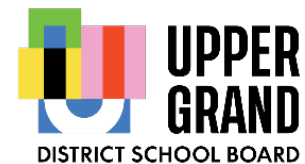


Health Support Services Procedures Manual 509-A



Category:	Students
Administered by:	Appropriate Superintendent
First Adopted:	December 1999
Revision History:	June 2009, November 2018
Next Review:	2022-23 school year or as required

1. General

- 1.1 The board recognizes that few of its employees are trained physicians or registered nurses. This policy allows employees to respond to medical and health situations without endangering the safety or well-being of a student or subjecting themselves to undue risk of injury or liability. Authorized employees shall, to the best of their ability, assist a student requiring medical treatment. Employees working within their scope of duties shall be covered by the board's liability insurance.
- 1.2 Unless otherwise stipulated, the following shall apply only to those students under the age of 18 years. Principals should encourage those students who are adults and employees to follow these procedures as well, where applicable.

2. Medical Procedures

- 2.1 Medical procedures are the responsibility of the student, parent(s)/guardian(s) or Ministry of Health and Long-Term Care through Local Health Integration Network (LHIN) staff.
- 2.2 Medical procedures **shall not** be carried out except as stipulated in Section 8 – Emergency Medical Care and as outlined in Policy 518 Students with Life-Threatening Medical Conditions.
 - 2.2.1 Students with a life-threatening medical condition will have a Plan of Care developed to outline the procedures for daily or routine management of the condition and in an emergency situation (see Policy 518 Students with Life-Threatening Medical Conditions).
- 2.3 Employees of the board **shall not** perform any of the following medical procedures: manual expression of bladder/stoma, postural drainage,

sterile intermittent catheterization, deep or tracheal suctioning, and tube feeding. In addition, employees will not be expected to perform any invasive medical procedures.

- 2.4 Administering an auto injector (e.g., EpiPen®) is not considered an invasive procedure.
- 2.5 Board employees may volunteer to be trained in carrying out an invasive procedure (e.g., glucagon injection) in a life-threatening emergency situation according to a student's Plan of Care. See Section 8.3.

3. Physical Procedures

- 3.1 Board employees, under the direction and training of the appropriate medical authority, may assist with or perform certain physical procedures. These include, but are not limited to, lifting and positioning, assistance with mobility, feeding, toileting (including clean intermittent catheterization) and general physiotherapy, occupational therapy, and speech therapy programming.
 - 3.1.1 Clean intermittent catheterization is considered part of a child's normal toileting needs and can be administered by the child or school board staff. The procedure involves the insertion of a clean catheter into the child's bladder at regular intervals.
 - 3.1.2 Sterile intermittent catheterization must be administered by a health professional provided by the LHIN.
- 3.2 Shallow surface suctioning to clear excessive saliva (non-invasive and not entering the throat) may be administered to a student when:
 - 3.2.1 a physician has prescribed this treatment and;
 - 3.2.2 the appropriate board employees have been instructed in the use of suctioning equipment by LHIN staff.

4. School Health Support Services by the Local Health Integration Network

- 4.1 When a request is made for the provision of a support service designated as the responsibility of the LHIN of the Ministry of Health, the principal shall:

- 4.1.1 contact the parent(s)/guardian(s) to discuss the student's health needs
- 4.1.2 complete the appropriate LHIN form (School Health Support Services Referral and Consent), and ensure that it is complete with health information, and signed by both the parent(s)/guardian(s) and the principal
- 4.1.3 send one copy to the LHIN Case Manager, one copy to the parent(s)/guardian(s), and retain one copy in the student's OSR.

LHIN contact:

Phone: (888) 883-3313 (Guelph and Wellington County)
(888) 733-1177 (Dufferin County)

Website: healthcareathome.ca

5. School Health Support Services by Wellington-Dufferin-Guelph Public Health (WDGPH)

5.1 Dental Screening Services

- 5.1.1 Wellington-Dufferin-Guelph Public Health (WDGPH) will provide dental screenings in selected grades in elementary schools as mandated under the Health Protection and Promotion Act. When a request is made by WDGPH Oral Health staff to provide dental screenings to students, the principal will be provided with a parent information letter. This letter must be sent home with each child/family prior to the scheduled screening.
- 5.1.2 Children identified with urgent dental needs may be eligible to have the cost of required treatment covered through the Healthy Smiles Ontario program. Although most students may legally provide their own consent, it is strongly recommended that parent(s)/guardian(s) are included in the decision-making process at the elementary school level.
- 5.1.3 Each student found to have an urgent dental need will be followed up by WDGPH to ensure that they receive the necessary treatment. If parent(s)/guardian(s) do not comply with accessing dental care for the student, a referral to Family and Children's Services may be made.

5.2 Information Forwarded to Public Health

Section 266 (2.1) of the [Education Act](#) requires the principal of the school to give WDGPH the following personal information upon request:

- the student's name, address, telephone number
- the student's birth date
- the name, address and telephone number of the student's parent(s)/guardian(s).

5.3 Vaccine Preventable Diseases – Immunization Services

- 5.3.1 WDGPH requires immunization records, conscientious objection, or medical exemption at school entry and any transfers between boards. Student immunization records are provided directly to WDGPH by parent(s)/guardian(s).
- 5.3.2 Student immunization records will be reviewed by WDGPH on a yearly basis, in accordance with the [Immunization of School Pupils Act](#).
- 5.3.3 “Consent to Treatment” for immunization is not governed by a particular age. Although most students may legally provide their own consent, it is strongly recommended that parent(s)/guardian(s) are included in the decision making process.
- 5.3.4 The authorization for the collection of this information is in the *Education Act* and the *Immunization of School Pupils Act* for the purpose of conducting an immunization program. The users of the information will be the staff of WDGPH. Queries about this collection may be made to the appropriate superintendent.
- 5.3.5 School-based clinics will be offered when required according to ministry initiatives.

WDGPH contact:

Phone: (800) 265-7293

Website: www.wdgpublichealth.ca

6. First-Aid Procedures

- 6.1 Principals are encouraged to have a minimum of two staff members

trained in the emergency level of first-aid and in the basic rescuer cardio-pulmonary resuscitation (CPR) to provide first-aid to students. Persons holding such qualifications should re-qualify as required.

6.2 Principals shall ensure that:

6.2.1 all school staff are aware of those with first-aid and CPR training as per [R.R.O. 1990, Regulation 1101 – First Aid Requirements](#).

6.2.2 first-aid kits are maintained with supplies as needed and accessible to all school staff

6.2.3 first-aid kits are available for all instructional settings and school-related functions (e.g., extra-curricular activities)

6.2.4 emergency numbers are clearly posted at school telephones

6.2.5 consideration is given to having a person qualified in first-aid and in basic CPR in attendance at all school functions

6.2.6 first-aid requirements for field trips are outlined in [policy 508](#)

6.3 Staff administering first-aid must also be aware of and practice routine precautions in the handling and disposal of blood and body fluids. (See Bloodborne Pathogens/Standard Precautions (Health and Safety Procedure HS-0002)).

6.4 When attending to an injured or ill student, the principal or designate should check for medical information in the following locations:

- Maplewood
- Student's Plan of Care (if applicable)
- Consent for Administration of Oral Medication form (509-1)

6.5 An injury which requires a degree of urgency should be examined by an individual who has first-aid training. The principal or designate should be promptly notified of the injury. The parent(s)/guardian(s) should be contacted as soon as reasonably possible. If no staff member is available to offer first-aid and no instructions are received from the parent(s)/guardian(s), medical attention must be sought (doctor/hospital/ambulance).

6.6 The principal shall not permit an injured or ill student to leave the school in

his/her own care, or in the care of another person, without the approval of the parent(s)/guardian(s).

7. Medication

- 7.1 Medication for students shall be administered at home where possible.
- 7.2 At the start of each school year, the principal shall notify parents/guardians of the procedures for the administration of oral medication.
- 7.3 The students' parent(s)/guardian(s) may be permitted to administer oral medication during school hours. Every attempt should be made to arrange times for such administration with the least possible disruption to all concerned.
- 7.4 It is the responsibility of the parent(s)/guardian(s) to request permission from the principal or designate for a student under the age of twelve (12) to possess and self-administer medication.
 - 7.4.1 A record of any parental permission received should be retained.
 - 7.4.2 For students with a life-threatening medical condition, the principal may determine that medication may be retained in the possession of the student (e.g., asthma inhaler, diabetes testing kit, epinephrine auto-injector). This determination will be done in consultation with the parent/guardian/adult student, taking into account the developmental capability of the student.
 - 7.4.2.1 Any medication in the student's possession must be safely secured so that it is not accessible to other students.
 - 7.4.2.2 Additional devices should be available (through the parent or school) and should be kept in a location that is easily accessible and known to all staff.
- 7.5 Medication shall be administered in a manner which encourages the student to take an appropriate level of responsibility and in a manner which allows for sensitivity and privacy.
- 7.6 Where prescription or non-prescription oral medication must be administered to students by school staff, it shall be in the following manner:

The parent(s)/guardian(s) must:

- 7.6.1 provide written authorization on the Consent for Administration of Oral Medication form 509-1 (see Appendix A)
- 7.6.2 deliver to the principal or designate the required medication in the original container
- 7.6.3 ensure the container has a pharmaceutical sticker or label attached indicating the name of the child, the name of the doctor, and directions for the administration and storage of the medication
- 7.6.4 instruct the child to attend the school office for medication as per the schedule for administration as established in conjunction with the school principal, as developmentally appropriate
- 7.7 The principal or designate should ensure that a student's Administration of Oral Medication Log (509-2E or 509-2S) is filled after each administration of a medication and retained in the school office. If medication is not given or refused, reasons for such an omission must be noted on the Administration of Oral Medication Log and parental contact must be made.
- 7.8 The principal or designate should ensure medication to be administered by staff is kept in a safe location. Only school authorized staff may access the stored medication. Any accidental administration of medication must be reported immediately to the principal or designate, who will inform the parent(s)/guardian(s).

8. Emergency Medical Care

- 8.1 In the event of an emergency medical situation at school when there is no pre-authorized consent from the parent(s)/guardian(s) to administer medical treatment, 9-1-1 shall be contacted.
 - 8.1.1 When 9-1-1 has been contacted, a staff member trained in first-aid will provide assistance until help arrives.
 - 8.1.2 Where a student is suspected of having a cardiac arrest, a first-aid trained staff member will administer cardio-pulmonary resuscitation (CPR) and will use an Automated External Defibrillation (AED) if available, while waiting for help to arrive.
- 8.2 If a student needs to leave the school for medical attention, transportation

by ambulance or by parent(s)/guardian(s) is preferred. In extenuating circumstances (e.g., the length of time for an ambulance/parent to arrive is longer than it would take for staff to drive, and it is safe to do so), staff may transport a student in a private vehicle.

8.3 For students with a life-threatening medical condition, the procedures for daily or routine management of their condition and in emergency medical situations will be outlined in the student's Plan of Care (see Policy 518 Students with Life-Threatening Medical Conditions).

8.3.1 In the case of administering prescribed medication to a student suspected to have a life-threatening emergency, the administration of medication will be documented and the parent(s)/guardian(s) notified after calling 9-1-1.