

Date of issue	February 2024	
Original date of issue	October 1991	
Subject	DISEASES OF PUBLIC HEALTH SIGNIFICANCE – REPORTING PROCEDURES	
References	Policy 4245 – Emergency Response Procedures <u>Health Protection and Promotion Act</u> <u>Municipal Freedom of Information and Protection of Privacy Act</u> <u>Education Act</u> <u>Simcoe Muskoka District Health Unit</u>	
Contact	School Services Simcoe Muskoka District Health Unit	

- In order to comply with the Health Protection and Promotion Act and the Municipal Freedom of Information and Protection of Privacy Act, principals who are of the opinion that a student has or may have one of the <u>Diseases of Public Health Significance (DPHS</u>) must, as soon as possible after forming the opinion, report this to the Medical Officer of Health for the Simcoe Muskoka District Health Unit (SMDHU).
 - 1.1 Principal completes and faxes <u>FORM A7670 1</u>, DPHS Notification Form, to the SMDHU at 705-733-7738.
 - 1.2 SMDHU will investigate and report back to the school if a public health risk is confirmed.
 - 1.3 Once confirmation of a public health risk is received from the SMDHU, the principal will advise the superintendent of education.
 - 1.4 Principal will work in consultation with the SMDHU, the Simcoe County District School Board (SCDSB) Communications Department, and their superintendent of education to determine notification to the community.
 - 1.5 Schools are not to notify families prior to receiving confirmation from the SMDHU and without consultation from the SCDSB Communications Department.
- 2. A full list of DPHS can be found on the <u>SMDHU website</u>.
- 3. For additional information on childhood illnesses not listed on the DPHS, or information related to symptoms and exclusion periods from school, see the Common Childhood Illnesses brochure from the SMDHU at <u>www.simcoemuskokahealth.org</u>.

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Issued under the authority of the Director of Education



Administrative Procedures Memorandum A7670

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15 Sperling Drive Barrie, ON L4M 6K9 705-721-7520

Diseases of Public Health Significance Notification Form				
Disease being reported:		Date:		
Please indicate type of institution/facility reporting: School Child Care Centre Other (please specify):				
Person reporting to health unit (Name and Position):				
Name of Institution/Facility:				
Address:				
City:	Postal Co	ode:		
Phone:	Fax:			
Name of Child/Student:				
Date of Birth: Date of Onset:				
Name of Parent/Guardian;				
Home Address:				
City:	Postal Code:	Phone:		
Comments:				
This information is collected under Section 5 of the Health Protection and Promotion Act, R.S.O 1990, c.H.7. The personal health information collected in this form will be used for case management and to provide statistical data to the Ontario Ministry of Health and Long Term Care. Questions regarding the collection and use of personal health information should be directed to the Director, Program Foundations and Finance, Simcoe Muskoka District Health Unit, 15 Sperling Drive, Barrie ON L4M 6K9, telephone (705)721-7520.				
Note: Bolded diseases are to be phoned immediately to the Infectious Diseases team at 705-721-7520 ext. 8809. All other diseases are to be reported the next working day. PLEASE FAX THE COMPLETED COPY OF THIS FORM TO THE SIMCOE MUSKOKA DISTRICT HEALTH UNIT CONFIDENTIAL FAX LINE: (705) 733-7738.				