



EMERGENCY

22.0 - Medical Emergencies

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MEDICAL EMERGENCIES

Medical Preparedness:

In order for school staff to respond appropriately in the event of an urgent medical situation, it is important that administrators and their delegates, as well as all school staff understand their roles and responsibilities, and that a clear communication system is in place within the school. Everyone in the school has a responsibility concerning the safety of students and staff, and every effort should be made to identify hazardous conditions and take steps to prevent accidents and injuries. As well, health care plans should be in place for students with pre-existing health conditions such as asthma, life-threatening allergies, type 1 diabetes and seizures. The following policies will guide the administrator to prepare their school to respond to a medical emergency:

- Administrative Practice – Accident Reporting
- Policy JLC – Student Health Services and Requirements
- Policy JLC – Exhibit 1: Advisory notice of head injury
- Policy JLCAA – Communicable Diseases - Students
- Policy EBBA (Regulation and Exhibits 1 and 2) – Prevention of Communicable Disease/Infection Transmission.
- Policy EBBC – Emergency Ambulance Services
- Policy JLCD (Exhibits 1 - 9) – Administering Medicines to Students

FIRST AID/CPR CERTIFICATION:

List of people with valid First Aid/CPR certification. Please post a copy on the Safety & Health Committee Bulletin board.

Name	CPR/First Aid or Both	Training valid until (date)

To arrange CPR/First Aid training contact the School Division Phys. Ed Consultant.

LOCATION OF FIRST AID KITS IN SCHOOL:

AREA	LOCATION
Example: Gym	Phys. Ed teacher office

STUDENT HEALTH SERVICES & REQUIREMENTS: POLICY # JLC

In order to realize the Board's policy of securing for the students of the Division a reasonable level of safety and well-being, health activities may include identification of student health needs, health screening tests, communicable disease prevention and control, promotion of the correction of remediable health defects, emergency care of the ill and injured, health counselling, health and safety education, and the maintenance of a sanitary, safe and healthful school environment.

The Division recognizes that parents/guardians have the primary responsibility for the health of their students. Schools will cooperate with parents/guardians and with appropriate professional organizations associated with maintaining individual and community health and safety.

PROCEDURES FOR MEDICAL EMERGENCY AT SCHOOL:

School personnel shall give only emergency care to students who become ill or injured on school property, buses or while under school supervision.

Each year parents/guardians shall supply information indicating where the student is to be taken in case of an emergency; the name, address and phone number of a neighbor to be contacted in case the parent/guardian is not available; and any allergies or diseases the student might have. The Division shall identify emergency procedures to be utilized by Division personnel for handling emergencies. Procedures shall include the following:

1. Student Illness or Injury

- ☐ In case of illness or injury, the parent/guardian will be contacted and asked to pick up the student or provide the transportation.
- ☐ Transportation of an ill or injured student is not normally to be provided by the school. If the parent/guardian cannot provide transportation and the student is ill or injured, an ambulance may be called. Expense incurred as a result of emergency ambulance use will be the responsibility of the parent/guardian.
- ☐ Transportation of a student by school personnel will be done only in an emergency and by the individual so designated by the school administrator.
- ☐ In all cases of accidents or illness, the teacher on duty or at hand shall report the matter to the principal. Serious accidents shall be reported within 24 hours to the Superintendent's office. If an accident is caused by conditions on school premises, the principal shall take steps to remedy the situation.
- ☐ NOTE: Students are covered under Western Financial for injuries sustained at school under the Universal Student Accident Insurance Program. Coverage includes:
 - Loss of life
 - Dismemberment or total and permanent loss of use
 - Accidental medical reimbursement (nurse, hospital charges, wheelchair, medication)
 - Ambulance
 - Dental
 - Eyeglasses and contact lenses

Parents must apply to Western Financial separately for this coverage. The school does not make the application on behalf of the student. However parents need to be made aware of this requirement.

2. First Aid

- ☐ First Aid measures shall be undertaken whenever possible by a person with basic first aid training, but may be provided by a teacher or principal in the absence of such a person.
- ☐ In severe cases requiring prompt medical attention, the school may call an ambulance or transport the student to the hospital or physician location with prior approval of the parent/guardian.
- ☐ In an emergency situation, if the parent/guardian cannot be reached in a timely fashion, the school will take necessary steps to provide medical attention but will place the financial responsibility for all expenses incurred upon the parent/guardian.
- ☐ In cases of non-life threatening illness or non-emergency situations, the parent/guardian will be notified by the school and the parent/guardian will be responsible for making all transportation arrangements from the school and providing any medical attention the parent/guardian deems necessary.

3. Head Injury with Signs of a Concussion

- ☐ Staff or volunteers who become aware of a student who has suffered a head injury with signs of a concussion shall notify the parents/guardians by providing them with the Advisory Notice of Head Injury JLC – E1.
- ☐ The school Principal shall also be informed immediately so that the protocols for (Return to Learn / Return to Play) JLC–R can be implemented after medical notification of a concussion is received.
- ☐ Parents are encouraged to report to the school immediately if their own child suffers a head injury with signs of a concussion. Students are also encouraged to report a head injury to school office staff. When information is received by a staff member or volunteer that a student has experienced a head injury with signs of a concussion the staff member or volunteer shall promptly notify the Principal.

4. Communicable Diseases (as defined in *The Public Health Act* and its Regulations)

- ☐ Teachers who become aware of a student with a communicable disease will notify the principal who shall notify the appropriate local health authority that he has reason to believe that a pupil attending the school has been exposed to or is suffering from a communicable disease.

ADMINISTRATION OF MEDICINES

Any administration of medicine must be undertaken with strict adherence to the protocol provided in Regulation [JLCD –R](#) of the Division.

HEALTH RECORDS

Health records shall be maintained in a secure manner in accordance with the provisions of the Laws of the Province of Manitoba. Access to such files shall be limited to only those school personnel who have a specific and legitimate educational interest in the information for use in furthering a student's academic achievement and maintaining a safe and orderly school environment.

STUDENT ILLNESS OR INJURY

RESPONSIBILITIES:

School Staff:

- ☐ Quickly assess the situation. Ensure the situation is safe for you to approach (e.g. live electric wires, gas leak, building damage, etc.).
- ☐ Immediately notify the school Principal/Vice-principal/Designate.
- ☐ Assess the seriousness of the injury or illness.
- ☐ Call or have someone call 9-1-1 immediately. Be prepared to provide the school name and address, exact location (floor, room number); describe illness or type of injury; and age of the victim(s).
- ☐ Protect yourself against contact with body fluids (blood borne pathogens).
- ☐ Administer appropriate first aid according to your level of training until help arrives.
- ☐ Comfort and reassure the injured person. Do not move an injured person unless the scene is unsafe.
- ☐ If the injured person is not breathing or there is no pulse, ask someone to retrieve the Automated External Defibrillator (AED) and begin Cardiopulmonary Resuscitation (CPR) or Rescue Breathing until the AED is ready to use or call staff trained in the use of the AED to respond to the scene and apply the device

School Principal/Vice-principal/Designate:

- ☐ Direct staff to call 9-1-1, if necessary, and provide appropriate information to emergency responders.
- ☐ Send school staff with first responder/first aid/AED training to the scene if this has not already occurred.
- ☐ Assign a staff member to meet emergency medical service responders and lead them to the injured person.
- ☐ Assign a staff member to remain with the injured person if they are transported to the hospital.
- ☐ If injured person is a member of school personnel or a student, notify parent, guardian or other appropriate family member of the situation, include type of injury or illness, medical care given and location where the injured person has been transported.
- ☐ Ensure student or staff medical information from administrative records is sent to the hospital.
- ☐ Contact a parent/guardian and inform them of the situation/injury.
- ☐ Notify the school counsellor or crisis response team and provide a brief description of the incident.
- ☐ Advise faculty and staff of the situation, as appropriate.
- ☐ School officials should not make decisions regarding medical treatment of students who are ill or injured in the school. Parents should be contacted and instructions obtained from them.
- ☐ Students should be required to wait in the school until such time as some directive from the parent/guardian is received. When in doubt, do not leave injured or very ill children unattended.
- ☐ Transportation of a student by school personnel will be done only in an emergency and by the individual so designated by the school administrator.

- Serious accidents shall be reported within 24 hours to the Superintendent's office and to the Division's Safety & Health Officer. If an accident is caused by conditions on school premises, the principal shall take steps to remedy the situation.
- Depending on the situation, the principal may decide to send a staff member with the child. The secretary will continue to attempt to contact a parent/guardian until someone is reached.
- Develop and maintain written documentation of the incident. Follow-up with appropriate persons and determine if other procedures should be activated such as the Director of Clinical and Extended Services for mental health and healing.
- **In cases of accidents, a student accident report must be electronically submitted to Western Financial Group.**
 - **User Name: Pembina Trails**
 - **Password: guju3**
- **NOTE:** Students are covered under Western Financial for injuries sustained at school under the Universal Student Accident Insurance Program. Coverage includes:
 - Loss of life
 - Dismemberment or total and permanent loss of use
 - Accidental medical reimbursement (nurse, hospital charges, wheelchair, medication)
 - Ambulance
 - Dental
 - Eyeglasses and contact lensesParents must apply to Western Financial separately for this coverage. The school does not make the application on behalf of the student. However parents need to be made aware of this requirement.

STAFF ACCIDENT REPORTING – ADMINISTRATIVE PRACTICE

Should you be injured at work or while performing work-related duties, the following requirements and restrictions will apply:

1. Report your injury as soon as practical to your supervisor, but no later than the end of your work shift. Once an injury occurs, all of your actions must be designed to safely conclude your immediate tasks (if necessary) and report your injury.
2. Medical treatment for your injury is the first priority and first aid measures must be applied immediately.
3. The supervisor and S&H Committee worker representative must initiate an accident investigation to determine the cause of the incident and implement control measures to prevent the incident from happening again.
4. Staff that are covered under WCB will be required to complete the appropriate WCB paperwork and, depending on the injury, their doctor may be required to complete a Pembina Trails Occupational Health Assessment Form.
5. The supervisor and/or secretary must complete the online Western Financial Non-Student Accident report for all accidents.
6. **The injured staff member must supply their supervisor with a doctor's note if they will miss time away from work due to a workplace injury. The doctor's note must be supplied the same day or next day after the appointment but no later.**
7. All documentation (WCB Green Card, WCB Worker Incident Report, and Occupational Health Assessment Form) must be forwarded to the Division's Safety & Health Officer for follow up. The S&H Officer will initiate an investigation for any serious injuries to ensure that control measures have been implemented and, where appropriate, lead to changes to the division's safe work practices and policies.
8. Once all the paperwork has been completed and received a WCB online claim for the worker will be initiated.
**** Note: All non-teaching employees filing a WCB claim with their doctor need to have reported their accident to their supervisor and completed the appropriate paperwork to ensure that their claims will be accepted and that they are appropriately paid.**
9. Any issues arising out of the accident or near-miss must be discussed at the next Health and Safety Committee meeting to ensure follow-up and implementation of corrective measures have occurred.

REPORTING PROCEDURES:

All paperwork associated with a person's injury/incident, must be forwarded by the school to the Divisional S&H Officer as follows:

Note: Access to Western Financial Accident / Incident Report Online form:

<http://www.westernfgis.ca/IncidentReporting/login.aspx?ReturnUrl=%2fincidentreporting%2findex.aspx>

User Name: Pembina Trails
Password: guju3

Student Accident or Injury:

- ☐ All student accidents are to be submitted electronically via the Western Financial Group website using the [Student Accident Incident Report Online Form](#). If required, please seek assistance from the school office.
- ☐ Severe cases shall also be reported immediately to the Division's Safety & Health Officer. The Secretary- Treasurer, Executive Assistant will report severe cases to the Secretary-Treasurer and SAT Link. A Pembina Trails Accident Report will be completed for serious incidents by the division's Safety & Health Officer.

Teaching Staff Accident or Injury:

- ☐ Teaching staff accidents are to be reported electronically via the Western Financial Group website using the [Non-Student Accident Incident Report Online Form](#).
- ☐ In the event that an on-the-job injury requires an absence from work please contact the Assistant Superintendent, Human Resources & Policy. Absences are limited to the extent of the accumulated sick leave balance at the time of the injury. However, the time absent from work is not charged against the accumulated sick leave balance.
- ☐ If you will be seeking medical treatment for an injury or have lost time as a result of an injury at work or at home, please have your doctor complete the Occupational Health Assessment Form and return the form to the Assistant Superintendent, Human Resources & Policy. The Occupational Health Assessment Form indicates what the teacher's restrictions may be due to the injury and allows the division to determine a return to work program. Forms are available on the Pembina Trails safety website under Accident Reporting.
- ☐ The supervisor and S&H Committee worker representative must initiate an accident investigation to determine the cause of the incident and implement control measures to prevent the incident from happening again.
- ☐ A Pembina Trails Accident Report will be completed for serious incidents by the Division's Safety & Health Officer. The Secretary-Treasurer, Executive Assistant will report severe cases immediately to the Secretary-Treasurer and to the Assistant Superintendent Human Resources & Policy.

Non-Teaching Staff & EAs Accident or Injury:

All non-teaching staff member accidents are to be reported electronically via the Western Financial Group website using the [Non-Student Accident Incident Report Online Form](#).

For minor first aid injuries:

- A WCB Green Card must be filled out immediately (**by the worker, signed by the worker's supervisor**) and forwarded to the division's Safety & Health Officer. The green card identifies that the injury occurred during work hours and provides information about the incident to the employer in the event that medical attention is required at a later date.

- **For injuries requiring medical care from a doctor:**
 - A [WCB Workers Incident Report](#) must be completed by the worker for Workers' Compensation Board requirements and forwarded to the division's Safety & Health Officer.
 - The employee must also have their doctor complete a [PTSD Occupational Health Assessment Form](#). The Occupational Health Assessment Form indicates what the workers restrictions may be due to the incident and allows the division to determine a return-to-work program.
- **Injuries that requires time off from work:**
 - A [WCB Workers Incident Report](#) must be completed **by the worker** for Workers' Compensation Board requirements and forwarded to the division's Safety & Health Officer.
 - The employee must also have their doctor complete a [Pembina Trails Occupational Health Assessment Form](#). The Occupational Health Assessment Form indicates what the worker's restrictions may be due to the incident and allows the division to determine a return-to-work program.
 - For injuries where a worker has an injury but did not have lost time immediately after the incident, and will have lost time due to surgery or treatment at a later date, a [WCB Workers Incident Report](#) must be completed **by the worker** and forwarded to the division's Safety & Health Officer.
 - A completed Pembina Trails Occupational Health Assessment Form will be required by the employee for any time off due to the workplace accident, and must be submitted on the first day of missed work. All paperwork must be submitted to the Divisional Safety & Health Officer
 - The supervisor and S&H Committee worker representative must initiate an accident investigation to determine the cause of the incident and implement control measures to prevent the incident from happening again.
 - A Pembina Trails Accident Report will be completed for serious incidents by the division's Safety & Health Officer. The Secretary-Treasurer, Executive Assistant will report severe cases immediately to the Secretary-Treasurer and to the Assistant Superintendent – Divisional Support Services.

School Visitors:

- School visitor accidents are to be reported electronically via the Western Financial Group website using the [Non-Student Accident Incident Report Online Form](#).
- The supervisor and S&H Committee worker representative must initiate an accident investigation to determine the cause of the incident and implement control measures to prevent the incident from happening again.

- Severe cases shall be reported immediately to the division's Safety & Health Officer. A Pembina Trails Accident Report will be completed for all serious incidents by the Divisional Safety & Health Officer. The Secretary-Treasurer, Executive Assistant will report severe cases immediately to the Secretary-Treasurer and to the SAT Link.

Construction Trades:

- All accidents must be reported to the Divisional Safety & Health Officer. A Pembina Trails Accident Report will be completed for all serious incidents by the division's Safety & Health Officer. The Secretary- Treasurer, Executive Assistant will report severe cases immediately to the Secretary-Treasurer and to the Assistant Superintendent – Divisional Support Services.

Division Vehicle Accidents:

- For any accidents involving a divisional vehicle, immediately notify your supervisor. All accidents involving Facilities & Operations staff shall be reported immediately to the Director of Facilities & Operations and the S&H Officer. All accidents involving IT staff shall be reported immediately to the Director of IT and the S&H Officer. The Secretary-Treasurer, Executive Assistant will report all incidents immediately to the Secretary-Treasurer.
- Notify MPI and report your accident. If you are injured you will also be required to initiate an injury claim through MPI. MPI will also state whether or not a police report must be completed.
- For any accidents involving a divisional vehicle the division's Safety & Health Officer will investigate and complete the Pembina Trails Accident Report.
- A WCB Green Card must be filled out and forwarded to the division's Safety & Health Officer.

School Bus Accidents:

- Any accident arising out of the operation of a school bus must be immediately reported to the school division by means of communication with the Dispatch Office (204.489.2597). The driver may not operate the bus until he or she has had instructions to do so and the school bus is in safe mechanical condition. The Dispatch Office will immediately inform the principal(s).
- In all accidents an exchange of vehicle and driver's license information is required. Additionally, names of persons (including students) involved or witnesses to the accident should be obtained.
- An accident involving an injury requires the Dispatch Office to immediately inform the Director or Assistant Director of Transportation, Secretary-Treasurer, Principal(s) and Divisional Health and Safety Officer.
- The driver may be required to report to Manitoba Public Insurance and/or police. If you are injured you will also be required to initiate an injury claim through MPI. MPI will also state whether or not a police report must be completed. A copy of any written report is to be obtained by the driver to be forwarded with the Manitoba School Bus Accident

Report to the Workplace Safety & Health Officer. A **WCB Green Card** must be filled out and forwarded to the division's Safety & Health Officer.

ACCIDENT REPORTING – DEFINITION OF A SERIOUS ACCIDENT

SERIOUS ACCIDENT/INCIDENT: DEFINITION (Department of Labour)

In the event of a serious accident, the employee's direct supervisor and the Divisional Safety & Health Officer must be contacted immediately. The Safety & Health Officer will report the accident to Workplace Safety & Health as required by law. Serious accidents/incidents can be defined as follows:

A serious accident/incident is defined as one:

- ☐ in which a worker is killed;
- ☐ in which a worker suffers
 - an injury resulting from electrical contact,
 - unconsciousness as the result of a concussion,
 - a fracture of his or her skull, spine, pelvis, arm, leg, hand or foot,
 - amputation of an arm, leg, hand, foot, finger or toe,
 - third degree burns,
 - permanent or temporary loss of sight,
 - **a cut or laceration that requires medical treatment at a hospital,**
 - asphyxiation or poisoning; or
- ☐ that involves
 - the collapse or structural failure of a building, structure, crane, hoist, lift, temporary support system or excavation,
 - an explosion, fire or flood, an uncontrolled spill or escape of a hazardous substance, or
 - the failure of a supplied air respirator.

When reporting a serious injury please notify and provide the Divisional Safety Officer with the following information:

- ☐ the name and address of each person involved in the incident;
- ☐ the name and address of the employer, or any other employers involved;
- ☐ the name and address of each person who witnessed the incident;
- ☐ the date, time and location of the incident;
- ☐ the apparent cause of the incident and the circumstances that gave rise to it.

Note: No equipment or materials involved in a serious incident may be moved, unless it is necessary to release an injured person or to avoid creating additional hazards. The site must be secured until the Safety & Health Officer and WS&H Inspector arrive to investigate the accident.

PREVENTION OF COMMUNICABLE DISEASE/INFECTION TRANSMISSION: POLICY # EBBA

The Board recognizes its responsibility to protect the health and safety, rights, and privacy of the entire school community regarding communicable disease.

All school division personnel have a responsibility to assist in the control of communicable diseases in schools.

PREVENTION OF COMMUNICABLE DISEASE/INFECTION TRANSMISSION: REGULATION # EBBA - R

Communicable Diseases are illnesses that are spread from person to person in a variety of ways. Common routes of transmission include: droplets, direct contact with body fluids such as blood, urine, feces or saliva, and rarely indirect contact with objects. The best approach is to treat all body fluids as potentially infectious.

The following routine procedures support the prevention and spread of communicable diseases:

1. Information and education should be provided for students, parents/guardians and employees regarding the transmission of communicable diseases.
2. The following routine practices should be adopted by all personnel to decrease the spread of communicable diseases:
 - Hand washing
 - Preventative Practices
 - Cleaning and Disinfecting
 - DisposalPlease Refer to EBBA-E-1 *"Routine Practices"*
3. On rare occasions, the school administrator may require that students stay home during the infectious period. The Public Health Nurse may be consulted.

Please refer to EBBA-E-2 *"Management of Communicable Diseases"*
4. In the event of accidental exposure to body fluids, the school administrator may contact Health Links at 204.788.8200 for advice regarding health follow-up.

ROUTINE PRACTICES: EXHIBIT 1

1. Hand washing

Frequent hand washing is the most important way to prevent the spread of infection.

When?

- ☐ After sneezing or coughing and after contact with body fluids.
- ☐ Before and after meals and breaks.
- ☐ Before and after using the toilet.
- ☐ Before and after preparing food.
- ☐ When arriving home and before and after work.

What with?

- ☐ Soap.
- ☐ Running water; water should be warm, but not hot enough to burn skin.

How?

- ☐ Wet hands thoroughly. This helps increase the effectiveness of the soap.
- ☐ Add soap and rub hands together making a soapy lather. Do this for at least 15 seconds (e.g. sing "Happy Birthday"). Pay special attention to fingertips and thumbs.
- ☐ Rinse well holding hands downward.
- ☐ Dry hands thoroughly with paper towel; use paper towel to turn off taps. At home, try to use individual towels and wash towels regularly.
- ☐ Dispose of paper towel in garbage can.

2. Preventative Practices

- ☐ Cover cuts or scratches with a bandage until they are healed.
- ☐ Use disposable absorbent material like paper towels to stop bleeding.
- ☐ Wear disposable gloves (that meet infection control standards) when you encounter blood or bloodstained body fluid, especially if you have open cuts or chapped hands.
- ☐ Wash your hands as soon as you remove your gloves and never reuse the gloves.

3. Cleaning and Disinfecting

- ☐ Follow the divisional safe work procedure for cleaning up blood and bodily fluids.
- ☐ Immediately clean up blood spills while wearing a double layer of disposable gloves.
- ☐ After clearing blood spill with absorbent material, spray the area with disinfectant.
- ☐ Wash with hot, soapy water.

4. Disposal

- ☐ Discard bloodstained material in a sealed plastic bag and place in a lined, covered garbage container.
- ☐ Put bloodstained clothes in a sealed plastic bag. Send home with instructions to machine wash, separately in hot, soapy water.
- ☐ Discard both layers of gloves into the garbage bags and wash hands thoroughly afterwards.

*** Routine practices and management of communicable diseases guidelines were developed by the CD Unit at Winnipeg Regional Health Authority.*

MANAGEMENT OF COMMUNICABLE DISEASES: EXHIBIT 2

The Canadian Pediatric Society has developed the following guidelines to assist parents, schools and day cares to understand the methods of spread and prevention of certain diseases. However it should be remembered that some infected persons might have mild or no symptoms but still be able to spread the disease. Many diseases begin with the same symptoms (e.g. common cold, chicken pox, whooping cough) and are most infectious in the early course of the illness. Consult with your local Public Health Nurse for further information.

RESPIRATORY & OTHER INFECTIONS:

Prevention:

- ☐ Importance of good hand washing
- ☐ Cover mouth and nose when coughing, sneezing
- ☐ Careful disposal of soiled tissue, diapers, etc.
- ☐ Immunization if disease is vaccine preventable

Disease	Transmission (Spread)	Symptoms	Infectious Period/Exclusion
Common Cold	Person to person by sneezing, coughing. Indirect spread by contaminated hands, objects.	Runny nose, sore throat, cough	Infectious from 1 day before to 7 days after onset. Exclusion not necessary unless too ill to take part in activities.
Scarlet Fever – caused by Group A Streptococcus bacteria	Person to person by sneezing, coughing, rarely by indirect contact with objects.	Rash (feels like sandpaper) most often on the neck, chest, armpits, elbows, groin and thighs. There may be flushing of the cheeks and paleness around the mouth.	Infectious and exclude until 24 hours after treatment has begun.
Strep Throat – caused by Group A Streptococcus bacteria	Person to person	Fever, sore throat, headache. Should see physician as antibiotic treatment may be required.	Infectious and exclude until 24 hours after treatment has begun.
Conjunctivitis-Pinkeye	Person to person by direct and indirect contact with discharge from eye.	Redness, itching, pain and discharge from the eye. Treatment for infection will be needed if pinkeye due to bacteria.	Infectious for duration of illness or until 24 hours after treatment started, exclude only if discharge is pus and then until the antibiotic has been taken for 1 full day.
Mononucleosis – caused by Epstein-Barr virus	Person to person by saliva.	Fever, sore throat, enlarged lymph nodes, fatigue, weakness. Can last for several weeks. Any age group can get “mono” but illness most noticeable in young adults.	No exclusion necessary unless too ill to attend school or day care. This is due to the fact that illness is not very infectious and may be shed for a long period.

Disease	Transmission (Spread)	Symptoms	Infectious Period/Exclusion
Chicken Pox – varicella zoster virus	Spread person to person via respiratory secretions and to a lesser extent from the fluid in the blisters.	Sudden onset of fever, malaise, rash with small blisters on top which become crusted and itchy.	Spread of chicken pox occurs mainly before blisters appear by the respiratory route. Exclusion from school, day care not necessary unless too ill to take part in activities. Vaccine preventable.
Shingles – herpes zoster	Shingles is a reactivation of the latent virus that causes chicken pox. Spread occurs only from the blister fluid. <ul style="list-style-type: none"> One cannot get shingles from a case of shingles. Must have had previous chicken pox illness to get shingles. A person can get chicken pox from a case of shingles if they have not had the disease.	Shingles causes numbness, itching, or severe pain followed by clusters of blister-like lesions in a strip-like pattern on one side of the body. The pain can persist after the lesions heal.	Slightly infectious from vesicle fluid. No exclusion necessary unless too ill to take part in activities.
Cytomegalovirus – CMV	Person to person by direct contact with body fluids such as blood, urine, or saliva.	Most children have no symptoms when they become infected with CMV and most people eventually become infected. In older children symptoms may include fever, sore throat, enlarged liver and malaise. CMV can be passed from mother to the child before birth and may cause birth defects.	No need for exclusion from child care.
Meningitis – may be caused by bacteria, virus or fungus	Spreads person to person by secretions from nose and throat.	Sudden onset of fever, vomiting, loss of energy, headache, stiff neck and back. Viral: is serious but rarely fatal. Symptoms last 7-10 days and the person recovers completely. Bacterial: Can be serious and result in death or disability if not treated promptly. Close contacts are treated with antibiotics prophylactically.	No exclusion for viral meningitis. Bacterial meningitis cases are not infectious 24 hrs. after start of appropriate antibiotics. Contacts of a case do not need to be excluded.
Roseola – caused by a human herpesvirus	Method of spread unknown at this time, not very infectious.	Occurs most often in children 6-24 months. Symptoms begin with a fever which progresses to a rash. The rash is mainly on the face and body and looks like small red spots. Gets better without treatment.	No exclusion necessary unless child too ill to participate in activities.

Disease	Transmission (Spread)	Symptoms	Infectious Period/Exclusion
Red Measles	Person to person. Virus present in respiratory secretions.	Moderately high fever, cough, runny nose, inflamed eyes for 1 to 3 days before onset of rash. Rash begins as large red spots which join together. The rash starts on the face and spreads to entire body. Must see physician and Public Health notified. Vaccine preventable.	Infectious for 2 days before onset of fever and cough until 4 days after onset of rash. Cases are excluded until at least 4 days after onset of rash.
German Measles	Person to person. Virus present in respiratory secretions.	Mild fever, sore throat, swollen glands in neck. Rash consists of small red spots, which start on scalp and face and spread rapidly over entire body. Vaccine preventable.	Infectious for a few days before onset of rash and 7 days after. Exclude for 7 days after onset of rash.
Whooping Cough	Person to person. Bacteria present in respiratory secretions.	Begins with cold symptoms and cough progresses to spasms that may result in vomiting. Vaccine preventable.	Infectious from onset of runny nose until 3 weeks after onset of spasm-like cough, exclude until 5 days after start of appropriate antibiotics or 3 weeks after onset of cough.
Mumps	Person to person. Virus present in respiratory secretions.	Fever, swelling of salivary glands that cause swelling of cheeks and face. Vaccine preventable.	Infectious for 7 days before and 9 days after onset of swelling. Exclude for 9 days after onset of swelling.
Hand, Foot & Mouth Disease	Person to person. Virus present in respiratory secretions.	May have fever, headache, red spots with small blisters on top may appear especially on hands, feet and inside mouth.	Exclusion not necessary unless too ill to take part in activities. Most infectious before onset of rash and can be excreted in the stool for a period of time.
RSV – Respiratory Syncytial Virus	Person to person. Virus present in respiratory secretions and on contaminated objects or surfaces.	Fever, runny nose, cough and sometimes wheezing. Common cause of bronchiolitis and pneumonia in children under 1 years of age.	Infectious until symptoms stop (usually 8 to 15 days) but there is no need for exclusion unless child too ill to attend.
Influenza	Person to person. Virus present in respiratory secretions.	Fever, chills, cough, sore throat, headache, muscle aches.	Infectious until symptoms stop (3 to 5 days) but there is no need for exclusion unless child too ill to attend.

Disease	Transmission (Spread)	Symptoms	Infectious Period/Exclusion
Fifth's Disease (slapped cheek)	Person to person. Virus present in respiratory secretions.	Mild fever, flu-like symptoms, a rash will appear 1 week after onset of symptoms. The rash on the face appears as a 'slapped cheek' and spreads to the rest of the body.	Exclusion not necessary unless too ill to take part in activities. Most infectious before onset of rash.

SKIN & SCALP DISEASES:

Disease	Transmission (Spread)	Symptoms	Infectious Period/Exclusion
Head Lice	Spread person to person. Requires close direct contact. To a lesser extent spread can occur through sharing of combs, brushes, headgear.	Presence of lice and nits in the hair. Scalp itching – usually around the ears or nape of the neck.	Exclude until treated, nit removal may be necessary to cure some cases.
Scabies	Spread person to person. Requires close direct contact.	Very itchy rash – usually appears on fingers, elbows, armpits, and abdomen. Scabies requires treatment.	Infectious until treated. Exclude until treated.
Molluscum Contagiosum	Person to person by direct contact with the lesions.	Viral skin disease consisting of smooth-surfaced, firm and round papules. Lesions on children are usually on the face, trunk, and upper area of arms and legs.	Treatment with liquid nitrogen or topical applications of salicylic acid. No exclusion but avoid direct contact with lesions.
Ringworm	Spread by direct contact with an infected person or animal, or objects or surfaces contaminated with the fungus.	Rash that is flaky and itchy. On the scalp it may leave a flaky patch of baldness and on other areas of the skin the rash is ring like and may itch or burn.	Child excluded until treatment started. The fungus is no longer present when the lesion begins to shrink.
Cold Sores – Herpes Simplex 1	Direct contact with the sores or saliva of infected person.	Fever, runny nose, painful sores on lips or in the mouth.	Exclusion of children with simple Herpes Simplex is unlikely to control the spread. However consideration may be given to children with open lesions who are biters or drooler's or who mouth toys. Cold sores generally clear up on their own but there are antiviral treatments available. Infectious for 1 week during first infection and 5 days during recurrent cold sores.

Disease	Transmission (Spread)	Symptoms	Infectious Period/Exclusion
Impetigo	Person to person by direct contact.	Pustules or crusted rash on face or exposed parts of body (arms and/or legs). Impetigo requires antibiotic treatment prescribed by a physician.	Infectious from onset of rash until 1 day after start of treatment with antibiotics, exclude until 1 full day of treatment.

GASTROINTESTINAL DISEASES:

- Prevention:
- Importance of good hand washing – especially after using the bathroom and before preparing food.
 - Safe storage and food handling, cooking practices.

Disease	Transmission (Spread)	Symptoms	Infectious Period/Exclusion
E. Coli 0157 – ‘Hamburger Disease’	Undercooked foods, especially ground beef. Bacteria may be found in stool and thus spread person to person by fecal-oral route.	Fever, diarrhea, and may have blood in stool, cramps.	Exclude until diarrhea is gone, may continue to excrete germ for a period of time.
Cryptosporidiosis	Spread by fecal-oral transmission, ingesting contaminated food or water.	Watery diarrhea and stomach ache nausea and vomiting, fever	No treatment recommended except fluids replacement, infectious as long as cysts excreted (several weeks). Exclusion of children until diarrhea stops.
Salmonella	Acquired mainly from improperly prepared food, eggs, poultry, beef, unpasteurized milk, can also be spread person to person.	Diarrhea, fever, occasionally blood in stool.	Exclude until diarrhea is gone, may continue to excrete germ for a period of time.
Shigella	Person to person spread; contaminated food and water.	Diarrhea, fever, blood and mucous in stool.	Exclude until diarrhea is gone, and negative stool cultures may be necessary due to highly infectious germ.
Campylobacter	Undercooked chicken, pork, raw milk, contaminated water, and contact with infected pets.	Diarrhea, fever.	Exclude until diarrhea is gone, may continue to excrete germ for a period of time.

Disease	Transmission (Spread)	Symptoms	Infectious Period/Exclusion
Giardia – ‘Beaver Fever’	Parasite in stool. Person to person spread. Ingestion of water contaminated with feces.	Diarrhea, cramps, excessive gas. Do not drink water from unfiltered lakes and streams without treating appropriately.	Exclude until diarrhea is gone, may require treatment.
Hepatitis A	Virus in stool. Person to person spread (fecal-oral) and from contaminated food and water.	May have fever, loss of appetite, nausea, vomiting and jaundice. Most children may have no symptoms. Immune globulin may be given to close contacts of cases.	Exclude for 1 week after onset of jaundice.
Rotavirus	Person to person.	Fever and vomiting precede watery diarrhea.	Exclude until diarrhea is gone.
Pinworms	Eggs of the parasite (worm) are spread from person to person by contaminated hands. Eggs can survive for several weeks outside the body.	Itching around the anus or vagina (many children have no symptoms). Pinworms require medication prescribed by a physician.	Treatment prescribed by a physician may be necessary, exclusion not needed.

SEXUALLY TRANSMITTED DISEASES:

Disease	Transmission (Spread)	Symptoms	Infectious Period/Exclusion
Chlamydia	By sexual contact with an infected partner.	Females: discharge, itching, difficulty urinating, pelvic pain (more than 70% may not have symptoms). Males: discharge, itching and difficulty urinating (more than 50% may not have symptoms).	Infected until treated with Azithromycin, 1 gram given immediately.
Gonorrhea	By sexual contact with an infected partner.	Same symptoms as Chlamydia, but more noticeable and pronounced (more than 50% of males and females may not have symptoms).	Infected until treated with Cefixime, 400 mg. given immediately.

BLOODBORNE DISEASES:

Disease	Transmission (Spread)	Symptoms	Infectious Period/Exclusion
HIV	By contact with infected blood (sharing needles, blood transfusions), unprotected sexual intercourse with infected person, mother to baby before or during birth.	Failure to gain weight, diarrhea, persistent infections, pneumonia.	May be infectious for life, no need to exclude.
Hepatitis B	By contact with infected blood (sharing needles, blood transfusions), unprotected sexual intercourse with infected person, mother to baby before or during birth.	May show no symptoms, may cause liver disease. Vaccine preventable.	May be infectious for life, no need to exclude.
Hepatitis C	By contact with infected blood (sharing needles, blood transfusions)	May show no symptoms, may cause liver disease.	May be infectious for life, no need to exclude.

*** Routine practices and management of communicable diseases guidelines were developed by the CD Unit at Winnipeg Regional Health Authority.*

EMERGENCY AMBULANCE SERVICES: POLICY # EBBC

In an emergency, sickness or accident situation, where an ambulance may be required to transport a person or persons to a hospital, emergency 911 will be called.

If the emergency involves a student, a copy of the medical information and health care plan, which the parent/guardian has authorized on the School Registration Form, should be made for the admitting hospital.

The billing for ambulance services will be forwarded to the individual or, if a student, to the parent/guardian.

All schools participate in the Universal Student Accident Insurance Program whereby all students in the division are insured while at school, involved in school activities away from school premises, or while travelling to or from school or to or from a school activity.

Any staff member that is involved in a workplace accident where that staff member sustains an injury, as a result of Divisional property or procedures, which requires ambulatory care are covered by the Division.

ADMINISTERING MEDICINES TO STUDENTS: POLICY # JLCD

It is the policy of Pembina Trails School Division that, under normal circumstances, medication prescribed to students should be dispensed before and/or after school hours under the supervision of the parents/guardians.

The Board considers it to be the responsibility of the parent/guardian to make arrangements to eliminate the need for school personnel being involved.

Exception to the Above Policy Statement:

If, in the opinion of a practicing physician, a particular student requires medication in order to attend school, and that medication, by necessity, must be taken during school hours, Pembina Trails School Division approves the procedures contained in [JLCD-R](#) which must be implemented by the Principal.

Procedures:

The Medical Protocol [JLCD-R](#) is a guide and a resource for families, human service practitioners, educators, medical personnel, and others who must collaborate to provide reliable and effective supports to children who live with special medical needs. [JLCD-R](#) is adapted from U.R.I.S. (Unified Referral and Intake System) Manual - Manitoba Family Services. This guide does not provide instruction in health care procedures. Individual planning and child specific training are necessary.

ADMINISTERING MEDICINES TO STUDENTS: EXHIBIT 1



JLCD-E-1 AUTHORIZATION FOR THE ADMINISTRATION OF PRESCRIBED MEDICATION (Prescription or Over-the-Counter)

IDENTIFICATION (to be completed by the Parent/Guardian)

Student Identification:

Name: _____
Surname First Middle

Birthdate: _____ M.H.S.C #: _____ P.H.I.N. #: _____

Address: _____ Phone: _____
Street Number City/Province Postal Code

School Identification:

Name of School: _____

Address: _____ Phone: _____
Street Number City/Province Postal Code

Parent/Guardian Identification:

Name(s): _____

Address: _____
Street Number City/Province Postal Code

Mother Work #: _____ Father Work #: _____

Physician Identification:

Name: _____

Address: _____ Phone: _____
Street Number City/Province Postal Code

Emergency contact if unable to reach parent/guardian:

Name: _____ Phone: _____

MEDICATION (to be completed by the Parent/Guardian in consultation with Physician and/or Pharmacist)

Name of Physician Consulted: _____ Phone: _____

Name of Pharmacist Consulted: _____ Phone: _____

Name of Medication(s): _____

Reason for Medication(s): _____

Dosage and Method of Administration: _____

Approximate time(s) of administration during the school day: _____

Start Date: _____ End Date: _____
month day year month day year

Specific storage requirements: _____

Side effects to watch for and actions required if these side effects are observed: _____

Action required if medication is missed: _____

Note: The first dosage of medication should be administered at home.

PARENT/GUARDIAN AUTHORIZATION FOR ADMINISTRATION

- a) Medications presented to a school not meeting the conditions of this policy will not be administered by divisional staff. The parent/guardian retains full responsibility for administering the medication.
- b) The parent/guardian must provide a recent photo (school picture) of their child.
- c) The parent/guardian or designated adult is responsible for the delivery and supply of the medication. If requested, pharmacies will provide two original pharmacy labelled containers.
- d) The medication container must have the dispensing instructions noted on it and must have the official label of the pharmacy.
- e) It is the responsibility of the parent/guardian to notify the school in writing of any changes in dosage or time of administration of medication.
- f) The school administrator (or designate) is to administer the prescribed medication.
- g) Authorization automatically terminates June 30th of the current school year or upon change in medication.

- ☐ I hereby request and authorize the school to administer the prescribed medication to my child. I have provided a recent photo (school picture) of my child. I also certify that the first dosage of the medication was given at home and was well tolerated. School personnel are authorized to contact the physician/ pharmacist regarding any questions as to the administration of the medication.

Parent/Guardian Signature	Date

School Use Only	Date: _____
	Staff Designate who will administer medication: _____
	Signature: _____ Date trained: _____
	Alternate - Name: _____
	Signature: _____ Date trained: _____
Training provided by: _____	

Administrator Signature	Date

Original authorization to be retained in student's cum file. This authorization automatically terminates June 30th of the current school year or upon change in medication.

HAND WASHING FOR STAFF

- ☐ Use soap and warm ***running*** water.
- ☐ Wet your hands and add soap.
- ☐ Rub your hands vigorously for 5 to 10 seconds.
- ☐ Wash all surfaces, including the backs of hands and between fingers.
- ☐ Rinse your hands well under ***running*** water for 5 to 10 seconds.
- ☐ Dry your hands well with a towel. Turn off the taps with a single-use towel.
- ☐ Dispose of the cloth or paper towel.
- ☐ Apply hand lotion, as needed.

Washing your hands is the single most effective way of reducing the spread of infection.

**PROCEDURES OF ROUTINE PRACTICE
(Formerly Universal Precautions)****Barrier Methods**

Barrier devices include gloves, gowns and protective eyewear. In most situations school staff will only need gloves. Barrier devices are used to protect your hands, skin, eyes, mouth, nose and clothing from coming into contact with potentially infectious materials. Use these barriers when you anticipate exposure to blood or other potentially infectious materials.

- ☐ Disposable gloves must be worn when you anticipate contact with / or handle items that contain blood or other potentially infectious materials.
- ☐ Wear a double layer of disposable gloves when you encounter blood or blood-stained body fluids.
- ☐ To remove gloves:
 - Grasp the outside edge near the wrist
 - Peel the glove away from the hand, turning the glove inside-out.
 - Hold the removed glove in the opposite gloved hand.
 - Slide ungloved finger under the wrist of the remaining gloved hand.
 - Peel the glove off from inside, creating a bag for both gloves.
 - Discard gloves. Gloves are never to be reused.
- ☐ Wash your hands as soon as you remove your gloves.
- ☐ Gloves need to be replaced if they are torn, punctured or the ability of the glove to act as a barrier has been compromised.
- ☐ Wash your hands with soap and water immediately after contact with blood, body fluids or potentially infectious material.
- ☐ Cover cuts or scratches with a bandage until they are healed. Use disposable absorbent material like paper towels to stop bleeding.

Cleaning and Disinfecting

- ☐ Secure the area to be cleaned
- ☐ Don all personal protective equipment required.
- ☐ Remove grossly contaminated material that is contaminated with blood or other potentially infectious materials. Place into a garbage bag.
- ☐ Sprinkle absorbent powder from the outer edge inward completely covering any liquids. Let stand until the liquid has been absorbed.
- ☐ Sweep up the absorbent using dustpan and brush. Place into a garbage bag.
- ☐ Spray / wet area with disinfectant and let stand for 5-10 minutes.
- ☐ Wipe surfaces clean with paper towels and allow to dry. Discard into garbage bags.
- ☐ Decontaminate all equipment using disinfectant.
- ☐ Remove all personal protective equipment and place disposable items into garbage bags.
- ☐ Wash hands and face thoroughly with soap and water.
- ☐ Refer to the safe work procedure for Cleaning Blood, Bodily Fluids and Fecal Matter.

Disposal

- ☐ Discard all contaminated materials into garbage bags. Double bag all waste and place into Biohazard bags. Fasten with zip ties.
- ☐ Using gloved hands place all blood-stained or potentially infectious clothing into sealed garbage bags. Send all clothing home with the student.
- ☐ Dispose of gloves as per above and wash hands thoroughly afterwards.

ADMINISTERING MEDICINES TO STUDENTS: EXHIBIT 5



JLCD-E-5 AUTHORIZATION FOR THE SELF-ADMINISTRATION OF PRESCRIBED MEDICATION (Prescription or Over-the-Counter)

PERSONAL INFORMATION (Please Print)

Student Name: _____ Birthdate: _____
Month Day Year

M.H.S.C. # _____ P.H.I.N. # _____

Address: _____
Street Address City/Town Province Postal Code

Phone: _____ Present School: _____

Parent/Guardian: _____ Work Phone: _____

Emergency Contact: _____ Phone: _____

MEDICAL INFORMATION

Name of prescribing physician: _____ Phone: _____

If prescription medication:

Name of medication (as indicated on the pharmacy label) _____

If over-the-counter (O.T.C.) medication:

Name of medication (as indicated on the manufacturer's label) _____

PARENT/GUARDIAN AUTHORIZATION

- ☐ I have read the Pembina Trails School Division Administration of Prescribed Medication Policy and I understand that:
- a) Medication for students must be brought to school in a container that clearly indicates the name of the student and medication.
 - b) Students in elementary and middle years schools will be required to bring and store narcotic medications (e.g. Ritalin, Demerol, morphine, etc.) in the office.
- ☐ I hereby certify that _____ is able to safely, competently and consistently manage his/her own medication and authorize the self-administration of the medication _____ and understand that I am responsible for consequences which may result from lost or misplaced medications.

Parent/Guardian Signature	Date

Original authorization to be retained in student's cum file. This authorization automatically terminates June 30th of the current school year or upon change in medication.

SAMPLE LETTER TO PARENTS

Dear Parents/Guardians:

You have indicated on the Pembina Trails School Division registration form that your child has a medical condition. We need your assistance to learn about that condition and what to do at the school to ensure your child's health and safety.

The Unified Referral and Intake System (URIS), a partnership between the provincial Departments of Family Services, Education, Citizenship & Youth, and Health, supports community programs in the care of children with special health care needs when they are apart from their families.

URIS provides policy direction and assistance to community programs (e.g. school divisions, licensed child care facilities, recreation programs, and agencies providing respite service) to address the medical needs of children. As well, URIS provides funding to community programs for a registered nurse to:

- develop an Individual Health Care Plan and/or an Emergency Response Plan
- provide child-specific training to personnel in the community program involved with the child (e.g. teachers, para-professionals, secretaries, resource staff, custodians, bus drivers); and
- monitor personnel in the community program involved with the child as necessary.

In summary, we want to join with you to help support your child's special health care needs while at school. In order to plan for your child, please complete the attached URIS Group B Application (Section II) and Authorization for the Release of Medical Information (Section III) and return it to the school as soon as possible.

Thank you in advance for your cooperation. Please feel free to call your school administrator if you have any questions.

Pembina Trails School Division

ADMINISTERING MEDICINES TO STUDENTS: EXHIBIT 7

Unified Referral and Intake System (URIS) Group B Application

In accordance with Section 15 of *The Personal Health Information Act* (PHIA), the purpose of this form is to identify the child's health care intervention(s) and apply for URIS Group B support which includes the development of a health care plan and training of community program staff by a registered nurse. If you have questions about the information requested on this form, you may contact the community program.

Section I – Community program information (to be completed by the community program)

Type of community program (please √) <input type="checkbox"/> School <input type="checkbox"/> Licensed child care <input type="checkbox"/> Respite <input type="checkbox"/> Recreation program	Name of community program:	
	Contact person:	
	Phone:	Fax:
	Email:	
	Address (location where service is to be delivered):	
	Street:	
	City/Town:	POSTAL CODE:

Section II - Child information

Last Name										First Name										Birthdate			
										Month (print) D D Y Y Y Y													

Also Known As

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Please check (√) all health care conditions for which the child requires an intervention during attendance at the community program.

<input type="checkbox"/> Life-threatening allergy (and child is prescribed an Epi Pen) Does the child bring an Epi Pen to the community program?	<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> Asthma (administration of medication by inhalation) Does the child bring asthma medication (puffer) to the community program? Can the child take the asthma medication (puffer) on his/her own?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> Seizure disorder What type of seizure(s) does the child have? Does the child require administration of rescue medication (e.g., sublingual lorazepam)?	<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> Diabetes What type of diabetes does the child have? Does the child require blood glucose monitoring at the community program? Does the child require assistance with blood glucose monitoring? Does the child have low blood sugar emergencies that require a response?	<input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> Cardiac condition where the child requires a specialized emergency response at the community program. What type of cardiac condition has the child been diagnosed with?	
<input type="checkbox"/> Bleeding Disorder (e.g., von Willebrand disease, hemophilia) What type of bleeding disorder has the child been diagnosed with?	

<input type="checkbox"/> Steroid Dependence (e.g., congenital adrenal hyperplasia, hypopituitarism, Addison's disease) What type of steroid dependence has the child been diagnosed with?
<input type="checkbox"/> Osteogenesis Imperfecta (brittle bone disease)
<input type="checkbox"/> Gastrostomy Feeding Care Does the child require gastrostomy tube feeding at the community program? <input type="checkbox"/> YES <input type="checkbox"/> NO Does the child require administration of medication via the gastrostomy tube at the community program? <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> Ostomy Care Does the child require the ostomy pouch to be emptied at the community program? <input type="checkbox"/> YES <input type="checkbox"/> NO Does the child require the established appliance to be changed at the community program? <input type="checkbox"/> YES <input type="checkbox"/> NO Does the child require assistance with ostomy care at the community program? <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> Clean Intermittent Catheterization (IMC) Does the child require assistance with IMC at the community program? <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> Pre-set Oxygen Does the child require pre-set oxygen at the community program? <input type="checkbox"/> YES <input type="checkbox"/> NO Does the child bring oxygen equipment to the community program? <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> Suctioning (oral and/or nasal) Does the child require oral and/or nasal suctioning at the community program? <input type="checkbox"/> YES <input type="checkbox"/> NO Does the child bring suctioning equipment to the community program? <input type="checkbox"/> YES <input type="checkbox"/> NO

Section III - Authorization for the Release of Medical Information

I authorize the Community Program, the Unified Referral and Intake System Provincial Office, and the nursing provider serving the community program, all of whom may be providing services and/or supports to my child, to exchange and release medical information specific to the health care interventions identified above and consult with my child's physician(s), if necessary, for the purpose of developing and implementing an Individual Health Care Plan/Emergency Response Plan and training community program staff for

 (Child's name)

I also authorize the Unified Referral and Intake System Provincial Office to include my child's information in a provincial database which will only be used for the purposes of program planning, service coordination and service delivery. This database may be updated to reflect changing needs and services. I understand that my child's personal and personal health information will be kept confidential and protected in accordance with *The Freedom of Information and Protection of Privacy Act* (FIPPA) and *The Personal Health Information Act* (PHIA).

I understand that any other collection, use or disclosure of personal information or personal health information about my child will not be permitted without my consent, unless authorized under FIPPA or PHIA.

Consent will be reviewed with me annually. I understand that as the parent/legal guardian I may amend or revoke this consent at any time with a written request to the community program.

If I have any questions about the use of the information provided on this form, I may contact the community program directly.

Parent/Legal guardian signature	Date
Mailing Address	Postal Code
Phone number	

ADMINISTERING MEDICINES TO STUDENTS: EXHIBIT 8

“Sample Letter to Parents/Guardians Regarding Life Threatening Allergies”

(School Logo)

(Date)

Dear Parents/Guardians:

There is a child in our school/your child’s classroom/lunch program, who has a severe allergy to _____. Even exposure to a tiny amount of this item could be potentially serious and life threatening. We can all play a role in preventing such a dangerous and frightening situation at school. The specific child and his/her family must take responsibility to avoid exposure. However, staff, other children and their families can also help to make the school environment safer. Your assistance is needed to:

- Please check the list of ingredients on items you send to school.
- Avoid sending _____ or items containing _____ with your child to school, including _____.
- Teach your children to understand this very serious situation and discourage teasing of this child.

This may be an inconvenience for you, but please realize how important your assistance is. We would take the same precautions should your child have such a health care need.

Thank you for your support. For more information, please call _____.

Sincerely,

Principal

ADMINISTERING MEDICINES TO STUDENTS: EXHIBIT 9

<u>EMERGENCY ALLERGY ALERT FORM</u>		JLC JLCD JLCD-R
<p>Name: _____</p> <p>ALLERGY – DESCRIPTION: This child has a dangerous, life threatening allergy to the following foods:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>And all foods containing them in any form in any amount, including the following kinds of items:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>AVOIDANCE: The key to preventing an emergency is ABSOLUTE AVOIDANCE of these foods at all times. Without EpiPen, this child must not be allowed to eat anything.</p> <p>EATING RULES: (list eating rules for the child)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>POSSIBLE SYMPTOMS:</p>	<div style="border: 1px solid black; padding: 10px; margin-bottom: 10px;"> <p style="text-align: center;"><i>Put child's photo here</i></p> </div> <p>ACTION – EMERGENCY PLAN:</p> <ul style="list-style-type: none"> ➤ use EpiPen ➤ HAVE SOMEONE CALL AN AMBULANCE and advise the dispatcher that a child is having an anaphylactic reaction. ➤ If ambulance has not arrived in 10 – 15 minutes, and breathing difficulties are present (e.g. wheeze, cough, throat clearing) give a second EpiPen if available. ➤ Even if symptoms subside entirely, this child must be taken to hospital immediately ➤ EpiPen is kept: _____ 	
<p>➤ flushed face, hives, swelling or icky lips, tongue, eyes</p> <p>➤ tightness in throat, mouth, chest</p> <p>➤ difficulty breathing or swallowing, wheezing, coughing, choking</p> <p>➤ vomiting, nausea, diarrhea, stomach pains</p> <p>➤ dizziness, unsteadiness, sudden fatigue, rapid heartbeat</p> <p>➤ loss of consciousness</p>		

POISON

In the event a student is poisoned at school, do the following:

- Phone 9-1-1 and ask for Poison Treatment
- Poison Helpline – 204.787.2591

Parents, please note: The majority of poisonings involve medication. Medication in backpacks and lunchboxes, mixed in with other personal belongings, can be dangerous not only to a child but to a child's schoolmates. The truth is, you might not always have control over the medication included in a backpack. Show your child how important this matter is to you, by following these steps:

- ☐ Find out exactly what the school's policy is on bringing and administering medication and follow it.
- ☐ Discuss the school policy with your child as well as the specific medication directions and precautions. If your child is old enough, make sure to explain the dangers of the misuse, abuse and the accidental nature of poisonings.
- ☐ Keep medication in its original container or ask the pharmacist for another pill vial to store only the amount necessary for school. List all the information as on the original vial, which can then be kept at home.
- ☐ Take the time to talk directly to your child's teacher/nurse about the medication, to be on the lookout for any symptoms or unusual behaviour. (e.g. cold and cough preparations often contain alcohol and can cause excitability or the opposite, drowsiness, in a child)
- ☐ Present the teacher/nurse written information with the name of your child, the name of the medication and detailed instructions. Take every precaution to prevent an accident from happening.
- ☐ Include the number of the Poison Control Center. Naturally, Poison Center Specialists cannot determine your child's dosage, as prescribed by the doctor, but they can act as a resource if necessary.