COMMUNICABLE DISEASES

Background
HPSD is committed to ensuring a safe and healthy work environment for all students and staff. Further, the division expects responsible and compassionate treatment of students and employees with a communicable disease.

Definitions
Blood Borne Disease - is a disease transmitted by blood or body fluids (for example, HIV or Hepatitis B)

Communicable Disease - is a disease transmitted through direct or indirect contact with an infected person, animal, or the environment. Also known as a contagious disease.

Illness Outbreak - is when greater than 10 per cent the students and staff are absent due to illness (for example, influenza) or there is a significant increase in the number of staff/students becoming ill due to a specific communicable disease or condition (for example, chickenpox or mumps)

Notifiable Disease - is a disease controlled or monitored under the Communicable Disease Regulation, Public Health Act and must be reported to Public Health Officials.

Pandemic - is an infectious disease that is spreading through human populations across a wide geographic region.

Universal Precautions - are recommended practices used to minimize the risk of exposure to infectious diseases and pathogens (germs) carried in blood and body fluids. These practices are used when caring for all individuals regardless of diagnosis.

Procedures
1. HPSD and Alberta Health Services share a responsibility to provide appropriate education and procedures related to the spread of communicable diseases.

2. Students or employees diagnosed with communicable or blood borne diseases shall be allowed to continue normal classes or employment duties unless:
   2.1. If in the opinion of the Medical Officer of Health special circumstances dictate otherwise (such as in the case of a pandemic); or
   2.2. The job of the employee requires that the employee be free from any communicable disease.

3. When school personnel suspect a student has a communicable disease, they shall notify the principal who will contact the parents/guardians of the student and encourage them to seek medical advice.
   3.1. If there is uncertainty about the nature of the illness or disease, the community health nurse or Alberta Health Services may be consulted.
   3.2. A Common Diseases Summary from Alberta Health Services may be used as a general reference document: (Appendix 1)

4. Students and employees with communicable or blood borne diseases shall be managed in accordance with the *Public Health* and *Occupational Health and Safety Acts* and regulations, and the advice of Alberta Health Services.
   4.1. In each case, the risks and benefits to both the infected student or the employee and others in the learning/working environment shall be considered.
   4.2. The privacy of an individual must be respected and any records of communicable diseases of students and employees kept shall be maintained in a confidential manner.
   4.3. In all cases, the confidentiality of the persons affected by the disease shall be reserved for those on a need to know basis with the aim of providing appropriate programs or services for the persons affected.

5. Students with a communicable or blood borne disease shall be allowed to attend school programs in an unrestricted setting unless, in the opinion of the local Medical Health Officer, special circumstances dictate otherwise.
   5.1. Decisions regarding the type of care and educational setting for students infected with a communicable disease shall be based on the needs and condition of the student and the expected type of interaction with others in the setting.
   5.2. Decisions shall be made using a team approach, which includes the child's health care provider, parent/guardian, the principal, and staff immediately associated with the care and education of the child.

6. In the event that a student or staff member suffering from a communicable or blood borne disease is removed from the school or workplace by a health care professional, they shall be readmitted to school or work after medical clearance has been received from a physician or public health nurse.

7. Procedures for dealing with employees who may be exposed to or become infected with a communicable or blood borne disease will be consistent with Public Health and Occupational Health and Safety requirements and best practices.
   7.1. If, in the opinion of the attending physician, an infected employee is no longer capable of working, the matter will be dealt with in the same way as other illnesses that impair an employee's capacity to work.

8. Principals/Supervisors shall ensure that all employees and students receive age-appropriate information about the prevention and control of communicable diseases inclusive of proper hand washing and cough/sneeze etiquette.
   8.1. How to Hand wash poster (Appendix 2)
   8.2. How to Hand Rub [Alcohol-based cleanser] poster (Appendix 3)
   8.3. Cover Your Cough poster (Appendix 4)

9. Students and employees with diseases that can be transmissible in school and/or athletic settings (such as, but not limited to chicken pox, influenza, pink eye) shall be managed in accordance with Alberta Health Services guidelines.
   9.1. Pediculosis (lice) and bed bugs are not considered communicable diseases but shall be managed according to HPSD and public health protocols (see Administrative Procedure 161 - Pediculosis).

10. All employees shall follow universal precautions when handling blood and body fluids to prevent exposure to blood borne diseases. Principals/supervisors shall provide the necessary training, equipment, and supplies to implement universal precautions.

11. Employees shall treat all blood and body fluids as potentially infectious and use universal precautions:
    11.1. Universal Precautions poster (Appendix 5)

12. Staff who have frequent contact with blood or work with higher-risk populations such as children with biting behaviours or known carriers of a blood borne disease shall be eligible to receive the hepatitis B vaccine paid for by HPSD.

13. All potential blood exposures including bites and needle sticks shall be promptly reported on the *Public School Works* Accident Reporting as applicable. Employees shall seek same day medical attention for all potential blood exposures (e.g., bites that break the skin).

14. Letters or information on communicable diseases for employees and parents/guardians will be distributed only as necessary in consultation with the Superintendent, Safety Officer, or Alberta Health Services.

15. In the event of an illness outbreak, the Principal shall report the outbreak to Alberta Health Services and the Superintendent.
    15.1. The Superintendent will notify the Safety Officer to mobilize additional support for the school if required.
    15.2. Facility Services, Student Transportation and the Safety Officer will work with Alberta Health Services and custodial/bus contractors to review cleaning/disinfection protocols, ensure adequate supplies and control strategies are in place and notify, as needed, other HPSD staff (for example, substitute staff and consultants).

16. Alberta Health Services will be consulted for directions in dealing with pandemic outbreaks.
    16.1. The Superintendent shall work with Alberta Health Services in the event of pandemic outbreaks to:
        16.1.1. Communicate and monitor updates
        16.1.2. Provided relevant and appropriate information regarding communicable disease outbreaks within HPSD.
        16.1.3. Inform parents and staff about any joint monitoring and reporting system put in place by the jurisdiction and the local regional health authority when a communicable disease outbreak threat exists.

Appendices:
Appendix 1 – Common Disease Summary
Appendix 2 – How to Hand Wash
Appendix 3 – How to Hand Rub
Appendix 4 – Cover Your Cough
Appendix 5 – Universal Precautions

References
Education Act, Sections 3, 11, 33, 52, 53,196, 197, 222
Freedom of Information and Protection of Privacy Act
Health Information Act
Occupational Health and Safety Act
Public Health Act
Communicable Disease Regulation

Cross Reference
Administrative Procedure 161 – Pediculosis (Lice)

APPENDIX 1

Alberta Health Services

Common Diseases Summary

***Disclaimer**: this document is intended as a general reference only and does not replace medical advice from a healthcare provider. If you require further information call HEALTH Link 811.*

Disease	Symptoms	How long before Symptoms Appear? (Incubation Period)	How long is it contagious? (Period of Communicability)	How is it spread? (Mode of Transmission)	Exclusion
Baby Measles (Roseola)	☐ Sudden onset of a fever (as high as 41^0 C) that lasts 3-5 days. ☐ Once fever breaks, a rash (red, raised marks) occurs on the trunk and later all over the body.	10 days (Commonly 5-15 days)	☐ Not known	☐ Contact with saliva from an infected person	No exclusion
Chickenpox	☐ Slight fever, feeling unwell for 1-2 days before rash ☐ Rash begins as red, raised marks, progressing to blisters and pustules which leave a scab lasts about 7 days, ☐ Rash can be very itchy	10-21 days (commonly 14-16 days)	☐ Up to 5 days before the rash begins until rash crusts over (usually 5 days), ☐ Most infections 1-2 days before rash starts to 1-2 days after	☐ Spread through the air when infected person coughs, sneezes or breathes, ☐ By touching fluid in blister	No exclusion, from settings with persons already exposed (e.g. Daycare or school) but exclusion from settings with persons not previously exposed (e.g. weekly classes)
Fifth disease, (Parvovirus B19 or Slapped Cheek)	☐ Headache, mild fever, achiness for 3-4 days ☐ A bright, red rash on the cheek ("slapped cheek" look), ☐ 1-4 days later a red lace-like rash appears on the arms, legs and body. May be itchy. ☐ The rash comes and goes for 1-3 weeks.	4-20 days	☐ A few days before rash begins, ☐ No longer contagious once rash appears	☐ Spread through large droplets when infected person coughs or sneezes directly in one's face, ☐ By touching objects that have the virus on them.	No exclusion.
Impetigo (caused by different bacteria Staph or Strep)	☐ Small blisters that may ooze a watery liquid or pus and develop a honey colored crust.	7-10 days	☐ Until sores healed or on antibiotics for 24 hours	☐ Person-to-person by touching the infected area	*Recommended* exclusion until 24 hours after starting appropriate antibiotic treatment.

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Alberta Health Services

Common Diseases Summary

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Disease	Symptoms	How long before Symptoms Appear? (Incubation Period)	How long is it contagious? (Period of Communicability)	How is it spread? (Mode of Transmission)	Exclusion
Hand, Foot and Mouth Disease (Enterovirus)	□ Fever, sore throat, grey colored sores in mouth □ Blisters on the palms, fingers, soles of feet, and/or diaper area	3-5 days	□ While person has symptoms	□ Spread through the air when infected person coughs, sneezes or breathes □ By contact with stool, nose or throat secretions.	No exclusion
Lice Pediculosis	□ First signs are usually itching and scratching the head BUT may have no symptoms, □ Nits (eggs) may be seen firmly attached to the hair close to the scalp	1-2 weeks	□ As long as lice or eggs are alive; can live up to 3 days off the scalp	□ By direct contact with a person with lice; indirectly, by contact with items such as bedding, hats, and combs of a person with lice	No exclusion.
Norovirus	□ Nausea, vomiting, diarrhea, stomach cramps, low-grade fever, chills, headache, muscle aches and fatigue.	24-48 hours	□ From the moment a person feels ill until at least 48 hours after diarrhea stops	□ Direct contact with the feces or vomit of someone who is infected with Norovirus □ Eating foods or drinking liquids that are contaminated with Norovirus □ Touching surfaces or objects contaminated with norovirus.	Yes, until 48 hours after the symptoms have disappeared.

Alberta Health Services

Common Diseases Summary

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Disease	Symptoms	How long before Symptoms Appear? (Incubation Period)	How long is it contagious? (Period of Communicability)	How is it spread? (Mode of Transmission)	Exclusion
Pink eye (Bacterial Conjunctivitis)	Scratchy feeling, burning or pain in the eye. May be watery or pus like discharge; Bacterial pink eye tends to have more discharge (pus) and inflammation of the eye than viral pink eye.	2-3 days	24 hours after appropriate antibiotic treatment for bacterial pink eye is started (e.g. antibiotic eye drops or ointment)	By touching the discharge from eye; By touching articles used on the infected eye (e.g. tissue, facecloth)	*Recommended* exclusion until 24 hours after starting appropriate antibiotic treatment; No exclusion if viral pink eye
Rotavirus	Vomiting is often the first symptom. Usually, a fever and diarrhea follow.	1-3 days	During the acute stage of illness and until diarrhea stops	Direct contact – Changing diaper of infected child or assisting with toilet training. Indirect contact – touching and object contaminated with rotavirus. The virus can survive long periods of hard surfaces.	Exclusion until 48 hours after symptoms have ended.
RSV Respiratory Syncytial Virus	Rhinorrhea, sneezing, cough, sore throat, bronchitis, headache, fatigue, fever.> URT, LRT, Otitis Media, Pneumonia, Bronchiolitis.	2 to 8 days.	Significant and prolonged contact is required with infected individual. Can shed for weeks even after clinical recovery	Direct contact with infectious secretions of nasal or conjunctival mucosa with contaminated hands.	No exclusion. Supportive treatment. Premature infants, elderly, <2yrs with chronic lung conditions, and immunocompromised are at high risk.

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Alberta Health Services

Common Diseases Summary

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Disease	Symptoms	How long before Symptoms Appear? (Incubation Period)	How long is it contagious? (Period of Communicability)	How is it spread? (Mode of Transmission)	Exclusion
Shingles (herpes zoster)	☐ Blister like rash usually confined to one section or side of the body ☐ Severe pain, with and following shingles, is common in adults but rare in children	Reactivation of own virus from previous chickenpox disease or varicella vaccine	☐ For 7 days after rash appears (susceptible persons may develop chickenpox not shingles)	☐ Direct contact with fluid in blister ☐ Less frequently spread through the air when infected person coughs, sneezes or breathes	No exclusion as long as rash can be covered
Strep Throat /Scarlet Fever	☐ Fever, sore throat, sometimes swollen glands with NO cough or runny nose ☐ May have sandpapery rash on body.	1-3 days	☐ If untreated 10-21 days (longer if illness more severe); ☐ For 24 hours after appropriate antibiotics have been started	☐ Spread through droplets in the air when infected person coughs, sneezes or breathes ☐ By contact with the saliva of an infected person	Recommended exclusion until 24 hours after starting appropriate antibiotic treatment; No Exclusion.
Whooping cough	☐ Cold-like symptoms; cough that lasts for weeks (100 day cough); coughing spells may be followed by gagging and vomiting ☐ Coughing is usually worse at night	6-21 days (usually 7-10 days)	☐ From the beginning of symptoms until 3 weeks after the cough starts **OR** up to 5 days after appropriate antibiotics are started	☐ Spread through droplets in the air when infected person coughs, talks or sneezes	Exclusion until 5 days of the antibiotics are completed or 3 weeks of coughing have passed in settings where there are vulnerable persons. (Vulnerable persons include children less than 1 year of age and pregnant females in the third trimester).

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APPENDIX 2

How to Handwash?

WASH HANDS WHEN VISIBLY SOILED! OTHERWISE, USE HANDRUB

Duration of the entire procedure: 40-60 seconds

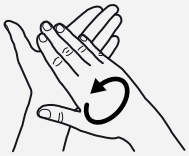
0

Wet hands with water;

1

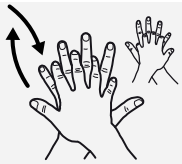
Apply enough soap to cover all hand surfaces;

2



Rub hands palm to palm;

3



Right palm over left dorsum with interlaced fingers and vice versa;

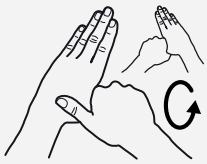
4

Palm to palm with fingers interlaced;

5

Backs of fingers to opposing palms with fingers interlocked;

6

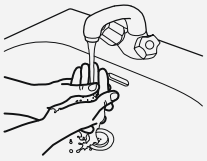


Rotational rubbing of left thumb clasped in right palm and vice versa;

7

Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;

8

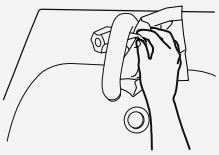


Rinse hands with water;

9

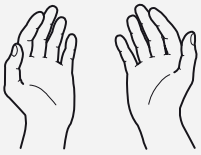
Dry hands thoroughly with a single use towel;

10



Use towel to turn off faucet;

11



Your hands are now safe.

World Health Organization | Patient Safety — A World Alliance for Safer Health Care | SAVE LIVES Clean Your Hands

WHO acknowledges the Hôpitaux Universitaires de Genève (HUG), in particular the members of the Infection Control Programme, for their active participation in developing this material.

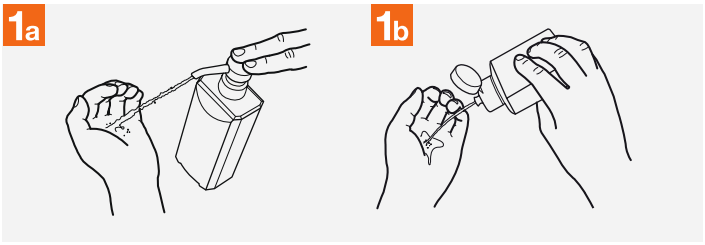
May 2009

APPENDIX 3

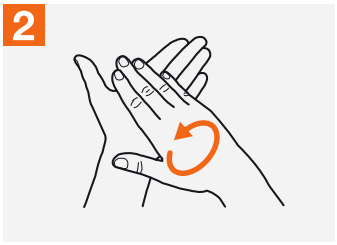
How to Handrub?

RUB HANDS FOR HAND HYGIENE! WASH HANDS WHEN VISIBLY SOILED

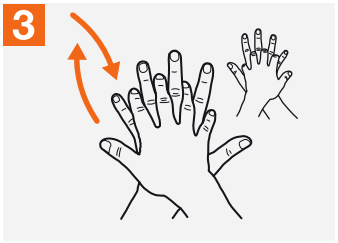
Duration of the entire procedure: 20-30 seconds



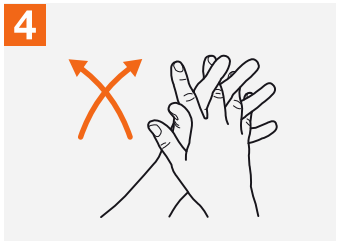
Apply a palmful of the product in a cupped hand, covering all surfaces;



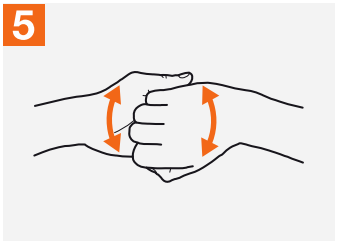
Rub hands palm to palm;



Right palm over left dorsum with interlaced fingers and vice versa;

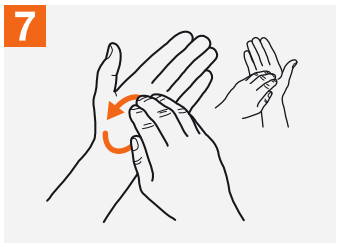


Palm to palm with fingers interlaced;

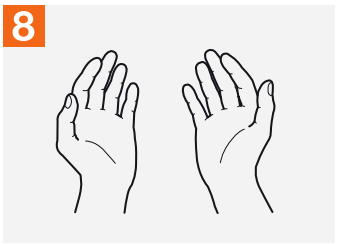


Backs of fingers to opposing palms with fingers interlocked;

Rotational rubbing of left thumb clasped in right palm and vice versa;



Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;



Once dry, your hands are safe.

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May 2009

APPENDIX 4

Cover Your Cough

Stop the spread of germs that make you and others sick!

Cough or sneeze into your sleeve, not your hands

OR

Cover your mouth and nose with a tissue and put your used tissue in the waste basket

Clean your hands after coughing or sneezing

Wash your hands with soap and warm water, for at least 20 seconds

OR

Clean hands with alcohol-based hand rub or sanitizer

Original date: October 2009
Revised date: December 2019

Alberta Health Services

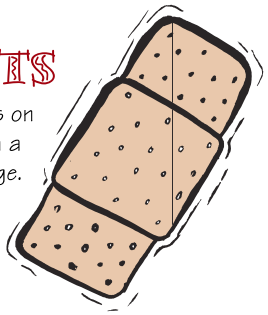
APPENDIX 5

UNIVERSAL PRECAUTIONS

To avoid getting infected with HIV, Hepatitis B or C or another communicable disease, use the following precautions when you come into contact with any body fluids or fecal matter.
In order to be safe and not to discriminate, assume that everyone is infectious.

COVER CUTS

If you have cuts or open sores on your skin, cover them with a plastic bandage.



WEAR GLOVES

If there is any risk of coming into contact with blood or other body fluids, wear latex gloves. Gloves should only be worn once and disposed of in a plastic garbage bag.

WASH HANDS

Wash your hands with soap and hot water for at least 20 seconds after you have had contact with blood or other body fluids, after going to the bathroom, before preparing or eating food, and after removing latex gloves. Use hand lotion to help keep your hands from becoming chapped or irritated. Intact skin is your first defense against infection!

CLEAN UP

Spills of blood or other body fluids should be cleaned up with a fresh mixture of household bleach (1 part) and water (9 parts). Paper towels should be used and disposed of in a plastic garbage bag. Remember to wear latex gloves during clean-up.

DISCARD GARBAGE

Use caution when disposing of garbage and other waste that may contain infected materials or used needles. Discard material soiled with blood or other body fluids in a sealed plastic bag.

WASH CLOTHES

Soiled items should be stored in sealed plastic bags. Wash soiled clothing separately in hot soapy water and dry in a hot dryer, or have clothes dry-cleaned.

For more copies of this poster or other documents on HIV/AIDS, contact the
Canadian HIV/AIDS Information Centre
☏ 877-999-7740 ✆ 613-725-1205
aidssida@cpha.ca www.aidssida.cpha.ca

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