PROCEDURE HR120

Communicable Diseases

Board Received: November 22, 2021 **Review Date:** January 2026

Accountability:

1. Frequency of Reports – As needed
2. Criteria for Success – Safety issues addressed.
   – Clear communication present.

Procedure:

1.0 Definition

This procedure for staff applies to all communicable diseases which include, but are not limited to, influenza, Parvovirus B-19 (fifth disease), measles, mumps, rubella, chickenpox, Covid-19 (Corona virus), Hepatitis B and C and the Human Immunodeficiency Virus (HIV), the virus which causes Acquired Immune Deficiency Syndrome (AIDS).

2.0 Hygiene

The best protection against outbreaks of infectious diseases is frequent and thorough hand washing techniques with water and soap. Where waste and body fluids are a potential risk, strict adherence to guidelines including gloves and hand washing techniques are required.

3.0 General Guidelines

This Procedure was prepared in consultation with the local Health Units.

3.1 Employees with communicable diseases are considered to have a medical disability and are protected by the *Ontario Human Rights Code*. They will be treated fairly and equitably and in a manner that respects their privacy and dignity in the workplace. These employees will be given the opportunity to remain in their position(s) providing they are physically and mentally able to meet appropriate performance standards, and providing that their presence does not pose a safety or health hazard to themselves or others. Confidentiality of an employee's medical information will be maintained.

3.2 Preventing exposure to infectious and communicable disease is a shared responsibility of all staff. Routine precautions should be used whenever employees have contact with blood or body fluids at work. Refer to Procedure HR 102 for information regarding hand washing, the use of gloves, clean-up procedures and disposal of waste. Employees who experience an unprotected exposure to blood or body fluids (e.g., human bite, needle puncture) will report the incident using, Employee Injury Report (through the Staff Portal) within 72 hours (see HR121).

4.0 Communicable Diseases

Immunization is an important step in the fight against illness. It stimulates the body's own immune system to produce antibodies so if an exposure occurs years later, the immune system response is activated to prevent viral or bacterial infection. Immunization begins in early infancy and continues throughout life. Having up-to-date immunization is the best protection against infectious diseases.

4.1 Varicella (Chickenpox)

a) Those staff with a history of chickenpox, caused by the varicella virus, are usually immune. Those who have not had varicella or are unsure should have

a titre (blood) test to establish their immunity. Adults who get varicella should see their physician as soon as possible. If there is a diagnosis of chickenpox, the employee can return to work as soon as they are feeling well enough to participate in normal activities. Chickenpox is no longer considered a disease that requires an employee to be excused from work.

b) Should a diagnosed case of Varicella (chicken pox) occur in a school, the principal/supervisor will:

i) confirm that the child/children has/have been diagnosed by a physician as having Varicella (chicken pox);

ii) immediately notify all staff members, including any support staff who report to the school;

iii) if there is a pregnant staff member, check to see if they are aware of their immunization status to Varicella (chicken pox). If they know they are immune, they can remain at work;

iv) If the pregnant staff member is not aware of their immunization status, direct the staff member to contact their physician immediately to determine immunity or to have the blood test done. If blood work is ordered by the physician, the staff member will be released from work that that purpose, otherwise you are not to send the staff member home;

v) direct the pregnant staff member to obtain a physician's note immediately and forward to the Health and Disability Officer within 24 hours. The employee's physician may;

- determine that the staff member can return to work immediately for which no note is required;
- provide a note indicating that the staff member cannot return to their worksite until such time as the test results are known but may be reassigned to a location that has no known cases of Varicella (chicken pox). In this case, Human Resource Services staff and the Health and Disability Officer, in consultation with the principal and Superintendent of Human Resources, will review the circumstances and determine a suitable placement, if possible, for the staff member until such time as the test results are known, or 10 calendar days has passed with no additional confirmed cases, whichever occurs first;
- provide a note indicating that the staff member cannot work at any site, the staff member may access their sick leave until such time as the test results are known, or 10 calendar days has passed with no additional confirmed cases, which occurs first.

vi) obtain a contact telephone number from the staff member so that they can be reached to discuss their status;

vii) ensure all absences entered in the absence dispatch system for all employees include a notation to the substitute that there is a diagnosed case of Varicella (chicken pox) in the school. Substitutes already booked into jobs for that site must also be contacted and informed, if female;

viii) contact the Superintendent of Human Resources, Manager of Human Resources and Healthy and Disability Officer immediately. There is no need to contact the District Health Unit as Varicella (chicken pox) is considered a 'non-reportable' disease;

ix) notify the school community by memo on school letterhead (see Appendix A)
x) post a notice on all entrances to the school indicating that there is a case of diagnosed Varicella (chicken pox) in the school.

c) a staff member who is found to have immunity from Varicella (chicken pox) as a result of testing is required to report to work.

d) a staff member who has been tested and found to be susceptible to Varicella (chicken pox) and whose health is at risk as a result of an outbreak at her school/location, as certified by the employee's physician, until the outbreak is over (10 calendar days with no confirmed cases) will:
i) be re-assigned to an alternate work site (either on-site or off-site); or
ii) access sick leave if the staff member provides medical information regarding restrictions and limitations that prevent her from working;
iii) be granted a leave of absence with pay if the Board determines that a re-assignment is not possible;
iv) be deducted pay if the staff member refuses a re-assignment.

e) if a staff member is found to be susceptible to Varicella (chicken pox), and does not wish to remain in a school/location for fear of potential exposure, although no presence of the disease has been confirmed, the Board may grant an unpaid leave of absence for the period requested.

4.2 Hepatitis B
Hepatitis B is a virus that is transmitted by blood or body fluids including saliva of an infected person. Grade seven students are immunized; however, this is a voluntary program sponsored through the Public Health unit. There is no guarantee that staff members may not be exposed. The Hepatitis B vaccine is a series of three shots given over a six-month period. A post-vaccine blood test will be administered one month after the series of shots to ensure immunity. Employees should confirm with their Employee Health Trust as to whether the cost of these vaccines are covered, if ordered through a physician. Inquiries may be directed to your representative in Human Resources Services. A record of immunization should be maintained by the staff member.

4.3 Influenza
An annual influenza vaccine is strongly suggested.

4.4 Tetanus
Employees are encouraged to maintain their immunization at a current status. Boosters will be given by a health care provider when the employee's last recorded shot was ten or more years prior, or the employee is uncertain.

4.5 Pertussis (Whooping Cough)
Due to exposure to students, the Board's employees may be at a higher risk of getting Pertussis. Adults who have not had a booster dose are susceptible to Pertussis. Employees should confirm with their Employee Health Trust as to whether the cost of these vaccines are covered, if ordered through a physician.

4.6 Conjunctivitis (Pink Eye)
Employees with conjunctivitis must remain off duty for 24 hours after starting treatment with antibiotics or when the symptoms are no longer present.

4.7 Measles, Mumps and Rubella (German Measles)

Employees born before 1970 are considered immune while those born after1970 should receive one dose of MMR. Please refer to section 4.8 (iii) to (vii) for procedures to follow if an employee or student is diagnosed with Rubella.

4.8 Parvovirus B-19 (Fifth disease)

a) Fifth disease or Parvovirus B-19 is a common viral infection associated with fever and a distinctive rash. Outbreaks of fifth disease can occur at any time of the year, but most often occur in winter and spring. Fifth disease is not highly contagious and is spread by respiratory secretions from person to person. Symptoms include a brief mild illness with fever, malaise, muscle aches, joint pain and headache 7 to 10 days before the rash appears. The cheeks take on a flushed appearance that looks like the face has been slapped. There may also be a lacy rash on the trunk, arms and legs that lasts 7 to 10 days. However, not all infected persons develop a rash. The infectious period is before the onset of the rash. Once the rash appears, a person is no longer contagious. Therefore, a child who has been diagnosed with fifth disease need not be excluded from the classroom. This decision is made by the child's physician. Once a child recovers from Parvovirus B-19 infection, they develop lasting immunity, which means that the child is protected against future infection.

b) Women of child-bearing age are encouraged to have a blood test to determine their immune status as part of their pregnancy planning. The virus can be transmitted from an infected mother to her unborn child. Pregnant women who have been in contact with children during the infectious period, before the appearance of the rash, have a lower risk for infection than women exposed through household contact. Approximately 50% to 60% of women of reproductive age have developed immunity to Parvovirus B-19. Transmission of the virus can be decreased through proper hand washing and proper disposal of used tissues.

The Society of Obstetricians and Gynecologists of Canada states in their clinical guideline that leave from the workplace for pregnant women is not routinely recommended during an outbreak of the virus in the school. Research suggests that pregnant women do not reduce their risk of infection by leaving the workplace. However, susceptible pregnant women who have medical conditions that increase their risk for complications due to Parvovirus B-19 infection may be removed from the workplace or reassigned (see below), in the event of an outbreak, to reduce the risk of infection. Each pregnant woman who is exposed to the virus should discuss her individual risk, based on her risk of infection, gestational age and other obstetrical consideration with her physician.

i) Confirm that the child/children has/have been diagnosed by a physician as having Parvovirus B-19;
ii) immediately notify all staff members, including any support staff who report to the school;
iii) if there is a pregnant staff member, check to see if they are aware of their immunization status to Parvovirus B-19. If they know they are immune, they can remain at work;
iv) if the pregnant staff member is not aware of their immunization status, direct the staff member to contact their physician immediately to determine immunity or to have the blood test done. If blood work is ordered by the physician, the staff member will be released from work

for that purpose, otherwise you are not to send the staff member home;

v) direct the pregnant staff member to obtain a physician's note immediately and forward to the Health and Disability Officer within 24 hours. The employee's physician may;
   - Determine that the staff member can return to work immediately for which no note is required;
   - Provide a note indicating that the staff member cannot return to their worksite until such time as the test results are known but may be re-assigned to a location that has no known cases of Parvovirus B-19. In this case, Human Resource Services staff and the Healthy and Disability Officer, in consultation with the principal and Superintendent of Human Resources, will review the circumstances and determine a suitable placement, if possible, for the staff member until such time as the test results are known, or 10 calendar days has passed with no additional confirmed cases, whichever occurs first;
   - Provide a note indicating that the staff member cannot work at any site, the staff member may access their sick leave until such time as the test results are known, or 10 calendar days has passed with no additional confirmed cases, whichever occurs first.

vi) obtain a contact telephone number from the staff member so that they can be reached to discuss their status

vii) ensure all absences entered in the absence dispatch system for all employees include a notation to the substitute that there is a diagnosed Parvovirus B-19 in the school. Substitutes already booked into jobs for that site must also be contacted and informed, if female.

viii) contact the Superintendent of Human Resources, Manager of Human Resources and Health and Disability Officer immediately. There is no need to contact the District Health Unit as Parvovirus B-19 is considered a 'non-reportable' disease;

ix) notify the school community by memo on school letterhead (see Appendix A)

x) post a notice on all entrances to the school indicating that there is a case of diagnosed Parvovirus B-19 in the school.

c) A staff member who is found to have immunity for Parvovirus B-19 as a result of testing is required to report to work;

d) A staff member who has been tested and found to be susceptible to Parvovirus B-19 and whose health is at risk as a result of an outbreak at her school/location, as certified by the employee's physician, until the outbreak is over (10 calendar days with no confirmed cases) will:

i) be re-assigned to an alternate work site (either on-site or off-site); or

ii) access sick leave if the staff member provides medical information regarding restrictions and limitations that prevent her from working;

iii) be granted a leave of absence with pay if the Board determines that a re-assignment is not possible;

iv) be deducted pay if the staff member refuses a re-assignment.

e) If a staff member is found to be susceptible to Parvovirus B-19 and does not wish to remain in a school/location for fear of potential exposure, although

no presence of the disease has been confirmed, the Board may grant an unpaid leave of absence for the period requested.

4.9 Meningococcal Disease

Most adults over 24 years of age are considered immune. Outbreaks are rare, however, employees less than 24 years of age are encouraged to have the vaccine. Employees should confirm with their Employee Health Trust as to whether the cost of these vaccines are covered, if ordered through a physician. Contact your representative in Human Resources Services for additional information.

4.10 Scabies/Head Lice

Exposure to scabies and head lice is a common risk to employees working with children. Employees who get head lice may return to work after treatment. Employees who may feel they are exposed should be seen by their physician prior to using commercial products while pregnant or nursing.

4.11 COVID-19 (Coronavirus)

Vaccination and any required booster shot(s) is strongly suggested

5.0 Employees with a Communicable Disease

5.1 Under Section 28 of the *Health Protection and Promotion Act*, school Principals have a duty to report all reportable diseases to the Medical Officer of Heath of the Health Unit in which the school is located. Principals and Supervisors should be familiar with the list of reportable diseases maintained by the area Health Units (see Appendix B). In addition, Health Units can also provide information regarding the conditions/diseases that require children to be excluded from attending school.

5.2 Pregnant staff or those who are trying to become pregnant should know their health history. Several childhood diseases can potentially harm the unborn child and the mother if she is not immune. These diseases include: chickenpox or shingles, cytomegalovirus, fifth disease and rubella. Prior to pregnancy, or as soon as possible if the pregnancy is not planned, a woman should talk to her health care provider about any necessary precautions.

5.3 Employees with a communicable disease who pose a risk of transmission to students or other employees will remain off work and provide a medical certificate for their absence in accordance with the Board's Health and Disability Management Procedures and return to work when they no longer pose a risk of transmission.

5.4 Employees who are placed in quarantine by the Medical Officer of Health will remain off work until cleared by the MOH.

Appendix A

This letter is to be printed on school letterhead and distributed to all families of the school when there is a confirmed case of either fifth disease or chickenpox. Please insert the name of the confirmed disease in the three blanks.

Date

Dear Parents/Guardians:

We have recently had a diagnosed case of _____ at the school.

If you suspect that your child may have _____, please make an appointment with your doctor for medical confirmation. If medically confirmed, please notify the school.

Children with _____ may attend school if they are feeling well enough to take part in activities. By the time the rash develops, the child is no longer infectious.

If you have any questions, please contact your doctor or your local Health Unit.

Principal

Appendix B

REPORTABLE DISEASES

The following specified Reportable Diseases, (Ontario Regulations ~~559/91~~ 135/18 under the Health Protection and Promotion Act) are to be immediately reported to the Local Medical Officer of Health:

IMMEDIATE REPORTING REQUIRED (Confirmed & Suspect Cases)

Due to the need for public health follow-up, the following diseases must be reported immediately. Immediate reporting is also required: A) for clusters of any reportable diseases, and B) when the Health Unit issues an alert requesting immediate reporting.

Anthrax	Meningococcal disease, invasive
Botulism	Mumps
Brucellosis	Paralytic Shellfish Poisoning (PSP)
Carbapenemase-producing *Enterobacteriaceae* (CPE) outbreaks	Paratyphoid fever
Clostridium difficile infection (CDI) outbreaks in public hospitals	Pertussis (Whooping Cough)
Diphtheria	Plague
Food poisoning, all causes	Poliomyelitis, acute
Gastroenteritis outbreaks in institutions and hospitals	Rabies
Group A Streptococcal disease (iGAS), invasive	Respiratory infection outbreaks in institutions and hospitals
Haemophilus influenzae, all types, invasive	Rubella
Hantavirus pulmonary syndrome	Severe Acute Respiratory Syndrome (SARS)
Hemorrhagic fevers, including: Ebola, Marburg and other viral causes	Shigellosis
Hepatitis A	Smallpox
Influenza, novel (NOT seasonal)	Tuberculosis (all sites)
Lassa Fever	Typhoid Fever
Listeriosis	Verotoxin-producing *E.coli* infection indicator conditions, including Haemolytic Uraemic Syndrome (HUS)
Measles	

REPORT AS SOON AS POSSIBLE & BY NEXT BUSINESS DAY (Confirmed & Suspect Cases)

Acquired Immunodeficiency Syndrome (AIDS)	Hepatitis B
Acute Flaccid Paralysis (AFP)	Hepatitis C
Adverse events following immunizations (AEFIs)	Influenza (Seasonal)
Amebiasis	Legionellosis
Blastomycosis	Leprosy
Campylobacter enteritis	Lyme Disease
Carbapenemase-producing *Enterobacteriaceae* (CPE) colonization and infections, cases	Meningitis, acute: bacterial, viral and other
Chancroid	Ophthalmia neonatorum
Chickenpox (Varicella)	Pneumococcal disease, invasive
Chlamydia trachomatis infections	Psittacosis/Ornithosis
Cholera	Q Fever
Creutzfeldt-Jakob Disease, all types	Rubella, congenital syndrome
Cryptosporidiosis	Salmonellosis
Cyclosporiasis	Syphilis
Echinococcus multilocularis infection	Tetanus
Encephalitis including: primary, viral, post-infectious, vaccine-related, subacute sclerosing panencephalitis and unspecified	Trichinosis
Giardiasis, except asymptomatic cases	Tularemia
Gonorrhoea	West Nile Virus Illness
Group B Streptococcal disease, neonatal	Yersiniosis