

COMMUNICABLE DISEASES RESOURCE

DDSB
Ignite Learning

DURHAM REGION
HEALTH DEPARTMENT

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Introduction

School environments and classrooms have the potential to be conducive environments for the transmission of communicable diseases due to the close contact of students and the sharing of materials. Education workers can also be at risk for contracting a communicable disease.

This resource is designed to increase the knowledge of Durham District School Board staff about communicable diseases that could occur in the school setting and steps that can be taken to reduce or prevent the transmission. Information is presented in a format that allows it to be easily referenced and shared with parents, guardians and staff. Additional information can also be found in the DDSB Policy and Procedure: Communicable Diseases.

The Durham District School Board sincerely thanks the Durham Region Health Department for their partnership in keeping our schools healthy and safe and for contributing their guidance to the update of this resource.

Staff requiring additional information not contained in this resource can contact Durham Health Connection Line at 1-800-841-2729 or 905-668-2020 or visit durham.ca/health.

Privacy and Personal Health Information

The protection of privacy in Ontario school boards is legislated by the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA) and the Personal Health Information Protection Act, 2005 (PHIPPA). These laws require that the Board protect the privacy of individuals with respect to personal information about themselves held by institutions and to provide individuals with a right of access to their own personal information. The protection of privacy includes the appropriate collection, use, retention and disclosure of personal information, including the use of appropriate security measures to protect information from unauthorized access.

Personal health information is information about an individual that pertains to health care, including information about an individual's physical or mental health, receipt of health care services and health number.

Where a student or staff member has been diagnosed with an illness or communicable disease, school staff have a legal requirement to protect that individual's personal health information. The adherence to **Routine Practices** as outlined in this resource and as promoted through public health will protect students and staff without requiring the release of personal health information.

For additional information, please refer to DDSB Board Procedure: Privacy.

Guiding Principles

This document is intended to act as a resource for school administrators, offices and school officials and is by no means exhaustive. When a school is first informed/becomes aware of a connection to a “communicable disease/condition”, the following steps are suggested as the pathway for “next steps”:

* Gather all pertinent information/details from source (i.e. parent/guardian, DRHD Public Health Nurse)

* Refer to this resource for information/direction

* IF, still unclear of next steps after referring to this resource…

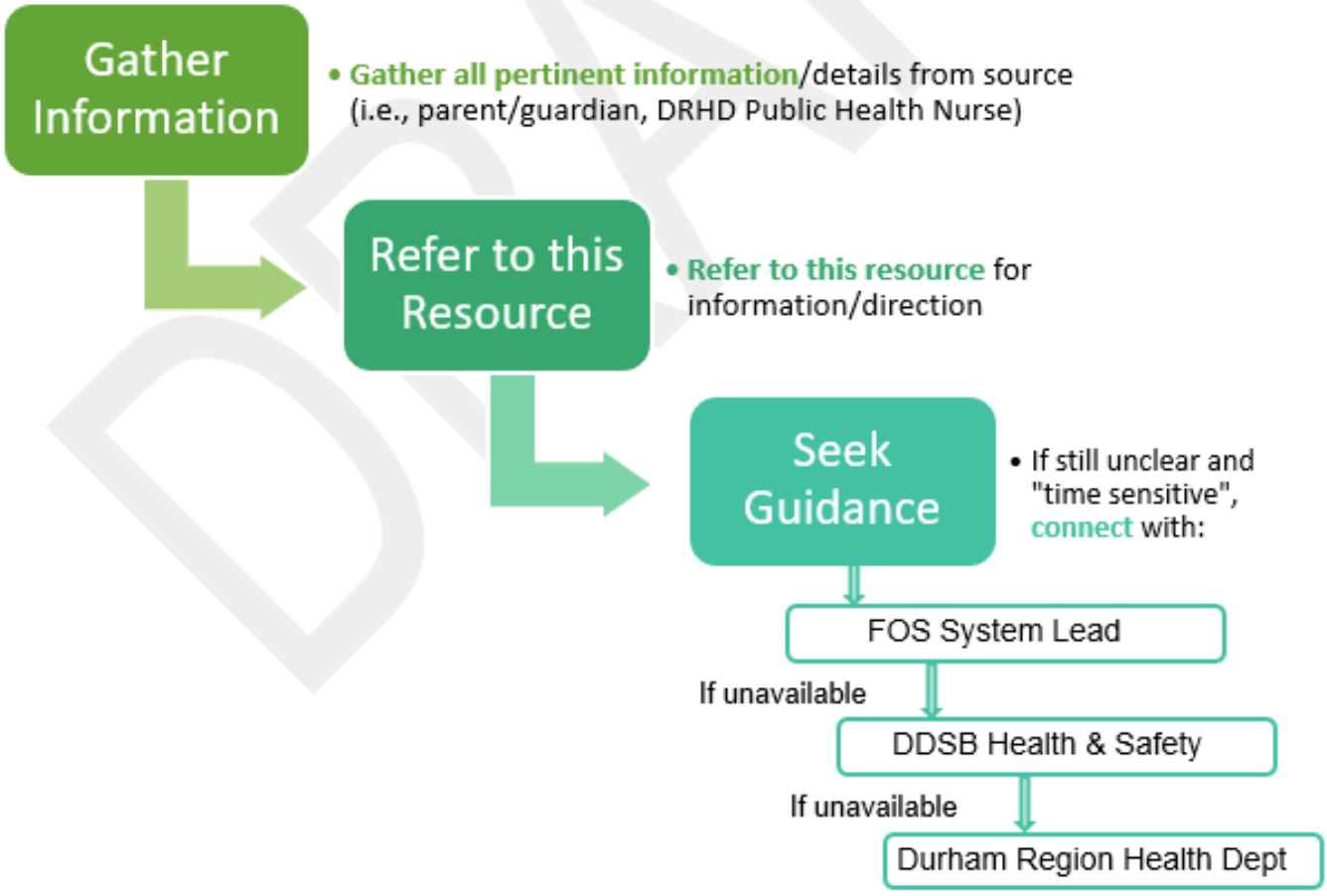
    * connect with your area FOS System Lead

* IF, your System Lead is unavailable and this case is “time sensitive”

    * connect with the DDSB Health & Safety Department

* IF, Health & Safety Dept. is unavailable and this case is “time sensitive”

* Connect with Durham Region Health Department (905) 668-2020



At the start of the school year, it is recommended that school administrators and childcare partners establish a communication plan for DRHD declared outbreaks and/or increases in diseases above baseline. This especially includes the reciprocal sharing of communicable disease trends in each setting (childcare & school), given there could likely be crossover participation/attendance within each setting (i.e. before/after care; siblings etc.). Please bear in mind, the strict adherence to privacy protocols is essential during all communications.

School Public Health Nurse

Each school in Durham Region has an assigned public health nurse working in collaboration with the school to promote health and wellbeing of the school community.

Your school public health nurse can provide support with:

- Assessing the health needs of the school and identifying health topic of focus
- Supporting Schools Health Teams with planning/implementing health initiatives
- Utilizing the Ontario Ministry of Education's Foundations for a Healthy School to develop strategies and activities in the 5 broad areas that contribute to a healthy school:
    - Curriculum, Teaching and Learning
    - School and Classroom Leadership
    - Student Engagement
    - Social and Physical Environment
    - Home, School and Community Partnerships
- Evaluating the success and challenges of planned activities
- Supporting the development of health policies and guidelines
- Conducting vision screening for SK students
- Linking to other Health Department programs/divisions or community agencies

Attending School

Students or staff can attend school if they:

- Have a runny nose or a little cough, but no other symptoms. No new or worsening cough or runny nose
- Have not needed to take medicine for a fever in the last 24 hours
- Have not vomited or had diarrhea in the last 48 hours

Students or staff should stay at home if they:

- Have new symptom(s), worsening, and not related to other known causes or conditions
- Respiratory symptoms include cough, runny or stuffy/congested nose, sore throat, shortness of breath, fever and/or chills
- Have fever greater than 38°C
- Are vomiting or have diarrhea
- Have pink or crusty eyes
- Have a cough that keeps them awake
- Have a sore throat
- Have a diagnosed or suspected infection or disease that can be spread to teachers or friends
- Are not well enough to participate fully in activities.

In addition to staying home, students or staff should be seen by a health care provider if they:

- Have had a fever greater than 38°C for longer than 2 days
- Have been vomiting or had diarrhea for longer than 2 days
- Have had a runny nose and it is not getting better
- Are still having asthma symptoms after using regular asthma medication

Reportable Diseases

The following diseases are reportable to the local Medical Officer of Health (Ontario Reg 135/18) under the Health Protection and Promotion Act.

For Durham Region Health Department reporting contacts and information, please refer to the following:

Diseases of Public Health Significance

Chickenpox (Varicella)

What is it?

Chickenpox is a highly contagious disease caused by the *varicella zoster* virus.

Symptoms:

- Fever greater than 38°C
- Feeling tired, loss of appetite, headache
- Rash starts with tiny red spots that quickly become fluid-filled blisters. Depending on skin tone, the rash can be red, pink, darker or the same colour as surrounding skin
- Rash may show up on chest, back and face, then spread over entire body
- Symptoms typically appear 10 to 21 days after exposure to an infected person

Transmission:

Chickenpox is easily spread from through:

- Coughing and sneezing
- Saliva
- Direct contact with fluid from chickenpox blisters

People who have chickenpox can spread the virus 1-2 days before the rash **appears** until all blisters are crusted**,** usually about five days after the rash **begins.**

Prevention / Treatment:

- Frequent, thorough hand hygiene
- Covering the mouth when coughing or sneezing
- Children with chickenpox may not attend school until fever free
- Varicella vaccine is available
- Antiviral or immunoglobulin medications can be prescribed by a physician to decrease the risk of serious disease

Special Considerations:

Chickenpox can be more serious and if exposed, a doctor be consulted for:

- Newborns/Premature babies and individuals who are or may be pregnant
- Individuals with impaired immune systems

Reporting:

Chickenpox is a **reportable disease**.

The Ministry of Health requires the total number of chickenpox cases by age group be reported to your local health department.

Schools are required to report cases of chickenpox in both students and staff to Durham Region Health Department every month, even when there are no cases to report.



Resources:

For more information, see DRHD Facts About…

Monthly Chickenpox Reporting Form - Durham Region

Hepatitis A

What is it?

Hepatitis A is a disease caused by a virus often affecting the liver.

Symptoms:

- Fatigue
- Fever
- Abdominal discomfort
- Loss of appetite
- Nausea
- Diarrhea and sometimes
- Jaundice (skin and whites of eyes turn yellow).

Symptoms occur within 15-50 days of becoming infected, usually within 28-30 days.

Transmission:

The Hepatitis A virus is found in the stool of infected persons. The virus is usually spread from person-to-person through fecal/oral contact or through contaminated food and water. Disease transmission is common among household members and sexual contacts of infected cases.

Prevention / Treatment:

- Good hygiene
- Frequent, thorough hand hygiene

Hepatitis A vaccine provides protection against disease.

Travellers going into areas with high incidences of Hepatitis A should be vaccinated prior to travel. All individuals involved in food handling and toileting or diapering in child care situations are at greater risk and should maintain excellent hand-washing techniques.

Supporting Resources:

Hepatitis A is a **reportable disease**.



Resources:

DRHD Facts About…

Hepatitis B

What is it?

Hepatitis B is a virus that can attack and damage the liver. Some Hepatitis B carriers may develop chronic (life-long) liver disease and are at risk for liver scarring (called cirrhosis) and liver cancer.

Symptoms:

Symptoms usually come on slowly (often 2-3 months and as late as 9 months after being infected) and include:

- Loss of appetite
- Stomach discomfort
- Feeling very tired
- Joint pain
- Fever
- Jaundice (where skin and whites of eyes turn yellow)
- Dark urine

While most adults recover fully, death from acute hepatitis B can occur. Blood tests are required to confirm diagnosis of Hepatitis B.

Transmission:

Hepatitis B is transmitted through exposure to infected blood and body fluids. Transmission may include sharing needles, sharing of personal items such as razors or manicure tools, needle stick injury, contaminated body piercing and tattooing equipment, sexual contact and transfer of Hepatitis B virus from an infected mother to baby during birth.

Prevention / Treatment:

There is no cure for Hepatitis B but treatment is available for some people. Anybody with chronic Hepatitis B should be referred to a health care provider for follow up.

Hepatitis B vaccine provides immunity against the disease and is routinely given to all grade seven students in Ontario in conjunction with DRHD. Avoid sharing personal items (razors, toothbrushes, manicure equipment. Use routine practices. Practice safe sex.

Special Considerations:

Vaccination is recommended for those involved in the following high risk behaviours: injecting drugs, sexually active with multiple partners, sexual/household contact with infected persons, birth of children to infected mothers, employment in health care and other professions requiring use of needles, people on hemodialysis, and those working with developmentally challenged individuals.

Additional Information:

Protection during sexual contact is necessary to avoid the spread. Use protective measures when there is potential contact with other people's blood/body fluid (e.g. gloves, eyewear).

Supporting Resources:

Hepatitis B is a reportable disease.



Resources

DDSB Health Referrals-Hepatitis B

DRHD Facts About…

Hepatitis C

What is it?

Hepatitis C is a virus that attacks the liver. Most people do not know that they are infected with Hepatitis C. Some people will be able to clear the infection on their own, however 75-85% of infections become chronic if left untreated. People with Hepatitis C are more likely to develop chronic conditions like cirrhosis or liver cancer.

Symptoms:

Most people with Hepatitis C have no symptoms. Symptoms can start slowly and progress over time. Symptoms include:

- Fatigue
- Abdominal discomfort
- Loss of appetite
- Nausea
- Vomiting
- Possible jaundice (skin and whites of eyes turn yellow).

Transmission:

Hepatitis C is spread when the blood of an infected person gets into the bloodstream of another person.

The following groups are at higher risk for hepatitis C infection:

- People who have had invasive medical or dental procedures
- People who inject and/or inhale drugs (past or present)
- People who share drug-using equipment (needles, straws, pipes, spoons, cookers)
- People who receive body piercings, tattoos, electrolysis, and/or acupuncture
- People who share self-care items (razors, toothbrushes) with an infected person
- People who have received dialysis
- People who are infected with HIV
- People who have had unprotected sex with the same sex or opposite sex
- Sex trade workers
- Workers exposed to supplies or needles that contain blood
- People who have received blood products or tissue/organ transplant in Canada before 1992

Prevention / Treatment:

There is no vaccine for Hepatitis C. Do not share needles or drug equipment. Practice safer sex. Avoid sharing personal care items (e.g. toothbrush, nail clippers). Use routine practices.

Supporting Resources:

Hepatitis C is a **reportable disease**.



Resources:

DRHD Facts About…

Influenza

What is it?

Influenza ("the flu") is an acute, highly infectious viral disease of the respiratory tract affecting nose, throat, and lungs.

Symptoms:

Symptoms include:

- Fever greater than 38°C
- Chills
- Headache
- Stuffy/Runny nose and/or sneezing
- Sore throat
- Chest discomfort and/or cough
- Muscle aches and pains
- Feeling tired/lethargy/irritability
- Nausea/Vomiting
- Diarrhea, especially in children

Transmission:

Influenza virus is transmitted easily from person to person through:

- Droplets when infected person coughs or sneezes
- Contact with surface that has flu virus, then touching mouth, eyes, or nose

An infected person can spread the virus from **one day before symptoms** start up to **5 days after** becoming sick.

Anyone with respiratory symptoms should stay home until fever/symptom-free for a minimum 24 hours or as otherwise directed.

Anyone experiencing enteric symptoms (e.g. vomiting, diarrhea) should remain home until fever/symptom-free for a minimum 48 hours or as directed.

Prevention / Treatment:

- Frequent, thorough hand hygiene
- Cleaning shared surfaces
- Avoid touching eyes, nose and mouth
- Covering mouth and nose when sneezing or coughing

Annual vaccination against flu is recommended for everyone, especially those at higher risk of complications, including people over sixty-five and those of all ages with chronic diseases of the heart, lung or kidneys, diabetes, and those immunosuppressed or anemic.

Supporting Resources:

Influenza is a **reportable disease.**



Resources:

DRHD Facts About…

Seasonal Influenza Vaccines

Facts about Influenza (the Flu)

Measles

What is it?

Measles is a highly contagious disease caused by a respiratory virus.

Symptoms:

- Fever greater than 38°C
- Runny nose
- Cough
- Red and watery eyes
- Drowsiness, irritability
- Small white spots on inside of mouth and throat
- A red, blotchy rash appears 3-7 days after onset of symptoms. Depending on skin tone, the rash can be red, pink, darker or the same colour as surrounding skin

Transmission:

Measles is highly contagious **from 4 days before to 4 days after the start of the rash**. The virus can **live up to two hours** in the air or on surfaces. Symptoms may start anywhere from seven to 21 days after exposure to someone with measles.
It is easily spread from person to person through:

- Airborne droplets when an infected person coughs or sneezes
- Touching saliva, nose or throat secretions

Prevention / Treatment:

- Frequent, thorough hand hygiene
- Covering the mouth when coughing or sneezing
- Vaccination is best for prevention
- Do not share water bottles, straws, eating utensils, etc.

Should not attend school for 4 days after the onset of the rash.

Reporting:

Measles is a **reportable disease**.



Resources:

For more information, see DRHD Facts About…

Meningitis (Bacterial or Viral)

What is it?

Meningitis is an infection of the tissues covering the brain and the spinal cord. There are several causes of meningitis including bacteria or viruses.

Bacterial meningitis is a rare but serious infection. Viral meningitis is also serious but often less severe than bacterial meningitis.

Symptoms:

- Fever greater than 38°C
- Severe headache
- Vomiting
- Confusion
- Stiff neck
- Sensitivity to light
- Rash
- Drowsiness

Transmission:

Bacterial meningitis:

- Through close contact with saliva, nose or throat secretions of infected persons such as coughing, kissing, sharing of eating utensils or drinks, sharing of toys, etc.
- Sharing sleeping space may increase risk of getting the disease

Viral meningitis:

- Through close contact with saliva, nose or throat secretions or stool of infected person

Prevention / Treatment:

- Cough/Sneeze into elbow and disposal of facial tissues properly
- Wash hands frequently and thoroughly
- Avoid sharing eating and drinking utensils, water bottles, cigarettes, etc.
- Keep up to date with immunizations

Bacterial meningitis:

- Treated with antibiotics. Antibiotics and/or vaccine may be given to household members and close contacts in order to prevent the spread of the disease and to eradicate the bacteria. Seek immediate medical attention if infection is suspected
- Excluded until **24-48 hours** after prescribed treatment has been started

Viral: Depends on specific virus. Antibiotics are not useful for treatment.

Students in Grades 7-12 are able to receive the Meningococcal quadrivalent conjugate (Men-C-ACYW-135) vaccine for free through the DRHD school immunization clinics.

Supporting Resources:

Bacterial Meningitis is a **reportable disease**.



Resources:

DRHD Facts About…

Facts about... Meningococcal Quadrivalent Conjugate (Men-C-ACYW-135) Vaccine (durham.ca)

Mumps

What is it?

Mumps is an infection caused by a virus that commonly causes swelling of one or more of the salivary glands.

Symptoms:

Common symptoms include:

- Swollen or tender salivary glands under the ears on one or both sides of face
- Fever greater than 38°C
- Headache
- Fatigue
- Loss of appetite

Transmission:

The virus that causes mumps can spread from:

- Droplets when infected person coughs or sneezes
- By touching saliva, nose or throat secretions
- Oral contact, such as kissing or sharing drinks, etc.

A person with mumps can spread the virus from **7 days before to 5** days after symptoms develop.

Prevention / Treatment:

- Proper use and disposal of facial tissues
- Frequent, thorough hand hygiene
- Cover your mouth and nose when coughing or sneezing
- Avoid sharing eating and drinking utensils, water bottles, cigarettes, toothbrushes, etc.
- Stay home and isolate from others
- Keep up to date with vaccinations

Children should not attend school until 5 days after the onset of swollen salivary glands. Mumps can be prevented with a two-dose measles, mumps, and rubella (MMR) vaccine.

Supporting Resources:

Mumps is a **reportable disease.**



Resources:

DRHD Facts About…

Rabies

What is it?

Rabies is a serious but preventable viral disease affecting the central nervous system of humans and warm-blooded animals. Once symptoms appear, the disease is fatal.

All bites to humans from mammals must be reported to Health Department for immediate follow-up.

Symptoms:

Common symptoms include:

- Non-specific fever
- Headache
- Fatigue
- Neurological symptoms such as anxiety, confusion and agitation as disease progresses

Transmission:

- Transmitted through the bite or scratch of an infected animal.
- Virus is spread from one animal to another, or from an animal to a human, through close contact with infected saliva
- 3-7 days before the onset of symptoms and throughout the course of disease (depending on animal species)

Prevention / Treatment:

- Decrease chance for infection by thoroughly washing wound with soap and water, and promptly seeking medical attention
- Treatment may include vaccination and injection of antibodies

Supporting Resources:

Rabies is a **reportable disease.**



Resources:

DRHD Facts About…

Rubella (German Measles)

What is it?

Rubella (German Measles) is a highly contagious infection caused by a virus.

Symptoms:

- Runny nose
- Red eyes
- Low grade fever
- Rash beginning on face, progressing down torso, arms and legs, lasting about 3 days
- Swollen and tender glands
- Headache
- Fatigue
- Joint pain

Up to half of children and adults infected with rubella don't develop any symptoms. Symptoms generally develop within 2 to 3 weeks after contact with infected person.

Transmission:

Rubella is spread through:

- Contact with discharges from the nose or throat through coughing, sneezing, or talking
- Contagious from 7 days before, to 4 days after the onset of the rash

Prevention / Treatment:

- Frequent, thorough hand hygiene
- Cover mouth and nose during coughing or sneezing
- Avoid sharing eating and drinking utensils, water bottles, and cigarettes.
- Rubella can be prevented with a two-dose measles, mumps, and rubella (MMR) vaccine.

Children are considered **contagious 7 days before to 4 days after the onset of the rash**, and if confirmed should not attend school during this period.

Special Considerations:

Pregnant individuals who have been exposed to rubella and who are not immune should consult with their physician.

Supporting Resources:

Rubella is a **reportable disease**.



Resources:

DRHD Facts About…

Tuberculosis

What is it?

Tuberculosis (TB) is a disease caused by bacteria called *Mycobacterium tuberculosis*. The bacteria usually attack the lungs (pulmonary) but may travel via the bloodstream and affect the bones, kidneys, liver, brain, joints, intestines, skin, lymph nodes and reproductive organs (extrapulmonary). There are two conditions, TB infection (TBI) and TB disease (active TB).

Symptoms:

TB infection:

- may not have any symptoms and may not know if they are infected unless they have a positive TB skin test or TB blood test. The body's immune system fights the bacteria to stop it from growing and most often will not progress to TB disease, however, higher risk for those with weak immunity

TB disease (Active TB):

- Cough, often coughing up mucus or blood and pain in chest
- Fever
- Sweating at night
- Weight loss, loss of appetite
- Weakness

Transmission:

- TB is spread through the air. People with active TB (disease) in the lungs can transmit the disease through the air by coughing, sneezing, singing, or talking
- A person with TB infection cannot spread the bacteria to others

Prevention / Treatment:

- Cover your mouth and nose during coughing or sneezing
- Frequent, thorough hand hygiene is recommended
- Tuberculosis disease is treated with several antibiotics over several months with close medical supervision, usually by an infectious disease specialist.
- Tuberculosis infection can also be treated with antibiotics for several months to prevent active disease from developing

All of these antibiotics are available free of charge, arranged through the Durham Region Health Department. Persons with active Tuberculosis disease are monitored closely to ensure treatment is effective and indicate when the person is no longer infectious to others.

They must not attend work, school or public activities until considered non-infectious, meaning they no longer can transmit the disease to others. The DRHD will determine the length of the exclusion.

Supporting Resources:

Tuberculosis is a **reportable disease.**



Resources:

DRHD Facts About…

Whooping Cough (Pertussis)

What is it?

Pertussis, also known as whooping cough, is a bacterial infection that attacks the respiratory system. Infants under 12 months of age are at high risk for severe illness.

Symptoms:

Early symptoms resemble those of the common cold including

- Sneezing
- Runny nose and a mild cough

Within 1-2 weeks:

- Cough becomes more severe and includes episodes of numerous rapid coughs followed by a high pitched “whoop”
- Vomiting is common following repeated coughing spells

Vaccinated individuals who become ill with pertussis usually have only mild illness.

Transmission:

Pertussis is spread easily from person to person through:

- Droplets when infected person coughs or sneezes
- Touching saliva, nose or throat secretions
- By sharing water bottles, straws, eating utensils, toys, etc.

Prevention / Treatment:

- Frequent, thorough hand hygiene
- Cover your mouth and nose when coughing or sneezing
- Avoid sharing eating and drinking utensils, water bottles, etc.
- If you are sick, stay home and isolate from others

Vaccination against the complications of pertussis is recommended for children beginning at two months of age and ending before seven years of age. For adults, a single dose may be given when the person is due for their next diphtheria and tetanus booster.

Special Considerations:

People with whooping cough should stay out of contact with other children, especially babies and persons in their 3rd trimester of pregnancy until 5 days of antibiotics have been taken.

All children less than seven years of age and not immunized are at risk and should consider vaccination.

Exclusion is for 5 days after the start of appropriate treatment.

Exclusion is for 21 days after onset of cough if untreated.

Supporting Resources:

Pertussis is a **reportable disease**.



Resources:

DRHD Facts About…

Diseases of Interest

These diseases are NOT reportable to Durham Region Health Department but may require medical intervention.

Conjunctivitis (Pink Eye)

What is it?

Commonly known as “pink eye” it is an infection of the covering of the eye and the inside of the eye lid. It may be caused by bacteria or a virus. Pink eye can be caused by allergies, exposure to chemicals, smoke, and other irritants, injury, or excessive rubbing.

Symptoms:

- Itchy, painful eye(s)
- Excessive tearing
- Pink or red colour in the white part of the eye
- Swollen eyelids
- Sensitivity to light
- Pus draining from the eyes can lead to crusting of the eyelids during sleep

Transmission:

Pink eye is easily spread through:

- Contact with infected person’s tears, eye discharge, or runny nose
- Sharing articles contaminated with an infected person’s eye secretions
- Droplets when an infected person coughs or sneezes

Prevention / Treatment:

- Use a warm, wet paper towel to remove crust from around eyes. Carefully dispose it once it has contacted the area of the eye
- Avoid touching the affected eye(s)
- Washcloths, towels and bedding should not be shared, and should be washed in hot soapy water
- Frequent hand hygiene

Viral pink eye: Contagious for 10 to 12 days after start of symptoms. Should stay home until health care provider indicates can return to school.

Bacterial pink eye: Contagious until 24 hours after antibiotic treatment has started.

Supporting Resources:

Conjunctivitis is not reportable.



Resources:

DRHD Facts About…

Fifth Disease

What is it?

Fifth Disease (*erythema infectiosum*) is a common virus illness caused by the human parvovirus B19. It is more common in children than adults.

Symptoms:

- Fever greater than 38°C
- Feeling unwell
- Headache
- Nause/Vomiting
- Mild cold symptoms before rash appears
- Rash on face “slapped cheek appearance”
- Red, blotchy, lace-like rash appears on torso about 4-days after illness starts. The rash may be less obvious on brown and black skin. The rash may be itchy. It can fade but may come and go over the next 1-3 weeks
- Parvovirus B19 can also infect adults. Adults may experience fever and joint pain. It can also cause anemia and other complications

Transmission:

The virus is transmitted by direct contact with the saliva, nasal and throat secretions of an infected person. Most adults are immune to this virus.

Prevention / Treatment:

Most people recover from Fifth Disease without any treatment. Due to its viral nature, medication may be given to treat symptoms and to keep the individual comfortable.

- Frequent hand hygiene
- Cover mouth and nose during coughing or sneezing
- Avoid sharing eating and drinking utensils, water bottles, and cigarettes.

Special Considerations:

About half of people of childbearing age have had parvovirus B19 in early life and have developed immunity to this virus. However, if a person is infected with the virus for the first-time during pregnancy, there is a very small risk that her infant may be affected. If you are pregnant, follow up with your doctor/health care provider. It is not necessary to be excluded from your workplace if you are pregnant. The decision to stay away is a personal choice for a person to make after discussing the risks with her doctor and employer.

Individuals who are immunocompromised, or who have anemia should also see their doctor if exposed.

If there is a confirmed case of the Fifth disease in a classroom/workplace, the Administrator will notify all staff as soon as possible. The Administrator will contact the Operations Department for assistance with next steps. A notice will be posted on the entrance door. Staff prevented by their physician from entering their school/worksite should notify their Administrator and may be re-assigned temporarily to another worksite.

Supporting Resources:

Fifth Disease is **NOT** a reportable disease.



Resources:

DRHD Facts About…

Hand, Foot and Mouth Disease

What is it?

Hand, foot and mouth disease is a common childhood infection caused by enteroviruses, usually Coxsackie virus.

Symptoms:

- Fever greater than 38°C
- Sore throat
- Headache
- Loss of appetite
- Lack of energy
- Vomiting/Diarrhea
- Small, painful ulcers in the mouth
- Rash with small blisters that appear on the palms of the hands, soles of feet and buttocks

Transmission:

- Contact with saliva, mucus or the stool of an infected person
- Most contagious during the first week of illness
- Virus can last 7-10 days
- Virus may remain in the stool for 4 weeks after onset of illness

Prevention / Treatment:

There is no specific treatment for hand, foot and mouth disease. Over the counter medications can help with fever and pain and drinking fluids is important to prevent dehydration.

- Frequent hand hygiene
- Cover your mouth and nose when coughing or sneezing
- Avoid sharing eating and drinking utensils
- Wash your hands after handling soiled articles and diapers
- Wash articles soiled with nose and throat discharges, including toys, in soapy water

Stay home until fever free and feel well enough to participate.

Supporting Resources:

Hand, Foot and Mouth Disease is NOT a reportable disease, but may require medical intervention.



Resources:

DRHD Facts About…

Impetigo

What is it?

Impetigo is an infection of the skin, commonly found around the mouth or nose. The virus is caused by Staphylococcus or Streptococcus bacteria. Impetigo infection can cause skin infections, especially if someone has dry skin, eczema, burns, scratches, cuts, or insect bites.

Symptoms:

- Rash of bumps or blisters that may ooze fluid (can be red, pink, darker or same as skin)
- Most commonly affects areas around mouth, nose or exposed skin

Transmission:

- Spreads when someone touches the bumps or blisters of an impetigo infection
- Can also be spread on bed linens, towels or clothing that have been in contact with infected skin
- Occasionally it may spread when an infected person coughs or sneezes and the airborne droplets touch the rash and then another person

Prevention / Treatment:

Impetigo can be treated by antibiotics prescribed by a physician.

- Proper use and disposal of facial tissues
- Frequent hand hygiene (especially after touching/scratching the rash or blisters)
- Avoid sharing eating and drinking utensils
- Toys, equipment and commonly touched surfaces should be disinfected.
- Cover mouth when coughing or sneezing
- Wash any soiled articles in hot, soapy water

Children should stay home from school until 24 hours after treatment has been started

Supporting Resources:

Impetigo is **NOT** a reportable disease.



Resources:

DRHD Facts About…

Mononucleosis

What is it?

Mononucleosis (mono) is an infection caused by a virus (commonly the Epstein-Barr virus).

Symptoms:

Symptoms include:

- Tired/Weak (often for months)
- Fever
- Sore throat/swollen lymph nodes
- Headache
- Body aches
- Rash
- Lack of appetite.
- Sometimes, a swollen spleen or liver involvement may develop

Transmission:

The Epstein-Barr virus is usually found in saliva and mucus. It is usually transmitted through saliva. In children, it is usually spread by coughing or by sharing items or toys that have been exposed to the virus. In teens, it is usually spread through sharing drinks and food or by close contact, like kissing.

Prevention / Treatment:

Symptoms can be relieved by getting enough rest, drinking plenty of fluids to stay hydrated. Taking analgesics under direction of your health care provider to ease fever, aches and pain.

- Frequent hand hygiene
- Cover mouth when coughing/sneezing
- Do not share personal items that have been in contact with saliva, or nose and throat secretions (water bottles, straws, food, eating utensils, toothbrushes or toys)
- Properly wash and sterilize objects that have come in contact with the sick person's saliva
- Avoid kissing until the fever has been gone for several days

Special Considerations:

A serious concern with mononucleosis is that the spleen can become enlarged and even rupture. Signs of a ruptured spleen include pain in the upper left part of the abdomen, feeling lightheaded, increased heart rate and difficulty breathing. Exercise and sports activities (especially contact sports) should be avoided until the physician advises that the risk of rupturing the spleen is minimal, (usually 3-4 weeks after the infection starts).

Return to school with consultation from physician.

Supporting Resources:

Mononucleosis is not a reportable disease.



Resources:

HealthLinkBC: Mononucleosis

Norovirus

What is it?

Noroviruses are a common cause of gastrointestinal illness. These very small viruses are difficult to detect and are a common cause of outbreaks in institutions such as nursing homes, hospitals, day cares and schools, as well as on cruise ships and at banquets.

Symptoms:

Symptoms usually occur 1-2 days following contact with the virus, and include:

- Nausea/Vomiting
- Watery diarrhea
- Stomach cramps
- Headache
- Muscle aches
- Mild fever/chills

Transmission

- Contact with infected persons
- Consuming contaminated food or drinks
- Touching contaminated surfaces such as railings, doorknobs, or bathroom fixtures then putting your hands in your mouth

Prevention / Treatment:

There is no specific treatment, Vaccines and antibiotics cannot prevent or treat.

- Rest and replace fluids lost from vomiting and diarrhea is helpful. A replacement electrolyte solution may be recommended for severe cases
- Frequent hand hygiene
- Proper washing of raw fruits and vegetables before consumption
- Ensure shellfish is properly cooked
- Clean and disinfect surfaces that have come into contact with vomit/diarrhea
- Wash clothing/linens that have come into contact with vomit/diarrhea

People with symptoms should stay home for 48 hours after symptoms resolve.

Special Considerations:

Cleaning and disinfecting of shared surfaces and equipment is essential. School principal should consult with custodial staff for additional cleaning and disinfection.

Supporting Resources:

Individual cases of Norovirus are not reportable; however, a significant increase in the number of cases (trending upward) in any one school should be communicated to Durham Region Health Dept.



Resources:

DRHD Facts About…

Pediculosis (Head Lice)

What is it?

Head Lice are tiny insects that live on the scalp of humans. Head lice can be found on the hair very close to the scalp, eyebrows and eyelashes. The saliva from head lice may cause itching. Head lice are a nuisance, but rarely cause health problems. They are not a result of lack of cleanliness.

Symptoms:

- First symptoms are itching and scratching of the head. Some people do not itch at all
- Scratch marks may be seen on the neck and scalp and may look like a rash
- Adult lice are greyish brown in colour and the size of a sesame seed. They move fast and are hard to see
- Lice eggs (nits) are produced by the female lice, are easily seen and will be firmly attached to the hair shaft close to the scalp (3-4mm from the scalp)
- Nits may look like dandruff but are not easily removed
- Nits hatch in 7-10 days and lice can survive for 1-2 days away from the scalp

Transmission:

Anyone can get head lice. They are very common among school-aged children or children attending day care. They spread through:

- Direct head-to-head (hair-to-hair) contact
- Indirect contact from items such as shared hats, combs, hairbrushes, hair accessories and headphones
- Lice cannot fly or hop, but they crawl very quickly
- Head lice do not live on pets, such as cats and dogs

Prevention / Treatment:

- Teach children not to share combs, brushes, hair accessories, hats, headphones
- Avoid head-to-head (hair to hair) contact
- Long hair should be tied in a ponytail
- Head lice products can be purchased without a prescription at the drugstore. It is important to use the product as directed. Treating head lice may require two treatments, applied about 1 week apart, to kill newly hatched lice
- After the second treatment, check the head every 2 to 3 days for 2 to 3 weeks to ensure all lice and nits are gone
- Children with head lice should be treated and then attend school as usual



Resources:

Canadian Paediatric Society-Head Lice

DRHD Facts About…

Pinworms

What is it?

Pinworms are microscopic (very small) white, thread-like worms that live in the intestine. Pinworm infection is a common, mild infection that often affects school children and preschoolers; however, all ages of people can be affected. It can often infect more than one person in the family and reinfection is common.

Diagnosis is made by either seeing adult worms in the anal region (best examined 2-3 hours after person is asleep). Diagnosis can also be made by patting tape around the anus and having the tape studied under a microscope for eggs.

Symptoms:

- Itching around the anus
- Disturbed sleep
- Irritability
- Sometimes there are no symptoms at all

Transmission:

- Pinworm disease is spread easily from person to person by ingesting pinworm eggs. The eggs travel to the intestines where they hatch and mature. The mature worms travel to the anus where they deposit a new batch of eggs (usually at night). This results in itchiness
- Scratching the infested anal area can transfer the eggs to hands allowing for spread to others, directly or indirectly when people touch their mouth after handling contaminated clothing, bedding, food, toys or other articles

Prevention / Treatment:

- Anti-parasitic medication is available from a physician to treat the pinworm infection
- Entire families often require treatment if several members are infected
- Frequent hand hygiene
- Cleaning toilets and laundering bedding and underclothing in hot water
- Toys, equipment and commonly touched surfaces should be cleaned often

Special Considerations:

Animal pinworms CANNOT be transmitted to humans.

Supporting Resources:

Pinworm is **NOT** a reportable disease.



Resources:

DRHD Facts About…

Ringworm

What is it?

Ringworm is a fungal infection of the skin, hair and nails. The infection causes a rash, which may look ring-shaped and have a raised edge.

Symptoms:

- Appears as a flat, ring-shaped or round rash with a raised edge around it
- Most commonly occurs on the scalp, body, groin or feet
- May be itchy, dry and scaly or moist and crusted. When the scalp is infected, sometimes an area of temporary baldness is seen where the hair breaks off slightly above the scalp
- Fungal infections on the feet are usually very itchy and cause cracks between the toes

Transmission:

- Ringworm infection is commonly spread from person to person by touch or contact with contaminated items or surfaces. When someone with ringworm touches or scratches the rash, the fungus sticks to the fingers or gets under the fingernails and spreads when that person touches someone else
- Ringworm of the scalp can also be spread when combs, hairbrushes or hats are shared
- Animals, such as cats and dogs, can also be infected and spread ringworm to humans

Prevention / Treatment:

- Antifungal ointments or creams can be obtained from your health care provider or over the counter and are applied to the infected area. Occasionally a pill is needed for more severe infections
- A child with ringworm can return to school when treatment is started
- If a pet is the source, the pet should be seen by a veterinarian and treated as well
- Wash hands thoroughly with soap and water (especially after touching affected skin)
- Cover affected area with clothing if possible
- Avoid using public swimming pools while infected
- Do not share clothing, hats, combs, brushes, hair ornaments, towels or anything that has been in contact with the infected area
- Wear sandals or shoes at gyms, in change rooms and pools
- Wash fabrics and soft items in hot water and in a dryer with hot air
- Toys, equipment and commonly touched surfaces should be cleaned often

Supporting Resources:

Ringworm is **NOT** a reportable disease; however, **student must stay at home until the first treatment has been applied.**



Resources:

DRHD Facts About…

Strep Throat / Scarlet Fever

What is it?

Bacteria called group A Streptococcus, “group A”, or “strep”, cause scarlet fever. Sometimes the bacteria produce a toxin that causes a red skin rash, giving the name “scarlet” to scarlet fever. This infection is more common in children than adults. Complications are rare but can include lung infection, heart disease, and kidney disease.

Symptoms:

- Sore throat
- “Strawberry” (red/bumpy) tongue or whitish coating on the tongue
- Red skin rash that has a sandpaper feel. Depending on skin tone, rash can be red, pink, darker than or the same colour as surrounding skin
- Bright red skin in the creases of the underarm, elbow, and groin
- Fever greater than 38
- Swollen glands in the neck
- Nausea/Vomiting
- Headache/Body aches
- Abdominal pain

Transmission:

- Bacteria can spread from person to person through close, direct contact, such as when an infected person coughs or sneezes into the face of another
- Can also spread by oral contact, such as kissing or sharing drinks
- Bacteria can survive outside of the body, so spread may also occur by touching contaminated objects (e.g. toys shared between children).

Prevention / Treatment:

- Treated with antibiotics prescribed by a health care provider.
- Frequent hand hygiene
- Cover your mouth and nose during coughing or sneezing
- Avoid sharing eating and drinking utensils, water bottles, toothbrushes, toys and cigarettes or anything else that has been in contact with saliva, nose or throat secretions

Children with Strep Throat must stay home for 24 hours after prescribed antibiotics have been started.

Special Considerations:

Scarlet fever may have latent effects. Kidney/Heart problems can develop following infection.

Supporting Resources:

Strep Throat or Scarlet Fever is **NOT** a reportable disease.



Resources:

DRHD Facts About…

Infection Prevention and Control (IPAC)

Infection Prevention and Control (IPAC) refers to evidence-based practices and procedures that, when applied consistently, can prevent or reduce the risk of transmission of microorganisms.

Routine Practices

Routine practices are a system of control measures that are utilized to prevent and limit the transmission of infections between persons. It is based on the premise that all individuals could be *potentially infectious*, even if not displaying signs and symptoms of an infection.

In a school setting, routine practices are utilized in situations such as:

- assisting students with personal care support
- first aid response – contact with blood, bodily fluids, mucous membranes, secretions, excretions
- cleaning blood or bodily fluid spills

Routine practices include wearing personal protective equipment (PPE), hand hygiene, adult vaccination, and following established procedures and are outlined on the following pages.

Following routine practices can help prevent or reduce the transmission of disease.

Click on image to download.

Cleaning a Blood or Body Fluid Spill

Preventing the spread of infections

1. Restrict area and assemble supplies

Gather supplies needed. Your spill kit should include: adequate supplies of disposable gloves, paper towels, cleaning and disinfecting products, 70-90% alcohol-based hand sanitizer, garbage bags, and other personal protective equipment (PPE) such as a mask, eye goggles, gown, etc.



2. Put on gloves and other personal protective equipment (PPE)

Use hand sanitizer and put on disposable gloves and other PPE if there is a possibility of splashing.



3. Clean the surfaces

Wipe up the spill using disposable towels to remove all visible soil, checking the surrounding area for splatters or splashes. Thoroughly scrub soiled surfaces with cleaning solution and warm water. Rinse surfaces with clean water to remove cleaning solution. Discard all waste in a plastic-lined receptacle.



4. Disinfect the surfaces

Use a Health Canada approved disinfectant which has a drug identification number (DIN) and manufacturer's instructions on the labelling. Follow these instructions to disinfect the entire soiled area and allow it to stand for the required contact time. Most disinfectant solutions must remain wet on the surface for at least a 10 minute contact time to be effective.



5. Remove PPE

Remove and discard gloves, then use hand sanitizer. Remove and discard all other PPE, then use hand sanitizer again.



6. Remove waste and perform hand hygiene

Double-bag, seal and remove waste from the area and perform hand hygiene. Hands must be washed with soap and running water if visibly soiled or 70-90% alcohol-based hand sanitizer may be used only if hands are not visibly soiled.



DURHAM REGION HEALTH DEPARTMENT

Durham Health Connection Line
905-668-2020 or 1-800-841-2729
durham.ca/health

If you require this information in an accessible format, contact 1-800-841-2729.

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Personal Protective Equipment

Gloves

Gloves are not a substitute for hand hygiene and must be worn in the following situations:

- for contact with blood, bodily fluids, secretions, excretions, mucous membranes, or non-intact skin
- staff member has non-intact skin on the hands
- when handling items visibly soiled with blood, body fluids, secretions, and excretions
- when cleaning and disinfecting materials/surfaces

Face Protection & Gowns

Face protection (splash goggles, face shield) and disposable gowns are worn when there is a risk of splashes or sprays of blood, bodily fluids, excretions, and/or secretions.

Steps for Donning PPE

(click on image to download)



Steps for Removing PPE



Hand Hygiene

One of the most effective means of preventing the transmission of infections is through frequent and appropriate hand hygiene. Hand hygiene can include washing hands with soap and water or using an alcohol-based hand sanitizer (70-90% alcohol concentration).

Hand hygiene should be done by anyone entering the school and incorporated into the daily schedule at regular times during the day, above and beyond what is usually recommended (for example, before eating food, after using the washroom). Soap and water are the most effective method when hands are visibly soiled.

In addition to frequent hand hygiene throughout the day, staff should clean hands:

- prior to putting on gloves and after removing them
- prior to and after supporting student with personal care
- after contact with blood, bodily fluids, mucous membranes, secretions, excretions
- whenever hands are visibly soiled

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Needles Are A Danger

- **Always assume the needle is contaminated**
- **Do not injure yourself or others**

AVOID DIRECT CONTACT

Use hand barrier protection to pick up the needle (e.g. heavy gloves, scoop/shovel type tools, napkin etc.).



01

PICK UP NEEDLE – TIP FACING AWAY

Pick up the needle holding the tip away from you and others.

- Do not separate syringe from needle
- Do not manipulate the needle in any manner
- Do not recap the needle
- Avoid excessive handling of the needle

02





03

PLACE NEEDLE IN SEALED CONTAINER

Place needle in an empty, hard plastic container (e.g. water bottle, jug or similar container with lid).

- Avoid holding container near the top
- Seal (cap) container tightly and secure with tape
- Clearly label container "SHARPS"
- Do not place needles into the garbage

04



TAKE THE CONTAINER TO PHARMACY

Please visit **healthsteward.ca** to find participating pharmacies near you for safe disposal. Approved sharps containers are also available at these pharmacies.

Do not place needles/containers in the garbage.

NOTE: This procedure reduces the risk of an accidental needlestick injury which may be a source of infection. The information provided is meant for needles found in the community and is not intended to be applied to biomedical waste from healthcare facilities, laboratories, private homes or commercial businesses.

NOTE: Should an accidental needlestick injury occur, the injured person should go immediately to the hospital emergency department for assessment and to determine the need for further treatment.

Environmental Help Line
905-723-3818 or 1-888-777-9613
durham.ca

If you require this information in an accessible format, contact 1-888-777-9613

Outbreak Cleaning Protocol

An outbreak of a communicable disease is determined by the Durham Region Health Department. Unless otherwise directed by DRHD, enhanced cleaning and disinfection protocols during an outbreak will be carried out in the applicable classrooms and common spaces. This will include:

- High touch point areas cleaned and disinfected twice daily.
- Counters, tables and desktops will be cleaned and disinfected daily.

Only Board approved cleaning product can be used. The disinfectant used will be dependent on the virus/microorganism and effective kill claims for the product. Consult with the Health the Safety Department for guidance.

Steps for cleaning and disinfection

1. Gather all supplies and equipment required for classroom cleaning before starting (e.g. paper towel, detergent/soap, alcohol-based hand rub, gloves, cleaning equipment, PPE).
2. Clean: scrub with detergent/soap (e.g. ES70) using water and a cloth.
3. Rinse: with clean water and clean cloth.
4. Disinfect: spray/immerse surface with disinfectant (e.g. ES65, ES364, Oxivir) for required contact time (refer to product label for contact time).

Infection Control Practices

Perform hand hygiene and put on required PPE before entering to clean a classroom. Remove gloves and perform hand hygiene before leaving a classroom.

Cleaning and Disinfection Process

- Work from clean areas to dirty, cleaning classroom washrooms last (to avoid moving dirt and microorganisms from dirty areas to cleaner areas).
- Work from high to low, cleaning desks before chairs and chairs before floors (to help prevent contaminating areas that are already clean.)
- Dry mop prior to wet/damp mop.
- Minimize turbulence of brooms/mops to prevent the dispersion of dust that may contain microorganisms (e.g. never shake mops).
- When cleaning sinks, clean from the least contaminated to the most contaminated area with taps cleaned prior to the rest of the sink. The water outlet should not be touched during cleaning. After cleaning a sink, the cloths used should not be used to clean another sink.
- If using a bucket with cleaning or disinfecting solution do not dip dirty/used cloths into the solution.

Waste disposal

Collect waste, handling plastic bags from the top (do not compress bags with hands) and remove from classroom.

Cleaning and Disinfection Products

ES70 – cleaning
ES65- disinfecting, 5 min required contact time
ES364- disinfecting, 5 min required contact time
Oxivir – cleaning/disinfecting blood and body fluid spills, 1-minute required contact time

**Review Safety Data Sheet. Wear gloves and eye protection when mixing/handling product. Perform hand hygiene after removing gloves.

Adult Vaccination

IMPORTANCE: The Public Health Agency of Canada and the National Advisory Committee on Immunization (NACI) recommends a regular immunization schedule as an integral part of the health assessment of any adult. "Prevention of infection by immunization is a lifelong process. There are a number of vaccines that all adults (≥ 18 years) require. There are also other vaccines that need to be tailored to meet individual variations in risk resulting from occupation, foreign travel, underlying illness, lifestyle and age." "All adults should be counselled concerning their personal immunization status." (Canadian Immunization Guide, 7th Edition - 2006. pp. 96, 97)

Recommended adult vaccination:

Vaccine Indication Further Doses

VACCINE	Recipients	Dosage
Adacel® (booster against Diphtheria	All adults	Once only tetanus, diphtheria & pertussis)
Diphtheria	All adults	Every 10 years usually given with Tetanus
Tetanus	All adults	Every 10 years usually given with Diphtheria
Influenza	All adults	Every autumn
Hepatitis A	All adults	Once only, as series of 2 injections (sometimes combines with Hepatitis B vaccine)
Hepatitis B	All adults	Once only, as series of 3 injections. (sometimes combined with Hepatitis A vaccine)
Meningococcal (conjugate)	All adults	Once only
Pneumococcal	All adults ≥ 65 years	Once, for healthy individuals
(conjugate)	Adults <65 years, who have conditions putting them @ increased risk of pneumococcal disease.	

Resources

GUIDELINES FOR INFECTIOUS DISEASES REPORTING & EXCLUSION

- Guidelines for Infectious Diseases Reporting and Exclusion
- Diseases of Public Health Significance

RESOURCES FOR SCHOOLS AND EDUCATORS

- DDSB Supporting Children and Students with Prevalent Medical Conditions in Schools
- DDSB Supporting Children and Students with Prevalent Medical Conditions in Schools: Anaphylaxis
- DDSB Supporting Children and Students with Prevalent Medical Conditions in Schools: Asthma
- DDSB Supporting Children and Students with Prevalent Medical Conditions in Schools: Diabetes
- DDSB Supporting Children and Students with Prevalent Medical Conditions in Schools: Epilepsy

DDSB PREVALENT MEDICAL CONDITIONS TRAINING–PROFESSIONAL LEARNING HUB

- DDSB Concussion Management - Procedure
- DDSB Infection Prevention and Control - Training for Staff–Professional Learning Hub
- DDSB Care and Use of PPE Training for Staff – Professional Learning Hub
- DDSB Blood and Body Fluid Spill Response SOP
- DDSB Handling and Disposing of Sharps SOP



- DRHD Health & Wellness for Educators Website
- DRHD Cleaning a Blood or Body Fluid Spill – Poster
- DRHD Handwashing – Poster
- DRHD Hand Sanitizer – Poster
- DRHD Needles are a Danger – Poster