



Procedures Manual: Managing Health Issues in Schools

Lethbridge School Division



Procedures for Policy 504.1

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Contents

About This Manual	2
Overview: Health and Wellness in the Division	3
Working with Alberta Health Services	4
General Guidelines for Administration of Medication/Personal Care	5
Handling Medications	7
General Guidelines for Serious Health Conditions.....	8
Anaphylaxis – General Overview	9
Students with Anaphylactic Allergies – Division Procedures.....	10
Employees with Anaphylactic Allergies – Division Procedures.....	11
Asthma – General Overview	12
Students with Asthma – Division Procedures	13
Employees with Asthma – Division Procedures.....	14
Diabetes – General Overview	15
Diabetes – Division Procedures	16
Epilepsy – General Overview	18
Epilepsy – Division Procedures	19
Communicable Diseases – General Overview.....	20
Students with Communicable Diseases – Division Procedures	21
Employees with Communicable Diseases – Division Procedures	23
Blood-borne Disease Prevention – Standard Precautions	24
Head Lice – General Overview	26
Head Lice – Division Procedures	27
Concussion – General Overview	28
Concussion – Division Procedures	29
Student Illness or Accident at School – Division Procedures.....	30
Health Issues Not Covered in this Manual	31
Appendix A – Head Lice Information from MyHealth.Alberta.ca	33

About This Manual

Division policy 504.1 requires that this manual is:

- Reviewed annually including input from Alberta Health Services
- Made available in a summary version to all Division staff
- Adhered to by all staff as the primary procedural document for Health related issues

This manual is provided as a reference for Division staff when managing physical health related issues. The information provided sets a minimum standard of response to a variety of situations. In addition to the information provided herein, Division staff members are reminded that:

- The first response to a medical emergency is to call 911
- Alberta's Emergency Medical Aid Act protects individuals from liability when providing assistance to others in an emergency situation
- All schools have a published list of trained first-aiders
- Questions or concerns regarding this manual should be directed towards the Associate Superintendent, Instructional Services

This manual is not intended to substitute for emergency response training. There are some topics covered in this manual that may at times require a rapid response to a critical situation. These include but are not limited to situations that may arise with students or staff who have severe allergies or diabetic conditions. This manual does provide broad guidelines for the general management of the school environment when students or staff members who have these conditions are known to be present. For students with significant complex medical conditions, please ensure that the medical form in Dossier is complete. Case management for these situations lies with the Learning Support Teacher.

Overview: Health and Wellness in the Division

The health and safety of all students and staff is a priority in Lethbridge School Division. As can be seen below, there are numerous strategies implemented to achieve this priority. This Procedures Manual forms only one part of a complex and multi-faceted effort to ensure that necessary programming and services are available when needed. The following list provides a general overview of how health, wellness and safety issues are handled in the Division:

Safety:

- Division Workplace Health and Safety Program ([Policy section 700](#))
- Student Safety, Student Supervision ([Policy section 500](#))
- Harassment and Discrimination ([Policy 402.8.1](#))
- Field Trips ([Policy 607.1](#))
- Violence, Threat, Risk Assessment and Support Protocols
- Division Crisis Response Flip Chart
- Division Pandemic Plan

Promoting Health and Wellness:

- Healthy Nutritional Choices ([Policy 504.11](#))
- Division Healthy Schools Committee
- Division Poverty Intervention Committee
- Wellness champions in all schools
- Alberta Health Services Vaccination program
- Comprehensive student co-curricular and extra-curricular programs
- Employee Assistance and Wellness Program ([Policy 402.8.3](#))

Promoting Social/Emotional Wellness:

- Comprehensive counseling services (Division and school level)
- Psychological services (Division level)
- MHCB – Mental Health Capacity Building Program
- Extensive community agency involvement (Health Services, Human Services, Family Services and Police Services)
- Partnerships with Agencies Supporting Children, Youth and Families
- Complex Case Management Strategies
- Employee & Family Assistance Program (EFAP)

Managing Physical Health and Wellness Issues:

- Managing Physical Health Issues in Schools ([Policy 504.1](#))
- Procedures for Managing Health Issues in Schools (this document)

Working With Alberta Health Services

Schools are expected to collaborate with Alberta Health Services in the provision of health services to students and staff. In this respect schools shall:

- co-operate with public health officials in programs designed to monitor and promote public health, including testing and vaccination programs aimed at persons of school age;
- provide public health staff with the necessary facilities and access to the students in order to carry out approved examination and vaccination programs;
- ensure that the scheduling of such programs shall be the responsibility of public health personnel in consultation with the school principal; and
- require that notification of parents and the acquisition of any permission needed for testing and/or vaccination of students shall be the responsibility of the public health personnel with assistance from the school staff.

Information Link

Alberta Health Services Website: [Home | Alberta Health Services](#)

General Guidelines for Administration of Medication/Personal Care

Division staff may assist in the self-administration of medication by a student if so requested by the parent/guardian. In such situations the principal shall ensure that:

1. Responsibility for the administration of prescribed medication shall rest with the student and/or the parent/guardian. Upon written request by the parent/guardian, Division staff shall assist by providing safe storage for prescribed medications. Parents/guardians are encouraged to advise schools of medications which are being carried and self-administered by students.
2. Staff are not authorized to give consent for medical treatment for a student.
3. Staff shall only directly administer medication to students in emergency situations (such as using an Epi-pen), or in situations in which the student is incapable of self-administration (such as when a student has a physical disability).
4. Staff shall dispense medication only in accordance with written instructions from the parent:
 - 4.1. Medication shall be stored so as to prevent unauthorized access by staff or students.
 - 4.2. Procedures for dispensing of medication shall ensure each student receives the correct medication.
 - 4.3. A record shall be kept for each occasion on which medication is dispensed to a student.
 - 4.4. In the case of regularly administered medication, written instructions shall be provided on an annual basis.
5. Form [504.1.1](#) is completed and signed by both the parent and the physician and is on file at the school.
6. If requested in writing by the parent, a staff member designated by the principal shall personally observe and keep a record of a student's self-administration of his/her medication.
7. At times it may be deemed necessary to identify students with medical conditions to others in the school in order to ensure the proper safety and supervision of the student; however, in such a situation the school shall be as respectful as possible to the student's right to privacy.

8. School bus operators shall be informed of all potential emergency medical problems using [Form 504.1.7](#).
9. The Superintendent shall be immediately informed if a request for the administration of medication or personal care is refused.

Use the correct form:

- 504.1.1 – [Medication/Personal Care Request and Authorization](#)
- 504.1.2 – [Daily Record of Medication/Personal Care Administered](#)
- 504.1.3 – [Medical Emergency Procedures](#)
- 504.1.4 – [Anaphylaxis Emergency Plan](#)
- 504.1.5 – [Diabetes Care Plan](#)
- 504.1.6 – [Emergency Medical Data Sheet – Students with Asthma](#)
- 504.1.7 – [City Transit Student Health Alert](#)
- 504.1.8 – [Record of Medication](#)

Handling Medications

If the request by a parent/guardian for the administration of medications has been approved by the principal, then the following guidelines shall be implemented for the handling of the medications:

1. All medication, whether prescription or non-prescription, should be brought into the school office by the parent/guardian and signed in at the office by the school secretary or administrator.
2. All medication should be brought to school in the original containers in one-unit doses. This will ensure that no school personnel will be responsible for measuring out medication or cutting pills into parts. Liquid medication should be administered using a dropper or medicine spoon to ensure accurate administration.
3. All attempts should be made to ensure that the medication is handled by as few persons as possible.
4. Medical/Personal Care Request and Authorization Forms (or copies) and all related medications should be kept in a secure, locked and clean location in the school office, classroom or area where medication is administered.
5. Staff dispensing medication shall complete [Form 504.1.2 - Daily Record of Medication/ Personal Care Administered](#) each time the medication is given to the student.
6. It is the parent's responsibility to notify the school of any changes to the original prescription or personal care plan. In the event of changes to a prescription, the school must be provided with a new pharmacy label with any change in the prescription. If the principal feels that the change is significant, a new [Form 504.1.1 - Medication/Personal Care Request and Authorization](#), signed by the parent and the physician, may be required.
7. Procedures for safe return or disposal of unused medications should be provided for in consultation with the parent(s).
8. Non-prescription drugs such as acetaminophen (eg. aspirins), cold remedies and inhalants shall not be administered to students without the written permission of the parent/guardian. As an exception to this, at the discretion of the principal, non-prescription remedies may be administered to a student, providing that verbal/ telephone permission from the parent/guardian is received, and two listeners hear the verbal permission. Details including date, time, type of medication and dosage must be documented in this situation.

General Guidelines for Serious Health Conditions

If potentially life-threatening conditions such as serious allergies, diabetic conditions or epilepsy have been identified for any students within the school, the principal shall ensure that:

1. The appropriate Division forms are used to document the condition and that a medical plan is developed in consultation with the parent/guardian and including the student when appropriate.
2. Staff members (both teaching and non-teaching) are aware of the identity of the students.
3. Staff members (both teaching and non-teaching) who may be in a position of responsibility for the students receive appropriate in-service training, for example how to use an Epi-pen.
4. Applicable Division emergency response protocols are reviewed annually with staff in the school.
5. Adults who perform occasional duties at the school (substitute employees, volunteers, etc.) and post-secondary practicum students shall be made aware of the identity of any anaphylactic student(s) attending the school.
6. Parents may desire that school bus operators are made aware of their child's medical condition. With written permission from the parent/guardian ([Form 504.1.7](#)) information which identifies a student and explains the general nature a serious medical condition will be forward to City Transit authorities through the Division Business Affairs Office.
7. If a situation develops that is considered serious or life-threatening, or any time the use of an Epi-pen is required, an ambulance shall be called immediately.
8. In some situations, it may be deemed appropriate to provide information about the serious health condition of a student to other students and their parents. A procedure for this shall be developed only in consultation with the parent/guardian of the student of concern and may include input from Alberta Health personnel.

In any medical emergency:

- Call 911
- Ensure that a first aid trained staff member is present
- Inform parent/guardian as soon as possible

Anaphylaxis – General Overview

What is it?

(anna-fill-axis)

The most serious type of allergic reaction:

- Can affect different parts of the body
- Onset can be very rapid
- Can be life threatening

Think F.A.S.T

Symptoms can vary!

Face: itching, redness, swelling

Airway: trouble breathing, swallowing, speaking

Stomach: pain, vomiting, diarrhea

Total body: hives, rash, weakness, paleness,
sense of doom, loss of consciousness

What to do?

With any sign of breathing difficulty:

- Use Epi-pen immediately!
- Call 911
- Ensure that a first aid trained staff member is present
- After 10-15 minutes, if breathing difficulties persist, give second Epi-pen
- Inform parent/guardian as soon as possible

Information Links

Alberta Education: [Students with medical needs | Alberta.ca](https://www.alberta.ca/students-with-medical-needs.aspx)

Anaphylaxis Canada: [Food Allergy Canada - Food Allergy Canada](https://www.foodallergy.ca/)

Epi-Pen Demo: [How to Use EpiPen® | Epipen.ca](https://www.epipen.ca/how-to-use-epipen)

Learn Alberta: [Allergies - Information for Classroom Teachers \(learnalberta.ca\)](https://www.learnalberta.ca/allergies)

Students with Anaphylactic Allergies - Division Procedures

Response plans shall be in place in the event of potential anaphylactic reactions in the school. Primary responsibility for the management of an anaphylactic allergy rests with the student, his/her parents (where appropriate), and/or appropriate medical personnel.

1. It is the responsibility of the anaphylactic student's parents to inform the principal of their child's allergy.
2. All staff members must be made aware of the students with severe allergies.
3. Information to reduce the risk of exposure to anaphylactic causative agents in classrooms and common areas of the school shall be shared with all staff and students as needed.
4. The principal shall ensure that emergency response training is provided to all employees who are in direct contact with anaphylactic students on a regular basis, including the use of epinephrine auto-injectors such as Epi-pens.
5. Parents of anaphylactic students, in consultation with their doctor, shall complete [Form 504.1.4](#) Anaphylaxis Emergency Plan at the beginning of each school year. Plans shall be appropriately shared with staff and students.
6. It is the obligation of the student's parent/guardian and the student where appropriate, to ensure that the information in the student's allergy plan be kept up-to-date with the current medications that the pupil is taking.
7. For any individual experiencing an anaphylactic reaction call 911.

Use the correct form:

504.1.4 – [Anaphylaxis Emergency Plan](#)

504.1.7 – [City Transit Student Health Alert](#)

Employees with Anaphylactic Allergies - Division Procedures

Response plans shall be in place in the event of potential anaphylactic reactions in the school. Primary responsibility for the management of an anaphylactic allergy rests with the employee and/or appropriate medical personnel.

1. It is the decision of each employee to choose to inform their principal/supervisor of their allergy. Employees are strongly encouraged to self-identify if they have an anaphylactic condition by completing [Form 504.1.4](#).
2. The degree to which this information is shared with others in the school should be determined by the employee with the medical condition.
3. Where appropriate, information to reduce the risk of exposure to anaphylactic causative agents in classrooms and common areas of the school shall be shared with all staff and students.
4. Emergency response training shall be provided to all staff members who are in direct contact with an anaphylactic employee on a regular basis, including the use of epinephrine auto-injectors such as Epi-pens.
5. For employees who have self-identified, [Form 504.1.4 Anaphylaxis Emergency Plan](#) should be resubmitted at the beginning of each school year.
6. It is the obligation of the employee to ensure that the information in the allergy plan is kept up-to-date with the current medications that the employee is taking.
7. For any individual experiencing an anaphylactic reaction call 911.
8. Employees are encouraged to contact Human Resources with any concerns or questions regarding a health issue that may affect their work with the Division.

Use the correct form:

504.1.4 – [Anaphylaxis Emergency Plan](#)

Asthma – General Overview

What is it?

Respiratory disease where inflammation of the airways causes cough, wheeze, chest tightness and shortness of breath.

Signs of a life-threatening condition:

- Struggling to breathe
- Lips or fingernails blue
- Pale sweaty skin
- Severe coughing
- Fast breathing
- Difficulty talking

Information Links

Asthma Society of Canada: [Asthma Canada](#)

Allergies and Asthma : [Allergies and Asthma - Asthma Canada](#)

Learn Alberta: [Asthma - Information for Classroom Teachers \(learnalberta.ca\)](#)

What to do?

With any sign of breathing difficulty:

- Call 911
- Ensure that a first aid trained staff member is present
- Help student take 2 puffs of (blue) reliever inhaler
- Repeat inhaler every 10 minutes until ambulance arrives
- Inform parent/guardian as soon as possible

Students with Asthma - Division Procedures

For any students with asthma:

1. A response plan shall be in place in the event of a severe asthma attack in the school. Primary responsibility for the management of asthma rests with the student, his/her parents (where appropriate), and/or appropriate medical personnel.
2. It is the responsibility of the asthmatic student's parents to inform the school principal of their child's condition.
3. [Form 504.1.6](#) shall be completed in consultation with the parent/guardian for students with a severe asthma condition.
4. School staff and parents shall work together to monitor, reduce and avoid triggers of asthma in the school environment.
5. School staff shall permit the student to self-administer medication using an inhaler as outlined in [Form 504.1.6](#).
6. The principal shall ensure that emergency response training is provided to all employees and others, such as practicum students, who are in direct contact with severely asthmatic students on a regular basis.
7. Students are expected to participate in school activities as fully as possible.

Use the correct form:

504.1.6 – [Emergency Medical Data Sheet – Students with Asthma](#)

504.1.7 – [City Transit Student Health Alert](#)

Employees with Asthma - Division Procedures

For any employees with asthma:

1. Response plans shall be in place in the event of a severe asthma attack in the school. Primary responsibility for the management of asthma rests with the employee and/or appropriate medical personnel.
2. Employees are strongly encouraged to self-identify and to complete [Form 504.1.6](#).
3. [Form 504.1.6](#) shall be shared with all staff and students as requested by the employee.
4. School staff shall work together to reduce and avoid triggers of asthma in the school environment.
5. Employees are encouraged to contact Human Resources with any concerns or questions regarding a health issue that may affect their work with the Division.

Use the correct form:

504.1.6 - [Emergency Medical Data Sheet – Students with Asthma](#)

Diabetes – General Overview

What is it?

Inability of the body to make or use Insulin, resulting in reduced glucose transfer from the blood to body cells. The cells then lack required energy and glucose accumulates in the blood.

Type 1 Diabetes – must take insulin by injection or pump

Type 2 Diabetes – controlled mostly through healthy diet and exercise

Signs of a life-threatening condition:

Blood sugar too low (**hypoglycemia**): - too much insulin / too little sugar in diet

- Sweating, light-headed, irritable, confused, drowsy, hungry, blurred vision
- Convulsions, unconsciousness (Life threatening!)

Blood sugar too high (**hyperglycemia**): - too little insulin / too much sugar in diet

- Thirst, frequent urination, tiredness, blurred vision, irritable
- If untreated for several days: Diabetic ketoacidosis with nausea, vomiting (Life Threatening!)

What to do?

Both situations require immediate medical attention:

- Call 911
- Ensure that a first aid trained staff member is present
- If conscious, give student sugar (orange juice or sweet snack)
- Inform parent/guardian as soon as possible

Information Links

Canadian Diabetic Association: [Diabetes Canada - Home](#)

Learn Alberta: [Diabetes \(Type 1\) - Information for Classroom Teachers \(learnalberta.ca\)](#)

Guidelines for Supporting Students with Type 1 Diabetes in Schools: [Alberta Education.pdf \(alberta.ca\)](#)

Diabetes - Division Procedures

1. Schools will establish a method for staff to identify students with diabetes using a photograph displayed in a visible location.
2. Schools will facilitate and provide opportunity for all school personnel in regular contact with the student with diabetes to attend a staff education session on diabetes. The session shall include the treatment of hypoglycemia, hyperglycemia and glucagon administration when indicated. Trained personnel will be identified in [Form 504.1.5](#), Diabetes Care Plan.
3. Personnel, responding to student needs, will be instructed to remain with the student until appropriate treatment has been administered and the blood glucose level has stabilized.
4. Schools will allow flexibility in the student's class routine/school rules to ensure that the student with diabetes can appropriately manage the condition. Situations may include allowing the student to eat on the bus or at his/her desk, not participate temporarily in certain activities, ask for assistance from school personnel, etc.
5. If indicated in [Form 504.1.5](#), Diabetes Care Plan, designated school personnel will administer glucagon for the treatment of severe hypoglycemia. The glucagon emergency kit should be labelled and kept in an accessible and secure location with the student's hypoglycemia treatment kit.
6. Schools will provide a hygienic, safe and private environment for the student to perform diabetes related tasks if the student wishes privacy.
7. Schools will provide for safe and accessible storage of the student's food supplies.
8. Designated school personnel will notify the parent if:
 - a. the student does not eat all scheduled meals and snacks (age appropriate) or vomits. (Young children and those with special needs may need to be reminded of snack times.)
 - b. there are any upcoming changes planned for the school schedule that will affect the student's meal/ snack times and activity level.
 - c. the student is unwell or exhibits signs of hyperglycemia such as frequent thirst or urination.
9. Schools will provide adequate supervision at special events such as field trips, intramural sports, recess, etc., to ensure the safety of students with diabetes.

10. Schools will communicate and liaise with the public health nurse and diabetes care team as required.

11. It is the parent's responsibility to:

- a. provide all materials and equipment necessary for diabetes care tasks including:
 - i. Blood glucose testing
 - ii. Emergency Hypoglycemia Treatment Kit, including Glucagon when indicated
 - iii. Insulin administration
 - iv. Urine ketone testing
 - v. Sharps disposal for insulin needles and lancets
- b. collaborate with the diabetes team, contact AHS Public Health and school personnel to complete a Diabetes Care Plan ([Form 504.1.5](#)), which will be reviewed on a yearly basis and revised during the school year as needed.
- c. arrange an annual meeting with school personnel to update medical information and arrange dates for yearly education sessions for school personnel.

12. It is the student's responsibility to:

- a. implement their diabetes care at school with parental consent to the extent that is appropriate for the student's development and his/her experience with diabetes.
 - i. The extent of the student's ability to participate in diabetes care should be agreed upon by the student, parents, the diabetes care team, school public health nurse and school personnel. This should be documented in the Diabetes Care Plan ([Form 504.1.5](#)).
- b. communicate with school personnel any concerns with diabetes care tasks including circumstances of hypoglycemia or hyperglycemia, when feeling unwell, or when requiring assistance from school personnel.

Use the correct form:

504.1.5 – [Diabetes Care Plan](#)

504.1.7 – [City Transit Student Health Alert](#)

Epilepsy – General Overview

What is it?

(epi-lep-see)

A brain disorder in which an irregular electrical discharge from cells causes periodic sudden loss or impairment of consciousness, often accompanied by seizures.

Types of Seizures:

Convulsive seizures:

May last 2-5 minutes
Muscle stiffening and jerking
Some difficulty breathing
Saliva foaming around the mouth

Non-convulsive seizures:

May last 5-15 seconds
Brief interruptions of consciousness
Staring spells
Small muscular facial movements
Confusion

What to do when a seizure occurs?

- Ensure that a first aid trained staff member is present
- Protect the child from injury: remove hard/sharp objects, loosen tight clothing
- Guide the child's movements, but do not try to stop or restrict movements
- When the seizure is over, gently turn the child to his side with his face turned slightly downward. This will keep him from choking on vomit or saliva and will keep the airway open. DO NOT try to force the child's mouth open or put anything in his mouth
- Protect the child's privacy by asking onlookers to leave
- Call 911 IF:
 - the child has a second seizure shortly after the first, or
 - if unconscious for more than five minutes, or
 - if it is the child's first seizure and you do not know the cause.
- When convulsions stop, wipe away fluid from the mouth and nose. Lay the child on his side (recovery position), with the top knee and bottom arm extended to keep him from rolling on his stomach. Stay with the child and allow them to rest
- Inform parent/guardian as soon as possible

Information Links

Epilepsy Canada: <http://www.epilepsy.ca>

Learn Alberta: http://www.learnalberta.ca/content/inmdict/html/seizure_disorders.html

Epilepsy - Division Procedures

1. It is the parent's responsibility to notify the school if their child is known to have an epileptic disorder. This should be done at the time of registration.
 - a. In addition, if there are any changes in the condition, including a change in medications, the school should be notified immediately.
(Medication is sometimes able to reduce the number of seizures or eliminate them entirely. While the child is growing, it may be difficult to find the right level of medication, and it may take time for the child to adjust to medication, particularly during growth spurts.)
2. Schools will facilitate and provide opportunity for all school personnel in regular contact with the student with epilepsy to attend a staff education session on epilepsy.
3. Unless otherwise advised by the child's physician, the child can be expected to participate in all school activities.

Use the correct form:

504.1.1 – [Medication/Personal Care Request and Authorization](#)

504.1.7 – [City Transit Student Health Alert](#)

Communicable Diseases – General Overview

What are they?

Communicable disease means an illness in humans that is caused by an organism or micro-organism or its toxic products and is transmitted directly or indirectly from an infected person or animal or the environment.

The Alberta Public Health Act requires:

A teacher or person in charge of an institution shall notify the medical officer of health of the regional health authority if it is known or suspected that a person under the care or supervision is infected with a communicable disease.

Some examples of reportable diseases include:

HIV/AIDS, Chickenpox, Hepatitis A, B, C, Meningitis, Mumps, Rubella, Smallpox, West Nile Virus. See the information link below for a more complete listing

What to do?

The presence of a person with a communicable disease does NOT constitute a medical emergency.

- For a student, the parents, principal and medical staff should work together to determine the best educational programming.
- For a staff member, the employee, medical staff and Human Resources should work together to determine the best support levels for the employee.

Information Links

Which diseases must be reported? [Notifiable disease guidelines | Alberta.ca](#)

Students with Communicable Diseases Division Procedures

1. A list of communicable diseases that must be reported to the medical officer of health and their visible signs and symptoms shall be posted in the general office and the staff room of each school.
2. School officials shall co-operate with public health officials in preventing the spread of communicable diseases.
3. In most instances, students with communicable diseases shall be managed in accordance with the Public Health Act.
 - a. In the case of HIV/AIDS, students shall be allowed to attend school programs in an unrestricted setting unless, in the opinion of the regional health authority's appropriate health official, there are special circumstances which necessitate restriction.
4. Decisions regarding the type of care and educational setting for students infected with a communicable disease shall be based on the behaviour, neurological development and physical condition of the student and the expected type of interaction with others. Program and confidentiality decisions for children infected with a communicable disease shall be made using a team approach which may include the child's physician, public health personnel, the child's parent(s), school principal and only those personnel immediately associated with the proposed care and/or education of the child.
 - a. In each case, the risks and benefits to both the infected child and to others in the educational setting shall be considered.
 - b. Persons involved in the care and education of students infected by communicable diseases shall respect the student's right to privacy. The number of people who are aware of the child's condition shall be kept at the minimum needed to assure proper care of the child and to detect situations where the potential for transmission may occur (e.g. bleeding injury). Confidentiality of information is required by the Public Health Act.
 - c. If such confidential information should be disclosed, and parental concerns are brought to the attention of the Superintendent and/or principal, then concerned parents shall be made aware of the confidentiality requirement and referred to the Chinook Health for information on communicable diseases.
5. Students with AIDS shall have the right to attend school unless, in the opinion of the medical officer of health for the regional health authority, attendance poses a significant health risk to others.

- a. The principal in consultation with the Superintendent (or designate), the student where appropriate and their parents/guardians and public health officials shall determine:
 - i. who will be informed of the presence of AIDS in the school and how that information will be communicated;
 - ii. who will be informed of the identity of the person or persons with AIDS and how that information will be communicated;
 - iii. what procedures will be implemented to protect the health and safety of others; and
 - iv. alternate arrangements for educational programming for students prevented from attending school because of AIDS.
6. The students' ability to participate in contact sports such as wrestling and rugby shall be determined by the consultative team described in Regulation 4 above, or by the Medical Officer of Health.
7. Students from grade 4 to 12 shall be provided with the information about communicable diseases where identified within the Alberta Program of Studies.
 - a. This would typically occur in the Health and CALM curriculum.
 - b. Communicable disease information related to human sexuality shall be subject to [Policy 602.7](#) Human Sexuality Instruction.

Employees with Communicable Diseases Division Procedures

1. Employees with communicable diseases shall be allowed to continue normal employment duties unless:
 - a. in the opinion of the Medical Officer of Health, in consultation with the Director of Communicable Disease Control, there are special circumstances or regulations which necessitate restriction, or
 - b. it is a bona fide occupational requirement of the job of the employee that the employee be free from any communicable disease. The identity of an employee who is known to be infected with a communicable disease will remain confidential.
2. An employee who is diagnosed as having a communicable disease and who becomes too ill to continue at work will have full access to sick leave, long-term disability and benefits as provided for the employee by the various collective agreements, Division policies and regulations of benefit plans.
3. An employee who is diagnosed as having a communicable disease will have access to counselling through the Employee Assistance Program to assist the employee in dealing with medical or personal difficulties.
4. Educational programs designed to inform employees about communicable disease transmission and prevention in the workplace, may be made available when appropriate, including seminars or online training to specific employee groups as the need arises.
5. Where an employee may be exposed to a communicable disease, such as HIV-AIDS or Hepatitis, specific to an emergent situation that may arise in their particular circumstance, appropriate precautionary procedures shall be implemented in accordance with Occupational Health and Safety Requirements.

Blood-borne Disease Prevention - Standard Precautions

The following standards shall be followed in any situation where exposure to blood or other body fluids may occur:

1. Use Protective Clothing and Equipment such as disposable gloves when:
 - touching open sores.
 - caring for a person who is bleeding.
 - examining mucous membranes (inside of the mouth).
 - handling or cleaning up blood or other bloody fluids.
 - handling linens saturated with blood or body fluids.
2. Ensure thorough Hand Washing:
 - Hands and any skin surfaces contaminated with blood or other body fluids should be washed thoroughly, as soon as possible after the exposure.
 - To wash hands use plain soap and warm running water. Rub all surfaces of lathered hands for at least 10-15 seconds.
 - Always wash hands after removal of disposable gloves
 - In the case of a needle stick injury or a human bite which pierces the skin:
 - wash and disinfect the injury immediately
 - notify your employer (if it happens on the job) and the local community health office for appropriate follow up
3. Cleaning Up Blood/Body Fluids:
 - Use gloves.
 - Use disposable material whenever possible to absorb large spills.
 - Disinfect surfaces first by covering surfaces with paper towels, pour on a 1:10 bleach solution and let sit a minimum of 10 minutes. Then clean up spill and wash with detergent. Air dry.
 - Use disposable cleaning cloths (see disposal of contaminated wastes). Otherwise, soak cleaning cloths and mops in a 1:10 bleach solution, rinse and let air dry. (Some surfaces may be damaged by bleach.)
 - Isopropyl alcohol or other chemical germicides approved for use as “hospital disinfectants” will kill viruses when used as directed.

4. Laundering Clothes And Linen Soiled With Blood/Body Fluids

- Use disposable gloves when handling heavily soiled linen.
- If responsible for washing linens:
 - rinse in cold water prior to washing
 - use household bleach if fabric permits
 - wash in water as hot as the material will allow
 - dry on as hot a setting as the material will allow
 - if heavily soiled, consider laundering separately

5. Disposal Of Contaminated Wastes:

- Wear disposable gloves when handling waste contaminated with blood and body fluids.
- Garbage cans should be lined with plastic bags.
- Put wastes in sturdy plastic bags before discarding with the regular garbage.
- Avoid picking up sharp objects (broken glass, syringes and needles) by hand. Use a broom and dustpan.
- Sharp objects which may be contaminated with blood or body fluids should be put in a puncture resistant, plastic or metal container with a firm fitting lid (empty coffee can). Sharps containers may also be purchased at pharmacies or medical supply stores.

6. First Aid Precautions:

- Minimize direct contact with blood or other body fluids by using a dressing or clean cloth as a barrier.
- When possible, have the person clean and dress their wounds or help you do so.
- Wear disposable- gloves when there is bleeding or if you have cuts/sores on your hands.
- Wash your hands thoroughly after removing gloves or after coming in contact with any body fluid.
- Use a mouthpiece if possible when doing mouth to mouth resuscitation. If a mouthpiece is not available, clean off the person's mouth with a clean cloth tissue and proceed.

Head Lice – General Overview

What are they?

Small insects that live and breed on the scalp.

**Lice are a nuisance
not a health hazard!**

Did you know that...

- Head lice are not dangerous and they do not spread disease.
- Lice can and do spread from person to person.
- Lice do not live on cats, dogs or other animals.
- Both adults and children can be infected.
- Short hair does not prevent infection.
- Infections can be caught anywhere, not just at school, thus head lice are a community problem not just a school problem.

What to do and what not to do?

- DO NOT – Exclude from school children who may have head lice. If lice are present, they will likely have been there for weeks.
- DO NOT – send alert letters home to other families. These may cause unnecessary anxiety and negative responses from individuals who lack accurate information about head lice.
- DO – provide the family with information regarding detection combing and treatment.

Information Link

MyHealth.Alberta.ca: [Head Lice \(alberta.ca\)](http://HeadLice.alberta.ca)

Please also see:

Appendix A: Head Lice Information from Alberta Health Services

Head Lice - Division Procedures

1. Students, staff and parents shall be offered information on head lice identification, prevention and treatment on a regular (annual) basis rather than just during an outbreak. It should be emphasized that head lice:
 - 1.1. are a community-wide problem, and not only a school problem,
 - 1.2. are just as likely to be caught at home or in the community as at the school,
 - 1.3. cannot live on pets or other animals,
 - 1.4. do not jump or fly,
 - 1.5. do not carry or transfer other diseases, and
 - 1.6. can infect children and adults.
2. Students and/or staff with head lice shall be supported in a confidential, non-judgmental manner.
3. When school personnel become aware of a student with head lice, they (using telephone contact) will notify the parent/guardian.
4. A treatment protocol as recommended by Alberta Health Services shall be provided to the parent/guardian ([Exhibit 504.1.A](#) Head Lice Counselling Guidelines).
 - 4.1. Parents shall be advised to share treatment protocols with the child's immediate contacts (neighbors, relatives and friends).
5. The student shall NOT be removed from regular classes upon detection of head lice, but physical contact and sharing of hats or scarves should be minimized.
6. DO NOT send out alert letters to other parents.
7. School personnel shall NOT participate in the detection combing of students.
8. Parents should be informed of their role and responsibilities regarding head lice including:
 - 8.1. Becoming aware of signs and symptoms of infestation,
 - 8.2. Learning the correct method of identification through detection combing,
 - 8.3. Examining their child's head weekly as part of routine hygiene,
 - 8.4. Notifying the school if their child has lice,
 - 8.5. Notifying others with whom their child may have been in contact including family members, neighbors and friends,
 - 8.6. Carrying out treatment protocols on family members with live moving lice,
 - 8.7. Washing personal items such as combs, brushes, bedding and hats.

Concussion – General Overview

What is it?

A concussion is a brain injury that cannot be seen on routine x-rays, CT Scans, or MRIs. It affects the way a person may think and remember things, and can cause a variety of symptoms. It can be caused by a blow to the head, face or neck or a blow to the body which causes a sudden jarring of the head.

Symptoms

A student does not need to be knocked out (lose consciousness) to have had a concussion. Typically thinking problems such as loss of time, date, place period of game opposing team or score can present. General confusion, headache, dizziness, seeing “stars”, loss of vision, stomachache or nausea can present. Other problems that can be observed are; poor coordination or balance, vomiting, slurred speech, slow to answer questions, easily distracted and strange or inappropriate emotions.

What to do?

With any sign of concussion

- Student should stop the sport or activity right away
- Student should not be left alone and should be seen by a doctor as soon as possible that day
- If student is unconscious call an ambulance to take him/her to hospital
- If unconscious do not remove helmet or other athletic equipment; wait for paramedics to arrive
- The student should not return to activity until they have been seen by a doctor and the doctor grants participation in that activity, Procedure, form [504.1.9](#) – *Concussion Care Plan* should be completed prior to return
- The signs and symptoms of a concussion often last for 7-10 days but may last much longer. Having previous concussions may increase the chance that a person may take longer to heal
- When in doubt “opt out”

Information Links

SPHEReS: [SPHEReS | School Physical Activity Health & Education Resource for Safety \(myspheres.ca\)](http://myspheres.ca)

Sport Medicine Council of Alberta: [Concussion Management Workshop - SportMed](#)

Concussion Awareness Training Tool: [Concussion Awareness Training Tool for Medical Professionals \(cattonline.com\)](#)

Students with Concussion - Division Procedures

1. The principal shall ensure that emergency response training is provided to all employees who may typically encounter a concussion injury. It is recommended that coaches of high contact sport in schools (Rugby, Football) complete specific concussion training.
2. Primary responsibility for the management of a concussion rests with the impacted student, his/her parents (where appropriate), and/or appropriate medical personnel. Parents will need to relay and confirm medical recommendations and diagnosis/treatment plan to school staff. A medical note may be required.
3. All staff members who work with the student must be made aware of the student's situation as a concussion can impact physical and academic performance. It is clear that exertion, both physical and mental, worsens concussion symptoms and may delay recovery. Thus, the most important treatment for concussion is rest.
4. Returning to activity should follow a gradual approach and only occur after medical permission has been granted. Refer to "[SPHEReS \(School Physical Activity, Health & Education Resource for Safety\) – Fundamental-Reading – Concussions](#) for Return to school and Play 3 phase approach. (Step 1- 6).

In case of a concussion use the correct form:

[504.1.9 Concussion Care Plan](#) (Procedure)

Student Illness or Accident at School - Division Procedures

1. Schools shall make provision for the temporary care and supervision of students who become sick or injured at school.
2. In the event of student illness or injury, where it is determined that, in the best interests of the student, he/she not remain at school, parents will be contacted and requested to come to the school to transport their child home or to an appropriate medical location.
 - 2.1. Further, students will not be dismissed from the school until a parent/guardian or emergency contact has provided consent.
3. If the student requires immediate medical attention and the parent cannot be contacted, the employee or agent of the Board shall:
 - 3.1. arrange for the transportation of the student to a medical facility;
 - 3.2. attend or arrange for another employee's attendance with the student at the medical facility; and
 - 3.3. remain with the student until:
 - 3.3.1. relieved by the parent;
 - 3.3.2. relieved by another employee;
 - 3.3.3. the student is discharged by the practitioner or medical facility and is taken back to the school or placed in the care of a responsible adult; or
 - 3.3.4. advised by a medical practitioner that there is no further need to remain as the treatment and safety of the student has been undertaken by the medical facility or institution.
 - 3.4. upon arrival at the practitioner or facility, advise those in authority that he or she is not the parent of the student;
 - 3.5. refrain from providing any consent for medical treatment of the student; and
 - 3.6. advise the principal of the situation and action taken.
4. The school shall require every employee or agent of the Board involved in obtaining medical services for the student to document:

- 4.1. student accidents on the Division reporting system; and/or
- 4.2. any incident requiring the provision of medical services, paying careful attention to time(s) and observation of the student.
5. All staff and authorized supervisors are protected by the Board's liability insurance when acting within the scope of their duties as approved by the school administration.

Use the correct form:

To Report an Accident: [click here](#)

Health Issues Not Covered in this Manual

This manual outlines regulations for the management of the most common health related issues encountered in schools. It is understood that from time to time, students and/or staff with medical conditions not covered in this manual may be in our schools.

1. For students in this situation, the Principal shall meet with the parent/guardian to determine:
 - 1.1. if the medical condition is potentially life threatening and therefore requires a formal care plan to ensure student safety;
 - 1.2. who in the school should be made aware of the medical condition; and
 - 1.3. if a staff training session might be necessary.
2. If a care plan is deemed necessary it should be modeled after [Form 504.1.4](#) Anaphylaxis Emergency Plan such that it includes:
 - 2.1. a student photo;
 - 2.2. a description of the life threatening condition;
 - 2.3. critical triggers, signs and symptoms to watch for;
 - 2.4. recommended responses to critical situations;
 - 2.5. emergency contacts; and
 - 2.6. parent/guardian and physician signatures.
3. For some situations, additional resources may be accessed by contacting the Director, Student Services and/or Division counseling services in order to:
 - 3.1. obtain additional information regarding the nature of the medical condition;

- 3.2. further explore the best educational programming strategies for the student;
and
- 3.3. inquire about additional community supports and resources that may exist.
- 4. Any staff members with a medical condition not covered in this manual are encouraged to contact Human Resources to discuss:
 - 4.1. implications for the work environment;
 - 4.2. the support services available through the Division Employee Wellness Program;
 - 4.3. the potential need for a formal care plan;
 - 4.4. who in the Division should be made aware of the condition; and
 - 4.5. if a staff training session might be necessary.
- 5. For any complex health situation, it is recommended that Alberta Health Services be contacted in order to obtain accurate information regarding the medical condition and, where appropriate, to provide input on a formal care plan.

Information Link

Understanding Medical and Disability Information for Teachers:

[Understanding Medical and Disability Information \(learnalberta.ca\)](https://www.learnalberta.ca/Understanding-Medical-and-Disability-Information)



Appendix A

Head Lice Information from
[MyHealth.Alberta.ca](https://myhealth.alberta.ca)



Head Lice

What are head lice?

Head lice (Figure 1) are tiny insects that live close to the scalp, where they lay and attach their eggs (nits). Lice can't survive unless they are close to the scalp.

- Live lice are tan to greyish white. They're about the size of a sesame seed. It may be easiest to find them on the back of the neck at the hairline or behind the ears.
- Nits look like tiny yellow or white dots attached to the hair, close to the scalp. They're often easier to see than live lice. Nits may look like dandruff. But you can't pick them off with your fingernail or brush them away.

Head lice are most common in children. They can spread anytime a child's head comes into contact with the head or hair of someone who has lice. Lice can't fly or jump.

Head lice aren't dangerous. They don't spread disease or have anything to do with how clean someone is.

What are the symptoms?

Head lice may cause an itchy feeling on the scalp. This is because of your body's reaction to the lice bites. But not everyone has itching, and not all itching means you have lice. Lice can be on the scalp for 4 to 6 weeks before itching starts.

How are they diagnosed?

You can check for head lice at home. Use a fine-toothed comb. Part small sections of hair in a place with good light. Using a magnifying glass can help. You can also check with a doctor, who will ask about symptoms and check the scalp and hair for lice and nits (Figure 2).

How are head lice treated?

There are several over-the-counter medicines that kill lice. Most of them are creams or shampoos that you put on the scalp. Each type of medicine is a little different, so it's important to follow the directions carefully. Your doctor or pharmacist can answer any questions you may have.

How can you care for yourself at home?

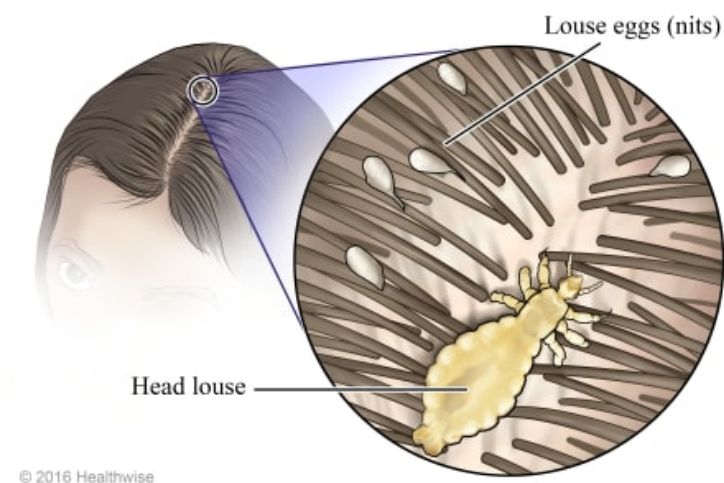
- Use an over-the-counter medicine to kill lice. Your doctor or pharmacist can help you choose a medicine that is safe.
- Follow the directions that come with the medicine carefully. Some medicines should only be used once. Others require a second treatment 7 to 9 days after the first treatment. Don't use more medicine than you should or two medicines at the same time.
- Do not shampoo or condition your hair before you use the medicine. It's best to wait 1 to 2 days after you use the medicine before washing your hair.
- To rinse out the medicine, use warm (not hot) water. Make sure to wash out the medicine over the sink instead of the shower. This helps to avoid some of the medicine coming into contact with your skin.
- Check your scalp for live, active lice 12 hours after treatment. If you find some, talk to your doctor. You may need a different type of treatment.
- Try wet-combing, which may help remove lice and nits. Use a comb with teeth that are close together. A flea comb that's made for dogs and cats will also work. Wet the hair. Comb all of the hair very carefully. Combing needs to be done over and over.
- Try not to scratch. Scratching can cause sores on the scalp, which can lead to an infection. It may help to use an over-the-counter anti-itch cream to calm the itching. If the itching is really bad, ask the doctor about an over-the-counter antihistamine. Read and follow all instructions on the label.

How can you prevent head lice?

- Check everyone in your home for lice. If your child shares a bed with someone, the other person should be treated too. (Don't worry about pets. They can't get lice.)

- Teach your children not to share anything that comes into contact with hair. For example, don't share hair bands, towels, helmets, hats, combs, or brushes.
- You don't need to spend a lot of time or money deep cleaning your home. But it's a good idea to:
 - Soak hairbrushes, combs, barrettes, and other items for 10 minutes in hot water.
 - Machine-wash clothes, bedding, towels, and hats that touched the head in the last 2 days in hot water. Dry them in a hot dryer. If you don't have access to a washing machine or if items can't be washed or dried, store these items in a sealed plastic bag for 14 days.
 - Vacuum carpets, mattresses, couches, and other upholstered furniture.

Figure 1 - Head lice

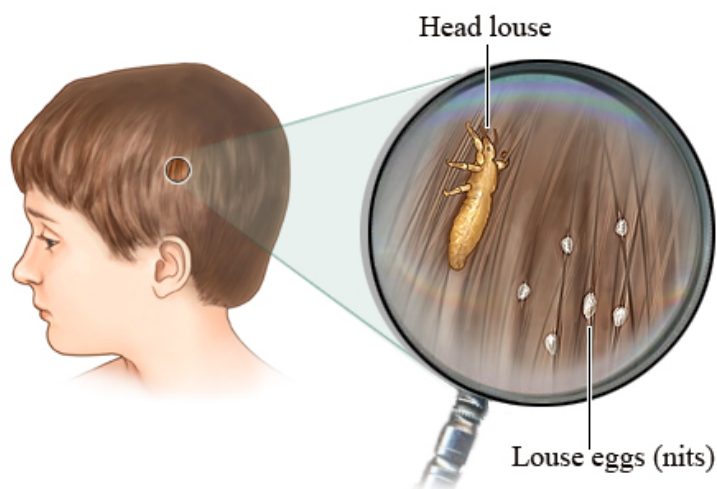


Adult head lice (or "louse" for just one) are approximately the size of a sesame seed and can vary in colour from white to brown to dark grey.

Louse eggs (nits) are much smaller and look like light grey or brown ovals that are glued to individual hair shafts.

Head lice spread from one person to another through close bodily contact. Sometimes they spread when people share clothing or personal items such as hats or hairbrushes.

Figure 2 - Head lice: Appearance on hair



Head lice and their eggs (nits) can be seen on hair, the nape of the neck, and behind the ears. They can vary in colour from white to brown to dark grey. The eggs are tiny round or oval shapes that are tightly attached to the hair near the scalp and do not slide up and down on the hair. The adult louse is about the size of a sesame seed.