AVON MAITLAND DISTRICT SCHOOL BOARD
ADMINISTRATIVE PROCEDURE
NO. 413

SUBJECT: INFECTION PREVENTION AND CONTROL

Legal References: *Ministry of Education Policy/Program Memorandum 161: Supporting Children and Students with Prevalent Medical Conditions (anaphylaxis, asthma, diabetes, and/or epilepsy) in schools; Ontario Occupational Health and Safety Act; R.R.O. Reg.851: Industrial Establishments; Health Protection and Promotion Act; Ontario Regulation 135/18: Designation of Diseases*

Related References: *Administrative Procedure (AP) 175 Accidents, Incidents and Occupational Illnesses; AP 226 Special Education Personalized Equipment; AP 314 Supporting Students with Prevalent Medical Conditions*

1.0 Purpose and Scope

The Director of Education has authorized the development and implementation of this administrative procedure to ensure:

1.1 All employees are protected from being exposed to infectious agents in the workplace and to prevent or reduce the spread of infectious agents in the school community. The principle used is called Routine Practices, which assumes that blood and all other body fluids are potentially infectious.

2.0 Responsibilities

2.1 **Principals/Site Supervisors**

2.1.1 Provide information, instruction and supervision to protect employees from exposure to infectious agents. An annual review of this procedure is expected.

2.1.2 Ensure through the Custodial Services Supervisor that hand hygiene supplies, sharps and waste collection containers, approved cleaners and disinfectant are provided.

2.1.3 Ensure personal protective equipment (PPE) is provided and worn as required.

2.1.4 Ensure that processes and documentation for student attendance, supply staff sign-in, visitor sign-in are in place and maintained.

2.1.5 Assist as needed to ensure employee contact information is current.

2.1.6 Ensure that reportable diseases under the *Health Protection and Promotion Act* are reported to Huron Perth Public Health. **Refer to Appendix A**.

2.1.7 Report to Huron Perth Public Health when absenteeism rates among students and staff reach approximately 30% above the baseline.

2.1.8 Provide information and support to Huron Perth Public Health when requested.

2.1.9 Ensure that confirmed communicable illnesses are communicated to employees, students and childcare partners, etc. as required.

3.0 Employees

3.1 Ensure personal and contact information is always current. Report changes to Human Resource Services.

3.2 Perform a risk assessment before every interaction with a person where they may be exposed to blood or body fluids.
3.3 Follow routine practices based on the risk assessment, including wearing personal protective equipment.
3.4 Employees who work directly with students who have special needs must follow student support plans or plan of care forms, if applicable, to protect themselves and students from exposure and transmission of infectious agents.
3.5 Report to the principal/supervisor, hazards and incidents related to exposure to an infectious agent, as well as missing or defective PPE, hand hygiene supplies or disinfectant.
3.6 Inform the principal/supervisor about an increase in the number of students who are ill or showing signs/symptoms from what would be normally seen.
3.7 Employees who have open wounds or weeping dermatitis and may be exposed to blood or other body fluids as part of their essential duties should consult their healthcare provider and HRS Wellness Officer to implement any additional precautions that are required.
3.8 All employees will maintain confidentiality about a person's health, signs, symptoms, diagnosis or other medical information.

4.0 Custodial Services Supervisor

4.1 Procure and ensure cleaning, disinfecting and hand hygiene supplies are provided to worksites.
4.2 Ensure information, instruction and supervision is provided to custodians to ensure environmental controls (e.g., cleaning, disinfection and waste management) are implemented and maintained to minimize contamination of surfaces and spread of infectious agents.

5.0 Custodians

5.1 Follow the manufacturer's instructions when using products to clean and disinfect (e.g., contact time) contaminated surfaces.
5.2 Follow Standard Operating Procedures for cleaning and disinfecting, including ensuring supplies are available for hand hygiene.

6.0 Environmental Health and Safety Manager

6.1 Maintain this administrative procedure.
6.2 Provide resources and support to worksites and Huron Perth Public Health.
6.3 Audit and communicate compliance of this administrative procedure.

7.0 Routine Practices Procedure

7.1 An individual may be exposed to infectious agents from:
a) A splash, spray, cough or sneeze from a person.
b) Contact with blood or body fluids (e.g., urine, feces, vomit, saliva).
c) Contact with mucous membranes (e.g., mouth, nose, or eyes).
d) Contact with non-intact skin.
e) Contact with contaminated surfaces or equipment.
f) Puncture into skin with a contaminated object (e.g., glass, needle).

7.2 Working directly with a person who has signs, symptoms of an infection (e.g., cough, fever, runny nose, rash), blood and all body fluids, inclusive of urine, feces and saliva shall always be handled as if they could be infectious and every person shall be handled in a way that prevents or reduces exposure to blood and body fluids and the spread of infectious agents. These are called routine practices.

7.3 Employees must perform an individual assessment of each person's (e.g., student, injured worker) potential risk of transmission of microorganisms they come into contact with. Based on that risk assessment and a risk assessment of the task, the employee can determine appropriate intervention and interaction strategies that will reduce the risk of transmission of microorganisms to and from the individual. Follow the instructions in **Appendix C**.

7.4 Wash hands with soap and water or alcohol-based hand rub prior to interacting with individuals where there is a potential risk of exposure or transmission and before putting on PPE. Follow the instructions in **Appendix E**.

7.5 If PPE is required, inspect each item before use to look for defects.

7.6 Wear disposable gloves when there is a risk the hands will come in contact with a person's blood, body fluids (e.g., vomit, diarrhea, saliva), mucous membranes, broken skin, as well as soiled/contaminated items, or spills. Use new gloves for each new individual.

7.7 Wear eye protection (e.g., approved safety glasses, goggles, face shield) when there is a risk of splashing, spraying, coughing, sneezing or spitting of blood or body fluids.

7.8 Wear a mask when there is a risk of splashes or sprays of body fluids to the nose or mouth.

7.9 Wear a disposable gown when there is a risk that the arms or clothing may come in contact with splashes or sprays from contact with blood or body fluids or contaminated items.

7.10 Avoid touching your mouth, nose or eyes or skin breaks or abrasions while handling blood or body fluids.

7.11 Put on and take off personal protective equipment in order. Follow the instructions in **Appendix E**. Dispose single use PPE in the regular waste container. Clean and disinfect reusable eye protection. Follow the instructions in **Appendix F**.

7.12 Spills of contaminated or potentially contaminated material shall be immediately cleaned up by first putting on PPE (e.g., gloves, gown), then containing and wiping up the spill.

7.13 Clean and disinfect all contaminated or potentially contaminated surfaces, such as floors, walls, equipment, etc. with board approved products and following the manufacturer's instructions (e.g., disinfectant contact time).

7.14 Place materials soiled with blood or body fluids in leak-proof waste bags/containers.

7.15 Place sharps containers in close proximity to where needles are used and immediately discard the needle into the container. Always point the needle away from you and do not overfill sharps containers.

7.16 Use a broom and dustpan or tongs to clean up broken glass or needles. Place into a puncture-proof sharps container.

7.17 Change linen and clothing, which have been soiled with blood or body fluids. These items may be washed with the regular laundry.

7.18 After removing PPE, wash hands with soap and water or alcohol-based hand rub.

7.19 Unscented hand lotion can be used to prevent drying of the skin.

8.0 Additional Precautions

8.1 The principal/supervisor will ensure that additional information and instructions are communicated and protective measures are provided to employees when additional precautions are required (e.g., feeding, toileting, immuno-compromised). Learning Services and partner agencies can assist.

8.2 Employees who work directly with students who have special needs must follow additional precautions to best protect themselves and the student(s) they work with from infectious agents.

9.0 Reporting Exposures to Infectious Agent

9.1 If an employee is exposed to blood or body fluids, the following measures should be taken as soon as possible:

a) If splashes occur to the lips, mouth, eyes or nose, flush with water.
b) If hands and other body surfaces are exposed (e.g., visibly soiled), wash with soap and water.
c) If an employee gets a puncture wound, allow the wound to bleed freely, then cleanse with soap and running water.
d) Notify the principal/supervisor and follow AP175 Accidents, Incidents and Occupational Illnesses reporting requirements.
e) Assess and seek healthcare if required (e.g., puncture into the skin, contact through a break in the skin, splashes into eyes, mouth or nose.)

10.0 Fifth Disease (Parvovirus B-19)

10.1 Fifth Disease, also called Erythema Infectiosum, or “slapped cheek disease”, is an infection caused by parvovirus B19. It is a common viral infection among elementary school children and tends to spread during the late winter to early spring. Refer to **Appendix G**.

10.2 Fifth Disease is not a reportable disease. Excluding persons with Fifth Disease from school or work is not required because the infected person is contagious before they develop signs and symptoms.

10.3 The principal/supervisor is responsible for educating employees, students and parents about the symptoms of Fifth Disease and requesting students obtain a medical diagnosis to confirm whether or not the disease is present in the school/site.

10.4 Employees who are pregnant, considering starting a family or at risk of health problems from Fifth Disease (e.g., chronic blood disorder, chronic anemia, immune-compromised) are advised to consult their healthcare professional to determine through testing whether they are susceptible to Fifth Disease.

10.5 Should a principal/supervisor be made aware of a physician-confirmed diagnosis of Fifth Disease in the school/site, they must:

a) Post a notice at the main entrance(s) and staff entrances for 20 days from the dates of last physician confirmed diagnosed case - **Appendix H.**
b) Inform employees and childcare partners at the school/site - **Appendix I.**
c) Notify Human Resources Services Staffing Officers.
d) Post a notice in Smartfind for 20 days from the date of the last physician confirmed case. *(Example: A Confirmed Case of Fifth Disease has been*

identified at this school/location. For More Information refer to Administrative Procedure 413 Infection Prevention and Control.)

e) If two or more physician-confirmed diagnosed cases from different families are reported, notify the Environmental Health and Safety Manager **and** Huron Perth Public Health Infectious Disease Team 1-888-221-2133 x3284.

10.6 Human Resource Services Staffing Officers will email occasional/supply staff who are assigned to work at the school/site and central staff employees.

10.7 Should a physician-confirmed diagnosis of Fifth Disease be reported at an employee's school/site, the following processes apply:

a) It is the responsibility of the employee who may be at risk and does not know whether they have immunity, to be tested by their healthcare professional. The employee may be reassigned to an alternate location until the required tests and results are obtained by their healthcare professional.

b) Any employee who is found as a result of testing, to have immunity from Fifth Disease, is required to report to work.

c) If a pregnant or at-risk employee who has been tested and found susceptible to Fifth Disease and is advised by their healthcare professional physician not to attend the workplace where there is a physician known confirmed case diagnosis of Fifth Disease or Rubella, the employee must inform the principal/supervisor and Human Resource Services Wellness Officer. The employee will be accommodated until the exposure risk is over (20 days with no confirmed cases) by being reassigned to an alternate site.

10.8 If a pregnant or at-risk employee, who is not immune to the virus, develops a rash or has sore joints and has been exposed to someone diagnosed with Fifth Disease (or to anyone with an unusual rash), they should call their healthcare professional.

Appendix A - Communicable Disease Exclusion Guidelines for Schools and Childcare (Huron Perth Public Health)

Appendix B – Diseases of Public Health Significance (Huron Perth Public Health)

Appendix C – Performing a Risk Assessment Related to Routine Practices and Additional Precautions (Public Health Ontario)

Appendix D – How to Perform Hand Hygiene (Public Health Ontario)

Appendix E – How to Put on and Take Off Personal Protective Equipment (Public Health Ontario)

Appendix F – Cleaning and Disinfection of Reusable Eye Protection (Public Health Ontario)

Appendix G – Fifth Disease (Caring for Kids – Canadian Pediatric Society)

Appendix H – Sign – Alert

Appendix I – Email/Letter Template – Fifth Disease

Huron Perth Public Health

Communicable Disease Exclusion Guidelines for Schools and Childcare

Reportable Diseases

These diseases are considered reportable diseases under the *Health Protection and Promotion Act*, and must be reported to the local public health unit. The Medical Officer of Health has the authority under this Act to order isolation for any person who has or may have a communicable disease.

Disease	Exclusion Period
Chicken Pox	Until well enough to participate in all activities
COVID-19	Until 24 hours after symptoms have improved (48 hours after vomiting and diarrhea) and no fever
German Measles (Rubella)	7 days from onset of rash
Influenza	Until well enough to participate (usually 5-7 days)
Measles	4 days from onset of rash
Meningitis	Until fully recovered
Mumps	5 days from onset of swelling
Whooping Cough (Pertussis)	21 days from onset of cough, ***or*** 5 days after start of antibiotic treatment

Non-reportable Diseases

These diseases are not considered reportable diseases and the exclusions listed are not required by public health. These guidelines are based on scientific research and consider the method of transmission and how easily the disease spreads.

Disease	Exclusion Period
Impetigo	24 hours from start of antibiotic treatment
Pink - Eye (Conjunctivitis)	Most often viral and self-limited. If child is well enough to attend school and is able to comply with hand hygiene and respiratory etiquette, then no exclusion is required. Refer to healthcare provider if child has facial blisters, is unwell, or if symptoms do not improve in a few days.
Rash with Fever	Until rash and fever are gone, or a physician determines it is non-communicable
Ringworm	Until treatment started
Scabies	24 hours from start of treatment
Scarlet Fever/ Strep throat	24 hours from start of antibiotic treatment
Shingles	If rash cannot be covered exclude until vesicles become dry; if the rash can be covered, no exclusion is necessary
Vomiting and Diarrhea	Until 48 hours after last episode of vomiting or diarrhea
Colds **Fifth Disease** **Hand, Foot & Mouth Disease** **Mononucleosis**	No exclusion unless child is not feeling well enough to participate in all activities

For disease information, or to report one of the reportable disease, please call the Health Unit: 1-888-221-2133 ext 3254.

Diseases of Public Health Significance

You are legally required* to report any suspected or confirmed cases to the Medical Officer of Health for the county where the patient resides.

▶ Report immediately by telephone:
Huron Perth Public Health
1-888-221-2133 ext 3254 | After hours: 1-800-431-2054 | Fax follow-up report: 519-271-2195 or 1-866-271-2195

Report all others within one business day, by telephone.

- ▶ **Acute Flaccid Paralysis**
- Amebiasis
- ▶ **Anaplasmosis**
- ▶ **Anthrax**
- ▶ **Babesiosis**
- Blastomycosis
- ▶ **Botulism**
- ▶ **Brucellosis**
- Campylobacter enteritis
- Carbapenemase-producing Enterobacteriaceae (CPE), infection or colonization
- ▶ **Candida Auris**
- ▶ **Chickenpox (Varicella)**
- ▶ **Cholera**
- ▶ **Clostridium difficile infection, outbreaks in institutions and public hospitals**
- ▶ **Coronavirus Disease 2019 (COVID-19), fatal cases**
- Creutzfeldt-Jakob Disease, all types
- Cryptosporidiosis
- ▶ **Cyclosporiasis**
- ▶ **Diphtheria**
- ▶ **Diseases caused by a novel coronavirus, including Severe Acute Respiratory Syndrome (SARS) and Middle East Respiratory Syndrome (MERS)**
- ▶ **E. coli (see Vertoxin producing E. coli)**
- Echinococcus multicularis infection
- Encephalitis, including:
  - Primary, viral
  - Post-infectious
  - Vaccine-related
  - Subacute sclerosing panencephalitis
  - Unspecified
- ▶ **Food poisoning, all causes**
- ▶ **Gastroenteritis, outbreaks in institutions and public hospitals**
- Giardiasis, except asymptomatic cases
- ▶ **Group A Streptococcal disease, invasive**
- ▶ **Haemophilus influenzae disease, all types, invasive**
- ▶ **Hantavirus pulmonary syndrome**
- ▶ **Hemorrhagic fevers, including:**
  - Ebola virus disease
  - Lassa fever
  - Marburg disease
  - Other viral causes
- ▶ **Hepatitis A**
- Hepatitis B
- ▶ **Influenza, novel, NOT seasonal, lab confirmed**
- Influenza, seasonal
- ▶ **Legionellosis**
- Leprosy
- ▶ **Listeriosis**
- Lyme Disease
- ▶ **Measles**
- ▶ **Meningitis, acute, including:**
  - Bacterial
  - Viral
  - Other
- ▶ **Meningococcal disease, invasive**
- ▶ **Mumps**
- ▶ **Paralytic Shellfish Poisoning (PSP)**
- Paratyphoid fever
- ▶ **Pertussis (Whooping Cough)**
- ▶ **Plague**
- Pneumococcal disease, invasive (see Streptococcal pneumoniae, invasive)
- ▶ **Poliomyelitis, acute**
- ▶ **Powassan**
- Psittacosis/Ornithosis
- Q Fever
- ▶ **Rabies, human cases**
- ▶ **Rabies, animal exposures**

For Rabies (animal exposures)
1-888-221-2133 press "0"
Fax reports to 1-833-482-7820

- ▶ **Respiratory infection, outbreaks in institutions and public hospitals**
- ▶ **Rubella**
- ▶ **Rubella, congenital syndrome**
- ▶ **Salmonellosis**
- ▶ **Shigellosis**
- ▶ **Smallpox and other Orthopoxviruses**
- Streptococcal pneumoniae, invasive
- ▶ **Tetanus**
- Trichinosis
- ▶ **Tuberculosis, active disease**
- Tuberculosis, latent infection (positive TB skin test or Interferon-Gamma Release Assay)
- ▶ **Tularemia**
- Typhoid Fever
- ▶ **Verotoxin-producing E.coli infection, including Haemolytic Uraemic Syndrome (HUS)**
- ▶ **West Nile Virus illness**
- ▶ **Yersiniosis**

Sexually Transmitted and Blood Borne Infections:

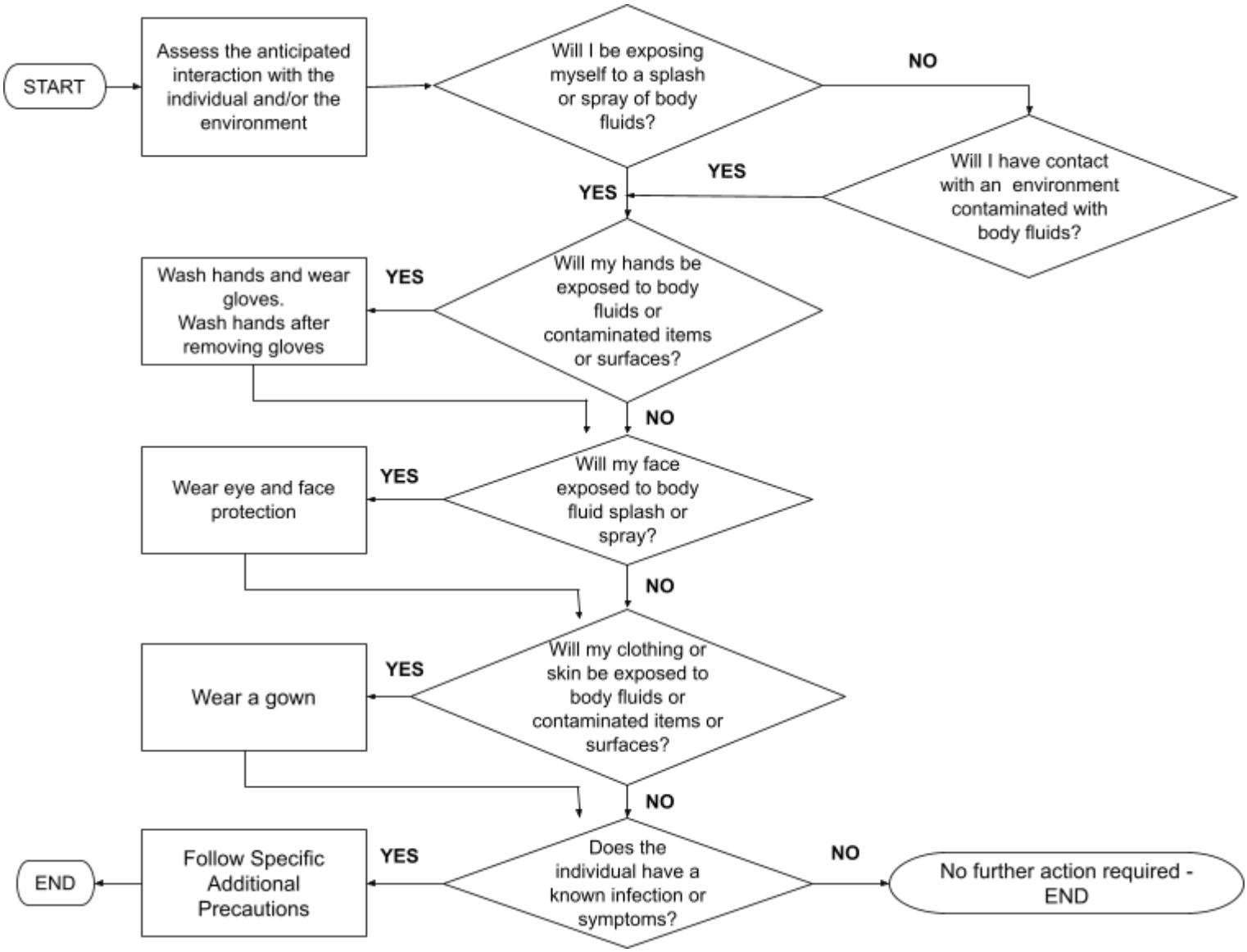
- Chancroid
- Chlamydia trachomatis infections
- Gonorrhea
- Group B Streptococcal disease, neonatal
- Hepatitis C, viral
- Human Immunodeficiency Virus (HIV)/Acquired Immunodeficiency Syndrome (AIDS)
- ▶ **Mpox**
- Opthalmia neonatorum
- Syphilis (including Congenital Syphilis)

Report mpox immediately, and others within one business day, to the Sexual Health Team.

Huron Phone: 1-888-221-2133 ext 2406
Perth Phone: 1-888-221-2133 ext 3779
Fax: 519-271-5368

*O. Reg. 135/18: Designation of Diseases, and amendments under the *Health Protection and Promotion Act*.

Risk Assessment for Interactions with Individuals and/or the Environment



Source: Adapted from *Best Practices for Routine Practices and Additional Precautions (Appendix C)* Public Health Ontario

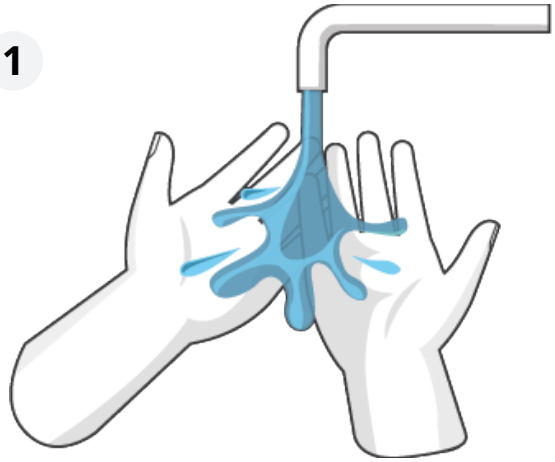
Public Health Ontario | Santé publique Ontario

How to:

Perform Hand Hygiene Using Soap and Water

If hands are visibly soiled:

1

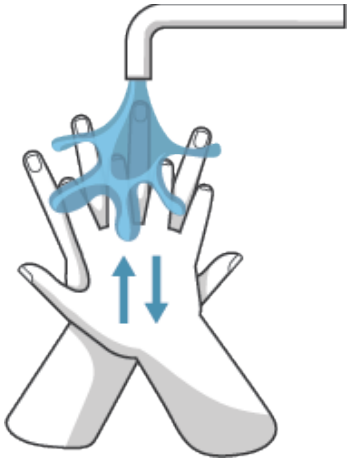


Wet hands with warm water and apply soap.

2

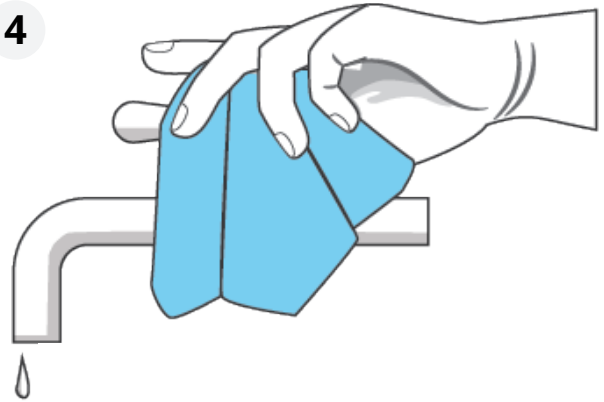
Clean all surfaces, palms, backs of each hand, fingertips, between fingers, and bases of thumbs for at least 15 seconds.

3



Rinse hands with water and pat dry with a paper towel.

4



Turn off the tap using a paper towel.

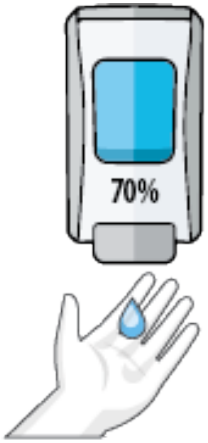
How to:

Perform Hand Hygiene Using Alcohol-Based Hand Rub (ABHR)

Public Health Ontario | Santé publique Ontario

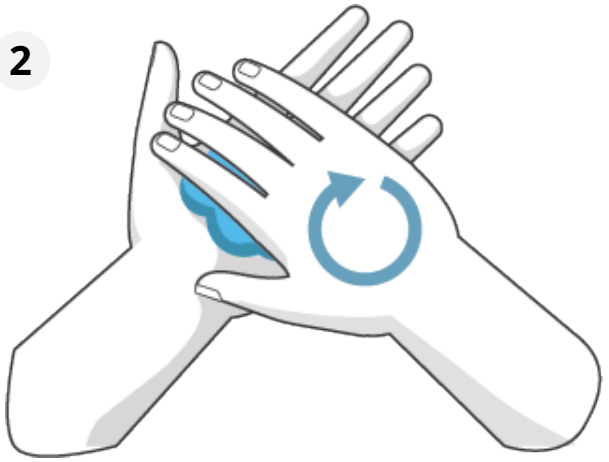
If hands are not visibly soiled:

1



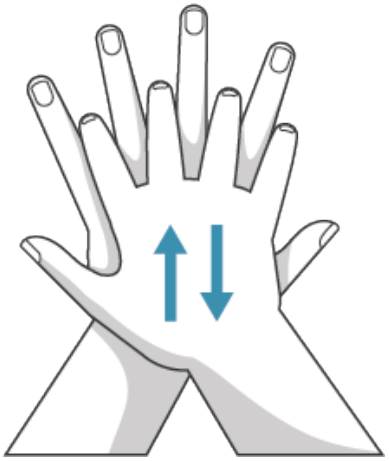
Apply 1-2 full pumps of product onto one palm.

2



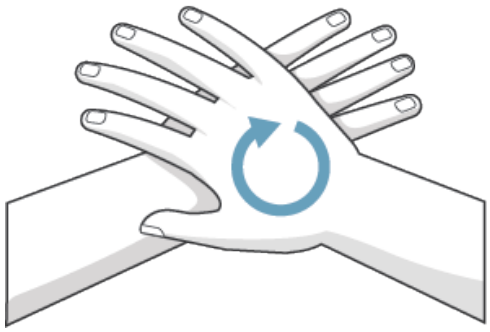
Spread the product over all surfaces of hands.

3



Rub palms, backs of each hand, fingertips, between fingers, and bases of thumbs for at least 15 seconds.

4



Rub hands until the product is dry.

For more information, contact Public Health Ontario's Infection Prevention and Control Team at ipac@oahpp.ca or visit www.publichealthontario.ca.

Ontario

How to:
Put On Personal Protective Equipment (PPE)

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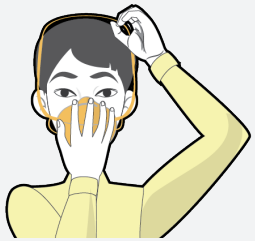
1 Perform Hand Hygiene

Use alcohol-based hand rub, or soap and water if hands are visibly soiled.

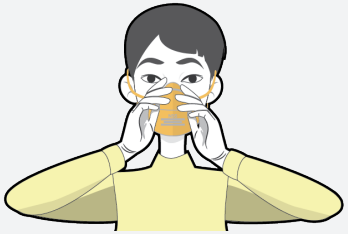
2 Put on Gown

Tie at neck and waist.

3 Put on Mask / N95 Respirator



Secure ties, loops or straps and mould metal piece over nose.



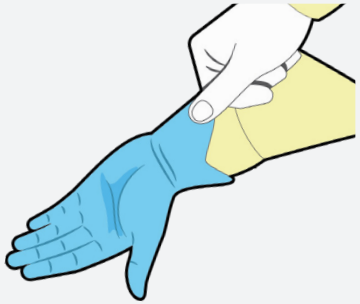
Perform a seal check for N95 respirators.

4 Put on Protective Eyewear

Place eye protection over face and eyes and adjust to fit.

5 Put on Gloves

Pull glove over the cuff of the gown.



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Ontario

How to:

Put On Personal Protective Equipment (PPE)

Public Health Ontario | Santé publique Ontario

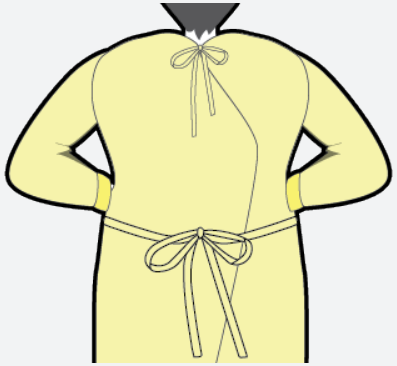
Contact Precautions

1 Perform Hand Hygiene

Use alcohol-based hand rub, or soap and water if hands are visibly soiled.

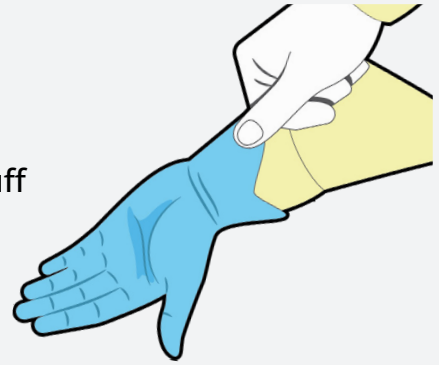
2 Put on Gown

Tie at neck and waist.



3 Put on Gloves

Pull glove over the cuff of the gown.



For more information, please contact Public Health Ontario's Infection Prevention and Control Team at ipac@oahpp.ca or visit www.publichealthontario.ca.

Ontario

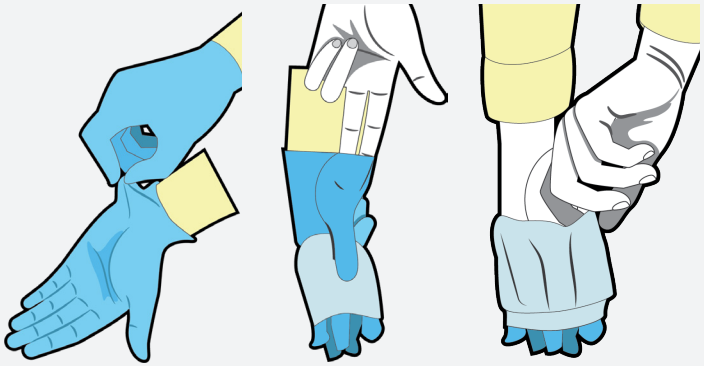
How to:

Take Off Personal Protective Equipment (PPE)

Public Health Ontario | Santé publique Ontario

1 Remove Gloves

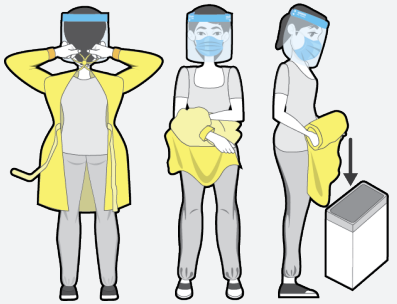
Take care not to touch your bare skin to the outside of the glove.



2 Remove Gown

Undo ties and pull gown away from body.

Carefully roll gown inside out, dispose into waste container.



Perform Hand Hygiene

Use alcohol-based hand rub, or soap and water if hands are visibly soiled.

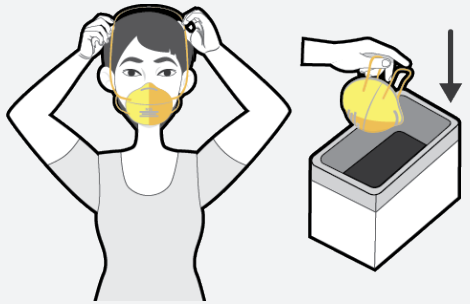
3 Remove Protective Eyewear

Do not touch the front.

Carefully remove eyewear by pulling up and away from face and dispose into waste container.

4 Remove Mask / N95 Respirator

Take off using the ear loops/straps, pull forward away from face and dispose into waste container.



Perform Hand Hygiene

Use alcohol-based hand rub, or soap and water if hands are visibly soiled.

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Ontario

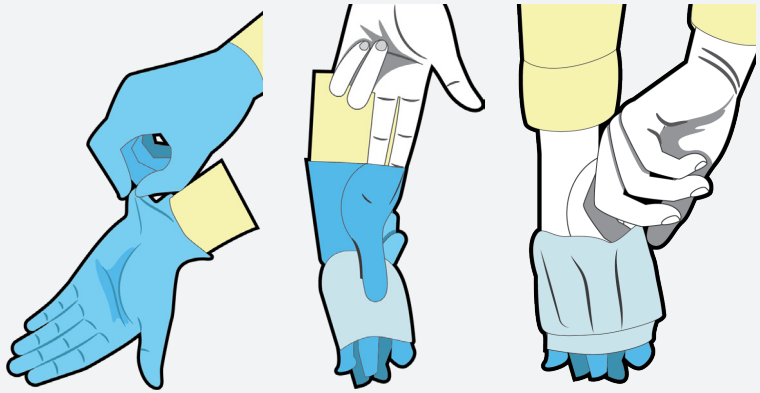
How to:

Take Off Personal Protective Equipment (PPE)

Contact Precautions

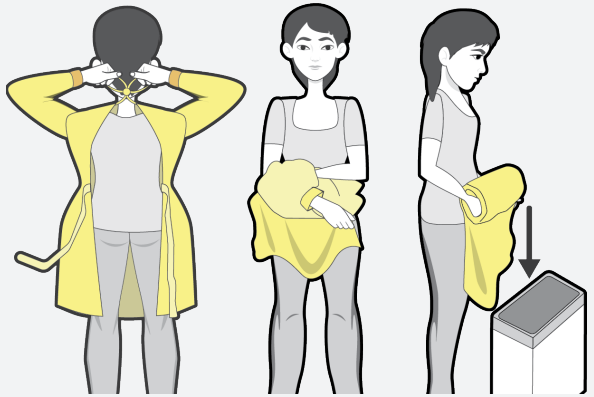
Public Health Ontario | Santé publique Ontario

1 Remove Gloves



Take care not to touch your bare skin to the outside of the glove.

2 Remove Gown



Undo ties and pull gown away from body.

Carefully roll gown inside out, dispose into waste container.

Perform Hand Hygiene

Use alcohol-based hand rub, or soap and water if hands are visibly soiled.

For more information, please contact Public Health Ontario's Infection Prevention and Control Team at ipac@oahpp.ca or visit www.publichealthontario.ca.

Updated: July 2024

Ontario

Public Health Ontario | Santé publique Ontario

A Resource for Health Care Workers

Cleaning and Disinfection of Reusable Eye Protection

1

Clean hands and put on a pair of gloves.

2

Wipe the inside of the eye protection first and then the outside.

3

Ensure all surfaces remain wet for the disinfectant contact time (e.g., 1-3 minutes).

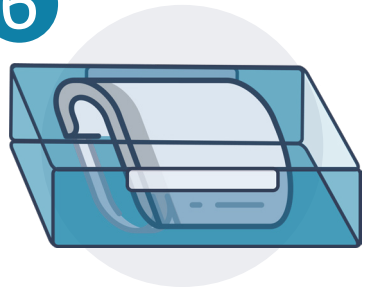
4

Rinse with tap water and allow to dry.*

5

Remove gloves and perform hand hygiene.

6



Store the eye protection in a clean, designated area.

Important Reminders

Reusable eye protection can include face shields, goggles and safety glasses.

Follow infection prevention and control best practices for use of eye protection such as performing a Point-of-Care or Personal Risk Assessment.

Always clean and disinfect reusable eye protection between uses according to manufacturer/product instructions.

Single use eye protection such as disposable face shields or visor/mask must be safely discarded after one use.

If the equipment is damaged or the foam piece of the face shield/goggle straps are visibly soiled, DO NOT REUSE.

** Tip: To help reduce fogging, after disinfection, cleaning with soap and water or wiping with alcohol may help.*

For more information about PHO, visit publichealthontario.ca.

Ontario

Appendix G - Please refer to the Caring for Kids (Canadian Paediatric Society) website re Fifth Disease (Erythema Ifectiosum)

ALERT

A Confirmed Case of Fifth Disease has been identified at this school/location

For more information about Fifth Disease scan QR code or contact the school

iAM education

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APPENDIX I – Email/Letter Template – Fifth Disease

To: staff/childcare provider

We have a confirmed case of Fifth disease at our location. Although Huron Perth Public Health does not require the school to report single confirmed cases, this communication is being shared for your awareness. We will also be posting an Alert on the main entrance doors of the school.

Fifth disease is a common viral infection among elementary school children that spreads from person to person through direct contact or by breathing in respiratory secretions from an affected person. The contagious period for this disease occurs before signs and symptoms appear, which usually includes a red rash on the child's cheeks.

Although it is not dangerous to most people, there may be some health impact to employees who are pregnant and not immune, or at risk of health problems from Fifth Disease (e.g., chronic blood disorder, chronic anemia, immune-compromised)

If you believe that you may be at risk, please contact me immediately.

For more information about Fifth Disease

- Review AP 413 Infection Prevention and Control – Appendix E or scan QR code
- Call Huron Perth Public Health – 1-888-221-2133
- Consult with your healthcare provider