



Administrative Procedure 4540

Prevention of Communicable Disease / Infection Transmission

Board Governance Policy Cross Reference: [1](#), [13](#), [14](#)

Administrative Procedures Cross Reference:

[Blood Borne Infections / Handling Bodily Fluids](#)

[Workplace Violence Prevention](#)

Form Cross Reference:

Legal/Regulatory Reference:

[Personal Health Information Act](#)

[Managing Infections – Canadian Paediatric Society](#)

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The Brandon School Division upholds the health and safety of students and staff by striving to minimize the impact of communicable diseases and applying the most current and appropriate medical advice.

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**.

*** Routine practices and management of communicable diseases guidelines were developed by the CD Unit at Winnipeg Regional Health Authority.*

Routine Practices

The following routine procedures support the prevention and spread of communicable diseases:

- Information and education should be provided for students, parents/guardians and staff regarding the transmission of communicable diseases.

- The following routine practices shall be adopted by student and staff to decrease the spread of communicable diseases:
 - Handwashing – frequent handwashing is the most important way to prevent the spread of infection. Students and staff are expected and encouraged to wash their hands:
 - 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; and
 - when arriving home and before and after work.

The most effective way to wash your hands is:

- Use soap.
- Running water; water should be warm, but not hot enough to burn skin.
- 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 Practices
 - 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 ten parts water – 1:10) to towel to avoid splashing blood to larger areas.
 - Wash with hot, soapy water.
- Disposal
 - Discard blood stained 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.
- On rare occasions, the school administrator may require that students stay home during the infectious period. The Public Health Nurses may be consulted.
- In the event of accidental exposure to body fluids, the school administrator shall call Public Health Services for advice regarding appropriate health related follow-up.

Management of Communicable Diseases

The Canadian Pediatric Society has developed the following guidelines 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 (eg.: common cold, chicken pox, whooping cough) and are most infectious in the early course of the illness.

The School Leader will contact the local Public Health Nurse when concerns exist about potential spread of infectious illness, and encourage parents/guardians to report information regarding their children's health concerns to school personal and/or the local Public Health Nurse, as appropriate.

Precautionary Measures

Employees who are pregnant, nursing, receiving chemotherapy treatments, or have a compromised immune system should seek medical advice and testing to determine any precautionary measures that may need to take place when

there is a confirmed case of a communicable disease such as Fifth Disease, mumps, Red measles, German measles, etc. reported to the staff and parents by the School Leader. The Public Health Nurse shall provide protocol information to the school. Employees will provide the Office of Human Resources with a medical note if they are at risk to return to work.

Viral Respiratory

Prevention:

- Importance of good handwashing
- Cover mouth and nose when coughing, sneezing

Disease	Transmission (Spread)	Symptoms	Infectious Period/Exclusion
Common Cold	Person to person by sneezing, coughing. Indirect spread by contaminated hands, objects.	Runny nose, cough, sneezing, sore throat, headache, possibly fever.	Infectious from 3 days before to 8 days after onset. Exclusion not necessary unless too ill to take part in activities.
Bronchiolitis		Cough, laboured breathing, wheezing, fever.	
Croup		Hoarseness, barking cough, rapid laboured or noisy breathing, fever.	
Influenza		Fever, chills, cough, headache and muscle pain.	If there is an absenteeism of 10% in your school, contact Public Health to advise.
Pneumonia		Fever, cough, rapid or laboured breathing, poor skin colour.	
Parvovirus B19 Infections / Fifth's Disease	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. Notify Public Health immediately. Notify all parents and staff immediately. Advise exposed pregnant staff and parents to contact their doctor.

Pertussis (Whooping Cough)	Person to person. Bacteria present in respiratory secretions.	Begins with cold symptoms and cough progresses to spasms that may result in vomiting and serious difficulty breathing. Vaccine preventable.	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. Notify Public Health immediately.
RSV – Respiratory Syncytial Virus	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 years of age.	Infectious until symptoms stop (usually 8 to 15 days) but there is no need for exclusion unless child too ill to attend.

Other Infections

Prevention:

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

Disease	Transmission (Spread)	Symptoms	Infectious Period/Exclusion
Chicken Pox – varicella zoster virus	Spread person to person via respiratory secretions and to a lesser extent from the fluid in the 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 until they are dried and crusted over. Exclusion from school, day care not necessary unless too ill to take part in activities. Vaccine preventable.
Conjunctivitis (Pinkeye)	Person to person by direct and indirect contact with discharge from eye, coughs or sneezes.	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 then until the antibiotic has been taken for 1 full day. Report to Public Health if two or more students in one classroom.

Cytomegalovirus – CMV Infection	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.
Hand, Foot & Mouth Disease	Person to person. Virus present in respiratory secretions, saliva or stool.	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.
Measles (German) / Rubella	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. Vaccine preventable.	Infectious for 7 days before onset of rash and 7 days after. Exclude for 7 days after onset of rash. Notify Public Health immediately. Notify all parents and staff immediately. Non-immune children and staff may need immunization. Advise pregnant staff and parents who aren't sure of their immune status to see their doctor.
Measles (Red)	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	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. Notify Public Health immediately.

		Health notified. Vaccine preventable.	Notify all parents and staff immediately. Exposed non-immune children and staff may require vaccine within 72 hours of the first contact or immune globulin within 6 days of exposure.
Meningitis – may be caused by bacteria, virus or fungus	Spreads person to person by secretions from nose and throat.	Sudden onset of fever, vomiting, loss of energy, headache, stiff neck and back. Viral: is serious but rarely fatal. Symptoms last 7-10 days and the person recovers completely. Bacterial: Can be serious and result in death or disability if not treated promptly. Close contacts are treated with antibiotics prophylactically. See a physician.	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. Notify Public Health immediately if child or staff is diagnosed with bacterial meningitis. Notify all parents and staff immediately.
Mononucleosis – 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 spread for a long period.
Mumps	Person to person. Virus present in respiratory secretions and saliva.	Fever, swelling of salivary glands that cause swelling of cheeks and face. Vaccine preventable.	Infectious for 2 days before onset of swelling and 9 days after if not treated. Exclude for 5 days after onset of swelling. Notify Public Health immediately.
Roseola – 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	No exclusion necessary unless child too ill to participate in activities.

		spots. Gets better without treatment.	
Scarlet Fever – 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.
Shingles - herpes zoster	Shingles is a reactivation of the latent virus that causes chicken pox. Spread occurs only from the blister fluid. <ul style="list-style-type: none"> • One cannot get shingles from a case of shingles. • Must have had previous chicken pox illness to get shingles. A person can get chicken pox from a case of shingles if they have not had the disease.	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.
Strep Throat – 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.

Skin and Scalp

Disease	Transmission (Spread)	Symptoms	Infectious Period/Exclusion
Cold Sores – Herpes Simplex Type I Virus	Direct contact with the sores or saliva of infected person.	Runny nose, painful sores on lips or painful ulcers in the mouth and a high fever.	Exclusion of children with 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.

Head Lice	Spread 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.	Nit removal may be necessary to cure some cases. Children should not be excluded from school activities due to head lice. Contact Public Health for guidance if an outbreak cannot be controlled.
Impetigo	Person to person by direct contact with skin lesions or indirect contact via contaminated bedding and clothing.	Pustules or crusted rash on face or exposed parts of body (arms and/or legs). Impetigo requires antibiotic treatment 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.
Molluscum Contagiosum	Person to person by direct contact with the lesions. Not very contagious.	Viral skin disease consisting of smooth-surfaced, firm and round papules. Lesions on children are usually on the face, trunk, and upper area of the arms and legs.	Treatment with liquid nitrogen or topical applications or salicylic acid. No exclusion but avoid direct contact with lesions.
Ringworm	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 the rash is ringlike and may itch or burn.	Child excluded until treatment is started. The fungus is no longer present when the lesion begins to shrink.
Scabies	Spread person to person. Requires close direct contact.	Very itchy rash – usually appears between fingers and toes, on wrist or in groin area. Scabies requires treatment.	Infectious until treated. Exclude until treated.

Gastrointestinal Infections

Prevention:

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

Disease	Transmission (Spread)	Symptoms	Infectious Period/Exclusion
Campylobacter	Undercooked chicken, pork, raw milk, contaminated water, contact with infected pets.	Diarrhea, fever, cramping, blood in stool.	Exclude until diarrhea is gone, may continue to excrete germ for a period of time.
Cryptosporidiosis	Spread by fecal-oral transmission, ingesting contaminated food or water.	Watery diarrhea and stomach ache nausea and vomiting, fever	No treatment recommended except fluids replacement, infectious as long as cysts excreted (several weeks). Exclusion of children until diarrhea stops.
E. Coli 0157 – “Hamburger Disease”	Undercooked foods, especially ground beef. Bacteria may be found in stool and thus spread person to person by fecal-oral route.	Fever, diarrhea, and may have blood in stool, cramps.	Exclude until diarrhea is gone, may continue to excrete germ for a period of time. Two negative stool cultures taken when the child is no longer receiving antibiotics. Notify Public Health immediately.
Giardia – “Beaver Fever”	Parasite in stool. Person to person spread. Ingestion of water or food 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. Notify Public Health immediately.
Hepatitis A Virus (HAV)	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. Notify Public Health immediately.
Pinworms	Eggs of the parasite (worm) are spread from person to person by contaminated hands. Eggs can	Itching around the anus or vagina (many children have no symptoms). Pinworms require	Treatment prescribed by a physician may be necessary, exclusion not needed.

	survive for several weeks outside the body.	medication prescribed by a physician.	Notify Public Health immediately.
Rotavirus	Person to person or indirect contact with stool and contaminated objects/surfaces.	Fever and vomiting precede watery diarrhea.	Exclude until diarrhea is gone. Notify Public Health immediately.
Salmonella	Acquired mainly from improperly prepared food, eggs, poultry, beef, 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. Three negative stool cultures taken when the child is no longer receiving antibiotics. Notify Public Health immediately.
Shigella	Person to person spread; fecal contaminated food and water.	Diarrhea, fever, blood and mucous in stool.	Exclude until diarrhea is gone, and 2 negative stool cultures may be necessary due to highly infectious germ. Notify Public Health immediately.

Blood Borne

(Refer to Administrative Procedure *Blood Borne Infections / Handling Bodily Fluids*)

Disease	Transmission (Spread)	Symptoms	Infectious Period/Exclusion
Hepatitis B Virus (HBV)	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. Vaccine preventable.	May be infectious for life, no need to exclude. Contact Public Health about any bite that breaks the skin. Blood test may be required.
Hepatitis C Virus (HCV)	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. Contact Public Health about any bite that breaks the skin. Blood test may be required.

Human Immuno- deficiency Virus (HIV)	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. Contact Public Health about any bite that breaks the skin. Blood test may be required.
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Protocol for Management of Human Bites

In school systems, pediatric bites carry low risk for transmission of blood-borne diseases.

- Individual planning is required for students who bite frequently.
- Planning may involve behavioural interventions as well as modifications to the environment of the student.
- Proactive measures that may help decrease biting incidents by students who bite include:
 - avoidance of stressful situations and frustrations;
 - teach a better way to communicate;
 - firm statements to the student on the negative impacts of his or her misconduct;
 - depending on the severity of the behavior, a continuum of responses will be implemented; and
 - behavioural Plan developed by school and divisional teams to determine proactive and reactive strategies. Attempts should be made to involve parents as a collaborative member of the school team.

Procedures

1. School Leaders should take appropriate steps to limit the exposure of staff and students to blood and saliva. Staff should be adequately trained in procedures of routine practices as per Administrative Procedure *Blood Borne Infections / Handling Bodily Fluids*.
2. First aid equipment for the care of bite wounds should be available on site, and first aid equipment such as gloves, and dressings should be readily accessible.
3. If the skin is not broken, the wound should be cleaned with soap and water and a cold compress should be applied.
4. If the skin is broken:
 - a. First Aid
 - i. Calm and reassure the victim. Wash your hands thoroughly with soap and water.
 - ii. Utilize gloves at all times for protection.
 - iii. The wound should be allowed to bleed gently.

- iv. The wound should be cleaned carefully with mild soap and running water for 3 to 5 minutes and then cover the bite with a clean dressing.
- v. If the bite is actively bleeding, control the bleeding by applying direct pressure with a clean, dry cloth until the bleeding subsides. Elevating the area is also recommended.
- b. Follow-up Procedures
 - i. The School Leader or teacher will notify the parent(s)/guardian(s) of the student who has been bitten.
 - ii. The School Leader or teacher will notify the parent(s)/guardian(s) of the student that has bitten.
 - iii. The School Leader will report the incident to the Brandon Regional Health Center – Emergency Department.
 - iv. If the person bitten is an adult, this person may choose to notify the Brandon Regional Health Center – Emergency Department and request an assessment.
 - v. The name of the biter and the person bitten will be requested in order to do an assessment. (NOTE: There is a clause in the Personal Health Information Act that covers the sharing of information.)
 - vi. An assessment will be completed by a health care provider.
 - vii. The health care provider will proceed with any follow-up deemed necessary.

5. Refer to Administrative Procedure *Workplace Violence Prevention*.