

## COMMUNICABLE DISEASES

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#### 1.0 PRINCIPLES

- 1.1. The South Shore Regional School Board (SSRSB) will follow Public Health Services standards with regards to communicable diseases management.
- 1.2. The policy shall be reviewed annually or when a change in medical practice warrants.
- 1.3. SSRSB employees shall follow the Blood Borne Pathogen Exposure Control Plan in the SSRSB's Occupational Health and Safety Program Manual.
- 1.4. SSRSB employees will ensure the identity of students and employees infected with a communicable disease will remain confidential, subject to the SSRSB's legal obligations.
- 1.5. The SSRSB will contact Public Health Services if more information is required with respect to a communicable disease. The reporting of infectious disease to Public Health will be in accordance with the Department of Health's Provincial Guidelines, as indicated in Section 3 of this policy's Administrative Procedures.

#### 2.0 POLICY FRAMEWORK

- 2.1. This policy complies with the Education Act and other related provincial acts and policies.
  - 2.1.1. SSRSB Occupational Health and Safety Program Manual
  - 2.1.2. Nova Scotia Department of Health Provincial Communicable Disease Guidelines
  - 2.1.3. SSRSB Policy 298: Blood Borne Pathogens

#### 3.0 AUTHORIZATION

The Superintendent is authorized to issue procedures in support of this policy.

## COMMUNICABLE DISEASES

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#### 1.0 PROCEDURES

- 1.1. Any communicable diseases shall be dealt with promptly by the school principal as outlined in Section 3 of this policy's Administrative Procedures and he/she will advise the Superintendent of any serious health related matter.
- 1.2. When an infectious disease is identified, the student shall be removed from the classroom and isolated from other children at the school until a family member is contacted and picks up the student.
- 1.3. During the time that the student is infectious, he/she will not be allowed to return to his/her classroom.
- 1.4. Occurrences of infectious diseases shall be reported to families through a fact sheet if more than two children are affected in a classroom (information available through Public Health), unless otherwise advised by Public Health personnel.
- 1.5. Public Health Services supports the evidence that blood borne pathogens (Human Immunodeficiency Virus, AIDS, Hepatitis B, and Hepatitis C) are not communicable through casual contact; therefore, the infected person shall not be segregated from the general school population. For more information, refer to Policy 298: Blood Borne Pathogens.
- 1.6. The most effective method to prevent the spread of infectious diseases is proper hand washing. Students shall be educated about hand washing and the sharing of utensils, water bottles, and food.
- 1.7. Regular cleaning (vacuuming, soap and water, and other cleaning agents provided by the SSRSB) is sufficient for communicable disease prevention on buses and in classrooms and schools, unless otherwise notified by Public Health personnel.
- 1.8. If more than 10% of students are absent from a school due to illness on any given day, it shall be reported to the Communicable Disease Prevention and Control Nurse at Public Health Services (543-0850) along with information about any illnesses contributing to the absenteeism rate, as available.
- 1.9. In the event of a pandemic outbreak, the SSRSB will follow the directives of Public Health Services.
- 1.10. For more information on the common infectious diseases, refer to Section 3 of this policy's Administrative Procedures.

#### 2.0 DEFINITIONS, AS RELATED TO COMMUNICABLE DISEASES

- 2.1. Airborne – The spread of pathogens by aerosolization (suspended in air on small particles).

- 2.2. Communicability – The period of time when the causative agents of a disease may be passed or carried from one person to another, directly or indirectly.
- 2.3. Direct Transmission – Pathogens transferred as a result of direct physical contact with an infected.
- 2.4. Droplet – Pathogens generated from the respiratory tract and spread during coughing and sneezing up to a distance of one (1) meter.
- 2.5. Immunocompromised – The body has a decreased ability to fight off diseases. Possible causes are a person is being treated with immunosuppressive drugs or is malnourished.
- 2.6. Indirect Transmission – Pathogens spread through indirect contact with inanimate objects, such as money, water bottles, toys, bed clothes, and keyboards that have been in contact with an infected person.
- 2.7. Incubation – The period of time it takes for the development of an infectious disease from the time of the entrance of the pathogen to the appearance of clinical symptoms.
- 2.8. Transmission – The transfer of a pathogen from one person to another.
- 2.9. Pathogen – A disease causing agent.
- 2.10. Purulent – Containing or forming pus.
- 2.11. Vesicle – A small elevation of the skin that contains fluid forming a small blister.

### 3.0 COMMON COMMUNICABLE DISEASE INFORMATION

Disease	Symptoms	Communicability Incubation	Exclusion from School	Other information
<b>Chickenpox (Varicella Virus)</b>	Fever, itchy rash, red spots become fluid filled and crusty over a few days, tiredness.	<u>Incubation:</u> 11-20 days. <u>Communicability:</u> 1-2 days before the rash occurs and until last vesicle crusts. Spread by droplets and direct contact with rash.	Until all vesicles are crusted.	Immunization available. Report to Public Health if pregnant or immuno-compromised individuals involved.
<b>Shingles (Reactivation of the Chickenpox Virus)</b>	Rash as above, but limited to small, local areas.	Same as for Chickenpox. Affected area should be covered.	If area cannot be covered, just until area is crusted over.	Protected by the chickenpox immunization. Concern for pregnant women.
<b>Fifth Disease (Parvo Virus)</b>	“Slap cheek” looking rash on face, lace-like rash on trunk and extremities.	<u>Incubation:</u> 4-20 days. <u>Communicability:</u> Before rash appears. Transmitted by contact with infected nose and throat secretions.	No exclusion necessary unless child is feeling unwell.	Concern for pregnant women.
<b>Hand, Foot, and Mouth (Coxsackie’s Virus)</b>	Fever, headache, sore throat, loss of appetite, lethargy. Rash red spots with blister-like tops on hands and feet, painful mouth ulcers. Lasts 7-10 days.	<u>Incubation:</u> 3-6 days. <u>Communicability:</u> 1-2 weeks after onset and during acute illness. Transmitted by droplet and direct contact with saliva or feces of infected person.	No exclusion necessary unless child is feeling unwell.	

Disease	Symptoms	Communicability Incubation	Exclusion from School	Other information
<b>Mumps (Virus)</b>	Fever, swelling at the angle of the jaw, tiredness, sore throat, headache. May be light sensitive.	<u>Incubation:</u> 12-25 days. <u>Communicability:</u> 6-7 days before symptoms to 9 days after. Transmitted by droplet and direct contact with saliva.	Approximately 10 days after onset.	Immunization available. Concern for pregnant women. Report to Public Health.
<b>Measles (Rubella Virus)</b>	Fever, watery eyes, cough, runny nose, rash that starts with small red spots which enlarge, clump together, and spread over the entire body.	<u>Incubation:</u> 8-12 days. <u>Communicability:</u> 1-2 days before onset of symptoms (3-5 days before the rash) to 4 days after the rash appears. Transmitted by droplets.	4 days after the appearance of the rash.	Immunization available. Concern for pregnant women. Report to Public Health.
<b>German Measles (Virus)</b>	Low fever, mild rash that lasts 1-3 days, runny eyes and nose, swollen glands behind the ears and back of neck.	<u>Incubation:</u> 14-23 days. <u>Communicability:</u> 7 days before rash and 4 days after. Transmitted by droplet and indirect contact.	Until 7 days after the rash appears.	Immunization available. Concern for pregnant women. Report to Public Health.
<b>Pertussis (Whooping Cough, Bacteria)</b>	1-2 weeks of runny nose, prolonged cough, low fever. Cough often has high pitched “whoop” sound on inspiration. Vomiting with coughing. Cough worse at night.	<u>Incubation:</u> 7-20 days. <u>Communicability:</u> 1-2 weeks before cough. 5 days after treatment with antibiotic or 3 weeks without. Transmitted by droplet.	May require exclusion 5 days after antibiotics are started or 3 weeks if no antibiotic is used, as recommended by the Medical Officer of Health.	Immunization available. Concern for pregnant women. Report to Public Health.
<b>Mononucleosis (Epstein-Barr Virus)</b>	Fever, sore throat, swollen glands, tiredness, and decreased appetite. In 50% of people, spleen is enlarged.	<u>Incubation:</u> 4-6 weeks. <u>Communicability:</u> Prolonged. Transmitted by droplet and direct/indirect contact.	Student can return to school when feeling able. Student is not excluded.	Recommended that student not participate in contact sports for 6-8 weeks to avoid rupture of the spleen.
<b>Herpes Simplex (Cold Sore Virus)</b>	Sores, usually around the mouth, but can be anywhere on the face.	<u>Incubation:</u> 2-12 days. <u>Communicability:</u> When open sores are present. Transmitted by direct contact with open herpes soars.	No, but hand washing needs to be stressed.	
<b>Viral Meningitis</b>	Sudden onset of fever, headache, nausea, vomiting, stiff neck. May have rash.	<u>Incubation:</u> Varies with different causing agents. About 3-5 days. <u>Communicability:</u> Varies with different causing agents.	No, may return to school when feeling well enough. Usually not serious.	Does not need to be reported to Public Health.

Disease	Symptoms	Communicability Incubation	Exclusion from School	Other information
<b>Bacterial Meningitis</b>	Fever, intense headache, nausea, vomiting, stiff neck, eyes sensitive to light, small purplish rash on upper body, change in level of alertness, and unusually tired.	<u>Incubation:</u> 2-10 days, commonly 3-4. <u>Communicability:</u> Until treated. Transmitted by droplet.	Until treated with antibiotics for 24 hours and feeling well.	Immunization available. Report to Public Health. People who have been in close contact with infected person may require preventative treatment.
<b>Pink Eye (Bacterial or Viral Conjunctivitis)</b>	Red, itchy, watery, or painful eye(s), may have discharge from eye(s), scratchy feeling of the eye(s), may be crusty in the morning.	<u>Incubation:</u> 24-72 hours. <u>Communicability:</u> During active infection. Transmitted by direct or indirect contact with eye discharge.	If diagnosed bacterial, until clear, or 24 hours after starting antibiotic. If diagnosed as viral, no exclusion.	
<b>Impetigo (Bacterial)</b>	Small blisters around face, especially nose, following a cut, scratch, or abrasion. Soars become purulent, scab over with a yellow crust, and may spread. Usually on face.	<u>Incubation:</u> 4-10 days. <u>Communicability:</u> Until drainage has stopped or 24 hours after antibiotic treatment occurs. Transmitted by direct or indirect contact. Spreads very easily (e.g.: sharing personal items of someone infected).	Until 24 hours after antibiotic treatment.	
<b>Strep Throat (Bacterial)</b>	Fever, soar throat, swollen glands, headache, or no symptoms.	<u>Incubation:</u> 2-5 days. <u>Communicability:</u> With symptoms until treated 24-48 hours of antibiotics. Transmitted by direct or indirect contact with droplets of infected persons or carriers.	Until 24 hours after antibiotic treatment.	Strep throat, when untreated, can develop into Scarlet Fever.
<b>Scarlet Fever (if Strep Throat is left untreated)</b>	Above symptoms, as well as fine sandpaper rash on cheeks, neck, arms, and legs. Peeling of skin on fingers, toes, soles of feet, palms.	<u>Incubation:</u> 2-5 days. <u>Communicability:</u> With symptoms until treated 24-48 hours of antibiotics. Transmitted by direct or indirect contact with droplets of infected persons or carriers.	Until 24 hours after antibiotic treatment.	
<b>Ringworm (Fungal)</b>	Itchy ring shaped rash. The edges are red and raised; the inside is white and flaky. If on scalp, there is an area of baldness.	<u>Incubation:</u> 10-14 days. <u>Communicability:</u> As long as there are active lesions. Transmitted by direct or indirect contact with persons or animals infected.	Until 24-48 hours of treatment.	

Disease	Symptoms	Communicability Incubation	Exclusion from School	Other information
<b>Scabies (Parasitic Mite)</b>	Severe itching, especially at night. Rash on body, especially fingers, wrists, arms, thighs, elbows, and genital area.	<u>Incubation:</u> 2-6 weeks before onset of itching if not previously exposed. 1-4 days if previously exposed. <u>Communicability:</u> Until after treatment. Transmitted by direct skin to skin contact or through bedclothes or towels of infected person.	Until treatment is complete (24 hours).	Very easily spread, so all other family members should be treated at the same time.
<b>Seasonal Influenza (Viral)</b>	Fever, headache, body aches, weakness, runny nose, sore throat, cough. Nausea and vomiting may occur.	<u>Incubation:</u> 1-4 days. <u>Communicability:</u> 3-7 days. Transmitted by direct or indirect contact and droplet transmission.	Stay home until symptom relief.	Report to Public Health only when more than 10% of school population are absent.
<b>Community Associated Methicillin-resistant Staphylococcus Aureus (CA-MRSA)</b>	Starts as small red bumps, quickly turns into deep painful abscesses. Redness, warmth, pus, tenderness at wound, fever.	<u>Incubation:</u> 1-10 days. <u>Communicability:</u> Prolonged. Transmitted by direct or indirect contact. Spread very easily. Immuno-compromised individuals at greatest risk.	No, as long as open sores are covered and good hygiene practices are followed, unless recommended by the medical officer of health.	Report to Public Health.

#### 4.0 RESPONSIBILITIES

It shall be the responsibility of the Superintendent to ensure these administrative procedures are followed.