trash, etc. For detailed information about confidential information please see the HIPAA Privacy Policy 05-048.

Procedure:

1. The Chairperson of the Case Record Review Committee will be responsible for the case records and for Cottonwood Policies pertaining to case records.

2. Access to case records shall be limited to the person served and their support team, CEO, administrators, department directors, case managers and the staff person who is responsible for filing. Any other person desiring access to a case record must be authorized by the Support Service Director, case manager or Records Manager. Viewing records will be governed by the rules of confidentiality.

3. In general, all case records must be reviewed in the file room which is kept locked in Building I. Any staff needing something copied from the file must seek assistance from Support Services staff. Case managers may have the records in their offices for short work periods. All records must be returned to the file room daily.

4. The case records can only be removed from the Cottonwood facilities for purposes authorized by the Director of Support Services.

5. A Release of Information signed by the Consumer or guardian, if applicable, is required prior to the release of information to another person or agency unless the request is from another covered entity. The information requested must be specified and pertinent to the person or agency's needs.

6. Information generated by another agency or third party will not be released to anyone other than Cottonwood staff, the consumer, or his/her guardian, except for transfer of discharged records with appropriate consent.

7. All trash that contains protected health information must be shredded. Sensitive information should be shredded immediately.

8. Any protected or confidential information that is being transported in a vehicle will be kept secure through agreed upon departmental guidelines (i.e. pouches, file folders etc.)

9. All faxes are to be received and delivered in a secure area.

10. The Executive Assistant and Health Support staff shall periodically check all received faxes from the fax machines and deliver the fax to the intended recipient or place in his/her mailbox. For the time periods in between, staff should place incoming faxes face down in the adjoining tray.

11. All faxes being sent must have a fully completed Cottonwood cover sheet. The fax number to which the material is being faxed shall be double checked before being sent. All staff receiving faxes should request that senders use a coversheet to enable accurate delivery.

Cottonwood, Incorporated
Policies and Procedures

SECTION: Administrative

Subject: Reporting of Waste, Fraud, Abuse, Illegal or Unethical Activity (Whistleblower)

Policy No: 04-032

Effective Date: August, 2003

Policy:

Cottonwood, Inc. is committed to providing quality services and practicing ethical fiscal stewardship. To that end, Cottonwood promotes a zero tolerance for waste, fraud, abuse, illegal or unethical activity. Employees are encouraged to ask questions and seek information from management staff about troubling or confusing practices so that a framework exists to help guide them in their decisions. Should an employee suspect that waste, fraud, abuse or illegal and unethical activity has occurred he/she must report it to the Corporate Compliance Officer, who is the Human Resource Director for Cottonwood, or a member of management. The Human Resource Director can be reached at 785-840-1627. Cottonwood will not retaliate against any employee who, in good faith, reports any instance of the above violations of our Code of Ethical Conduct (whistleblower protection).

Procedure:

1. Any employee who suspects that waste, fraud, abuse, illegal or unethical activity has occurred at ***Cottonwood, Inc., Cottonwood Foundation, Cottonwood Housing Inc., and Cottonwood Trail, Inc.*** must report that violation to the Corporate Compliance Officer or member of management immediately. Failure to report is a violation of Cottonwood policy and may result in disciplinary action.
2. A written report may be required based on the complexity of the allegation. A reporter who wishes to remain anonymous must be informed that complete anonymity may not be possible but that only those with a need to know will be informed of the report.
3. The reporter and receiver of the report must protect the confidentiality of all involved as per Cottonwood policy and procedure. Indiscriminate or malicious misuse of the information will be grounds for disciplinary action.
4. All reports will be investigated. An investigation will be initiated as soon as possible but no later than 5 days from receipt of the report. Time frames may change based on advice of legal counsel. Willful and knowing instances of significant waste (defined as gross misuse of company property or funds), fraud, abuse, unethical or illegal activity will be cause for disciplinary action up to and including termination.
5. See policy 05-036 for consumer related issues.
6. Criminal violations will be reported by the Corporate Compliance Officer to the appropriate authorities following an internal investigation to determine the extent and nature of the violations. The internal investigation should be as timely as possible so as to not compromise swift resolution.
7. Records of the investigation shall be maintained by the investigator. These include: documentation of the violations, description of the investigative process, copies of interview notes, list of witnesses interviewed, results of investigations and corrective action taken.
8. Confidentiality generally will preclude giving the reporter a detailed report as to the resolution of the complaint. However, management may share allowable non-confidential information as deemed appropriate and prudent.

Cottonwood, Incorporated

Policies and Procedures

SECTION: Personnel PAGE 1 OF 3 PAGES

SUBJECT: Harassment POLICY NO. 03-025F

EFFECTIVE DATE: November, 1987

Policy:

It is the policy of Cottonwood, Incorporated to maintain a work environment free of unlawful discrimination for all employees. Cottonwood employees have the right to work in an environment that protects them from harassment that is based on race, color, religion, age, genetic information, veteran status, sexual orientation, FMLA and/or domestic leave status, national origin or ancestry, gender, or disability. This policy covers all aspects of employment from recruitment to termination.

Cottonwood, Incorporated will not tolerate verbal, physical, or electronic conduct by any employee which harasses, disrupts or interferes with another's work performance or which creates an intimidating, hostile or offensive working environment. All employees have the responsibility to maintain the work place free of unlawful harassment or discrimination.

Procedure

1. According to the Equal Employment Opportunity Commission's (EEOC) Guidelines, sexual harassment is defined as: "Unwelcomed sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature when:

A. Submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment.

B. Submission to or rejection of such conduct by an individual is used as the basis of employment decisions affecting such individual; or

C. Such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile, or offensive working environment."

D. Forms of harassment include, but are not limited to:

1. Verbal- repeated sexual innuendoes, racial or sexual epithets, unwelcome comments, questions regarding religious beliefs, derogatory slurs, off-color jokes, propositions, threats, suggestive or insulting sounds

2. Visual/Nonverbal- derogatory, vulgar or sex-oriented posters, cartoons, emails or drawings, suggestive objects or pictures, graphic commentaries, leering, or obscene gestures

3. Physical- unwanted physical contact including touching, pinching, patting, interference with an individual’s normal work movement, assault.

4. Other- making or threatening reprisals as a result of a negative response to harassment

2. The EEOC has reiterated that harassment based on any of the following specific conditions is against the law:

A. Affiliation (e.g., an employee is a member of a certain religion)

B. Physical or cultural traits or clothing

C. Perception (e.g., an employee is believed to be a member of a certain religion)

D. Association (e.g., an employee's spouse is a member of a certain religion)

3. Any employee who believes that the actions or words of another person constitutes unwelcome harassment or discrimination has a responsibility to report it as soon as possible to his/her supervisor (or the Human Resource Director, department director or CEO if the complaint involves the supervisor). In all cases, the Human Resource Director should be informed immediately.

4. Confidentiality is to be maintained when possible. However, appropriate and involved staff and legal counsel will need to know the allegations in order to conduct a thorough investigation. The supervisor should communicate to the employee making the complaint that they have the right to follow harassment proceedings without fear of reprisal or retaliation.

5. All complaints will have investigations initiated within 5 working days by the person receiving the complaint or their surrogate and the HR Director and documented in an impartial and confidential manner. The facts will determine the response to each allegation. The employee will be told whether the allegations are substantiated or not, but will not be told of any discipline resulting from the investigation. This decision is final if it meets the following conditions: the allegation is unsubstantiated; the investigation is non-conclusive. In the event the above criteria are not met, or it is alleged that the investigation was conducted so as to result in a discriminatory or retaliatory act (incomplete or flawed investigation) either party may appeal the decision per Policy 03-026.

6. The HR Director will maintain a confidential investigation file containing all interview notes and an analysis of documents reviewed.

7. If the harassment complaint involves the CEO, the complaining employee should address his/her written complaint to the President of the Board of Trustees of Cottonwood, Inc. The President of the Board of Trustees will review the complaint and all documentation involved with the complaint, consult with relevant staff including the HR Director, and schedule investigative interviews if necessary. The President will issue his/her decision within 15 working days of initiating the investigation. The decision of the President is final.

8. Any employee who is determined to have engaged in harassment will be subject to appropriate disciplinary action depending upon the circumstances up to and including termination. Possible actions include: an apology to the complainant, placing the employee on probation or requiring training, transferring shifts or locations to minimize contact, demotion or reduction in pay, suspension, and termination. These are examples and not assumed to be exhaustive or progressive.

9. Every employee reviews this policy as a component of their annual performance evaluation and their signature on the "Performance Evaluation Report Form" indicates acceptance and adherence to this policy.

EMPLOYEE INFORMATION FORM

Employee Name ____

Employee Street Address ____

City/State/Zip ____

Phone Number (Home) ____

Phone Number (Cell) ____

Email Address ____

Last 4 digits of SSN ____

Employee Race ____

In Case Of Emergency, Whom Do We Contact

Name ____

Relationship To You ____

Street Address ____

City/State/Zip ____

Phone Number (Home) ____

Phone Number (Cell) ____

* *

2nd Emergency Contact Name ____

Relationship To You ____

Street Address ____

City/State/Zip ____

Phone Number (Home) ____

Phone Number (Cell) ____