



HINDS' FEET FARM INFECTIOUS & COMMUNICABLE DISEASE

INFECTIOUS & COMMUNICABLE DISEASE POLICY & PROCEDURE

POLICY:

For the protection of Hinds' Feet Farm members, staff, community volunteers, student interns, and others, all participating at the day program must attest to being free from any infectious or communicable disease.

PROCEDURE:

By signing below, you attest that you are free from any infectious or communicable disease such as, but not limited to: HIV/AIDS, Hepatitis, TB, etc. Hinds' Feet Farm members, staff, community volunteers, student interns, and all others participating at the day program who have contracted an infectious or communicable disease should refrain from reporting to work or participating in the program until there is no risk of infecting others, and will be required to provide a signed note from a medical professional attesting to such.

All identified occurrence of infection exposure will be reportedly immediately to the Director and/or his/her designee so that the local Health Department can be notified for further instruction. An incident report will be completed. An investigation will occur into all incidents of infectious disease exposure. All findings will be reported to QA/QI committee for recommendations.

Hinds' Feet Farm members, staff, community volunteers, student interns, and all others participating at the day program will practice universal precautions and take other appropriate steps to prevent the spread of infectious and communicable diseases.

_____	_____
Name & Signature	Date
_____	_____
Parent/Guardian's Name & Signature (if applicable)	Date
_____	_____
Hinds' Feet Farm Staff Name & Signature	Date

FOR OFFICE USE ONLY	
Member Name:	DOB:
HFF ID #:	
Medicaid ID #:	