


Centennial Infant and Child Centre

CATEGORY:	Health	DATE:	July 2017
SUBJECT:	Management of Common Communicable Diseases		
APPROVED BY:	Barb Hannah, Executive Director		
UPDATED:			

Management of Common Communicable Diseases Policy and Procedures

Reporting Procedures

Policy Statement

Centennial Infant and Child Centre (CICC) is committed to providing a safe and healthy environment for children, families, staff, students and volunteers. CICC will take every reasonable precaution to prevent the risk of communicable diseases at our center.

Purpose

To ensure that all staff are aware of and adhere to the directive established by Toronto Public Health and CICC regarding the management of communicable diseases in our centre, including signs and symptoms, and exclusion practices.

Applies to

This policy applies to all staff at CICC.


Definitions

Communicable disease: illness caused by microorganisms that are transmitted from an infected person or animal to another person or animal.

Procedures for Common Communicable Disease and Exclusions

- Severe irritability
- Lethargy
- Runny nose
- Cough
- Difficulty breathing
- Vomiting
- Diarrhea

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- Change in skin colour
- Rash
- Fever

Reporting Procedures

Timely reporting of communicable diseases is essential for their control. If you suspect or have confirmation of specified reportable communicable diseases, you must report them to TPH and to your Program Manager

Contact


Communicable Disease Surveillance Unit
 Phone: 416-392-7411, After hours: 3-1-1
 Fax: 416-392-0047
 Address: 277 Victoria St, 10th floor, Toronto, ON, M5B1W2

Please note: For the below procedures, if a medical practitioner recommends an exclusion period longer than stated, employee must follow the medical practitioner's guidance. This should be provided via medical certificate/note or via hospital discharge orders/report if applicable.

Reportable


Disease	Signs & Symptoms	Transmission	Infectious Period	Exclude?
Chickenpox (Varicella-Zoster virus)	Generalized, itchy rash: Crops of small red spots turn into fluid-filled blisters that crust as they resolve. Other systemic symptoms such as fever.	Airborne: Spreads easily from person-to-person through the air (coughing/sneezing). Contact: Direct contact with the fluid from the blisters or respiratory secretions.	1 to 2 days before the rash develops and until crusting of all lesions (usually 5 days).	No - If child feels well enough to participate. Yes- If the child has two or more symptoms (i.e., fever and irritability)

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Disease	Signs & Symptoms	Transmission	Infectious Period	Exclude?
				or fever and oozing lesions).
Norwalk (Norovirus)	Sudden onset of watery diarrhea, abdominal cramps and nausea. Symptoms last from 24 to 60 hours.	Contact: Direct contact with bodily fluids (contaminated hand to mouth). Indirect contact with contaminated food, water or other objects or surfaces contaminated with stool.	For duration of diarrhea.	Yes -24 hrs symptom free without the use of over the counter medication, which provides temporary symptom relief (i.e., Advil, Tylenol) or 48 hrs symptom free during an outbreak without the use over the counter medication, which provides temporary symptom relief (i.e.,

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				Advil, Tylenol).
Measles Also known as Rubeola, Red Measles (Morbillivirus)	High fever, cough, runny nose, red eyes for 2 to 4 days before rash starts. Rash begins on face as small red spots, which enlarge and clump together and spreads down body.	Airborne: Spread easily from person-to-person through the air (Highly contagious). Contact: Direct contact with respiratory secretions of an infected person.	3 to 5 days before onset of rash until 4 days after onset of rash.	Yes - Until 4 days after beginning of the rash and when the child is able to participate.
Mumps	Swollen and tender glands at the jaw line on one or both sides of the face. May include fever, malaise, headache, inflamed testes and respiratory symptoms (especially for children aged five and under.)	Droplet: From coughs and sneezes of an infected person to a distance less than 2 metres. Contact: Direct contact with the saliva / respiratory secretions of an infected person.	7 days before to 9 days after onset of swelling.	Yes - Until 5 days after onset of swelling.

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<p>Pertussis</p> <p>Also known as Whooping Cough (Bordetella pertussis)</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. May last 6 to 10 weeks.	Droplet: From coughs and sneezes of an infected person to a distance of < 2 meters.	Highly infectious in the early stages of runny nose and cough to 3 weeks after onset of whooping cough (paroxysms), if not treated. Or after 5 days of treatment.	<p>Yes - Until 5 days after appropriate antibiotics have been completed.</p> <p>If untreated, until 21 days after onset of cough.</p>
<p>Rubella</p> <p>Also known as German Measles (Rubivirus)</p>	Characterized by a red rash, low-grade fever and swelling of the glands in the neck and behind the ears. Usually uncomplicated illness in children.	Droplet: From coughs and sneezes of an infected person to a distance of < 2 meters. Contact: Direct contact with respiratory secretions of an infected person.	7 days before to 7 days after onset of rash.	Yes -For 7 days after onset of rash.
Non-Reportable				
Disease	Signs & Symptoms	Transmission	Infectious Period	Exclude?
Common Cold (Rhinoviruses)	Runny nose, sneezing, sore throat, cough, fever, headache, decrease of appetite and lack of energy. Most colds	Droplet: From cough and sneeze of an infected person to a distance of less than 2 meters. Indirect contact with	Highest during the first 2 to 3 days of symptoms and until 7 to	No - If child feels well enough to participate, without the use of over

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Disease	Signs & Symptoms	Transmission	Infectious Period	Exclude?
	last for 7 to 10 days.	toys, other objects or surfaces contaminated with respiratory secretions.	10 days after onset of symptoms.	the counter medication, (provides temporary symptom relief i.e., Advil, Tylenol.
Hand, Foot & Mouth Disease (nonpolio enteroviruses)	Fever, loss of appetite, malaise, sore throat, small painful mouth ulcers and a rash (small red spots or blisters on hands, feet and in mouth) and headache. May last 7 to 10 days.	Contact: Direct contact with stool, saliva, nose and throat secretions or fluid from the blisters of an infected person. Indirect contact with contaminated toys, objects or surfaces.	For duration of illness and up to several weeks after onset of illness.	No - If child feels well enough to participate.
Impetigo (Streptococcus pyogenes or Staphylococcus aureus)	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 of the face or limbs.	Contact: Direct contact with skin lesions. Indirect contact with contaminated bed linens or clothing.	From onset of rash until 1 day after start of treatment.	Yes - Until 24 hours after treatment has been initiated. Lesions on exposed skin should be covered.

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Disease	Signs & Symptoms	Transmission	Infectious Period	Exclude?
<p>Fifth Disease</p> <p>Also known as "Slapped Cheek" erythema infectiosum (Parvovirus B19)</p>	<p>A very red rash on a child's cheeks (slapped face appearance). A red, lace-like rash develops on torso and arms, then over the rest of the body. Rash may itch occasionally. May have low-grade fever, malaise, or a mild cold before rash starts. Rash may last 1 to 3 weeks.</p>	<p>Contact: Direct contact with respiratory secretions.</p>	<p>Several days before the appearance of the rash. Not infectious once rash appears.</p>	<p>No - If child feels well enough to participate.</p>
<p>Conjunctivitis</p> <p>Also known as Pink Eye</p> <p>Bacterial (nontypable Haemophilus influenzae and S. pneumoniae)</p> <p>Viral (adenoviruses)</p>	<p>Purulent: Pink or red eyeballs, white or yellow discharge, matted or red eyelids and eye pain. Usually caused by a bacterial infection.</p> <p>Non-Purulent: Pink or red eyeball, clear and watery discharge, mild or non-pain. May be caused by virus or non-infectious condition.</p>	<p>Contact: Direct contact with eye secretions. Droplet: From coughs and sneezes of an infected person to a distance of < 2 meters.</p>	<p>Bacterial: Infectious until 24 hours of appropriate antibiotic treatment.</p> <p>Viral: Infectious if there is eye discharge.</p>	<p>Yes - Until assessed by their health care provider and until 24 hours after appropriate antibiotics have been administered</p>

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Ringworm (of the body) Also known as Tinea Corporis (various types of fungi)	Itchy, flaky ring-shaped rash, on face, trunk, limbs, scalp, groin or feet.	Contact: Direct contact (skin-to-skin). Indirect contact sharing combs, unwashed clothes, shower or pool surfaces and under fingernails from scratching. Can also be acquired from pets.	As long as rash is untreated or uncovered.	Yes - Until 24 hours after appropriate treatment has started.
Scarlet Fever (Streptococcus pyogenes)	Sore throat, fever, swollen tender neck glands with bright red rash covering the entire body. Commonly seen on neck, chest, underarms, elbow, groin and inner thigh, tongue (strawberry tongue). Typically rash does not involve face, but there may be flushed cheeks. Rash feels like sandpaper.	Contact: Direct contact with saliva. Droplet: From coughs and sneezes of an infected person to a distance of < 2 meters.	Until 24 hours after appropriate antibiotic treatment started. In untreated cases, 10 to 21 days.	Yes - Until 24 hours after antibiotic treatment has started and the child is able to participate in activities.
Strep Throat (Streptococcus pyogenes)	Sore throat, fever and swollen tender neck glands.	Contact: Direct contact with saliva. Droplet: From coughs and sneezes of an infected person to a distance of < 2 meters.	Until 24 hours after appropriate antibiotic treatment started.	Yes - Until 24 hours after antibiotic treatment has started and the child is able to

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Disease	Signs & Symptoms	Transmission	Infectious Period	Exclude?
			In untreated cases, 10 to 21 days.	participate in activities.
Non-Reportable Critters				
Critters	Signs & Symptoms	Transmission	Infectious Period	Exclude?
Head Lice Also known as Pediculosis capitis (Pediculus humanus capitis is the head louse)	Itchy scalp, nits (whitish-grey egg shells) attached to hair shafts, live lice.	Contact: Direct contact head-to-head (live lice). Indirect contact by sharing hats, hair brushes, headphones, etc.	While nits or lice are present.	Yes – Until appropriate treatment has been administered, and the child is free of lice and nits.
Pinworms Also known as Enterobius vermicularis (Enterobius vermicularis is a nematode or roundworm)	Itching around the anus, disturbed sleep and irritability.	Contact: Direct contact from fingers contaminated from scratching. Indirect contact from contaminated bed linens, clothing, toys, etc.	Until treatment is completed.	No - Re-infection from contaminated hands is common, therefore reinforce hand washing.
Scabies (Sarcoptes scabiei is a mite)	Red, itchy rash usually appears between fingers, on palms, underarms, wrists, soles, elbows, head, neck. Itch often worse at night.	Contact: Direct contact person-to-person, prolonged, and intimate skin-to-skin contact. Mites are almost invisible to the naked eye.	Until treated, usually after 1 or 2 courses of treatment, a week apart.	Yes - Exclude until 24 hours after first course of treatment

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Policy and Procedure Review

This policy and procedure will be reviewed and signed off by all staff prior to commencing employment at CICC and annually thereafter and at any time where a change is made.

The review will be documented on the CICC Policy Review form, a hard copy will be retained in the individual's file for a minimum of 3 years.

Reference(s): Toronto Public Health Guidance Document 2017