

# **Guidelines for Prevention and Management of Infectious Diseases in Schools**

Information for Schools in Waterloo Region



Region of Waterloo  
PUBLIC HEALTH AND  
EMERGENCY SERVICES

**Produced by:**

**Region of Waterloo Public Health  
Infectious Diseases Program**

**Revised: January 2018**

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## Introduction

Almost one in five persons living in Waterloo Region either attend or work in a school or day care setting. The daily mix of students and staff provides numerous opportunities for germs to be passed between everyone in these settings, especially from child to child. Children are natural explorers of their environments, play closely together and readily share their possessions, food and germs.

Preventing and controlling the spread of infections that can be associated with these types of settings starts with information.

This manual has been designed to provide information to staff about common infections and to assist in preventing further transmission of the illness in the school setting. These guidelines will provide information on:

- Which diseases are reportable to Public Health
- Role of schools and Region of Waterloo Public Health (PH) personnel in reporting and follow-up of diseases
- General disease prevention information
- Exclusion recommendations for students with infectious diseases
- Information sheets that can be copied and shared as needed

We hope you will continue to find these guidelines to be a helpful resource and tool to use in your school and we look forward to receiving your feedback

For more information and/or to give feedback:  
Region of Waterloo Public Health, Infectious Diseases Reporting Line:  
519-575-4400 ext. 5275

### Helpful websites:

This entire document and further information including infectious diseases, vaccines and hand hygiene can be found on our Region of Waterloo Public Health website at:

[www.regionofwaterloo.ca/ph](http://www.regionofwaterloo.ca/ph)

Further reliable, current information and printable fact sheets on common childhood infections can be found at the Canadian Pediatric Society website:

[www.cps.ca](http://www.cps.ca)

→ Caring for Kids → Illnesses and Infections

## 1.0 Reporting

### 1.1 Important Public Health Phone Numbers (TTY 519-575-4608)

#### **Infectious Diseases Reporting Line: 519-575-4400, ext. 5275**

For reporting diseases listed on the Reportable Disease List or to obtain general information.

#### **Respiratory Intake Line: 519-575-4400, ext. 5506**

For reporting of respiratory outbreaks, high absentee rates due to respiratory illness or to obtain general information.

#### **Health Protection & Investigation Division Public Health Inspector on-call line: 519-575-4400, ext. 5147**

For reporting diseases listed on the Reportable Disease List and enteric outbreaks or to obtain information on cleaning/sanitation guidelines, water quality and safe food handling.

#### **Emergency After-hours or Weekend Reporting 519-575-4400**

After 4:30 p.m. weekdays; all day weekends and holidays for urgent issues requiring notification of Public Health.

#### **Region of Waterloo Public Health 519-575-4400**

(for referral to all Region of Waterloo Public Health programs and services)

## 1.2 Legal Requirements for Reporting

### Student Illness

School personnel are legally required to report infectious diseases on the Reportable Disease List that may have been diagnosed in students at the school. The **Health Protection and Promotion Act**, R.S.O. 1990, c. H.7, Section 28 states:

**“The principal of a school who is of the opinion that a pupil in the school has or may have a communicable disease shall, as soon as possible after forming the opinion, report thereon to the medical officer of health of the health department in which the school is located.”**

The Health Protection and Promotion Act allows for the following information to be reported to Public Health in respect to a pupil with an infectious disease:

1. Name and address in full
2. Date of birth in full
3. Sex
4. Name and address in full of the school that the pupil attends

It is not necessary for school personnel to confirm a diagnosis of a reportable infectious disease with the physician of a student prior to reporting the disease to Public Health. Region of Waterloo Public Health staff will confirm and follow up all information with the physician and case or family.

**All reportable diseases are to be reported by telephone to Region of Waterloo Public Health, using the telephone numbers listed on the Reportable Disease List.**

Telephone reporting allows a consistent and timely response to any questions or disease outbreaks in schools and assists in preventing further spread of the disease within both the school and the surrounding community.

### Reportable Disease List

[https://www.regionofwaterloo.ca/en/health-and-wellness/resources/Documents/ReportableDiseases\\_2018.pdf](https://www.regionofwaterloo.ca/en/health-and-wellness/resources/Documents/ReportableDiseases_2018.pdf)

### Staff Illness

The Ontario Health Protection and Promotion Act does not require that principals report illness of staff members to Public Health. There may be circumstances when it would be important for Public Health staff to be aware of an illness in a staff member (such as pertussis/whooping cough) so that classroom notification may occur.

In these cases, the permission of the staff member to share this information should be obtained prior to reporting the information to Public Health. Alternatively, the staff

member can be given the option to report the information themselves so that the appropriate follow-up or investigation can occur.

However, reportable diseases in all persons of all ages are also reported to Public Health by laboratories and physicians. In circumstances where a staff person has a reportable disease, Public Health will be aware and take appropriate action if indicated in order to protect other staff and students.

### **1.3 Confidentiality**

When dealing with health information, everyone has a right to privacy. Personal information can only be gathered and used in a restricted way and the identity of pupils or staff will not be released to the community or to other individuals at the school.

The Medical Officer of Health (MOH) is the Health Information Custodian for Region of Waterloo Public Health. The MOH and all persons who act as agents of the MOH (all Public Health staff) have the responsibility to ensure that personal health information is collected, used, stored and shared with full regard for the protection of privacy and the confidentiality of personal health information.

### **1.4 Public Health Role**

The Infectious Diseases Program and the Health Protection & Investigation Program share responsibility under the *Health Protection and Promotion Act* for receiving reports of infectious diseases from physicians, laboratories or schools and providing the appropriate follow-up or outbreak control measures to prevent the further spread of the disease in the school or community. Depending on the disease, these measures may include one or more of the following:

- Review of immunization status of students in a classroom or throughout the school
- An information letter to parents, students and staff
- Legal exclusion by order of the Medical Officer of Health of certain students from the school who are not appropriately or fully immunized or whose medical conditions may put them at a high risk if they develop a reportable disease (e.g., students undergoing chemotherapy)
- A recommendation for certain students and staff to receive specific preventive antibiotics or immunization
- An antibiotic clinic or immunization clinic on-site at the school for students or staff if needed

The definition of an outbreak varies with each infectious disease, for example; one case of measles in a school constitutes an outbreak.

## 1.5 Enforcement of Immunization of School Pupils Act (ISPA)

The Immunization of School Pupils Act requires that students attending schools in Ontario be immunized against tetanus, diphtheria, polio, measles, mumps, rubella, and as of July 2014, pertussis, meningococcal disease and chickenpox. The chickenpox vaccine is only required for children born on or after January 1, 2010 and who have not already had the infection. Under the Act, Region of Waterloo Public Health (ROWPH) is required to maintain immunization records of all students in public and Catholic schools. Between March and June of each year, ROWPH enforces the ISPA, reviews immunization records of all students and can suspend, for up to 20 days, students who have “incomplete” or “no immunization history”.

Parents may decide because of medical, religious or philosophical reasons not to immunize their child. The ISPA allows for exemptions based on medical or philosophical grounds. For philosophical exemptions, an educational session must be completed by parents with Public Health and a notarized Statement of Conscience or Religious Belief Affidavit must be signed and on file at Public Health. It is parents' responsibility to provide proof of immunization or exemption to Public Health.

For more information, please call the Immunization Information Line at 519-575-4400, ext. 5003.

## 1.6 Most Common Reportable Diseases in Schools

The Health Protection and Promotion Act lists a number of reportable diseases or diagnoses. School personnel will most commonly encounter only a few of these reportable diseases in students or staff in the school setting. The majority of illnesses are of a non-reportable nature.

Physicians, hospitals and laboratories are also required to report all reportable infectious diseases. The more serious infectious diseases, such as meningitis and group A strep, are most often reported directly from the hospital.

*Listed below are the diseases most commonly reported from schools:*

Chickenpox	Public Health requires the total number of cases by age group in a school to be reported monthly
Diarrhea	If several students in a class are affected
Pertussis	Whooping Cough
Respiratory Illness	High absentee rates – often due to influenza

## 1.7 Reporting high absentee rates

Influenza is a common infection in schools during the influenza season each year and may cause a sudden increase in absentee rates. Increased absentee rates in school children are often a first indication that influenza (or occasionally norovirus) has appeared in the community. Monitoring this type of absenteeism in schools helps Public Health in surveillance for this disease and in alerting health care facilities in the area to increase their preparation.

Schools are not required to report cases of influenza in individual students or staff members, but are able to consult Public Health when absentee rates rise significantly (especially during the traditional influenza season between November to April). Schools may also report any other clusters of illness (e.g. – several students in a classroom who are away with diarrhea, nausea or vomiting) and Public Health will investigate as appropriate to ensure there is no food or water-related issues

Reporting of absentee rates is done centrally at both the Waterloo Catholic District School Board and Waterloo Region District School Board for those schools reporting their daily absentee information through electronic systems. This data is reported the next day to Public Health.

Public Health staff may contact any schools reporting sustained elevated absentee rates to determine if the absences are due to illness or other factors. In addition, Public Health staff are available to consult and provide support to public and private schools experiencing elevated absentee rates due to illness. School staff requiring support or consultation can call the Infectious Disease Reporting and Information Line at 519-575-440, ext. 5275 or the Respiratory Reporting Line at 519-575-4400, ext. 5506.

Please refer to the following resource links for additional information and supports to help reduce transmission of illness:

### **Seasonal Viral Infections Common in Schools:**

<https://www.regionofwaterloo.ca/en/health-and-wellness/resources/Documents/Seasonal-Viral-Infections-Common-in-Schools.pdf>

### **Wash your hands/Clean your hands**

<https://www.regionofwaterloo.ca/en/doing-business/resources/Documents/HowToWashHands.pdf>

### **Surface Disinfection with Chlorine (Bleach)**

<https://www.regionofwaterloo.ca/en/doing-business/resources/Documents/Surface-Disinfection-Chlorine.pdf>

## 1.8 Chickenpox Reporting

### Reporting Aggregate Number of Cases:

The Ministry of Health requests that the total number (aggregate number) of chickenpox cases by age group be reported to Public Health each month when cases of this disease occur in a school. This information is valuable in establishing rates of infection in different age groups and will be especially important with the increased use of the chickenpox vaccine.

\*\*\*\* (See Next Page - Chickenpox Monthly Reporting Form)

Age Group	Number of Chickenpox Cases
< 1 year	
1-4	
5-9	
10-14	
15-19	
20-24	
25-29	
30-39	
40-49	
50-59	
60+	
Age unknown	

Monthly aggregate reports may be made by FAX or by phone to Public Health

### Reporting an Individual Case:

An individual case of chickenpox is legally reportable in the following circumstances:

- A pupil was hospitalized due to chickenpox
- A pupil develops serious complications due to chickenpox (encephalitis, pneumonia etc)
- A pupil passed away due to complications of chickenpox

**An individual case report may be made by calling the Infectious Diseases Reporting and Information Line at 519-575-4400, ext. 5275.**



## FAX or Phone

# Chickenpox Cases Monthly Reporting Form

Name of Facility Reporting: \_\_\_\_\_

Contact Name \_\_\_\_\_ Phone Number \_\_\_\_\_

For Month \_\_\_\_\_ Year: \_\_\_\_\_

Please report all cases of chickenpox identified for the month in each of the following age groups:

Age Group	Number of Chickenpox Cases
< 1 year	
1-4	
5-9	
10-14	
15-19	
20-24	
25-29	
30-39	
40-49	
50-59	
60+	
Age unknown	

### Reporting Options at the end of each month:

**Fax** a copy of this form to 519-883-2248 or **Call** 519-575-4400, ext. 5275 to report the information.

## **2.0 Exclusion Guidelines**

### **2.1 Chickenpox Exclusion – 1999 recommendations remain in effect**

**Children with mild chickenpox may return to school or daycare as soon as they feel well enough to participate in normal activities, regardless of the stage of the rash**

They do **not** need to stay home for the previously recommended five days after onset of rash, or until the rash has dried. Children with more severe cases or those who are not completely well (who continue to run a fever or have infected lesions) must stay home.

This is a province wide change in policy adopted by the Ontario Ministry of Health, and follows the recommendations from the Canadian Pediatric Society. Research shows that by the time the rash appears, it is too late to stop the spread of the disease. Chickenpox is most infectious one to two days before the rash and when children feel most ill.

If there are any concerns or questions, please feel free to contact or refer parents to the Region of Waterloo Public Health Infectious Diseases Reporting and Information Line at 519-575-4400, ext. 5275.

### **2.2 Children who are Immune-Suppressed**

Parents of students who have immune-suppressing medical conditions or who are receiving treatments that may alter their ability to fight an infection are advised by the cancer and transplant centers to speak with their child's teacher regarding exposure to infectious diseases.

School staff are responsible for informing parents or children who are immune-suppressed when there is chickenpox activity in the school, especially if it is in the same classroom. If there has been significant exposure, these children are eligible to receive a preventative injection called Vacicella-Zoster Immune Globulin (VZIG), usually at the hospital. Children who are immune-suppressed include those with leukemia or other cancers, or who have had organ transplants such as a liver or a kidney transplant.

## 2.3 Infectious Diseases Exclusion Guidelines

[https://www.regionofwaterloo.ca/en/doing-business/resources/Documents/HCP\\_PreventionManagement\\_ExclusionGuidelines.pdf](https://www.regionofwaterloo.ca/en/doing-business/resources/Documents/HCP_PreventionManagement_ExclusionGuidelines.pdf)

## 2.4 Canadian Pediatric Society Resources

Current fact sheets on common childhood infections are available from the Canadian Pediatric Society at:

[www.cps.ca](http://www.cps.ca)

→ Caring for Kids → Illnesses and Infection

## Serious Illnesses or Death Due to Infectious Diseases

### 3.1 Serious Illnesses in School Settings

A sudden severe illness or death within the school community due to an infectious disease is very rare. The introduction of childhood vaccines to prevent meningococcal disease and pneumococcal infections has thankfully reduced the risk of these very serious illnesses in students in recent years. When such cases do happen though, there is always a natural concern around whether or not other classmates or staff may also become ill or are at a risk of carrying or acquiring the infection. Public Health maintains close communication with school and board administrative staff in these situations to provide information and assist in the development of any communication if needed.

Since the early 1990's, a more serious form of streptococcal ("strep") infection called **invasive group A strep** (sometimes referred to as "flesh eating disease") has re-emerged as a rare cause of severe and sometimes life-threatening illnesses.

These serious streptococcal infections are extremely rare in children but they may sometimes occur as a complication after another illness such as recent chickenpox or respiratory infection. The risk for further transmission in school settings is very low in these cases. Such infections tend to occur as isolated cases and are not transmitted by the type of casual contact that normally occurs in a school setting.

In the event that a student or staff member is diagnosed with one of these serious infections, Region of Waterloo Public Health will provide more specific information, letters or fact sheets as required and in coordination with school communication personnel or traumatic events teams. Please also refer to your board communication protocols.

## **4.0 Pregnancy and Common Childhood Infections**

### **4.1 Pregnancy and Infectious Diseases**

Infectious diseases or exposures during pregnancy may require additional consideration or medical advice and follow-up.

Women working in settings where infections are common should ensure their immunizations are up to date and speak with their physician, nurse practitioner or midwife regarding whether or not there may be possible risks for them if they are exposed to or develop certain infections. Testing ahead of time may be helpful in determining if the woman may already be immune to some of the diseases that may be of concern during pregnancy.

Additional information can be obtained from Region of Waterloo Public Health.

Links to fact sheets have been included with these guidelines for reference:

### **4.2 Fifth Disease and Pregnancy (Parvovirus B19, Erythema Infectiosum)**

[https://www.regionofwaterloo.ca/en/health-and-wellness/resources/Documents/FIFTHDISEASE\\_PREGNANCY.pdf](https://www.regionofwaterloo.ca/en/health-and-wellness/resources/Documents/FIFTHDISEASE_PREGNANCY.pdf)

### **4.3 Chickenpox and Pregnancy**

[https://www.regionofwaterloo.ca/en/health-and-wellness/resources/Documents/Chickenpox\\_and\\_Pregnancy\\_FS.pdf](https://www.regionofwaterloo.ca/en/health-and-wellness/resources/Documents/Chickenpox_and_Pregnancy_FS.pdf)

## **5.0 Infection Prevention Measures**

Good hygiene provides protection against acquiring many infections. This includes encouraging everyone, including students and staff members, to cough or sneeze to the elbow, dispose of any used tissues in the garbage and wash hands after using a tissue, coming into contact with secretions from the mouth or nose, after using the washroom and before eating. People must also avoid sharing anything that comes into contact with their mouth (drinks, straws, cigarettes, lipstick, lip balm, mouth guards, etc.).

### **5.1 Routine Practices – an overview**

Routine practices are a combination of actions or practices that should be used when providing first aid or care for anyone. Routine Practices are based on the premise that all individuals are potentially infectious and that the same safe standards of practice should always be used to prevent exposure to infection.

Routine practices include:

- Hand washing
- Barrier precautions (gloves or masks)
- Cleaning
- Personal hygiene

The sections following contain very practical steps that anyone can take in a school setting, to reduce the risk of acquiring or passing germs.

#### **5.1.1 Personal Hygiene products**

While most personal hygiene actions will occur at home, the following supplies and products can support hygiene practices while in the school setting:

- Soap
- Toilet paper
- Alcohol-based hand rub
- Paper towels
- Tissues
- Garbage bags or disposal units

## 5.1.2 Hand Washing

Regular and thorough washing of hands with soap and water is one of the **most effective** ways of keeping ourselves healthy and stopping the spread of infection to others. Properly washing hands will physically remove germs that have been picked up through daily activity before they can be transferred to our mouths, nose or eyes (which are common entry points for germs into our bodies). When hands are not visibly soiled and hand washing facilities are not immediately available, alcohol-based hand rub can be used to kill germs on the hands.

### When to wash hands

Hands should be washed for at least 15 seconds (the time it takes to sing “Happy Birthday” twice) in the following situations:

- Whenever hands are visibly dirty
- Before and after providing care or first aid to a person where contact with blood or body fluids may occur
- Before and after meals or snacks
- Before and after preparing food
- Before putting on disposable or reusable gloves for first aid or cleaning and after removing gloves
- After using the toilet
- After blowing your nose
- After handling pets or animals

### How to wash hands

- Use warm water to wet your wrists and hands
- Add enough soap to get a good lather when you rub your hands together
- Scrub your palms and the areas between fingers and the thumb. Scrub for at least 15 seconds
- Rinse your hands in warm water until the soap lather is gone. Rinse from the wrist down to the fingertips
- Dry your hands using a paper towel (or your own clean towel)
- Use a paper towel or clean towel to turn off the water taps so that you do not re-contaminate you clean hands

### What kind of hand soap is best?

Regular soap is the best bet for daily routine washing. The most important action of soap is to physically remove the dirt and germs from hands through the scrubbing action.

Antibacterial soaps are not recommended for routine hand washing. Their use should be restricted to specific healthcare settings and patients.

Liquid soap that can be dispensed with a pump is most hygienic. Bar soap should not be shared between persons.

### **What about alcohol-based hand rubs or gels?**

Alcohol-based hand rubs (ABHR) or gels are very effective in killing most germs and can be very useful when soap and water are not available. ABHR will, within 15 seconds, kill up to 99.99 percent of the common germs that may cause illness.

The recommended alcohol concentration for hand rubs is at least 70%. These hand rubs are now available in a variety of sizes including small individual containers or larger pump-action containers that can be shared.

To use alcohol-based hand rubs:

- Hands should be dry and have no visible dirt
- Squirt a quarter-sized portion of hand ABHR into the palm of one hand
- Rub ABHR over the surface of both hands and between fingers
- Continue rubbing until hands are dry (about 15 seconds)

### **5.1.3 Barrier Protection**

Using a barrier such as a tissue or glove physically prevents germs from being spread to you or others and the risk of infection is avoided.

#### **Tissues:**

Tissues should be handy and available for persons to cover their nose and mouth when coughing or sneezing. Once a tissue is used, it should be thrown in the garbage and hands should be washed immediately (or an alcohol-based hand rub applied if hands are not visibly soiled).

#### **Gloves:**

Gloves should be used whenever there may be contact with another person's body fluids (e.g., saliva, blood, mucous, urine, and stool). Single use disposable gloves provide a barrier between the skin of your hands and potentially contaminated body fluids. It also protects the other person from germs that might be on your hands.

It is important **to wash hands before and after** using gloves, even when gloves are disposed of immediately. The process of taking off contaminated gloves can sometimes result in transferring germs to your own hands, so washing hands after use should be as important as using the gloves.

Heavy duty rubber gloves that are re-usable or shared are often provided for environmental cleaning tasks. These gloves should be cleaned thoroughly after the activity for which they were used and hands should also be washed before and after donning these gloves.

## **Protective Clothing:**

In some situations, an apron, gown or even a separate set of clothes may be used in situations where direct contact with body fluids is likely to occur.

These items should be removed carefully and taken home to be laundered or gently placed in a laundry bin (if provided) for cleaning. Normal laundry cycles and detergent are effective in removing and disabling any germs.

## **5.2 Prevention of Blood-borne Infections**

Blood-borne infections are very rare in children and the risk for transmission in school settings remains extremely low. However, it is important to **assume that all blood is potentially infectious** and use the following practices when there is a possibility of contact with blood or blood-tinged body fluids.

School personnel come into contact with blood or other potentially infectious body fluids in the course of providing first aid or caring for a student with a bleeding nose etc. The key steps in handling blood or other body fluids that contain visible blood or any objects that have been contaminated with blood include:

- 1. Wash your hands:**

Hand washing remains the best defense against any infection, including blood-borne infections. If at all possible, wash hands before and after exposure to blood or any other body fluids and before and after removing gloves. Washing with plain soap and water or alcohol-based hand rub is effective.

- 2. Wear Gloves:**

Wear disposable gloves whenever applying first aid or cleaning up blood or body fluid spills from surfaces. Clean, non-sterile vinyl or latex gloves protect any open areas on hands that could be exposed to blood. It is important to wash hands well after removal of gloves.

- 3. Clean Contaminated Surfaces:**

Wearing gloves, immediately wipe up spills of blood with paper towels and dispose of them into a plastic lined garbage receptacle. Wash the area with hot water and a household cleaner and then rinse. Apply a specially made solution of household bleach (mix 1 part bleach to 9 parts water) to the area and leave the solution on the surface for 10 minutes and then wipe the area dry. For carpet or upholstered surfaces a low level disinfectant (check the label) may be used instead. The carpet should be cleaned with an industrial carpet cleaner as soon as possible following spot disinfection.

- 4. Dispose of Contaminated Articles:**

**Contaminated tissues, paper towels, etc.:** Dispose of any blood-soiled articles into a plastic bag and then tie it at the top. Dispose of bag in the garbage.

**Laundry:** Wearing gloves, rinse blood-stained laundry in cold water but do not remove body fluids by spraying with water. Launder using a regular laundry detergent with household bleach (according to product instructions and where suitable for fabrics) and a normal machine wash and dry. If unable to launder on site, place the contaminated laundry in a plastic bag and then tie it shut for transport home. A second outer bag is recommended only if the bag is leaking. If contaminated clothing is brought to community dry cleaners the item should be appropriately labeled and the cleaning personnel should be informed.

**Sharps:** Any object that could break, cut or puncture the skin can be considered a “sharp”. Examples are needles, blades, knives or broken glass. Used needles, lancets or an object that has caused a puncture of a person’s skin must be considered contaminated and handled with caution.

### **How to Pick Up Needles and Sharps**

- Wear gloves when handling sharps (i.e. latex, rubber or leather gardening gloves). Gloves are meant to protect against fluid contamination, not punctures or cuts
- Use tongs, pliers or tweezers to pick up the needle or sharp. Be sure to clean and disinfect the pickup instrument afterwards
- Pick up needles by the plastic end (syringe). Point the needle tip away from your body. Be very careful not to poke yourself with the needle
- Put the sharps disposal container on a stable surface next to the needle or sharp. Do not hold the container in your hand while placing the needle inside
- Place needles point down into the container. Do not force the needle into the container
- If you do not have a specialized sharps container, put the needle or sharp into a non-breakable, puncture-proof container with a lid. (i.e. thick plastic bottle or tin can)
- Close the container securely
- Wash your hands or use hand sanitizer after removal of gloves
- Dispose of any sharps according to workplace procedures
- Diabetic syringes and lancets must be disposed of in approved biohazard containers which are available at designated pharmacies

For further guidelines, please refer to the applicable Health and Safety Policies for your school board.

## **5.3 Fact Sheet Links/Posters**

### **Wash Your Hands/Clean Your Hands**

Laminated hand hygiene posters are available from Public Health by calling the main number at 519-575-4400 and asking for the Resource Centre. They may also be printed from the link below on the Region of Waterloo Public Health website.

<https://www.regionofwaterloo.ca/en/doing-business/resources/Documents/HowToWashHands.pdf>

### **Surface Disinfection with Chlorine (Bleach)**

<https://www.regionofwaterloo.ca/en/doing-business/resources/Documents/Surface-Disinfection-Chlorine.pdf>

### **Seasonal Viral Infections Common in Schools:**

<https://www.regionofwaterloo.ca/en/health-and-wellness/resources/Documents/Seasonal-Viral-Infections-Common-in-Schools.pdf>