

4500 Communicable Disease

Policy 4500

STATUS: ADOPTED

COMMUNICABLE DISEASE

Board Approved and Codified: April 28, 1986

Last Revised: June 19, 2013

Description:

Guidelines for School Children With Communicable Disease.

It is the belief of the Board of Education that procedures must be developed by schools for dealing with students (and staff members) who have contracted an infectious disease. Principals will develop accurate information and implement prevention practices that may be advised.

The general concern over communicable disease can be somewhat alleviated if the public is aware that there are procedures in place for dealing with the possibility of an infected individual in the school population.

Efficient and deliberate planning and subsequent actions is in the best interest of both the infected person and the people who may come into contact with him/her.

COMMUNICABLE DISEASES

Board Approved and Codified: April 28, 1986

Last Revised: June 14, 2000

Description:

1. Where a case of Acquired Immune Deficiency Syndrome (HTLV-III/LAV) is suspected, the Principal will notify the Medical Health Officer and the Superintendent of Schools immediately.
2. Persons involved must be very cognizant of the child's right and that of the child's family to privacy, including the maintenance of confidential records. The number of personnel who are aware of the child's condition should be kept at a minimum needed to assure proper care of the child and to detect situations where the potential for transmission may increase (e.g. bleeding injury). Aside from the right to privacy issue there is the problem of creating undue concern among school clientele.
3. Part 5, Sections 99 to 102 of the School Act shall apply. (Pertinent sections quoted as follows: 100(3) to 101(b).)

100(3) If the School Medical Officer considers that the health condition of any pupil is such as to endanger the health of the pupils attending a school, he shall so report to the Board, giving the name of the pupil concerned."

100(4) The Board of School Trustees shall promptly act on the report and shall remove from a school a pupil whose health condition is reported by the School Medical Officer as being dangerous, and that pupil shall not be permitted to return to the school until he delivers to the Board a certificate signed by the School Medical Officer permitting his return.

100 (5) If a teacher suspects a pupil is suffering from a communicable disease or other physical or mental condition inimical to the health or welfare of the other pupils, he shall report the matter to the School Medical Officer, to the Principal and to the District Superintendent, and may exclude the pupil from school until a certificate is obtained for the pupil from the Medical Health Officer or a private medical practitioner permitting the pupil to return to the school.

100(6) Where a pupil appears to be suffering from a communicable disease listed in the regulations for the control of communicable disease of the Ministry of Health, he shall be isolated immediately from all other pupils and, in accordance with the rules of the Board, sent home as soon as a safe and proper conveyance can be secured, if a conveyance is necessary, or, if a conveyance is not necessary, as soon as practicable.

Education of excluded child

101. On receipt of a report under section 100(5), a District Superintendent shall:

- i) call a meeting of the principal, teacher and the other persons he considers appropriate to consider and recommend to him alternatives suitable for the education of the child; and
 - ii) advise the Board and School Medical Officer of the school district of the recommendations made under paragraph (a) and measures being taken to provide for the child's education.
4. As quickly as possible after the diagnosis of an AIDS case the Superintendent or his designate, the Director of Instruction (Special Education), using a team approach, will arrange a meeting with the child's physician, the Medical Health Officer, the child's parent or guardian, and personnel associated with the proposed care or educational setting. The Team, in consultation with the Medical Health Officer, will make recommendations to the Superintendent and the Board, but the final decision as to whether the child attends school or not will be up to the Medical Health Officer.
5. Where feasible, the child will be allowed to attend school. Decisions will be based on the behaviour, neurologic development, and physical condition of the child and the expected type of interaction with others in his/her setting. In each case, risks and benefits to both the infected child and to others in the setting will be weighed.
6. Greater care will be required in dealing with infected preschool-aged children and some neurologically handicapped children who lack control of their body secretions or who display behaviour, such as biting, and those children who have uncoverable, oozing lesions. A more restricted environment will be advisable for these children; a setting that minimizes exposure to other children to blood or body fluids.
7. Staff will take care to follow sound basic rules of hygiene which would be standard practice in dealing with any infection. Good handwashing after exposure to blood and body fluids and before caring for another child will be observed, and gloves will be worn if open lesions are present on the caretaker's hands. Any open lesions on the infected person will also be covered.
8. Routine procedures for handling blood or body fluids will be established. Soiled surfaces will be promptly cleaned with disinfectants, such as household bleach (diluted 1 part bleach to 10 parts water). Disposable towels or tissues will be used and mops will be rinsed in the disinfectant. Exposure of open skin lesions or mucous membranes to the blood or body fluids will be avoided.
9. Evaluation to assess the need for a restricted environment will be performed regularly.
10. It is essential that the team stay in touch with the Medical Health Officer and the Board of any necessary changes in arrangements.