


Administrative Procedure Dangerous and Communicable Diseases	
	Department: School Operations
	Approved by: Leadership Council
	Date Approved: January 22, 2024
	Revision Date(s)
	Review Date:
	External References
	<ul style="list-style-type: none"> • <i>The Education Act, 1995</i> • <i>The Public Health Act, 1994</i>
Internal References	
<ul style="list-style-type: none"> • Dangerous/Communicable Diseases – Appendix A – Category 1 Communicable Disease • Communicable Disease Control Handbook 	

Purpose

- This procedure aims to establish guidelines and procedures to protect the health and safety of employees, students, and stakeholders of Saskatchewan Distance Learning Centre (Sask DLC) in the event of dangerous and communicable disease.

Scope

- This procedure applies to all employees, students, contractors, volunteers, and visitors associated with Sask DLC. It covers all Sask DLC campuses, facilities and events.

Policy Statement


- Sask DLC is dedicated to minimizing the spread of infectious and communicable diseases within Sask DLC community while ensuring a safe learning and working environment.

Procedures:

1. The Campus Principal of a Sask DLC campus who becomes aware that a student/employee is infected or is a carrier of category I (See Appendix A) communicable disease and the student will be attending an in-person Sask DLC event, shall, in consultation with the Chief Executive Officer (CEO), report this to the Saskatchewan Health Authority (SHA). This shall be done within forty-eight (48) hours.
2. The CEO 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 Campus Principal, in consultation with the CEO and the SHA, may exclude from in-person DLC events any student/ employee who is infected or is suspected to be infected with a communicable disease.
4. In the event that the SHA 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 Sask DLC:
 - a) The student will be required to withdraw from the in-person Sask DLC event and the SHA shall be notified of same. The student shall be readmitted to in-person Sask DLC events when the SHA produce a written certificate stating that the student's condition no longer poses a risk of contagion in the school environment.
 - b) The employee will be placed on a leave for medical reasons until the SHA produce a written certificate stating that the employee's condition no longer poses a risk of contagion in his/her working environment.
5. Sask DLC 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 CEO or designate in consultation with the Campus Principal of each campus. The SHA has the authority to close a campus in the event of an infectious disease situation.
7. The CEO or designate is to ensure that Administrative Procedures 161 – Appendix A – Category 1 Communicable Diseases is reviewed annually.

Appendix A- Category 1 Communicable Diseases

	Department:
	Approved By:
	Adopted:
	Amended:
	External References <ul style="list-style-type: none"> • <i>The Education Act, 1995</i> • <i>The Public Health Act, 1994</i>
Internal References <ul style="list-style-type: none"> • None 	

Appendix A
Reporting and Follow-up Timelines
Page 1 of 4
2017 04 05

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	•		•		
Amoebiasis		•			•
Anthrax	• ¹		• ²		
Botulism	• ¹		•		
Brucellosis					•
Campylobacteriosis	•				•
Chickenpox		• ³			•
Cholera	•		•		
<i>Clostridium difficile</i> infection		•			•
Congenital rubella syndrome		•		•	
Coronavirus infections associated with severe acute respiratory syndrome	•			•	
Creutzfeldt-Jakob disease, all forms and other transmissible spongiform encephalitis (TSE)	•		• ^{2, 4}		
Cryptosporidiosis	•				•
<i>Cyclosporiasis</i>	•				•
Diphtheria	•		•		
Encephalitis – vector-borne	•			•	
Food poisoning of animal, bacterial, viral or chemical origin, not including diseases otherwise listed	•			•	
Giardiasis		•			•
<i>Haemophilus influenzae</i> invasive disease – all typeable and non-typeable strains	•			•	
Haemorrhagic fevers – viral including suspect cases	• ¹		• ²		
Hantavirus infections	•			•	
Hepatitis A	•				•
Human parvovirus		• ³			•
Infections associated with antimicrobial resistant organisms		•			•
Influenza – lab-confirmed		•			•
Legionellosis	•			•	
Leprosy		•			• ²
Leptospirosis		•			•
Listeriosis		•			•
Lyme disease		•			• ²

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
Malaria		•			•
Measles	•			•	
Meningococcal invasive disease	•			• ²	
Mumps		•			•
Paratyphoid fever	•			•	
Pertussis	•				•
Plague	• ¹		•		
Pneumococcal invasive disease		•			•
Poliomyelitis	•		•		
Psittacosis		•			•
Rabies (human)	•		•		
Rickettsial diseases		•			•
Rubella	•			•	
Salmonellosis, excluding typhoid and paratyphoid fevers	•				•
Severe Acute Respiratory Illness	•		• ²		
Shigellosis	•			•	
Smallpox	• ¹		• ²		
Streptococcal A – invasive disease	•				•
Streptococcal B – neonatal disease		•			•
Tetanus		•			•
Toxoplasmosis		•			•
Trichinosis		•			•
Tularaemia		• ¹			•
Typhoid fever	•			•	
Verotoxigenic <i>E. coli</i> infections	•			•	
West Nile Virus infections		•		•	
Yellow fever	•		•		
Yersiniosis		•			•

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
acquired immune deficiency syndrome		●			●
Chancroid		●			●
<i>Chlamydia trachomatis</i> infections excluding lymphogranuloma venereum		●			●
Gonococcal infections		●			●
Granuloma inguinale		●			●
Hepatitis B	●				●
Hepatitis C		●			●
Hepatitis D		●			●
Hepatitis – other viral		●			●
Human immunodeficiency virus (HIV) infection		●			●
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.