

**COMMUNICABLE DISEASE PREVENTION IN THE SCHOOL**

**I. POLICY**

The Board of Trustees of the Seven Oaks School Division recognizes the right of the student to a public education. The Board also recognizes its responsibility to protect the health and safety, rights, and privacy of the entire school community regarding communicable disease.

Communicable diseases are illnesses that are spread from person to person in a variety of ways. Common routes of transmission include: droplets, direct contact with body fluids such as blood, urine, feces or saliva, and rarely indirect contact with objects. The best approach is to treat all body fluids as potentially infectious.

All school division staff and personnel have a responsibility to assist in the control of communicable diseases in schools.

**II. GUIDELINES**

The following procedures that support the prevention and spread of communicable disease should be followed:

1. Routine practices should be adopted by all staff to decrease the spread of communicable disease. Routine practices include:
  - Hand Washing
  - Preventative Practices
  - Cleaning and Disinfecting
  - Disposal

(See Appendix 1 – Routine Practices)

2. On rare occasions, the school administrator may require that students or staff stay home during the infectious period. The Public Health Nurses may be consulted.

(See Appendix 2 – Management of Communicable Diseases)

3. In the event of accidental exposure to body fluids, the administrator may contact Health Links at 788-8200 for advice regarding health follow-up.

(See also Policy JGCD Administration of Prescribed Medicine).

**Appendix 1**

# **ROUTINE PRACTICES**

## **Hand Washing and Preventative Practices**

### **Hand Washing**

- Frequent hand washing is the most important way to prevent the spread of infection.

#### ***When***

- After sneezing or coughing, and after contact with body fluids.
- Before and after meals and breaks.
- Before and after using the toilet.
- Before and after preparing food.
- When arriving home and before and after work.

#### ***What With?***

- Soap.
- Running water; water should be warm, but not hot enough to burn skin.

#### ***How?***

- Wet hands thoroughly. This helps increase the effectiveness of the soap.
- Add soap and rub hands together making a soapy lather. Do this for at least 15 seconds (e.g. sing "Happy Birthday"). Pay special attention to fingertips and thumbs.
- Rinse well holding hands downward.
- Dry hands thoroughly with paper towel; use paper towel to turn off taps. At home, try to use individual towels and wash towels regularly.
- Dispose of paper towel in garbage can.

### **Preventative Practises**

- Cover cuts or scratches with a bandage until they are healed.
- Use disposable absorbent material like paper towels to stop bleeding.
- Wear disposable gloves (that meet infection control standards) when you encounter blood or bloodstained body fluid, especially if you have open cuts or chapped hands.
- Wash your hands as soon as you remove your gloves and never reuse the gloves.

### **Cleaning and Disinfecting**

- Immediately clean up blood spills using disposable, absorbent material. Wear

disposable gloves.

- After clearing blood spill with absorbent material, place paper towel over top of site of spill and add bleach solution (one part bleach to nine parts water – 1:9) to towel to avoid splashing blood to larger area.
- Wash with hot, soapy water.

## **Disposal**

- Discard bloodstained material in a sealed plastic bag and place in a lined, covered garbage container.
- Put bloodstained clothes in a sealed plastic bag. Send home with instructions to machine-wash, separately in hot, soapy water.
- Wash hands thoroughly afterwards.

## Appendix 2

### Management of Communicable Diseases

These guidelines, based on those developed by The Canadian Pediatric Society, have been developed to assist parents, schools and day cares to understand the methods of spread and prevention of certain diseases. However it should be remembered that some infected persons might have mild or no symptoms but still be able to spread the disease. Many diseases begin with the same symptoms (e.g. common cold, chicken pox, whooping cough) and are more infectious in the early course of the illness. Consult with your local Public Health Nurse for further information.

#### Respiratory and Other Infections

Prevention:

- Importance of good hand washing.
- Careful disposal of soiled tissue, diapers, etc.
- Cover mouth and nose when coughing, sneezing.
- Immunization if disease is vaccine preventable.

Disease	Transmission (Spread)	Symptoms	Infectious Period/Exclusion
<b>Common Cold</b>	Person to person by sneezing, coughing. Indirect spread by contaminated hands, objects.	Runny nose, sore throat, cough.	Infectious from 1 day before to 7 days after onset. Exclusion not necessary unless too ill to take part in activities.
<b>Scarlet Fever –</b> caused by Group A Streptococcus bacteria	Person to person by sneezing, coughing, rarely by indirect contact with objects.	Rash (feels like sandpaper) most often on the neck, chest, armpits, elbows, groin and thighs. There may be flushing of the cheeks and paleness around the mouth.	Infectious and exclude until 24 hours after treatment has begun.
<b>Strep Throat –</b> caused by Group A Streptococcus bacteria	Person to person.	Fever, sore throat, headache. Should see physician as antibiotic treatment may be required.	Infectious and exclude until 24 hours after treatment has begun.
<b>Conjunctivitis –</b> <b>Pinkeye</b>	Person to person by direct and indirect contact with discharge from eye.	Redness, itching, pain and discharge from the eye. Treatment for infection will be needed if pinkeye due to bacteria.	Infectious for duration of illness or until 24 hours after treatment started, exclude only if discharge is pus and then until the antibiotic has been taken for 1 full day.
<b>Mononucleosis –</b> caused by Epstein-Barr virus	Person to person by saliva.	Fever, sore throat, enlarged lymph nodes, fatigue, weakness. Can last for several weeks. Any age group can get “mono” but illness most noticeable in young adults.	No exclusion necessary unless too ill to attend school or day care. This is due to the fact that illness is not very infectious and may be shed for a long period.

Disease	Transmission (Spread)	Symptoms	Infectious Period/Exclusion
<b>Chicken Pox</b> – varicella zoster virus	Person to person via respiratory secretions and to a lesser extent from the fluid in blisters.	Sudden onset of fever, malaise, rash with small blisters on top which become crusted and itchy.	Spread of chicken pox occurs mainly before blisters appear by the respiratory route. Exclusion from school, day care not necessary unless too ill to take part in activities. Vaccine preventable.
<b>Shingles</b> – herpes zoster	Shingles is a reactivation of the latent virus that causes chickenpox. Spread occurs only from the blister fluid. <ul style="list-style-type: none"> <li>• One cannot get shingles from a case of shingles.</li> <li>• Must have had previous chickenpox illness to get shingles.</li> <li>• A person can get chicken pox from a case of shingles if they have not had the disease.</li> </ul>	Shingles causes numbness, itching or severe pain followed by clusters of blister-like lesions in a strip-like pattern on one-side of the body. The pain can persist after the lesions heal.	Slightly infectious from vesicle fluid. No exclusion necessary unless too ill to take part in activities.
<b>Cytomegalovirus</b> – CMV	Person to person by direct contact with body fluids such as blood, urine or saliva.	Most children have no symptoms when they become infected with CMV and most people eventually become infected. In older children symptoms may include fever, sore throat, enlarged liver and malaise. CMV can be passed from mother to the child before birth and may cause birth defects.	No need for exclusion from child care.
<b>Meningitis</b> – may be caused by bacteria, virus or fungus	Person to person by secretions from nose and throat.	Sudden onset of fever, vomiting, loss of energy, headache, stiff neck and back. <b>Viral:</b> is a serious but rarely fatal. Symptoms last 7-10 days and the person recovers completely. <b>Bacterial:</b> Can be serious and result in death or disability if not treated promptly. Close contacts are treated with antibiotics prophylactically.	No exclusion for viral meningitis. Bacterial meningitis cases are not infectious 24 hours after start of appropriate antibiotics. Contacts of a case do not need to be excluded.
<b>Roseola</b> – caused by a human herpes virus	Method of spread unknown at this time, not very infectious.	Occurs most often in children 6-24 months. Symptoms begin with a fever which progresses to a rash. The rash is mainly on the face and body and looks like small red spots. Gets better without treatment.	No exclusion necessary unless child too ill to participate in activities.
<b>Red Measles</b>	Person to person. Virus present in respiratory secretions.	Moderately high fever, cough, runny nose, inflamed eyes for 1 to 3 days before onset of rash. Rash begins as large red spots which join together. The rash starts on the face and spreads to entire body. Must see physician and Public Health notified. <b>Vaccine preventable.</b>	Infectious for 2 days before onset of fever and cough until 4 days after onset of rash. Cases are excluded until at least 4 days after onset of rash.
<b>German Measles</b>	Person to person. Virus present in respiratory secretions.	Mild fever, sore throat, swollen glands in neck. Rash consists of small red spots which start on scalp and face and spread rapidly over entire body. <b>Vaccine preventable.</b>	Infectious for a few days before onset of rash and 7 days after. Exclude for 7 days after onset of rash.

<b>Disease</b>	<b>Transmission (Spread)</b>	<b>Symptoms</b>	<b>Infectious Period/Exclusion</b>
<b>Whooping Cough</b>	Person to person. Bacteria present in respiratory secretions.	Begins with cold symptoms and cough progresses to spasms that may result in vomiting. <b>Vaccine preventable.</b>	Infectious from onset of runny nose until 3 weeks after onset of spasm – like cough, exclude until 5 days after start of appropriate antibiotics or 3 weeks after onset of cough.
<b>Mumps</b>	Person to person. Virus present in respiratory secretions.	Fever, swelling of salivary glands that cause swelling of cheeks and face. <b>Vaccine preventable.</b>	Infectious for 7 days before and 9 days after onset of swelling. Exclude for 9 days after onset of swelling.
<b>Hand, Foot and Mouth Disease</b>	Person to person. Virus present in respiratory secretions.	May have fever, headache, red spots with small blisters on top may appear especially on hands, feet and inside mouth.	Exclusion not necessary unless too ill to take part in activities. Most infectious before onset of rash and can be excreted in the stool for a period of time.
<b>RSV – Respiratory Syncytial Virus</b>	Person to person. Virus present in respiratory secretions and on contaminated objects or surfaces.	Fever, runny nose, cough and sometimes wheezing. Common cause of bronchiolitis and pneumonia in children under 1 year of age.	Infectious until symptoms stop (usually 8 to 15 days) but there is no need for exclusion unless child too ill attend.
<b>Influenza</b>	Person to person. Virus present in respiratory secretions.	Fever, chills, cough, sore throat, headache, muscle aches.	Infectious until symptoms stop (3 to 5 days) but there is no need for exclusion unless child too ill to attend.
<b>Fifth's Disease (slapped cheek)</b>	Person to person. Virus present in respiratory secretions.	Mild fever, flu-like symptoms. A rash will appear 1 week after onset of symptoms. The rash on the face appears as a "slapped cheek" and spreads to the rest of the body.	Exclusion not necessary unless too ill to take part in activities. Most infectious before onset of rash.

## Skin and Scalp

Disease	Transmission (Spread)	Symptoms	Infectious Period/Exclusion
<b>Head Lice</b>	Person to person. Requires close direct contact. To a lesser extent spread can occur through sharing of combs, brushes, headgear.	Presence of lice and nits in the hair. Scalp itching – usually around the ears or nape of the neck.	Exclude until treated. Nit removal may be necessary to cure some cases.
<b>Scabies</b>	Person to person. Requires close direct contact.	Very itchy rash – usually appears on fingers, elbows, armpits and abdomen. Scabies requires treatment.	Infectious until treated. Exclude until treated.
<b>Molluscum Contagiosum</b>	Person to person by direct contact with the lesions.	Viral skin disease consisting of smooth-surfaced, firm and round papules. Lesions on children are usually on the face, trunk, and upper area of arms and legs.	Treatment with liquid nitrogen or topical applications of salicylic acid. No exclusion but avoid direct contact with lesions.
<b>Ringworm</b>	Spread by direct contact with an infected person or animal or objects or surfaces contaminated with the fungus.	Rash that is flaky and itchy. On the scalp it may leave a flaky patch of baldness and on other areas of the skin is ring like and may itch or burn.	Child excluded until treatment started. The fungus is no longer present when the lesion begins to shrink.
<b>Cold Sores – Herpes Simplex 1</b>	Direct contact with the sores or saliva of infected person.	Fever, runny nose, painful sores on lips or in the mouth.	Exclusion of children with simple Herpes simplex is unlikely to control the spread. However consideration may be given to children with open lesions who are biters or droolers or who mouth toys. Cold sores generally clear up on their own but there are antiviral treatments available. Infectious for 1 week during first infection and 5 days during recurrent cold sores.
<b>Impetigo</b>	Person to person by direct contact.	Pustules or crusted rash on face or exposed parts of body (arms and/or legs). Impetigo requires antibiotic treatments prescribed by a physician.	Infectious from onset of rash until 1 day after start of treatment with antibiotics, exclude until 1 full day of treatment.

## Gastrointestinal

### Prevention:

- Importance of good hand washing – especially after using the bathroom and before preparing food.
- Safe storage and food handling, cooking practices.

<b>Disease</b>	<b>Transmission (Spread)</b>	<b>Symptoms</b>	<b>Infectious Period/Exclusion</b>
<b>E.Coli 0157 – “Hamburger Disease”</b>	Undercooked foods, especially ground beef. Bacteria may be found in stool and thus spread person to person by fecal-oral route.	Fever, diarrhea, cramps, and may have blood in stool.	Exclude until diarrhea is gone, may continue to excrete germ for a period of time.
<b>Cryptosporidiosis</b>	Spread by fecal-oral transmission, ingesting contaminated food or water.	Watery diarrhea and stomachache, nausea and vomiting, fever.	No treatment recommended except fluid replacement, infectious as long as cysts excreted (several weeks). Exclusion of children until diarrhea stops.
<b>Salmonella</b>	Acquired mainly from improperly prepared food, eggs, poultry, beef, and unpasteurized milk. Can also be spread person to person.	Diarrhea, fever, occasionally blood in stool.	Exclude until diarrhea is gone, may continue to excrete germ for a period of time.
<b>Shigella</b>	Person to person spread. Contaminated food and water.	Diarrhea, fever, blood and mucous in stool.	Exclude until diarrhea is gone and negative stool cultures may be necessary due to highly infectious germ.
<b>Campylobacter</b>	Undercooked chicken, pork, raw milk, contaminated water, contact with infected pets.	Diarrhea, fever.	Exclude until diarrhea is gone, may continue to excrete germ for a period of time.
<b>Giardia – “Beaver Fever”</b>	Parasite in stool. Person to person spread. Ingestion of water contaminated with feces.	Diarrhea, cramps, excessive gas. Do not drink water from unfiltered lakes and streams without treating appropriately.	Exclude until diarrhea is gone, may require treatment.
<b>Hepatitis A</b>	Virus in stool. Person to person spread (fecal – oral) and from contaminated food and water.	May have fever, loss of appetite, nausea, vomiting and jaundice. Most children may have no symptoms. Immune globulin may be given to close contacts of cases.	Exclude for 1 week after onset of jaundice.
<b>Rotavirus</b>	Person to person.	Fever and vomiting precede watery diarrhea.	Exclude until diarrhea is gone.
<b>Pinworms</b>	Eggs of the parasite (worm) are spread from person to person by contaminated hands. Eggs can survive for several weeks outside the body.	Itching around the anus or vagina (many children have no symptoms). Pinworms require medication prescribed by a physician.	Treatment prescribed by a physician may be necessary, exclusion not needed.



## Sexually Transmitted Diseases

Disease	Transmission (Spread)	Symptoms	Infectious Period/Exclusion
Chlamydia	By sexual contact with an infected partner.	<b>Females:</b> discharge, itching, difficulty urinating, pelvic pain (more than 70% may not have symptoms). <b>Males:</b> discharge, itching, and difficulty urinating (more than 50% may not have symptoms).	Infected until treated with Azithromycin, 1 gram given immediately.
Gonorrhea	By sexual contact with an infected partner.	Same symptoms as chlamydia, but more noticeable and pronounced (more than 50% of males and females may not have symptoms).	Infected until treated with Cefixime, 400 mg given immediately.

## Blood Borne

Disease	Transmission (Spread)	Symptoms	Infectious Period/Exclusion
<b>HIV</b>	By contact with infected blood (sharing needles, blood transfusions), unprotected sexual intercourse with infected person, mother to baby before or during birth.	Failure to gain weight, diarrhea, persistent infections, pneumonia.	May be infectious for life, no need to exclude.
<b>Hepatitis B</b>	By contact with infected blood (sharing needles, blood transfusions), unprotected sexual intercourse with infected person, mother to baby before or during birth.	May show no symptoms, may cause liver disease. <b>Vaccine preventable.</b>	May be infectious for life, no need to exclude.
<b>Hepatitis C</b>	By contact with infected blood (sharing needles, blood transfusions).	May show no symptoms, may cause liver disease.	May be infectious for life, no need to exclude.