

# PARKLAND SCHOOL HEALTH PROTOCOL POLICY

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February 2024

Parkland School recognizes the health and well-being of students and staff as a paramount responsibility. To this end, the Principal is committed to ensuring the staff members have the guidance they need to exercise reasonable care and skill in attending to the health of all students and staff, whenever that may be necessary. The Principal accepts that such instances may include but may not be limited to unanticipated factors such as health emergencies, illness, injury, head lice, communicable diseases, an epidemic/pandemic, or identifiable factors which may include a known need for individual care, administration of medications, or treatment related to allergies or anaphylaxis.

## **DEFINITIONS**

- a) Allergen – means a substance that causes an allergic response and includes certain foods and other substances, as well as bee or wasp venom.
- b) Allergy Alert Bracelet – means a bracelet worn to cause others to readily be aware of a child's/student's severe allergy.
- c) Anaphylaxis – means a severe systemic allergic reaction which can be fatal, resulting in circulatory collapse or shock.
- d) Communicable Disease – means a provincially identified disease that is spread from one person to another through a variety of ways that include contact with blood and body fluids, breathing in an airborne virus or being bitten by an insect.
- e) Concussion – means an injury that may be caused by a direct blow to the head, face or neck, or a blow to the body that transmits a force to the head and cause the brain to move rapidly within the skull, leading to potential changes in how the brain functions.
- f) Epidemic – means a disease affecting many persons at the same time and spreading from one person to another in a locality where the disease is not permanently prevalent
- g) Individual Health Plan – means a specific plan in place for mitigating concerns regarding a student's differentiated requirements for care, including those plans developed for students with known life-threatening diseases or life-threatening allergies.
- h) Injector – means a syringe and needle that contains a pre-measured dose of epinephrine or adrenaline and includes Epi-pens and other auto injectors.
- i) Medical Officer of Health – means a provincially designated individual who has the responsibility to focus on the health of the population, report the health status of the population, control and manage infectious and communicable diseases and give direction to health service organizations.
- j) Notifiable Disease – means any communicable disease that is required by law to be reported to government authorities.
- k) Pandemic – means an epidemic that has spread over large areas and is prevalent throughout an entire country, continent or the whole world.

- l) Parent – means, for the purpose of this policy, any individual who meets the definition as set out in the *Family Law Act*.
- m) Record of Administration – means a form that is established at the school level for the use of the designated medically trained staff in recording the details associated with administration of medicine to a student.
- n) School Sponsored Activity – means any activity that occurs under the purview of the regular operation of the school.
- o) Self - Administration – means the independent practice of a student in adhering to a medicinal schedule prescribed by a physician.
- p) State of Emergency – means a situation in which a government is empowered to perform actions or impose policies that it would not normally be permitted to undertake, with the aim of addressing a crisis, implementing emergency plans and protecting citizens.
- q) Written Report – means a report completed under the authority of the Principal on any student who, through illness or injury, requires medical assistance at a medical facility.

### **PROTOCOL – STUDENT HEALTH EMERGENCIES**

1. In the event of a potential life-threatening situation or a very serious illness, accident or injury, or where there is uncertainty about the seriousness of an accident, the Principal or Executive Administrator shall call 911 immediately;
2. The Principal or Executive Administrator (as directed by the Principal) shall make a call to the parent as soon as possible thereafter, and shall maintain adult supervision of the student until relief is provided by medical personnel or the parent;
3. If medical personnel take a student for medical care without parents having been successfully contacted, the Principal will arrange for the student to be accompanied by a staff member until:
  - 3.1. A parent arrives; or
  - 3.2. Medical staff assume responsibility for the care of the student.
4. The Principal shall ensure that, for all students with life-threatening health care needs identified on an *Individual Health Plan or EP Considerations Document*, all teachers have information regarding medical treatment response procedures in the event of an emergency;
  - 4.1. Staff are expected to have access to information about all students in the school who have an *Individual Health Plan or are on the EP Considerations document*;
  - 4.2. Emergency treatment of specific conditions shall be handled in accordance with directions provided by the student’s parent or physician.
5. A written incident report shall be completed in every situation involving a student (illness or accident) who requires medical assistance at a medical facility;
  - 5.1. The report should summarize the nature of the incident, including time, place, any known factors associated with incident and action taken.
  - 5.2. The original written report, signed by the Principal/Head of School, shall be retained at the school and copies are to be shared with parents by hard copy or email within 48 hours of it being reported.

## **PROTOCOL - ILLNESS**

Teachers are expected to act as would a reasonable parent if a student becomes ill at school or on a school-sponsored activity and shall attend to the following procedures in instances when a child informs a member of staff that they feel unwell.

6. The Principal/Teacher shall first verify that there are no identified conditions or medical alerts for the student and proceed accordingly if there are known conditions or medical implications;
  - 6.1. If identified conditions or medical alerts for the student do exist, teachers should take into account the specific information noted on the student's *Individual Health Plan or EP Considerations document*, as it may pertain to illness/seizure activity.
7. In view of the symptoms presented, the teacher shall decide whether to check with a certified medically trained member of staff;
8. Based on the symptoms presented, the teacher shall decide whether a call to a parent is required:
  - 8.1. Especially with respect to younger children, a call home is always preferable;
  - 8.2. If determined that no call is required, then the teacher shall continue to monitor the child in class, or
  - 8.3. Request that they are monitored by the teacher or designate in the school's first aid area.
9. On receiving a call of concern from the school, parents shall make arrangements to immediately pick up any child who presents with diarrhea, vomiting, or symptoms of a communicable illness such as fever, coughing, sore throat, etc.
  - 9.1. If a parent or guardian cannot be reached, the identified emergency contact(s) shall be contacted.
  - 9.2. The child shall be provided as much comfort as possible in a private space until they are collected.
10. Parents or guardians are asked to monitor the child for 24 hours and seek medical advice to determine if the child is infectious or contagious;
  - 10.1. Medical advice received by the parent, where pertinent, should be shared with the school.
11. The Principal shall contact, and refer to advice provided by Alberta Health Services, if a noticeable disease is suspected or reported by a staff member or parent;
  - 11.1. The Principal shall refer to the expectations identified below in *Protocol - Communicable Diseases*.

## **PROTOCOL - INJURIES**

Teachers are expected to act as would a reasonable parent if a student becomes injured at school or on a community activity:

12. The Principal/Teachers shall take all reasonable precautions to prevent accidental injury from occurring to students under their care and supervision;
13. Teachers shall report potential hazards to the Principal/Head of School and to students as soon as possible;
14. The Principal shall ensure that the school is equipped with first aid supplies/equipment and that First aid supplies are accessible to staff at all times;

15. Staff who handle any body fluids shall ensure that they take precautions to protect themselves and others from the spread of infection, as outlined in the protocol related to *Hygienic Practices*.
16. The Principal shall ensure that staff are trained and recertified in First Aid/CPR every 3 years as per Parkland CLASS regulations;
17. All school staff members shall have standard first aid that includes CPR & AED training.
18. When a student is injured, the teacher shall ensure that they are comfortable and safe. The teacher shall stay with the student and have another person summon assistance;
19. Where, in the judgement of the Principal and medically trained staff, it is necessary for a student to obtain the services of a medical practitioner, the Executive Administrator (as directed by the Principal) shall contact the parent immediately, if time permits, or as soon as possible after medical assistance is provided;
20. If a student has suffered a serious injury, an ambulance should be summoned immediately. A school staff must accompany or follow the ambulance;
  - 20.1. Blows to the head (possible concussion) or abdominal (possible internal injury) areas may not result in readily observable injury but should always be treated as potentially serious. Students having received such blows should be kept under continuous observation until the parent has been apprised of the situation and picks the student up to obtain medical attention, or an ambulance arrives.
21. Within 24 hours after the occurrence of an injury accident, the teacher shall complete a written incident report, which shall be retained on file at the school and shared with the parent by hard copy or email within 48 hours of it being reported.

### **PROTOCOL – HEAD LICE**

While a head lice affliction represents a social nuisance, it is not considered a significant health issue and can be effectively managed through coordinated efforts between parents and teachers, in a manner that remains sensitive to the needs of students.

Procedurally:

22. When head lice are identified, the teacher should inform the parent of the affected child and provide the link to the treatment protocol website, as recommended by Alberta Health Services [[myhealth.alberta.ca/Alberta/Pages/how-to-treat-head-lice.aspx](https://myhealth.alberta.ca/Alberta/Pages/how-to-treat-head-lice.aspx)];
23. The parent shall be advised to attend to treatment for the child/children as soon as possible and to share treatment protocols with the child's immediate contacts;
24. The student will be allowed back at school when there are no nits remaining in their hair;
25. In the event a student appears not to receive the appropriate treatment from his/her parent, and the student's continued attendance at school represents an ongoing concern, the Principal should report the concern to Alberta Health Services.

## **PROTOCOL – COMMUNICABLE DISEASES**

In matters related to Communicable Diseases, schools must adhere to certain procedures, consistent with the provisions of the Public Health Act, in order to ensure the public interest and also to provide protection for individual rights and freedoms:

26. Students and/or staff members with symptoms of a known communicable disease should seek medical attention and stay away from school until such a time as they have been cleared to return to school;
27. Teachers shall inform the Principal when that staff member receives information that a student has a communicable disease, as noted on the Alberta Health Services list of notifiable diseases;
28. The Executive Administrator as directed by the Principal shall contact the health authority and advise the Principal of any forthcoming public health recommendation;
29. When a staff member has a communicable disease as noted on the Alberta Health Services list of notifiable diseases, the staff member is required to report that condition to the Medical Officer of Health through the Principal;
30. Any information about a communicable or notifiable disease, whether related to a student or to a member of school staff, must be kept in the strictest of confidence and, therefore, only those who are deemed to require such information shall be informed;

## **NOTIFICATION OF COMMUNICABLE DISEASE PROCEDURE**

Where an employee or person in charge of an institution knows or has reason to believe that a person under their care, custody, supervision or control is infected with a communicable disease, other illness or health condition occurring at an unusually high rate, or a communicable disease that is caused by a nuisance or other threat to public health shall immediately notify the Medical Officer of Health or the Regional Health Authority.

- The Executive Administrator as directed by the Principal shall notify the public health nurse or AHS Public Health Outbreak Team.
- The child's caregivers shall be informed of the notification.
- 10% absenteeism of staff and students on any given day shall be reported to Public Health immediately.

## **PROTOCOL – EPIDEMIC/PANDEMIC RESPONSE**

In the event of an epidemic or pandemic, the Principal, and all staff are expected to ensure the most effective and efficient use of resources for the maximum benefit and protection of students, staff and facilities.

31. Where the Principal has reason to suspect the existence of a communicable disease in epidemic form, he/she is required by the *Alberta Public Health Act* to notify a medical officer of health or by the fastest means possible;
32. In the event that Alberta Health Services identifies risk or evidence of a pandemic outbreak in the region, the Principal shall take direction from Alberta Education, Alberta Health, Alberta Health Services or, in the case of a provincial State of Emergency, from whatever government ministry issues direction;
33. The Principal, working together and with the Health Authority and Alberta Education, shall communicate a standard set of response protocols for dealing with an epidemic/ pandemic to ensure that all staff members are familiar with roles and processes in the event of an outbreak.
  - 33.1. Hygiene Protocols, such as handwashing, sneezing/coughing into the elbow, avoidance of face-touching, regular disinfection of common surfaces, use of face masks, should be regularly and clearly communicated to all staff and students.
  - 33.2. Social distancing is one such measure taken to restrict when and where people can gather. It is intended to decrease the number of new infections by reducing the opportunities for transmission from infected to non-infected individuals. These measures include, but are not limited to, provincially mandated school closures.

### **PROTOCOL – HYGENIC PRACTICES**

The Principal and teachers shall be responsible for developing, communicating and educating staff, students and casual staff about routine, precautionary procedures for controlling the spread of any communicable diseases, with specific attention to:

34. Effective Hand Washing – Ensure learning opportunities exist for all members of the school community, with frequent opportunities for practicing thorough hand washing using soap and water and the 20 second rule;
35. Coughing/Sneezing – Demonstrate appropriate coughing/sneezing practice, particularly that of coughing/sneezing into one’s upper sleeve and not one’s hands (if possible);
36. Clean Up of Blood and Body Fluids – Routine practices include the prompt cleaning of soiled surfaces with disinfectants, such as household bleach (1 part bleach to 10 parts water, or whatever mixture advised by AHS);
  - 36.1. Disposable towels or tissues should be used whenever possible, and mops, where used, should be rinsed in a bleach solution.
  - 36.2. Employees should always use disposable gloves to handle or clean up blood and body fluids and gloves or any other apparatus used should be safely discarded as contaminated waste immediately thereafter.
  - 36.3. Staff cleaning soiled surfaces must avoid exposure to their mucous membranes and hands must be thoroughly washed once gloves are removed.
  - 36.4. Clothing and/or linens soiled with blood or other body fluids must be washed in hot water.

## **PROTOCOL – ADMINISTERING MEDICATIONS**

The Principal, Head of School and staff members are not, except in specific instances, expected to administer medication. Exceptions to this general principle may occur when the student is deemed incapable of administration or in an instance when administration is necessary to preserve the life of the student.

37. Where a student is deemed incapable of self-administering medication, the Principal will designate a staff member with medical training who shall:

37.1. receive instructions from the physician as to the correct means of administration;

37.2. administer the medication in accordance with the instructions and the schedule provided by the physician;

37.3. ensure the medication is kept in a secure locked location, as deemed appropriate by the Principal, and inside the original prescription container or blister pack from the pharmacy, clearly labelled and specifying the name of the medication and expiry dates; and

37.4. complete a record of administration form, noting the action taken in accordance with the medication schedule.

38. All forms that contain information regarding the administration of medication shall be maintained inside the secure, locked location;

39. The parent shall advise the school, immediately and in writing, of any changes in the medication, medication schedule, or any other matter affecting the administration of medication to the student;

40. It is the responsibility of the parent to provide the school with a proper supply of medication or permission for the pharmacy to deliver blister packs to the school.

41. All parental requests for support with the administration of student medications must be renewed annually.

## **PROTOCOL – SEVERE ALLERGIES/ANAPHYLAXIS**

The school recognizes the dangers faced by students with severe allergic or anaphylactic reactions to foods and other substances. While schools cannot guarantee an allergen-free environment, the Principal and school staff will take reasonable steps to ensure a safe environment for children with life-threatening allergies.

42. The responsibility for communicating concerns about students with severe allergies or anaphylactic reactions to foods and other substances belongs to parents upon registration at the school;

43. Parents of children with severe allergies must identify their children to the Principal and should ensure that their child wears an allergy alert bracelet (if appropriate);

44. Parents must ensure that a written request for administration of medication is properly completed and approved by the Principal;

45. If parents identify their child as having severe allergic or anaphylactic reactions to specific foods, the Principal shall communicate the concern to all parents in the school and mandate that parents of students refrain from sending those foods to school:
  - 45.1. Regular reminders shall be sent to staff, students, and parents regarding the problematic foods and signs be given to each Teacher and posted within the school.
46. It shall be the responsibility of the parents to provide:
  - 46.1. Identification of the foods or other substances that trigger a severe allergic or anaphylactic reaction;
  - 46.2. A treatment protocol, signed by the child's parent and the child's physician, that confirms the allergens that the student must avoid, indicates what symptoms exposure to the allergen can cause to the student and outlines how the student's severe allergic or anaphylactic reactions should be managed by school staff;
  - 46.3. At least one unexpired injector or other medication; it is the responsibility of the parent to check expiry dates of medication and injectors and replace them as necessary.
47. It shall be the responsibility of Parkland School to ensure that a minimum of one epinephrine auto-injector is kept in an easily accessible and locked medical cabinet for use in pre-authorized or emergency anaphylactic situations.
  - 47.1. Parkland School will ensure the replacement of epi-pen on an annual basis.
  - 47.2. Parkland School will keep detailed information on file for every student who has severe or anaphylactic allergies readily available for emergency situations.
48. The Principal shall ensure that an Individual Health Plan, incorporating all the elements in the above, is developed for all students known to be at risk of a life-threatening allergy;
49. All staff members (teachers, classroom leaders, aides) must be made aware of the student with severe allergic reactions or anaphylaxis. A student prone to severe allergic reactions must be identified by the parent, before the student's registration at the school;
50. The teachers should take steps to ensure that all students are not sharing lunch items;
51. Parents shall communicate to the Principal the signs of anaphylactic shock and demonstrate how an auto-injector is used when required to do so;
52. The medically trained staff will be responsible for the use of injectors with the student. The teacher may need to intervene if the student is deemed to be experiencing an anaphylactic reaction and medically trained staff are not available;
53. The Principal shall ensure staff have opportunities at the first staff meeting of the year to learn about and recognize the signs of anaphylactic shock and to use various types of auto-injectors.



References

- Education Act
- Communicable Diseases Regulation
- Emergency Medical Aid Act
- Alberta Public Health Act
- Protection of Students with Life Threatening Allergies Act
- Occupational Health and Safety Act
- Alberta Health Services

Principal reviewed on:

DATE: \_\_\_\_\_

SIGNED: \_\_\_\_\_

PRINCIPAL

The Board approved on:

DATE: \_\_\_\_\_

SIGNED: \_\_\_\_\_

BOARD CHAIRMAN

DATE OF NEXT REVIEW: February 2025

Revised

June/2021

Dec/2022

Jan/2023

February/2024