

NIPISSING-PARRY SOUND CATHOLIC DISTRICT SCHOOL BOARD

PROVISION OF STUDENT HEALTH SUPPORT SERVICES

AS 28.0
July 2017

POLICY:

IT SHALL BE THE POLICY OF THE NIPISSING-PARRY SOUND CATHOLIC DISTRICT SCHOOL BOARD to provide health support services in accordance with the following:

1. The Board shall be responsible for the administration of oral medication where such medication has been prescribed for use during school hours. (See Policy on the Administration of Oral Medication etc.)
2. The Ministry of Health is responsible for the injection of medication.
3. The Ministry of Health is responsible for manual expression of bladder/stoma, postural drainage/suctioning, and tube feeding.
4. For physically disabled pupils, or other exceptional pupils, the Board shall provide, where required, such services as clean catheterization, shallow surface suctioning, lifting and positioning, assistance with mobility, feeding and toileting, and general maintenance exercises.
5. The Ministry of Health is responsible for Physio/Occupational therapy and speech pathology.

ADMINISTRATION PROCEDURES:

1. Administration of Oral Medication:

See Policy on the Administration of Oral Medication etc.

2. Where a need is perceived for the services listed below, please note the steps to be followed.
 - a) administration of Medication by Injection
 - b) Manual expression of bladder/stoma, Postural drainage/suctioning, Tube feeding
 - c) Physio/Occupational Therapy

STEPS TO BE FOLLOWED

- i) Contact the parent to discuss the pupil's needs, to indicate the availability of service from the Home Care Program, and to advise the parent to request from the pupil's physician a medical referral to the local Community Care Access Centre as provided.

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<ul style="list-style-type: none"><li data-bbox="344 340 1377 373">ii) Obtain from the parent a written request to have service provided for the pupil.<li data-bbox="344 411 1377 474">iii) Contact the local Community Care Access Centre to give the pupil's name, address, parent or guardian's name, and telephone number.<li data-bbox="344 512 1377 575">iv) Record the referral, the type of service, the date of initiation of service and monitor, in general, the service as it is provided. <p data-bbox="250 613 1377 676">3. Clean catheterization, shallow surface suctioning, assistance with mobility, feeding, toileting, and general maintenance exercises</p> <ul style="list-style-type: none"><li data-bbox="344 714 1377 777">a) The principal will attempt to provide the above services by considering the following in the order indicated:<ul style="list-style-type: none"><li data-bbox="393 814 1377 877">i) inviting the pupil's parent to accept the responsibility for performing the service during school hours;<li data-bbox="393 915 1377 978">ii) inviting a school volunteer to accept responsibility for performing the service when no training is required;<li data-bbox="393 1016 1377 1079">iii) allowing a teacher volunteer or teacher's assistant, assigned to the class, to perform the service after suitable training;<li data-bbox="393 1117 1377 1180">iv) requesting special assistance from the Board, if none of the above is feasible. <p data-bbox="276 1218 1377 1281">The principal may request training, for the above services, from the Community Care Access Centre.</p>	



ADMINISTRATION OF CLEAN INTERMITTENT CATHETERIZATION TO PUPILS BY SCHOOL PERSONNEL DURING SCHOOL HOURS

The personal information you provide on this form is collected by the Nipissing-Parry Sound Catholic District School Board under the authority of the Education Act (R.S.O. 1990 c.E.2) ss.58.5, 265 use and 266 as amended. The information will be used for School and Board operations including but not limited to student registration, staff and resource allocation and to provide information to employees where necessary to support them in carrying out their job duties. In addition, the information may be used to deal with matters of health and safety or discipline and may be required to be disclosed in compelling circumstances, for law enforcement matters or in accordance with any other Act. The information will be used in accordance with the Education Act, the regulations, and guidelines issued by the Minister of Education governing the establishment, maintenance, use, retention, transfer and disposal of pupil records. For questions about this collection, please contact your school Principal.

ADMINISTRATION OF CLEAN INTERMITTENT CATHETERIZATION

Student: _____ Date of Birth: _____

Home Address: _____ Home Phone: _____

School: _____ Grade: _____

Name of Teacher: _____

Time(s) of Administration: _____

Method of Administration (list or attach instructions):

Emergency contact person(s): _____

Name of person(s) administering catheterization: _____

Date training completed: _____

Name and position of trainer: _____

PARENT/GUARDIAN AUTHORIZATION

We hereby request that our child _____ receive clean intermittent catheterization services as outlined above. We understand that the Nipissing-Parry Sound Catholic District School Board shall not be legally responsible for any medical complications resulting from administration of the clean intermittent catheterization procedure.

Parent/Guardian Signature

Date