

<p>Kelsey School Division Box 4700 The Pas, MB R9A 1R4</p> <p>Phone: 623-6421</p>	<p>Code: JHCC</p>
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COMMUNICABLE DISEASE PROTOCOL

A. Preamble

1. In dealing with an individual with a communicable disease, be it measles, typhoid, tuberculosis or AIDS, close contact with the Department of Health and advice from the Department are paramount. The advice must come from the Department of Health and the individual's personal physician.
2. The method for dealing with an individual employee or student who has AIDS will vary in accordance to the advice of the medical practitioner involved, the individual's state of health, and relevant requests. These concerns shall be dealt with on case by case basis.

B. Communicable Diseases - Employees

1. Employees who have been diagnosed by a medical practitioner as having a communicable disease (i.e. AIDS, Tuberculosis, etc.) shall have their identity protected. School authorities (Principal and Superintendent) will be informed by the employee with verification from a medical practitioner, if and when the employee's condition is such that they are unable to meet acceptable minimum standards of performance. Only those people in management with a clear need to know should be informed of an employee's health condition.
2. An employee who has AIDS or any other life threatening illness may wish to continue to work. As long as the employee is able to meet acceptable performance standards and medical evidence indicates that the employee's condition is not a threat to them self or others, the employee shall be assured of continued employment while physically and mentally able to do so. If the attending physician determines that the employee with AIDS is risking infection to them self or to others, an alternate form of employment within the Division may be requested by the employee.
3. An employee with a life threatening illness (heart, cancer, AIDS or AIDS related) who becomes too ill to work, as verified by a physician, shall continue to have the benefits as specified in the collective agreement pertaining to their union.
4. The KSD, KTA, and CUPE shall cooperate fully in an employee education program to combat the fears that arise in the workplace when employees are confronted with fellow employees or students who suffer a life threatening illness such as AIDS.
5. Provided that the School Division follows recommended standards and practices of good personal hygiene and sanitation, there is no known risk of transmission to co-workers, clients or students under everyday working circumstances.

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- a) Employees may not refuse to work in a situation such as a classroom where a student has been diagnosed as having AIDS or when a colleague has AIDS.
- b) In the case of teachers with the disease, continued employment is advisable, so refusal to work in a safe environment cannot be argued as the teacher is trained and qualified to work. The same applies for one's colleagues. Refusal to work in other than only an AIDS free environment cannot be justified when assurances for guaranteed employment are requested.
- c) Employees affected by AIDS will not be restricted from using telephone, office equipment, toilets, showers, water fountains, or eating facilities.
- d) Equipment contaminated with an employee's blood or other body fluids, whether infected or not, should be cleaned with soap and water and disinfectant solution in accordance to accepted sanitary standards.

C. Communicable Diseases – Students

- 1. Students affected by AIDS or a similar disease have the right to an education which may constitute the attendance of a student in regular classes in school.
 - a) Persons exposed to AIDS do not necessarily develop symptoms. Since AIDS can only be transmitted in certain specific ways, the presence in the classroom of a student with AIDS need not necessarily pose a health risk for the teacher or the other students.
 - b) Infected neurologically handicapped students who lack control of their bodily secretions or who display behaviours such as biting, vomiting, etc. and infected students who have uncoverable oozing lesions, upon the advice of the attending physician, should not be permitted to attend classes or participate in school activities with other students.
 - c) The determination of whether an infected student shall be permitted to attend classes or participate in school activities with other students shall be made on a case-by-case basis by the student's physician and, if necessary, in consultation with the student's parents/guardians and appropriate educational personnel including the infected student's teacher(s).
- 2. The identity of a student with AIDS should be protected. School authorities, if informed of the identity of a student with AIDS or AIDS antibodies, might treat the individual in an unnecessarily different manner. The student's identity should therefore be protected unless the attending

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physician deems it necessary that the school authorities be informed. The Superintendent shall determine on a case-by-case basis which individuals require this information.

3. Where the physical condition or behaviour of a student infected with AIDS poses a health risk, alternative instruction should be provided since the greatest risk is to the student with AIDS. Loss of the immune system makes the individual more susceptible to opportunistic diseases. For their own protection, it may be necessary for students with AIDS to be provided with instruction outside the regular classroom. For most school-aged children with the antibody to the AIDS virus or AIDS itself, the benefits of an unrestricted setting would outweigh the risks of their acquiring potentially harmful infections in the classroom. The children with the antibody to the AIDS virus or AIDS itself should be allowed to attend school in an unrestricted setting because of the apparent non-existent risk of transmission of AIDS to others (students, teachers, and support personnel).
4. Decisions regarding alternative instruction should be made on a case-by-case basis. Students with AIDS should have the general right to attend classes unless the attending physician recommends that the special precautions or alternative placement be considered. Should the child's medical condition prohibit the child from attending school, a home-based Individualized Education Program (IEP) would be developed. It is important to have students feel that they are receiving an education even though they may have a disease. This education should be provided in an environment conducive to learning.

D. Pandemic Influenza Protocol

1. In the event of an announced pandemic influenza emergency, School Division personnel will work with the Regional Health Authority (RHA) and the Department of Education to implement an emergency plan dealing with protocol procedures within the School Division.
2. The School Division will have developed a plan that includes clarification of the lines of authority for decision-making, support services for staff, students and their families, alternative education program delivery provisions, and continuity of office and support functions.
3. The plan will clarify procedures for dealing with those suspected of being ill or who become ill at school.
4. The plan will incorporate a communication procedure that keeps division stakeholders informed of developments and responses, and supports the dissemination of information from public health sources.

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E. Head Lice Treatment

1. Introduction

Parents/Guardians have a primary responsibility for the detection and treatment of head lice. The School Division needs to ensure that infected students are properly treated so that wider outbreaks are prevented. Parents are expected to work with the school to ensure that proper treatment procedures are followed.

2. Parental Responsibility

The parents of students have a public responsibility to make certain that any infectious condition that their children have would not be inflicted upon other children. With respect to head lice, parents are responsible for:

- a) immediately informing the school if the condition was discovered at home;
- b) immediately treating the condition, whether it was discovered at home or at school;
- c) assuring the school that appropriate treatment and follow-up procedures have occurred.

3. School Procedures

- a) Upon detection of live head lice or nits, the student(s) shall be excluded from the class as soon as is practically possible. The school shall do this in a manner that respects the student's right to privacy, and causes minimal embarrassment.
- b) The parents of excluded students are to be notified immediately by the Principal, to make arrangements for the student(s) to return home. A checklist will be provided to assist parents in the treatment and follow up process. Provided that all activities on the checklist have been completed and the signed checklist is returned to the school, students may return to school the next day.
- c) The school shall send a letter and the information pamphlets to the parents of all students in the classroom where head lice have been identified. The letter and pamphlet serve the purpose of advising parents of the situation and what they can do to help prevent the further spread of the lice.
- d) Other students and/or siblings that have been in close contact with an infested student may be subject to a health check to ensure they are not infested.

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4. Schools will maintain a record of incident frequencies and inform Public Health officials as these occur.
5. Serious or Recurring Infestation
 - a) Where a home or family is found to have recurring head lice problems, public health authorities will be asked to assist that family in correcting the problem, and in educating to prevent reinfestations.