


Administrative Procedures 161
Dangerous/Communicable Diseases

	<p>External References:</p> <ul style="list-style-type: none"> • Education Act: Sections 85, 87, 109, 141, 175, 178, 190, 231 • Public Health Act 	<p>Adopted: June 28, 2011</p> <p>Amended: July 8, 2015</p>
	<p>Internal References:</p> <ul style="list-style-type: none"> • AP 161 Dangerous/Communicable Diseases – Appendix A – Category 1 Communicable Disease • Communicable Disease Control Handbook 	

Background

The well-being and rights of students and employees shall be the major consideration in the work place and related areas. All actions and reporting in relation to communicable diseases and other medical conditions shall be conducted in accordance with the Education Act, the Public Health Act and the following procedures.


Procedures

1. The Principal of the school who becomes aware that a student is infected or is a carrier of category I communicable disease shall, in consultation with the Director, report this to Heartland Health Region Authorities. This shall be done within forty-eight (48) hours.
2. The Director is authorized to determine when there is reasonable basis to believe that a medical examination may be required of a student or an employee and to direct that such an examination be performed.
3. The Principal, in consultation with the Director and Heartland Health Region Authorities, may exclude from school any student who is infected or is suspected to be infected with a communicable disease.
4. In the event that Heartland Health Region Authorities determine, in consultation with a physician who has examined the student or employee, that the student or employee poses a significant threat to the health and welfare of the students or other employees of the Division:
 - 4.1 The student will be required to withdraw from attendance at school and the Heartland Health Region shall be notified of same. The student shall be readmitted to school when the Heartland Health Region Authorities produce a written certificate stating that the student's condition no longer poses a risk of contagion in the school environment.
 - 4.2 The employee will be placed on a leave for medical reasons until the Heartland Health Region Authorities produce a written certificate stating that the employee's condition no longer poses a risk of contagion in his/her working environment.
5. School officials and staff shall be required to maintain absolute confidentiality of medical records of any student or employee who is required to undergo a medical examination or who may be required to withdraw from attendance at school or who may be placed on medical leave pursuant to this administrative procedure.
6. All issues pertaining to prevention and education concerning communicable diseases shall be the responsibility of the Director or designate in consultation with the Principal of each school.

7. Heartland Health Region has the authority to close a school in the event of an infectious disease situation.
8. The Director or designate is to ensure that Administrative Procedures 161 – Appendix A – Category 1 Communicable Diseases is reviewed annually.

Administrative Procedures 161 – Appendix A

Category 1 Communicable Diseases

		Adopted: June 28, 2011 Amended: July 30, 2013
	External References: <ul style="list-style-type: none"> • Education Act: Sections 85, 87, 109, 141, 175, 178, 190, 231 Education Act • Public Health Act 	Internal References:

Appendix A

Reporting and Follow-up Timelines

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The clinician must report all diseases to the local Medical Health Officer (MHO) within 48 hours. Do not wait for lab confirmation prior to initiating follow-up.

CATEGORY I COMMUNICABLE DISEASES	PUBLIC HEALTH TO START INVESTIGATION ⁵		PUBLIC HEALTH REPORTING TO POPULATION HEALTH BRANCH (PHB) ⁵		
	Within 24-48 hrs	Within 72 hrs	Upon notification by lab or physician ^{6,8}	Within 3 days ^{7,8}	Within 2 weeks ⁸
Acute flaccid paralysis	•		•		
<i>Aeromonas</i>		•			•
Amoebiasis		•			•
Anthrax	• ¹		• ²		
Antibiotic resistant organisms (VRE, MRSA, penicillin resistant pneumococcus)		•			•
Botulism	• ¹		•		
Brucellosis	•				•
Campylobacteriosis	•				•
Chickenpox		• ³			•
Cholera	•		•		
<i>Clostridium difficile</i>		•			•
Congenital rubella syndrome		•		•	
Creutzfeldt-Jakob disease, classical or variant	•		• ^{2,4}		
Cryptosporidiosis	•				•
<i>Cyclospora</i>	•				•
Diphtheria	•		•		
Encephalitis – vector-borne	•			•	
Food poisoning: viral, animal, bacterial, or chemical origin, excluding shigellosis or salmonellosis	•			•	
Giardiasis		•			•
<i>Haemophilus influenzae</i> invasive disease (types a, b, c, d, e, and f)	•			•	
Haemorrhagic fevers – viral including suspect cases	• ¹		• ²		
Hantavirus	•			•	
Hepatitis A	•				•
Influenza (lab-confirmed)		•			•
Legionellosis	•			•	
Leptospirosis		•			•
Leprosy		•			• ²
Listeriosis		•			•

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CATEGORY I COMMUNICABLE DISEASES	PUBLIC HEALTH TO START INVESTIGATION ⁵		PUBLIC HEALTH REPORTING TO POPULATION HEALTH BRANCH (PHB) ⁵		
	Within 24-48 hrs	Within 72 hrs	Upon notification by lab or physician ^{6,8}	Within 3 days ^{7,8}	Within 2 weeks ⁸
Lyme disease		•			• ²
Malaria		•			•
Measles	•			•	
Meningococcal invasive disease	•			• ²	
Mumps		•			•
Paratyphoid	•			•	
Parvovirus B 19		• ³			•
Pertussis	•				•
Plague	• ¹		•		
Pneumococcal invasive disease		•			•
Poliomyelitis	•		•		
Psittacosis		•			•
Rabies (human)	•		•		
Rickettsial disease (Rocky Mountain Spotted Fever, Q Fever, relapsing fever)		•			•
Rubella	•			•	
Salmonellosis, excluding typhoid and paratyphoid	•				•
Severe Acute Respiratory Syndrome (SARS)	•		• ²		
Shigellosis	•			•	
Smallpox	• ¹		• ²		
Staphylococcal disease – invasive, toxigenic	•				•
Streptococcal A - invasive	•				•
Streptococcal B – neonatal		•			•
Tetanus		•			•
Toxoplasmosis		•			•
Transmissible spongiform encephalitis (TSE)	•			•	
Trichinosis		•			•
Tularaemia		• ¹			•
Typhoid	•			•	
Verotoxigenic <i>E. coli</i> infections	•			•	
West Nile Virus (WNS)		•		•	
Yellow fever	•		•		
<i>Yersinia enterocolitica</i>		•			•

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CATEGORY II COMMUNICABLE DISEASES	PUBLIC HEALTH TO START INVESTIGATION		PUBLIC HEALTH REPORTING TO POPULATION HEALTH BRANCH (PHB)		
	Within 24-48 hrs	Within 72 hrs	Upon notification by lab or physician ^{6,8}	Within 3 days ^{7,8}	Within 2 weeks ⁸
AIDS (see HIV)					•
Chancroid		•			•
<i>Chlamydia trachomatis</i>		•			•
Gonococcal infections		•			•
Granuloma inguinale		•			•
Hepatitis B	•				•
Hepatitis C		•			•
Hepatitis D		•			•
Hepatitis – other viral		•			•
Human immunodeficiency virus (HIV) infection, including acquired immune deficiency syndrome		•			•
Human T lymphotropic virus, Types I and II		•			•
Lymphogranuloma venereum		•			•
Neonatal/congenital herpes		•			•
Syphilis	•				•
Tuberculosis	•				•

¹ If bioterrorism is suspected, PHB should be notified immediately and investigation should occur immediately.

² Probable cases must also be reported.

³ Prenatals and neonates may require follow-up in less than 48 hours.

⁴ Possible cases of vCJD must also be reported.

⁵ Investigation and reporting of all suspected outbreaks should be immediate.

⁶ Alert by phone call to Deputy Chief Medical Health Officer and a follow up e-mail with details of case & disease name included in the e-mail subject line to cdc@health.gov.sk.ca.

⁷ Alert by e-mail with details of case & disease name included in the e-mail subject line to cdc@health.gov.sk.ca.

⁸ Details of case entered into iPHIS.

Long Term Care Facilities – Notify MHO of any outbreak immediately.

Travel – Notify MHO of ANY rashes, diarrhea or fever that appears imported from travel.

The following highlights some of the reasons that certain diseases must be reported immediately to the Ministry of Health:

- Diseases reportable under the International Health Regulations must be reported within 24 hours of determination of disease.
- Require release of emergency medications (SAP)/antitoxin.
- Media interested in high profile diseases (meningitis, etc.).
- Occurrences of diseases of significance to the public's health (hemorrhagic fever, etc.) high case fatality rate, potential for outbreak, etc. requiring immediate public health intervention.
- Public perception of risk.
- The likelihood to impact other sectors such as agriculture/animal husbandry.
- Cross region/jurisdictional implications that will require communication to other jurisdictions and/or coordination of follow-up.
- An indication of a suspected or potential outbreak.

