

**Agreement made between**

**The Minister of Health and Social Services, Government of Yukon  
("Health and Social Services")**

**And**

**The Minister of Education, Government of Yukon  
("Education")**

**WHEREAS Health and Social Services and Education share an interest in promoting and protecting the health of Yukon elementary and secondary school students;**

**AND WHEREAS s. 4.1 of the *Health Act* permits the Minister of Health and Social Services to enter into agreements with other public bodies for the collection and disclosure of personal health information in connection with health services, including the protection, promotion and maintenance of health, the prevention, diagnosis or treatment of illness, injury or disease, and for purposes of health surveillance;**

**AND WHEREAS pursuant to s. 4(vi) of the *Education Act*, the goals and objectives of the Yukon education system include the physical development and personal health and fitness of students;**

**AND WHEREAS, pursuant to S. 168 and 169 of the *Education Act* certain duties are conferred upon teachers and principals with respect to reporting of any contagious or infectious disease in the school, any unsanitary condition of the school building or surroundings, and any other conditions or circumstances that may reasonably threaten the health or safety of students or staff of the school;**

**AND WHEREAS the *Public Health and Safety Act* and the Communicable Disease Regulations require reporting to the Chief Medical Officer of Health of information relating to certain communicable diseases.**

**AND WHEREAS the exchange of information between the parties, where permitted by law, has the potential to significantly benefit the education and health of elementary and secondary school students, their families and the health of Yukon residents in general,**

**The parties agree as follows:**

- 1. For the purposes of this agreement "CMOH" means the Chief Medical Officer of Health appointed under the *Public Health and Safety Act*.**

**“contact information” means an individual student's Yukon Health Care Insurance Plan number, home address, mailing address, telephone number and email address.**

**“personal information” has the same meaning as in ATIPP.**

**“school” means an elementary or high school.**

**“Universal Child Public Health Program” means a program or service funded or delivered by the Government of Yukon for the purpose of promoting or protecting the health of children and young adults, including Yukon elementary and secondary school students. Universal child public health programs include routine childhood immunizations; preventive, diagnostic and restorative dental services; hearing screening, and vision screening.**

### **General Principles**

**2. In applying this agreement, the parties agree to adhere to the following principles:**

**Identifying information will be shared under this agreement only when non-identifying information is not sufficient to satisfy the purposes for which the information is shared, and the information shared shall not exceed what is necessary to accomplish either party's lawful purposes. Information shared shall be limited to contact information when contact information is sufficient to satisfy the purpose for which the information is shared.**

### **CMOH**

**2.1 Education shall use its best efforts to ensure that every principal of a school within Yukon notifies the CMOH immediately of**

- any incident or suspected incident of a communicable disease, as designated by the CMOH under the *Public Health and Safety Act*,**
- any outbreak or apparent outbreak of a contagious or infectious disease in the school,**
- any other public health or public safety condition, incident or matter, or class of condition, incident or matter agreed upon between Education and the CMOH.**

**2.2 Education shall use its best efforts to ensure that every principal of a school within Yukon shall regularly undertake a general monitoring of student absences from school, and shall notify the CMOH of any unusual or unexplained absences or pattern of absences from school by students.**

2.3 The principal shall give notice of any of the events or suspected events described in sections 2.1 or 2.2 to the CMOH by promptly notifying the CMOH or his or her authorized representative. The notice shall include the information requested by the CMOH or otherwise required by law, and shall include contact information and such other personal information as may be necessary in the circumstances to permit the CMOH to discharge his or her duties and functions, or where required by the Communicable Disease Regulations or *Public Health and Safety Act*.

Universal Child Public Health Programs

3. Education agrees to provide to Health and Social Services such contact information of elementary and secondary school students that Health and Social Services requires in connection with one or more universal child public health programs. The parties acknowledge that in exceptional circumstances, Health and Social Services may, for the purpose of one or more of universal child public health programs, require additional personal information. In such exceptional circumstances, Education agrees to provide the additional personal information requested by Health and Social Services.

Disclosure to Education

4. Upon written request of Education, Health and Social Services shall use its best efforts to promptly disclose to Education such personal information as Health and Social Services is authorized by law to disclose, and Education is authorized by law to collect.

Notice of Indirect Collection

5. Education acknowledges that Health and Social Services is required to give public notice of indirect collection in accordance with s. 4.1(5) of Health Act .

6. This agreement may be terminated by the parties,  
(a) at any time, on 30 days written notice, or  
(b) immediately, with cause.

7. For the purposes of notice and communication between the parties under this agreement, the contact persons are:

For Health and Social Services: Director, Community Health Programs, Health Division

For Education: Director, Programs and Services, Public Schools Branch

Dated at Whitehorse this 1st day of September, 2010.

SIGNATURES



Sept 2, 2010  
Date



Sept 3, 2010  
Date

## **Appendix A**

### **Yukon Children's Dental Program**

Class lists are required at the beginning of each school year for the purposes of enrolling children into the Yukon Children's Dental Program, obtaining consent for examination and treatment, program planning, surveillance and evaluation. A request for all class lists can be made by the Manager of the Children's Dental Program to Director of Programs and Services, Public Schools Branch, (mail code: E-1) Telephone: (867) 667-8238; Fax: (867) 393-6339.

The information that is required is the name of the student, grade, their mailing address, the name of their parent or guardian, and if available the home telephone number. It can be provided in paper or electronic format to the attention of the dental therapist assigned to the school or the Manager, Yukon Children's Dental Program (mail code: HD-1) or by FAX: 867-667-8335. Questions can be directed to the Manager, telephone: 867-393-7128.

### **Community Nursing - School Vaccine and Public Health Screening Programs (e.g., vision and hearing screening)**

Class lists are required when a school vaccination or screening program is planned for obtaining consent, program planning, surveillance and evaluation. A request for all class lists will be made by the Director of Community Nursing to the Director of Programs and Services, Public Schools Branch, (mail code: E-1) Telephone: (867) 667-8238; Fax: (867) 393-6339.

The information that is required is the name of the student, grade, their mailing address, the name of their parent or guardian, and if available the home telephone number. It can be provided in paper or electronic format to the attention of the Nurse-in-Charge of the local health centre, or the Director of Community Nursing (mail code: 2 HOSP RD) or by FAX: 867-667-8338. Questions can be directed to the Director, telephone: 867-667-8325.

### **Yukon Communicable Disease Control**

The procedure for reporting higher than usual absenteeism thought to be related to communicable disease is set out in Appendix B – Procedure for Surveillance of Communicable Diseases in School Settings.

The information required is set out in Appendix C – Yukon School surveillance Reporting Tool.

Public health measures to reduce the spread of communicable diseases will be communicated to the school administrator by Yukon Communicable Disease Control using Appendix D – Public Health Recommendations to Schools.

**Procedure for Surveillance of Communicable Diseases in School Settings  
Education/Community Nursing/Yukon Communicable Disease Control**

**Introduction**

School surveillance for communicable diseases such as (but not limited to): influenza-like-illness (ILI) and gastroenteritis (stomach flu), is important for gathering information on disease occurrence in the general population as well understanding events occurring in a particular school. Reporting significant communicable diseases and high absenteeism rates is a responsibility of the Department of Education, in accordance with Section 2.1 of the Agreement. Schools are requested to report absenteeism that is higher than usual (above baseline), as determined by the school and that is thought to be due to a communicable disease.

**Objectives**

To describe and assess:

1. Prevalence, timing, extent of a communicable disease i.e. influenza like illness in school settings.
2. Symptoms of illness and risk factors for complications.
3. Transmission characteristics.

**Procedure**

Schools will be provided with forms entitled "Yukon School Surveillance Reporting Tool" (see attached). If on any given day, the absenteeism is higher than usual, as determined by the school, the school is asked to complete the report form including:

- 1) Identifying the most common symptoms of illness – please ask for the reason for absenteeism when parents/students/staff call to report an absence due to illness
- 2) Providing names and contact information of up to 4 affected individuals.

This form may also be used to report a suspect or confirmed communicable disease of significance within a school setting, regardless of absenteeism.

Reporting should try to be done the same day the high absenteeism is identified.

**Schools in Whitehorse** should complete a report (see attached form) and fax to Yukon Communicable Disease Control (YCDC) (867) 667-8349.

**Schools located outside of Whitehorse** should complete a report (see attached form) and submit to the local Community Health Centre.

**Public Health Action - YCDC and Community Health Nurses**

- 1) The nurse (YCDC if school is in Whitehorse or Community Health Nurse (CHN) involved should determine the number and percentage of students and staff absent and the predominant symptoms.

- 2) The nurse involved will be asked to call the affected persons (up to 4), using contact information provided on the school's reporting form to obtain more information about the illness.
- 3) Depending on the nature of the illness/common symptoms identified, the following symptoms may be asked:
  - a) Demographic information: socio-demographics i.e. age and gender
  - b) Clinical information: relevant symptoms, date of onset, other household members affected, vaccination status, assessment by RN or MD, any testing that occurred and medications prescribed
  - c) Exposure: dates and locations of possible exposures to the communicable disease
  - d) If food/water born illness suspected YCDC and Environmental Health Services will be involved in investigation
- 4) The CHN involved should report to YCDC on the collected information.
- 5) YCDC will notify the Medical Officer of Health (MOH) and discuss next steps, including appropriateness of further investigation including testing of a subset of affected individuals.
- 6) YCDC will work with the CHN in a community or with the Whitehorse school directly to provide educational material and appropriate public health recommendations to the school.
- 7) Examples of recommendations include:
  - a) Excluding children and staff who are ill
  - b) Ensure frequent hand washing
  - c) Reinforce hygiene messages
  - d) Environmental cleaning measures
  - e) If concerned, seek medical attention
- 8) YCDC will remain involved in all cases of high absenteeism caused by a communicable disease, until absenteeism has normalized.

## Appendix C



### Yukon School Surveillance Reporting Tool

Please complete if absenteeism is higher than usual (among students and staff) for your school and it is thought to be due to a communicable disease.  
 This form may be used to report a suspect or diagnosed communicable disease of significance within the school population.

Date Reported: \_\_\_\_\_ (yy yy mm dd) School Name: \_\_\_\_\_

School Contact person: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Superintendent: \_\_\_\_\_ Phone Number: \_\_\_\_\_

#### Absenteeism

##### Students

##### Staff

a) Student enrolment: \_\_\_\_\_ c) Total staff: \_\_\_\_\_  
 b) Number absent: \_\_\_\_\_ d) Number absent: \_\_\_\_\_  
 Absenteeism (b/a x 100%): \_\_\_\_\_ Absenteeism d/c x 100%: \_\_\_\_\_

#### Commonly Reported Symptoms

##### Influenza like illness

- |   |                                     |                                      |
|---|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Fever                | <input type="checkbox"/> Cough      | <input type="checkbox"/> Sore Throat |
| <input type="checkbox"/> Headache             | <input type="checkbox"/> Fatigue    | <input type="checkbox"/> Chills      |
| <input type="checkbox"/> Muscle or joint ache | <input type="checkbox"/> Runny Nose |                                      |

##### Gastrointestinal illness

- |  |                                  |   |                                  |
|--|----------------------------------|---|----------------------------------|
| <input type="checkbox"/> Diarrhea              | <input type="checkbox"/> Nausea  | <input type="checkbox"/> Chills               | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Vomiting              | <input type="checkbox"/> Malaise | <input type="checkbox"/> Headache             |                                  |
| <input type="checkbox"/> Abdominal pain/cramps | <input type="checkbox"/> Fever   | <input type="checkbox"/> Muscle or joint ache |                                  |

Other Symptoms Reported: \_\_\_\_\_

#### Obtain names and contact phone numbers of those absent (up to 4)

Student/ Staff Name	Parent/Guardian Name	Address	Phone	Illness diagnosed by physician:
1				<input type="checkbox"/> Y <input type="checkbox"/> N
2				<input type="checkbox"/> Y <input type="checkbox"/> N
3				<input type="checkbox"/> Y <input type="checkbox"/> N
4				<input type="checkbox"/> Y <input type="checkbox"/> N

Comments: \_\_\_\_\_

Please submit form to the following location:





Appendix D



Health and Social Services  
Yukon Communicable Disease Control

Public Health Recommendations to Schools

School Name: \_\_\_\_\_

Attention: \_\_\_\_\_

Recommendations include:

- Reinforce respiratory hygiene message (e.g. cough into sleeve)
- Encourage students and staff to stay home if ill
- Reinforce hand washing
- Environmental cleaning
- Gather more information (e.g. regarding symptoms)
- Seek medical attention if concerned
- Maintain daily contact with \_\_\_\_\_ until absenteeism returns to normal level
- Distribute written information provided by Public Health
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_

Details of Recommendations:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please direct questions to: \_\_\_\_\_

Completed by: \_\_\_\_\_

Date faxed to School: \_\_\_\_\_