

COMMUNICABLE DISEASE CONTROL			
<i>Document #</i>	<i>HSProcedure-026</i>	<i>Prepared by:</i>	<i>Health and Safety Officer</i>
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<i>Revision #:</i>	<i>0</i>	<i>Board Approval:</i>	<i>Director's Council</i>

1.0 Purpose

The Hamilton-Wentworth Catholic District School Board (HWCDsB) will ensure that all reasonable efforts are made to protect the health and well-being of employees and those they serve by creating employee awareness of communicable disease and preventing and/or minimizing the spread of communicable disease in the workplace. Employees will be provided with the necessary education, resources, and support to protect themselves and those they serve against the contraction of communicable diseases. It is the responsibility of all employees that they avail themselves of any vaccinations and other preventative measures as required for their specific positions by applicable legislation.

2.0 Scope

This procedure applies to all work sites, buildings and schools, owned or leased by the HWCDsB. It is applicable to all employees, students, volunteers, contractors and visitors.

3.0 Definitions

Communicable Diseases - Any infectious condition that is transmitted directly, or indirectly, to a person from a person, animal, or vector (e.g. mosquito) that is infected or a carrier of that condition, or from the environment.

4.0 Applicable Legislation

Occupational Health and Safety Act
Immunization of School Pupils Act
Education Act
Health Protection and Promotion Act

5.0 Procedures

- 5.1 Any employees at risk of health problems for any reason are advised to determine their susceptibility of infection through possible testing. Any pregnant employee at risk is strongly encouraged to notify the Principal/Supervisor immediately.
- 5.2 Should an outbreak of disease be confirmed at any school, it is the employees' responsibility to be aware of his or her immunity to any possible infection. Testing, if possible, should take place immediately. The employee may use sick leave in order to visit the doctor and obtain any required tests.
- 5.3 In the event of a confirmed outbreak, an employee who has been tested and found susceptible to the disease may take the following precautions:
 - 5.3.1 Be reassigned to another possible worksite.
 - 5.3.2 If reassignment is not possible, at the discretion of the board, the employee may be able to perform their duties from home.
- 5.4 If an employee found susceptible to an infectious disease does not wish to remain in a school for fear of potential exposure, even without a confirmed presence, an employee may apply for an unpaid leave of absence for the period requested.
- 5.5 Any employee who is found to have immunity from the disease is required to report to work immediately.
- 5.6 Under the Occupational Health and Safety Act and the Education Act, Principals and Supervisors have the following responsibilities:
 - 5.61.1 Educating the staff, students, and parents about the symptoms of various infectious diseases and the measures that should be taken to reduce exposure.
 - 5.61.2 Requesting that symptoms be reported to the responsible principal, manager, or supervisor.
 - 5.61.3 Requesting that students obtain medical diagnosis to confirm whether or not the disease is present.

5.61.4 Contacting the Hamilton Public Health Services if required. Hamilton Public Health Services will track this information, and notify school boards and day care facilities.

6.0 Health Unit Reporting

Some communicable diseases are required to be reported to Hamilton Public Health Services. A list of these communicable diseases and information on how to report to Hamilton Public Health Services is included on Appendix A. Any employee that has been exposed to blood or bodily fluids will report the incident to the Principal or Health and Safety Officer. A WSIB claim will be processed if applicable.

7.0 Employees with Communicable Disease

Employees that pose a risk of transmitting a communicable disease to other staff or students will remain off work on paid sick leave until the risk of infecting others subsides. Medical certification will be required to return to work. Employees with open sores or cuts should cover up appropriately.

One of the best precautions to prevent the spread of infectious disease is proper hand washing and general cleanliness. The availability of waste receptacles will help prevent contamination. In risk areas, where bodily fluids are prominent, adherence to gloves, masks, or other personal protective equipment is required.

8.0 Employees and Immunizations

Employees should ensure that their immunizations are current. The link below provides a resource from Immunize Canada called “Immunizations for Adults”:

http://www.immunize.cpha.ca/uploads/immforadults_2012_web_e.pdf

Further information can be found in the Canadian Immunization Guide, developed by the National Advisory Committee. The link is provided below: <http://www.phac-aspc.gc.ca/publicat/cig-gci/p03-02-eng.php>

9.0 Appendices

Appendix “A” Reportable and Non Reportable Disease List, Hamilton Public Health Services
Appendix ‘B’ Sample Signage

10.0 Related Procedures

#001 Employee Accident/Incident Reporting Procedure
HWCDSB Fifth Disease Protocol

Revision History

Date	Revision #	Reason for Revision
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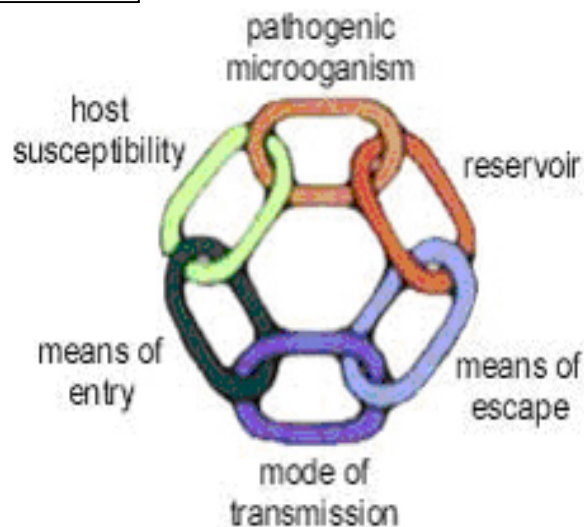
How Infections/Diseases Spread

The Chain of Transmission is the model used to describe how microorganisms move from one person to another. It is the key concept in infection prevention and control.

Susceptible Host: Any person who is at risk of getting an infection/disease from a pathogenic microorganism (infectious agent).

Pathogenic Microorganism: A microorganism that is capable of producing an infection/disease such as bacteria, viruses, fungi and parasites.

Means of Entry: The way the infectious agent gets into the next host. The host may ingest it, breathe it in, the agent may get into a wound or on the mucous membranes of the host's face.



Reservoir: Any place where an infectious agent live. Microorganisms can live in or on people, animals, insects, soil, water, inanimate objects.

Mode of Transmission: The way the infectious agent travels from one person to another. Most commonly, infections spread by **Direct or Indirect Contact**. Some infections can spread via **Droplet** route and a few infections spread by the **Airborne** route.

Portal of Exit: The way the infectious agent leaves the reservoir. An example is the nose and mouth are human portals of exit where respiratory secretions can leave the body.

Modes of Transmission

There are two kinds of contact transmission:

Direct contact transmission occurs when microorganisms move from one person to another directly by contact with intact skin, usually on the hands.

Indirect contact transmission involves an infected person who may have bacteria or virus on their hands after coughing, sneezing, wiping their eyes or nose. If they touch an object/surface they may leave the microorganism behind. These microorganisms can infect another person when that person touches these objects then touches their nose, mouth or eyes. Examples of objects/surfaces include light switches, door knobs, faucets, desk tops, toys, counters etc. Some bacteria and viruses can remain on surfaces for many hours.

Droplet Transmission occurs when a person infected with virus and bacteria expel respiratory droplets into the air when they cough, sneeze or spit during conversation. These droplets are large and can travel up to 2 metres (6 feet) before they drop onto surfaces, including the mucous membranes of others: their nose, mouth or eyes.

Contact and Droplet transmission is when transmission can occur through either the contact or droplet modes. This is a common combination and reflects how germs like influenza and other common respiratory infections spread.

Airborne Transmission occurs when a person infected with a microorganism coughs, sneezes, talks, sings etc. The microorganism is sent into the air. Aerosolized secretions are much smaller than droplets; they remain suspended in the air and may be inhaled by others. Measles and chickenpox are spread via airborne transmission. The measles virus can stay in the air for up to two hours after a person infected with measles leaves a room.



Appendix A Reportable and
Non-Reportable Disease List
Hamilton Public Health

Disease	Signs & Symptoms	Transmission	Infectious Period	Exclude?
<p>Chickenpox (Varicella-Zoster virus)</p> <p>Varicella-zoster also causes Shingles; common in those over 50 years of age.</p> <p>Infection early in pregnancy may be associated with fetal death or congenital varicella syndrome. Talk with your doctor if you are planning to become pregnant or are pregnant.</p>	<p>Fever, runny nose, & sore muscles 1-2 days prior to rash.</p> <p>Rash begins as red spots that turn into itchy, fluid-filled blisters which crust as they resolve. Takes about 5 days for blisters to crust over.</p>	<p>Airborne: Spreads easily from person-to-person through the air (coughing/sneezing).</p> <p>Contact: Direct contact with the fluid from the blisters or nose and throat secretions.</p> <p>A mother with chickenpox can pass it on to her newborn.</p> <p>Chickenpox can also be spread by people with shingles; via contact with the fluid from the blisters. Persons with shingles can't spread chickenpox via respiratory secretions.</p>	<p>1 to 2 days before the rash develops, until crusting of all lesions (most infectious at the beginning when infection is spread by airborne route).</p>	<p>No exclusion - if the child has no fever and feels well enough to participate.</p> <p>Pregnant staff should be advised to contact their physician if they are exposed.</p>
<p>Norwalk (Norovirus)</p> <p>Individual cases are not reportable. However, outbreaks of Norovirus are reportable – as are all outbreaks of gastrointestinal illness.</p>	<p>Symptoms occur suddenly and include:</p> <ul style="list-style-type: none"> • Nausea • Vomiting • Diarrhea • Abdominal cramps • Mild fever • Headache, • Muscle aches • Fatigue. <p>Symptoms last 1–3 days.</p>	<p>Contact: Direct contact with an infected person.</p> <p>Indirect contact with contaminated food, water or other objects or surfaces contaminated by the infected person and then touching your nose or mouth. .</p>	<p>The moment you start to feel ill until at least 48 hours after symptoms have ended.</p>	<p>Yes exclude - until 48 hrs after symptoms have stopped. Encourage proper hand hygiene as the virus can stay in your stool for 2 weeks or more after you feel better.</p>



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<p>Measles Also known as Rubeola, Red Measles (Morbillivirus)</p> <p>Measles can cause a pregnant woman to have a miscarriage, give birth prematurely, or have a low-birth-weight baby. Speak with your physician if you are planning to become pregnant or are pregnant.</p>	<p>Begins with fever, cough, runny nose, red eyes, and cough. Small white spots may appear in the mouth. Three to seven days after the start of symptoms a rash appears. It starts on the face and progresses downward – neck, body, arms, legs the feet.</p>	<p>Airborne: by droplets sprayed into the air when a person sneezes, coughs etc. (Highly contagious as the virus hangs in the air for 2 hours after the infected person leaves the room).</p> <p>Contact: Direct contact with respiratory secretions of an infected person.</p> <p>Indirectly (less common) by contact with articles/surfaces soiled with nose and throat secretions.</p>	<p>Usually 4 days before onset of rash until 4 days after onset of rash.</p>	<p>Yes, exclude- for at least 4 days after the rash begins and when the child is able to participate.</p> <p>Pregnant staff should be advised to contact their physician if they are exposed.</p>
<p>Mumps (Rubulavirus)</p>	<p>Fever as well as swollen and tender glands at the jaw line on one or both sides of the face. Some may only have respiratory symptoms (especially for children aged five and under). Occasionally a tender and swollen testicle is present.</p>	<p>Droplet: From coughs and sneezes of an infected person.</p> <p>Contact: Direct contact with the saliva / respiratory secretions of an infected person. e.g. kissing.</p> <p>Indirect contact: Virus can live on surfaces and items. Touching these surfaces/items and then touching your nose or mouth can also result in infection e.g. eating and drinking utensils.</p>	<p>7 days before to 5 days after onset of symptoms (fever or swelling).</p>	<p>Yes exclude - for 5 days after onset of gland swelling.</p>



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<p>Pertussis Also known as Whooping Cough (Bordetella pertussis)</p>	<p>Usually begins with runny nose and cough. Cough progressively becomes frequent and severe and may result in a high-pitch whoop sound. Loss of breath or vomiting after coughing bouts may occur. This may last 10 weeks or more. Recovery happens slowly.</p>	<p>Droplet: From coughs and sneezes of an infected person while in close contact of others who then breath in the pertussis virus. Contact: Direct contact with respiratory secretions of an infected person.</p>	<p>Highly infectious in the early stages of runny nose and cough to 3 weeks after onset of whooping cough (paroxysms), if not treated. No longer infectious after 5 days of appropriate antibiotic therapy.</p>	<p>Yes exclude- Until 5 days of appropriate antibiotics have been completed. If untreated, until 21 days after onset of cough.</p>
<p>Influenza commonly known as the flu (Influenza A virus and influenza B virus)</p> <p>Note - the commonly misused term “stomach flu” characterized by gastrointestinal symptoms <u>without respiratory symptoms</u> (cough & fever) is unrelated and not caused by the influenza virus.</p>	<p>Symptoms occur suddenly and are characterized by fever and cough (usually dry cough). Symptoms may also include: chills, sore throat, nasal congestion, loss of appetite, muscle aches, and fatigue (can be extreme). Infections in children may also be associated with some gastrointestinal symptoms such as nausea, vomiting and diarrhea. Symptoms typically last 5-7 days, cough may persist for up to 2 weeks.</p>	<p>Droplet: From coughs and sneezes of an infected person. Contact: Direct contact with the saliva / respiratory secretions of an infected person. Indirect contact: Virus can live on surfaces and items. Touching contaminated surfaces/items and then touching your nose or mouth can also result in infection.</p>	<p>1 day before symptoms begin, up until 5 days after symptoms begin. Young children can remain infectious up to 7 days after symptoms begin.</p>	<p>Yes exclude – persons should be excluded until 24 hours after fever and other symptoms have resolved. Some persons may continue to have a dry cough for days to weeks and should not be excluded . Encourage proper hand hygiene and respiratory etiquette (cough into sleeve or disposable tissue) at all times.</p>



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<p>Rubella Also known as German Measles (Rubivirus)</p> <p>Rubella can cause birth defects if acquired by a pregnant woman early in pregnancy: deafness, cataracts, heart defects, mental retardation, liver and spleen damage. Talk with your doctor if you are planning to become pregnant.</p>	<p>Characterized by a red rash which starts on the face and then spreads to the rest of the body over 24 hours. A low-grade fever and swelling of the glands in the neck and behind the ears are also common. Adults may also have a headache, malaise, runny nose, and red eyes. Usually uncomplicated illness in children.</p>	<p>Droplet: From coughs and sneezes of an infected person.</p> <p>Contact: Direct contact with respiratory secretions of an infected person e.g. kissing.</p>	<p>7 days before rash onset until 4 – 7 days after rash onset</p>	<p>Yes exclude-for 7 days after onset of rash.</p> <p>Pregnant staff should be advised to contact their physician if they are exposed.</p>
Non-Reportable Diseases	Signs & Symptoms	Transmission	Infectious Period	Exclude?
<p>Head Lice Also known as Pediculosis capitis (Pediculus humanus capitis is the head louse)</p>	<p>Itchy scalp (worse at night). Nits (whitish-gray, tan or yellow egg shells) attached to hair shafts, often behind the ears or the back or neck. Nymphs – young lice, only smaller Adult lice – size of a sesame seed. Can live up to 30 days on a person’s head.</p>	<p>Contact: Direct hair to hair contact. Indirect contact by sharing hats, hair brushes, headphones, helmets etc.</p>	<p>While lice are present, may pass these onto others until treated.</p>	<p>No exclusion – Children with head lice can attend school. Children should avoid close head-to-head contact and avoid sharing hats, hair brushes etc.</p>



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<p>Pinworms Also known as Enterobius vermicularis (Enterobius vermicularis is a nematode or roundworm)</p>	<p>Itching around the anus, disturbed sleep and irritability.</p>	<p>Contact: Direct contact with fingers contaminated from scratching. Indirect contact from contaminated food, bed linens, clothing, toys, toilet seats etc. Because eggs are so small they can become airborne (e.g. if bed sheet is shaken) and ingested while breathing.</p>	<p>As long as female worms are still present and producing eggs.</p>	<p>No exclusion Reinforce good hand hygiene (after using the bathroom, before eating, before preparing food). Discourage sharing of towels, biting nails, sucking thumb. Promote clean, short nails.</p>
<p>Scabies (Sarcoptes scabiei is a mite)</p>	<p>Red, very itchy rash which usually appears between fingers, on underarms, wrists, soles, elbows, nipples, buttocks, waist and groin area. Itchiness is usually worse at night. Tiny burrows occur along grayish-white or skin-colored lines on the skin where the burrows may be seen as mosquito-bite like lesions.</p>	<p>Contact: Direct contact by prolonged, close and intimate skin-to-skin contact. Indirect contact with underwear, towels, bedding (less common). Mites are almost invisible to the naked eye.</p>	<p>Until mites and eggs are destroyed by treatment.</p>	<p>Yes - Exclude until 24 hours after the child completes treatment.</p>



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Common Cold (Rhinoviruses most common)	Fever, runny nose, sneezing, sore throat, and cough. Mild general aches and pains and fatigue may occur. Headache and fever are rare. Symptoms can last for up to 2 weeks.	Droplet: From cough and sneeze of an infected person. Contact: Direct contact with respiratory secretions from the nose and throat. Indirect contact with toys, other objects or surfaces contaminated with respiratory secretions.	From 24 hours before symptoms begin to at least 5 days after symptom onset.	No - If child feels well enough to participate. Reinforce hand hygiene & respiratory etiquette (sneeze & cough into a tissue or sleeve, discarding tissues in waste basket immediately after use).
Hand, Foot & Mouth Disease (Coxsackievirus A16 is the most common cause)	Fever, sore throat, and small painful blister-like ulcers appearing inside the mouth. Skin rash develops; flat or raised red spots, sometimes with blisters, usually on the palms, fingers and soles of the feet. May also appear on the knees, elbows, buttocks or genital area. May last up to 10 days. Possible to have the infection and have no symptoms.	Contact: Direct contact with stool, saliva, nose and throat secretions. Airborne: Aerosolized respiratory droplet spread.	Most infectious during the first week of illness. Is infectious while symptomatic and for up to several weeks later.	No - If child feels well enough to participate.



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<p>Impetigo (Streptococcus pyogenes or Staphylococcus aureus)</p>	<p>Cluster of red bumps or fluid-filled blisters, which may ooze a clear fluid or become covered by an itchy honey-coloured crust. Usually appears around a child's mouth, nose or on exposed skin not covered by clothes.</p>	<p>Contact: Direct contact with the open sores of an infected person. Contact with the nose and throat secretions of an infected person. Indirect contact with contaminated bed linens, facecloth, towels or clothing.</p>	<p>As long as the rash/blisters continue to drain.</p>	<p>Yes - Until 24 hours after antibiotic treatment has been initiated. Lesions on exposed skin should be covered. Encourage diagnosis by health care professional.</p>
<p>Fifth Disease Also known as "Slapped Cheek" (Parvovirus B19) Once you recover from fifth disease, you develop immunity that generally protects you in the future.</p> <p>For information re Fifth disease and pregnancy see the CDC website – "Pregnancy and Fifth Disease".</p>	<p>Cold-like symptoms (e.g. fever, runny nose, headache) may be present for several days before rash onset. Raised, red rash appears on child's cheeks (slapped face appearance) The rash may spread to the rest of the body a few days later. Rash may itch; especially the soles of the feet. As the rash fades it may look lacy. It usually goes away in 7-10 days, but may</p>	<p>Spread via Direct and indirect contact with the virus. Contact with respiratory secretions when an infected person coughs or sneezes. Touching hands or objects contaminated with secretions from the nose or throat of an infected person.</p> <p>Can be spread via blood transfusions and blood products.</p> <p>A pregnant woman</p>	<p>Most contagious when cold-like symptoms are present.</p> <p>Not infectious once rash appears or when joint pain and swelling develop.</p>	<p>No: As no longer infectious once the rash or joint pain and swelling is present. May go to school if they are feeling well enough to take part in the activities.</p> <p>Hamilton Public Health does not recommend that staff be excluded.</p> <p>Pregnant staff should be advised to</p>



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	<p>continue to reappear for 1 to 3 weeks when the child is exposed to sunlight or heat (e.g. bathing, exercise). Some adults (more common in women) may have painful or swollen joints usually in the hands, feet, or knees, but no other symptoms. Joint pain can last 1-3 weeks to several months; usually resolves without long-term problems.</p>	<p>who is infected can pass the virus to her baby.</p>		<p>contact their physician in making their decision to work when an outbreak occurs.</p>
<p>Pink Eye (Conjunctivitis) Causes: bacterial, viral or allergens</p>	<p>Whites of the eyes are pink to red in color. Increased tearing, burning, irritation/itchiness in eye/s Eyelid(s) may be swollen. Pus or thick discharge (yellow or yellowish-green color) from eye/s. Eyelids are often stuck together in the morning; require bathing with warm water. Eye/s may be sensitive to sunlight.</p>	<p>Contact: Direct and indirect contact with eye secretions. Avoid sharing face clothes, towels, eye makeup. Droplet: When caused by a cold virus, droplets from coughs and sneezes of an infected person can also spread the virus.</p>	<p>During active infection when the child has symptoms.</p>	<p>Yes - Until assessed by their health care provider. For bacterial conjunctivitis exclude until 24 hours after appropriate antibiotics has started. If viral may return to school as per their physician. Encourage hand washing.</p>



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	Symptoms of cold or respiratory infection may be present.			
Ringworm (of the body) Also known as Tinea Corporis (various types of fungi)	Red, ring-shaped or circular rash with raised edges, may be itchy located on the face, trunk, limbs, scalp, groin or feet. May be dry and scaly or wet and crusty. If on scalp may have patches of hair loss or hair thinning.	Contact: Direct contact with the ringworm rash (skin-to-skin). Indirect contact from infected articles (combs, pillows, unwashed clothes), shower or pool surfaces and from fingers & fingernails from scratching. Can also be acquired from infected dogs, cats, farm animals.	As long as rash/lesion is present and living fungus is present on contaminated articles or surfaces.	No – Refer to physician for diagnosis and treatment. Encourage good hand hygiene and not to share hats, combs, etc.
Scarlet Fever (Streptococcus pyogenes)	This illness accompanies a small percentage of people who have strep throat or less common, streptococcal skin infections. Red rash that looks like sunburn and feels like rough sandpaper Often begins on chest and stomach and then spreads to the rest of body Rash usually lasts 2 – 7 days	Droplet: contact with droplets when and infected person coughs or sneezes. Direct contact: contact with nose and throat secretions (e.g. kissing). Contact with sores from group A strep skin infections. Indirect contact: Touching articles recently contaminated with the nose and throat secretions of an infected person	Until 24 hours after appropriate antibiotic treatment started. In untreated cases, 10 to 21 days.	Yes - Until 24 hours after appropriate treatment has started and the child feels well enough to participate in activities.



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	When rash fades, skin on hands and feet may start to peel Fever, chills Nausea & vomiting Red, swollen lips, strawberry – like tongue Flushed cheeks and pale area around mouth.	Contaminated food and milk products can be sources of streptococcal outbreaks.		
Strep Throat (Streptococcus pyogenes)	Fever and very sore throat, usually starting quickly Severe pain with swallowing Swollen lymph glands Red, swollen tonsils, sometimes with white patches or streaks of pus.	Droplet: when an infected person sneezes, coughs. Direct contact: with nose and throat secretions (e.g. kissing). Contact with sores from group A strep skin infections. Indirect contact: with articles contaminated by nose or throat secretions (e.g. cup, plate).	In untreated cases, 10 – 21 days. Untreated cases of strep throat may carry the organism for weeks or months. Child is no longer infectious after 24 hours of antibiotic therapy.	Yes - Until 24 hours after appropriate treatment has started and the child is able to participate in activities.

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Hand hygiene Resources

<http://www.dobugsneeddrugs.org/guide/handwashing/>

<http://www.publichealthontario.ca/en/eRepository/4-moments-pocket-card.pdf>

DISCLAIMER

The information in the above table is for educational purposes only and does not replace a medical assessment, diagnosis or recommendations of a health care professional.



Hamilton-Wentworth Catholic District School Board
Believing, Achieving, Serving

ATTENTION

VISITORS, STAFF AND STUDENTS
THERE HAS BEEN AN OUTBREAK OF

**PLEASE SEE THE OFFICE
SHOULD YOU HAVE ANY
QUESTIONS OR CONCERNS**