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Quick Reference Guide– What is in This Document?

Minimum safety information that all university employees need to know

- How to report emergencies - dial 911 – from any telephone on or off campus.
- UL Lafayette general safety rules
- An informational sheet on what to do if you have an accident
- A copy of an accident reporting form – entitled DA2000
- A copy of an accident reporting form – entitled DA3000
- A copy of the motor vehicle accident reporting form – DA2041 (keep this in your glove box)
- Bloodborne Pathogens information/Meningitis general information

Other Matters of Safety That You Need to Know

1. Environmental Health and Safety Website – (www.safety.louisiana.edu)

- Safety policies
- Supervisor responsibilities
- Safety training classes with schedule
- Safety forms (downloadable/editable)
- Listing of departmental safety coordinators

2. Driver’s Safety Training – (Cornerstone on ULINK)

- Training is mandatory for all employees who drive on university business
- Travel Request documents require a training date for expenses relative to driving motor vehicles

3. Violence in The Workplace Policy (policies.louisiana.edu)

- If threatened or assaulted, report to either University Police or Human Resources

4. Employee Drug Testing Policy (policies.louisiana.edu)

- Pre-employment, Post Accident, Random, Reasonable Suspicion, & Return-to-duty

5. Other Employee Policies of Interest (policies.louisiana.edu)

- ADA Policy Statement
- EEOC Policy Statement
- Sexual Harassment Policy
- Asbestos Management Plan – facilities.louisiana.edu/resource-center
- Tobacco-Free Policy breathe - breatheeasy.louisiana.edu/
- Return to Work/Transitional Work Duty - (contact Human Resources at 482-4246)
- BEAP – Available online and updated annually (cornerstone training platform on ULINK)
- General Campus Electrical Safety (Section 8.33)
 - <http://www.safety.louisiana.edu/sites/safety/files/General%20Safety%20around%20Electricity.pdf>

6. Emergency Preparedness (<http://www.safety.louisiana.edu/resource-center>)

- Hurricane/Tropical Storm Preparedness, 3-phased plan
- Pandemic Flu Preparedness, 4-phased plan
- Emergency Notification System – ens.louisiana.edu (cell phone text messages)

Contact Information for Emergencies and Unsafe Conditions

DIAL 911 FOR ALL EMERGENCIES

University Police are the First Responders for ALL Emergencies

Notice for University Employees Regarding Safe Work Practices

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

UL Lafayette General Safety Rules

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

- Every employee is expected to take responsibility for his or her own safety.
- DO NOT knowingly put yourself in an unsafe working environment.
- Determine who your Departmental Safety Coordinator is – ask your supervisor if you are not sure.
- Report accidents or any unsafe activity to a Departmental Safety Coordinator or Supervisor.
- Possession or use of any weapons on campus is prohibited by law.
- UL Lafayette is an alcohol and drug free zone. Possession or use of these on campus is prohibited
- Smoking is not allowed in any University building
- Horseplay and fighting are not tolerated on campus.
- Notify your supervisor of any impairment that may reduce your ability to perform tasks in a safe manner.
- Operate equipment only if you are trained and authorized to do so.
- Use Personal Protective Equipment (safety glasses, ear protection, etc) to protect yourself from hazards
- Keep an orderly work environment. Pay close attention to hazards that can cause slips, trips, or falls.
- Store flammables, hazardous materials, and hazardous waste in appropriate containers.
- Bend your knees when lifting objects. DO NOT bend your back when lifting objects.
- Fasten safety belts before starting any motor vehicle.
- Additional safety procedures and policies may be applicable for certain departments. Consult your Departmental Safety Coordinator or the EH & S Policy for more information on these. If you do not know who your Departmental Safety Coordinator is, contact the EH & S office at 482-1840.

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

What to do if you have an accident...

For All Accidents (Including those involving a Motor Vehicle)

- Available on our website at all times (safety.louisiana.edu/report-issue/accident-campus)
- If necessary, dial 911 or report to an emergency medical center of your choice
- Contact your Departmental Safety Coordinator (safety.louisiana.edu/about-us/coordinators)
- For ***any employee*** injury, the DSC will complete **ORM DA –2000** (keep copy for your records)
- For ***an injury to a NON-employee***, the DSC will complete **ORM DA –3000**
- For ***an employee injury requiring medical attention*** (safety.louisiana.edu/report-issue/job-injury)
 1. Ask the medical provider to contact Wellness Works, 888-977-3319 (24 hours a day)
 2. The employee or the medical provider should also contact:

Human Resources Department
Martin Hall, room 170
482-6246
(This is for Worker's Compensation paperwork)

Additional Information for Accidents Involving a Motor Vehicle

- Contact University Police or the Police Authority Having Jurisdiction - Dial 911
- Complete Form **DA-2041** – *Driver's Accident Report Form*
- Contact:

Joey Pons
Parker Hall, room 227
482-5357
safetyman@louisiana.edu

**OFFICE OF RISK MANAGEMENT
UNIT OF RISK ANALYSIS AND LOSS PREVENTION
STATE EMPLOYEE INCIDENT/ACCIDENT INVESTIGATION FORM
Worker's Compensation Claims—For Agency Use Only**

(PLEASE TYPE OR PRINT)

1. AGENCY _____
2. ACCIDENT DATE _____ 3. REPORTING DATE _____
4. EMPLOYEE NAME (LAST, FIRST) _____
5. JOB TITLE _____
6. IMMEDIATE SUPERVISOR _____
7. DESCRIBE IN DETAIL HOW INCIDENT/ACCIDENT OCCURRED (USE ADDITIONAL SHEET IF NECESSARY) _____

8. PARISH WHERE OCCURRED _____ 9. PARISH OF DOMICILE _____
10. WAS MEDICAL TREATMENT REQUIRED _____ Y _____ N
11. EXACT LOCATION WHERE EVENT OCCURRED _____

12. NAME (S) OF WITNESSES _____
13. NAME OF PERSON COMPLETING THIS SECTION OF REPORT _____
14. SIGNATURE _____ 15. DATE _____

**KEEP COMPLETED FORMS ON FILE AT THE LOCATION
WHERE INCIDENT/ACCIDENT OCCURRED**

MANAGEMENT SECTION

16. NAME OF PERSON COMPLETING THIS SECTION OF REPORT _____
17. POSITION/TITLE _____
18. IS THE PERSON COMPLETING REPORT TRAINED IN ACCIDENT INVESTIGATION ____ Y ____ N
19. WAS EQUIPMENT INVOLVED ____ Y ____ N (If no, skip to question 20)
- A. TYPE OF EQUIPMENT _____
- B. IS THERE A JSA FOR EQUIPMENT ____ Y ____ N C. DATE LAST JSA PERFORMED _____
20. HAVE SIMILAR ACCIDENT/INCIDENTS OCCURRED ____ Y ____ N
21. DID INCIDENT INVOLVE SAME INDIVIDUAL ____ Y ____ N
22. SAME LOCATION ____ Y ____ N
23. WAS THE SCENE VISITED DURING THE INVESTIGATION ____ Y ____ N
- A. DATE & TIME _____ B. ARE PICTURES AVAILABLE ____ Y ____ N
- C. IF NO, REASON FOR NOT VISITING _____

ROOT CAUSE ANALYSIS

UNSAFE ACT (PRIMARY): Failure to comply with policies/procedures Failure to use appropriate equipment/technique Inattentiveness
 Inadequate/lack of JSA/standards Incomplete or no policies/procedures Inadequate training on policies/procedures Inadequate adherence of policies/procedures

Other (specify) _____

Detailed explanation of checked box _____

WHY WAS ACT COMMITTED:

UNSAFE CONDITION (PRIMARY): Inappropriate equip/tool Inadequate maintenance Inadequate training Wet surface
 Worn/broken/defective building components Broken equipment Inadequate guard Electrical hazard Fire Hazard

Other (specify) _____

Detailed explanation of checked box _____

WHY DID CONDITION EXIST:

CONTRIBUTORY FACTORS (IF ANY):

IMMEDIATE ACTION TAKEN TO PREVENT RECURRENCE:

LONG RANGE ACTION TO BE TAKEN:

WHAT ADDITIONAL ASSISTANCE IS NEEDED TO PREVENT RECURRENCE:

**KEEP COMPLETED FORMS ON FILE AT THE LOCATION
WHERE INCIDENT/ACCIDENT OCCURRED**

Visitor/Client Post Incident/Accident Analysis (DA 3000)

[This form is NOT for use in reporting a claim. The claim reporting form can be found at: www.laorm.com]

**OFFICE OF RISK MANAGEMENT
UNIT OF RISK ANALYSIS AND LOSS PREVENTION
VISITOR/CLIENT ACCIDENT REPORTING FORM
General Liability Claims – For Agency Use Only**

**KEEP COMPLETED FORMS ON FILE AT THE LOCATION
WHERE INCIDENT/ACCIDENT OCCURRED**

(PLEASE TYPE OR PRINT)

1. AGENCY NAME and LOCATION CODE _____
2. DATE and TIME of ACCIDENT _____
3. VISITOR/CLIENT NAME _____
4. VISITOR/CLIENT ADDRESS _____

5. CLAIMANT'S TELEPHONE # _____
6. CLAIMANT DETAIL DESCRIPTION OF HOW ACCIDENT OCCURRED

7. DID THE EMPLOYEE ASK THE CLAIMANT IF HE/SHE WAS INJURED? ___Y ___N
8. DID THE CLAIMANT VERBALLY EXPRESS AN INJURY TO ANY PART OF HIS/HER BODY? ___Y ___N
9. IF THE CLAIMANT EXPRESSED AN INJURY, WHAT PART OF HIS/HER BODY DID THEY STATE WAS INJURED? PLEASE BE SPECIFIC (I.E. RIGHT FOREARM, LEFT WRIST, LOWER RIGHT ABDOMEN) _____

10. IF THE CLAIMANT EXPRESSED INJURY, WAS MEDICAL CARE OFFERED? ___Y ___N
11. DID THE CLAIMANT ACCEPT OR DECLINE MEDICAL CARE? ___ACCEPT ___DECLINE
12. WERE THERE WITNESS (ES) ___Y ___N
13. WITNESS'S NAME, ADDRESS, and TELEPHONE # (use additional sheet if needed)

14. WITNESS STATEMENTS ATTACHED ___Y ___N

Visitor/Client Post Incident/Accident Analysis (DA 3000)

[This form is NOT for use in reporting a claim. The claim reporting form can be found at: www.laorm.com]

15. DETAIL DESCRIPTION OF ACCIDENT LOCATION _____

IS THIS LOCATION IN A STATE-OWNED OR LEASED BUILDING

16. DID THE PERSON CONDUCTING THE INVESTIGATION OBSERVE ANYTHING THAT WAS DIFFERENT THAN THE VISITOR'S/CLIENT'S/WITNESS'S ACCOUNT ___Y ___N IF YES, WHAT

17. CHECK THE APPROPRIATE ENVIRONMENTAL CONDITION THAT IS APPLICABLE TO THE ACCIDENT: RAINING SUNNY
 CLOUDY FOGGY COLD HOT LIGHTING WIND
 OTHER WEATHER CONDITION _____ WEATHER NOT A FACTOR

18. CHECK THE APPROPRIATE BOX (S) THAT PERTAINS TO THE ACCIDENT: LIQUID ON FLOOR—TYPE OF LIQUID
_____ STAIRS PARKING LOT GARAGE SIDEWALK ELEVATORS GRATING
 SPONSORED ACTIVITY DORMITORY WAITING ROOM WALKWAYS RAILINGS FURNITURE
 FLOORING—DESCRIBE THE TYPE OF FLOOR AND TYPE OF WAX _____
 EQUIPMENT (SPECIFY TYPE) _____
 OTHER CONDITION _____

19. IF THE ACCIDENT INVOLVED ITEMS THAT CAN BE RETAINED (i.e. furniture, muffler, exam table), THE CLAIMS UNIT REQUIRES THAT THE ITEM BE TAGGED WITH THE DATE OF ACCIDENT AND NAME OF CLAIMANT. IF THE ITEM IS BROKEN OR DAMAGED, IT MUST BE PLACED IN A SECURED AREA AFTER BEING TAGGED. THE TAG CANNOT BE REMOVED OR THE BROKE/DAMAGE ITEM CANNOT BE SURPLUS/DISCARDED UNTIL NOTIFIED BY THE CLAIMS UNIT. IF APPLICABLE, WAS THIS DONE Y___ N___

20. WAS THE CLAIMANT AUTHORIZED TO BE IN THIS AREA ___Y ___N

21. DID ANY EMPLOYEE OBSERVE ANYTHING BEFORE/AFTER THAT IS REVELANT TO THE ACCIDENT ___Y ___N IF YES, WAS A STATEMENT OBTAINED AND ATTACHED ___Y ___N

22. DID THE SUPERVISOR OR AGENCY SAFETY OFFICER RECEIVE A REPORT OF ANY OBSERVED CONDITIONS? ___Y ___N

23. WERE PICTURES TAKEN AND ARE THEY ATTACHED TO REPORT? Y___ N___

24. NAME AND POSITION OF EMPLOYEE FILLING OUT THIS REPORT

PLEASE DATE

**KEEP COMPLETED FORMS ON FILE AT THE LOCATION
WHERE INCIDENT/ACCIDENT OCCURRED**

ACCIDENT REPORT LOUISIANA STATE DRIVER SAFETY PROGRAM

Submit report to ORM
within 48 hours of accident

SUPERVISOR TO COMPLETE FIRST 4 ITEMS	1. Agency Name	2. Person to Contact	3. Phone	4. Loc. Code
5. State Vehicle Driver's Name		6. Personnel Number	7. Date of Accident	8. Time of Accident <input type="radio"/> AM <input type="radio"/> PM

9. Exact Location of Accident (Use street markers, mileage markers, etc., to pinpoint location)

10. DESCRIBE HOW ACC. HAPPENED				
11. Seat Belt in Use <input type="radio"/> Yes <input type="radio"/> No				

STATE VEHICLE INFORMATION

If other than vehicle damage, fill in as much as possible under "Other Vehicle" section substituting property owner information for vehicle driver.

12. State Vehicle Driver's Address (Street No.)				City	State	Zip Code	13. Home Phone	14. Work Phone
15. Driver's License No.	16. Age	17. Sex <input type="radio"/> M <input type="radio"/> F	18. Vehicle's Owner's Name and Address					
19. Year Vehicle	20. Make Vehicle	21. Model Vehicle	22. Body Type	23. Vehicle Lic. No. / Equip No. / VIN				
24A. Where can the Vehicle be Seen ?			24B. Describe Damage					

OTHER VEHICLE INFORMATION

If more than one vehicle is involved, submit additional sheet with information on other vehicle(s).

25. Other Vehicle Driver's Name				26. Driver's Social Security No. -no longer required-		27. Driver's License No.	28. Age	29. Sex <input type="radio"/> M <input type="radio"/> F
30. Other Vehicle Driver's Address (Street No.)				City	State	Zip Code	31. Home Phone	32. Work Phone
33. Vehicle Owner's Name and Address (Street No.)				City	State	Zip Code		
34. Year Vehicle	35. Make Vehicle	36. Model Vehicle	37. Body Type	38. Vehicle I.D. No. or Lic. No.		39. Where can the vehicle be seen ?		
40. Other Vehicle Insurance Co.						41. Policy No.		
42. Describe Damage							43. Estimated Amount \$	

INJURED

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

WITNESSES OR PASSENGERS

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

Print Form

Submit by Email

How to Protect Yourself from Bloodborne Pathogens

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

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

What are Bloodborne Pathogens?

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

The Hepatitis B Virus

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

Human Immunodeficiency Virus

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

Universal Precautions

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

Personal Protection for Everyone

Here are some helpful tips to avoid bloodborne pathogens:

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

For more information, try the following resources:

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

OSHA, Bloodborne Pathogen Standard, 29CFR 1910.1030 – <http://www.osha.gov>

UL Lafayette STUDENT HEALTH SERVICE

Phone: 482-5464

MENINGOCOCCAL DISEASE – general information

What is Meningococcal disease?

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

What is meningitis?

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

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

How does meningococcal disease occur?

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

How many cases of meningococcal disease occur each year?

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

Can meningococcal disease be mistaken for other health problems?

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

What are the signs & symptoms of meningococcal disease?

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

What is the treatment for meningococcal disease exposure?

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

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

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

Meningococcal Meningitis Vaccine

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

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

How can one reduce the risk of contracting meningococcal disease?

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