

NIPISSING-PARRY SOUND CATHOLIC DISTRICT SCHOOL BOARD

PROVISION OF STUDENT HEALTH SUPPORT SERVICES

AS 28.0
NPS 55-99

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.

Replaces former Section E17

NIPISSING-PARRY SOUND CATHOLIC DISTRICT SCHOOL BOARD

PROVISION OF STUDENT HEALTH SUPPORT SERVICES	AS 28.0 NPS 55-99
<ul style="list-style-type: none">ii) Obtain from the parent a written request to have service provided for the pupil.iii) Contact the local Community Care Access Centre to give the pupil's name, address, parent or guardian's name, and telephone number.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>3. Clean catheterization, shallow surface suctioning, assistance with mobility, feeding, toileting, and general maintenance exercises</p> <ul style="list-style-type: none">a) The principal will attempt to provide the above services by considering the following in the order indicated:<ul style="list-style-type: none">i) inviting the pupil's parent to accept the responsibility for performing the service during school hours;ii) inviting a school volunteer to accept responsibility for performing the service when no training is required;iii) allowing a teacher volunteer or teacher's assistant, assigned to the class, to perform the service after suitable training;iv) requesting special assistance from the Board, if none of the above is feasible. <p>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**

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