

Alberta Conference Office of Education Health Policy

The Alberta Conference Office of Education recognizes the health and well-being of students and staff as a paramount responsibility. To this end, we are committed to ensuring principals and 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 Office of Education 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, or pandemic, or to identifiable factors which may include a known need for individual care, administration of medications or treatment related to allergies or anaphylaxis, mental illness, and behavioral abnormalities (acts of violence).

Legal Reference

- Education Act, Section 29, 30
- Alberta Regulation (AR 93/2019) Sections 9 (Policies), 13 (Principal), 17 (Insurance)
- Emergency Medical Aid Act
- Public Health Act
- Protection of Students with Life Threatening Allergies Act
- Occupational Health and Safety Act

Administrative Procedure: Health Policy

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 Administrative Procedure, 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 principal or designated 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 attending staff member shall call 911 immediately;
2. The principal or designate 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 or designate will endeavor to arrange for the student to be accompanied by an adult 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*, all school staff 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*;
 - 4.2. Emergency treatment of specific conditions included on the Individual Health Plan shall be handled in accordance with directions provided by the student's parent or physician.

5. A written 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 principal or designate, shall be retained at the school and copies are to be shared with parents.

Protocol - Illness

Staff 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. Staff 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, staff should take into account the specific information noted on the student's *Individual Health Plan*, as it may pertain to illness.
7. In view of the symptoms presented, the staff member shall decide whether to check with a certified first-aid member of staff;
8. Based on the symptoms presented, the staff member shall decide whether a call to a parent is required: (A call should be made with real or perceived liability)
 - 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 staff member shall continue to monitor the child in class, or
 - 8.3. Request that they are monitored by school administration 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 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 or designate 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

Staff are expected to act as would a reasonable parent if a student becomes injured at school or on a school-sponsored activity:

12. Administrators, staff and volunteers shall take all reasonable precautions to prevent accidental injury from occurring to students under their care and supervision;
13. Staff shall report potential hazards to an administrator (if on site) and to students as soon as possible;
14. The Principal shall ensure that the school is equipped with first aid supplies and 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 aware of basic first aid procedures and aware of the names of persons on staff with first aid training;
 - 17.1. At least one staff member shall have, at a minimum, standard first aid that includes CPR & AED training.
17. When a student is injured, staff shall ensure that they are comfortable and safe. Preferably, the staff member shall stay with the student and have another person summon assistance;
18. Where, in the judgement of the school employee, it is necessary for a student to obtain the services of a medical practitioner, the employee shall attempt to contact the parent immediately, if time permits, or as soon as possible after medical assistance is provided;

19. If a student has suffered a serious injury, an ambulance should be summoned immediately. An employee must accompany or follow the ambulance;
 - 19.1. 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 medical attention has been obtained and the parent has been apprised of the situation.
20. If an ambulance is not required and if the parent cannot be immediately contacted, the principal or his designate shall:
 - 20.1. arrange for the transportation of the student to a medical facility;
 - 20.2. attend with the student at the medical facility;
 - 20.3. remain with the student until such a time as
 - 20.3.1. the parent has arrived; or
 - 20.3.2. the student is discharged from the medical facility and is returned to the school; or
 - 20.3.3. the medical practitioner advises there is no further need for the principal or designate to remain at the medical facility as the treatment and safety of the student has been assumed by the medical facility, in which instance the principal shall continue to try to reach the parent and to provide accurate information.
21. If sending an ill or injured student home is a consideration, the Principal or designate shall:
 - 21.1. Contact the parents and ensure that the student is escorted home or to a designated location; or
 - 21.2. Keep the student at school if unable to contact the parents.
22. Where an injury occurs in an off-campus “workplace” setting consistent with the student’s high school education program (RAP, CTS, etc.), then the principal may be responsible for reporting the injury under section 18 of the Occupational Health and Safety Act;
23. As soon as possible after the occurrence of an injury accident, the Principal shall complete a written report, which shall be retained on file at the school and shared with the parent or mature student as appropriate.

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, school staff and the community, in a manner that remains sensitive to the needs of students. Procedurally:

1. Students, staff and parents should be presented with information about head lice identification, prevention and treatment information on an annual basis, and not just during an outbreak;
2. When head lice are identified, the school principal or designate 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];
3. 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;
4. Consistent with Alberta Health Services guidelines, students afflicted with head lice should not be restricted from attending school;
5. In the event a student appears not receive the appropriate treatment from his/her parent, and the student's continued attendance at school represents an ongoing concern, the school 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:

6. 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;
7. A staff member 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;
8. The Principal shall contact the health authority and advise the board of any forthcoming public health recommendation;
9. 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 and to the principal;
10. 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;

11. Unless special circumstances identified by the Medical Officer of Health dictate otherwise, students with communicable diseases shall be allowed to attend school provided they do not present further risks to themselves or risks to others at the school;
12. If the student's condition poses a health risk to others and attendance at school is not possible, the principal shall provide the student with alternative learning resources;
13. Staff members with a communicable disease should be allowed to continue normal duties unless the nature of the individual's job requires that the employee be free of any communicable disease;
 - 13.1. When the physical condition of the staff member poses a health risk, but they are otherwise well enough to continue to perform assigned duties, the principal may determine an alternate assignment.
 - 13.2. Staff members unable to continue their duties as a result of having a communicable disease shall have access to sick leave, medical or other leave benefits as per their employment contracts.

Protocol – Epidemic/Pandemic Response

In the event of an epidemic or pandemic, the school 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.

14. Where a principal or teacher 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 of by the fastest means possible;
15. In the event that Alberta Health Services identifies risk or evidence of a pandemic outbreak in the region, the Principal and board 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;
16. The principal and board, working together with the Health Authority, shall communicate a standard set of response protocols for dealing with an epidemic/ pandemic to ensure that members of administration and staff are familiar with roles and processes in the event of an outbreak.
 - 16.1. 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.
 - 16.2. 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 uninfected individuals. These measures include, but are not limited to, provincially mandated school closures.

Protocol – Hygienic Practices

The school principal and staff shall be responsible for developing, communicating and educating staff and students and visitors about routine, precautionary procedures for controlling the spread of any communicable diseases, with specific attention to

17. Effective Hand Washing – The principal shall 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;
18. Coughing/Sneezing – Staff and students must understand and be able to regularly demonstrate appropriate coughing/sneezing practice, particularly that of coughing/sneezing into one’s upper sleeve and not one’s hands;
19. Clean Up of Blood and Body Fluids – Routine practices should include the prompt cleaning of soiled surfaces with disinfectants, such as household bleach (1 part bleach to 10 parts water);
 - 19.1. Disposable towels or tissues should be used whenever possible, and mops, where used, should be rinsed in a bleach solution.
 - 19.2. Employees with open lesions on their hands should 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.
 - 19.3. Staff cleaning soiled services must avoid exposure to their mucous membranes and hands must be thoroughly washed once gloves are removed.
 - 19.4. Clothing and/or linens soiled with blood or other body fluids must be washed in hot water.

Protocol – Administering Medications

The school principal 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 of a necessary medication or in an instance when administration is necessary to preserve the life of the student.

20. Except in specific situations outlined below, staff support in administering medications shall be restricted to:
 - 20.1. Identification of students in need of medication;
 - 20.2. Monitoring of student self-administration of medication in accordance with a schedule established by a physician;
 - 20.3. Provision of security for the medication/controlled substance, e.g., lockable fridge, safe

- 20.4 Parental information regarding the medication schedule; and
20.5. Assurance by the principal that, at year-end, the medication is either picked up by the parent, or safely disposed of.
21. In determining the identity of students who may require medication while at school, the principal shall seek to obtain, from the parent:
- 21.1. A voluntary statement of the student's health at the beginning of each school year, including susceptibility to particular illnesses, allergies or reactions;
 - 21.2. Emergency contact information for the parent(s), including contact information at their place(s) of employment.
22. The principal shall maintain a record of students who may require medical attention and the record should be made available to staff members on a need to know basis;
23. A parent may make a request, through the principal, that medication be administered to a child during school hours or during school-sponsored events;
- 23.1. The request is required both for students who will self-administer and for those deemed incapable of self-administration.
24. Such a request shall be in writing and must include the schedule for administration, the exact dosage and the timing of the treatment, the possible effects of failure to comply with the medication schedule and provisions for the security of the medication;
25. Where a student is deemed incapable of self-administering the medication, the principal may designate a staff member who shall:
- 25.1. receive instructions from the physician as to the correct means of administration;
 - 25.2. administer the medication in accordance with the instructions and the schedule provided by the physician;
 - 25.3. ensure the medication is kept in a secure location, as deemed appropriate by the principal, and inside the original prescription container, clearly labelled and specifying the name of the medication and expiry dates; and
 - 25.4. complete a record of administration form, noting the action taken in accordance with the medication schedule.
26. Where a student is capable of self-administering their medication, a designated staff member will monitor the student's compliance with the administration schedule, provide for security of the medication as determined by the principal, and complete the record of administration form, noting the date, time and actions taken in accordance with the prescribed schedule

27. Students who bring medicine to school or to school-sponsored events, such as field trips or extended overnight trips, for self-medication, shall be responsible for keeping secure their medications and medical equipment (e.g., bee-sting kits) and shall inform the principal or key supervisor accordingly;
 - 27.1. On extended or overnight field trips, the school may request that students who self-administer medication provide to the supervisor the appropriate permission form, signed by the parent and listing the medication, dosage, special care instructions and known allergies;
28. All forms that contain information regarding the administration of medication shall be maintained in the student's Individualized Health Plan;
29. The parent shall advise the principal, immediately and in writing, of any changes in the medication, medication schedule, or any other matter affecting the administration of medication to the student;
30. It is the responsibility of the parent to provide the school with a proper supply of medication and to ensure that the medication does not pass its expiry date and that any medical devices or equipment are in proper working condition.
31. All parental requests for support with the administration of student medications must be renewed annually.

Protocol – Severe Allergies/Anaphylaxis

Schools recognize 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 staff will take reasonable steps to ensure a safe environment for children with life-threatening allergies.

32. The responsibility for communicating concerns about students with severe allergies or anaphylactic reactions to foods and other substances belongs to parents and to the students themselves, where student age and maturity permits;
33. Parents of children with severe allergies must identify their children to the principal and the teacher and should ensure that their child wears an allergy alert bracelet;
34. Parents must ensure that a written request for administration of medication is properly completed and approved by the principal;
35. 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 request that parents of students in that student's class, in particular, refrain from sending those foods to school:

- 35.1. Regular reminders shall be sent to staff, students, and parents regarding the problematic foods.
- 35.2. If parents provide food for special occasions, they should be asked to provide complete ingredient lists.
36. It shall be the responsibility of the parents to provide:
- 36.1. Identification of the foods or other substances that trigger a severe allergic or anaphylactic reaction;
- 36.2. 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;
- 36.3. All relevant emergency information and must keep this information current; and
- 36.4. 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.
37. The principal shall ensure that an Individual Health Plan, incorporating all the elements in 60 above, is developed for all students known to be at risk of a life-threatening allergy;
38. All staff members (certified and non-certified) must be made aware that a student with severe allergic reactions or anaphylaxis is attending the school. A student prone to severe allergic reactions must be identified by the parent, before or immediately following the student's registration at the school;
39. The principal should take steps to ensure that all students are taught the dangers of sharing or trading lunches with students who have severe allergic or anaphylactic reactions;
40. Parents shall communicate to the principal and staff the signs of anaphylactic shock and demonstrate how they or their child uses an autoinjector when required to do so;
41. While the primary responsibility for the use of injectors is with the student, a staff member shall intervene if administration by the student is determined to be impracticable or if a student is deemed to be experiencing an anaphylactic reaction;
42. Principals shall ensure staff have opportunities, preferably provided by medical professionals, to learn about and recognize the signs of anaphylactic shock and to use various types of autoinjectors;

43. The principal shall ensure that a minimum of one epinephrine auto-injector is maintained in the school, in a secure spot that is accessible to any staff member who may be required to use it;
44. The principal may designate certain areas of the school an "allergen-free area".
 - 44.1. The school administration shall develop strategies for monitoring "allergen-free" areas and for identifying and monitoring high-risk areas for students with severe allergies.

References

AISCA Policy 15

Alberta Health Services (www.albertahealthservices.ca)

Alberta Public Health Act

Communicable Diseases Regulation – A.R. 238/85