



HEAD OFFICE:
10589 - 124th Street,
Surrey, BC Canada V3V 0B1
T: 604.951.7460 • F: 604.951.7310
www.khalsaschool.ca

STUDENT AND STAFF HEALTH

Purpose: To promote the health and well-being of students and staff our school works with the Ministry of Health and the medical health professionals Fraser Health Authority. All employees have a duty to be aware of the guidelines for monitoring, treating, and reporting routine and serious medical conditions.

Scope: All employees and students

Policy: Khalsa School is committed to providing a safe learning and work environment. In accordance with the BC Health Act (Schools) we have procedures in place that cover communicable disease control (immunization), prevention of infection from blood-borne viruses, school management of students infected with blood borne pathogens, prevention and management of anaphylaxis in a school setting, and management of chronic health impairments.

Procedure:

1. Communicable Disease Control

The immunization program provided by Fraser Health Authorities is aimed at maintaining adequate levels of protection in school populations against major vaccine-preventable diseases.

- Administrators will:
 - a) Distribute immunization information and consent forms;
 - b) Collect completed forms for the community health nurse (to be handed over to the community nurse once collected);
 - c) Provide a safe environment in the school for delivery of the immunization program.
 - d) Maintain student immunization records according to Ministry of Education standards.
 - e) Ensure all school personnel undergo a medical exam upon employment that includes testing for severe communicable diseases such as Tuberculosis.
 - f) Make arrangements for a child who falls ill during the school day to be cared for away from the general school population until parents/guardians take the child off school premises.
 - g) An administrator can refuse admission to a student entering school for the first time who does not provide satisfactory proof of immunizations as set out by BC Public health.
http://www.immunizebc.ca/sites/default/files/graphics/immz_schedule_website_child

infant oct 27 2014 final1.pdf Exemptions apply to a student whose parents provide a medical exemption signed by a medical practitioner and notarized.

- Parents/Guardians will:
 - a) Provide immunization records when a student registers in the school for the first time.
 - b) Provide a completed consent form for the student for all immunizations (consent form will indicate yes or no).
 - c) Keep a child who is ill away from school and notify the school in a timely manner as to the nature of the illness and estimated duration of absence.
 - d) Arrive at school in a timely manner or make suitable arrangements when notified that their child falls ill at school.
- Students will:
 - a) Return signed parental consent forms to the school (no student can give personal consent for an immunization).
 - b) Attend designated immunization areas in an orderly manner.

2. Prevention of Infection from Blood-Borne Viruses (HIV, HEP B, HEP C)

- Use gloves at all times when in the presence of blood or body fluids to prevent contact.
- Dispose of dressings and materials used to cleanse wounds in a plastic bag lined receptacle.
- Use approved disinfectant for blood or bodily fluid spills.
- Provide a puncture-proof sharps container to discard contaminated objects.

3. Students Infected with Blood Borne Pathogens

- Mandatory disclosure of infection is not required; assume that anyone could be infected with blood borne pathogen.
- Follow all Ministry of Health Guidelines in prevention of infection.
- Follow local health authorities' (Fraser Health) guidelines on flu infection in the school (i.e. 10% of school population absent due to illness reporting procedure).

4. Prevention and Management of Anaphylaxis in the School Setting

Anaphylaxis Definition:

Anaphylaxis is defined as a sudden and severe allergic reaction which requires immediate treatment to prevent sudden death from suffocation or cardiac arrest. Examples of potentially life-altering allergens include:

- Peanuts, tree nuts and nut products

- Shellfish
- Fish
- Cow's milk
- Eggs
- Insect venom

Signs and symptoms of an anaphylactic reaction can occur within minutes of exposure to an offending substance. Reactions could occur within two hours of exposure, but in rare cases can develop hours later. Specific warning signs as well as the severity and intensity of symptoms can vary from person to person and sometimes from attack to attack in the same person. An anaphylactic reaction can present any of the following symptoms, which may appear alone or in any combination, regardless of the triggering allergen:

- Skin: hives, swelling, itching, warmth, redness, rash
- Respiratory (breathing): wheezing, shortness of breath, throat tightness, cough, hoarse voice, chest pain/tightness, nasal congestion or hay fever-like symptoms (runny nose and watery eyes, sneezing), trouble swallowing
- Gastrointestinal (stomach): nausea, pain/cramping, vomiting, diarrhea
- Cardiovascular (heart): pale/blue colour, weak pulse, passing out, dizzy/lightheaded, shock
- Other: anxiety, feeling of "impending doom", headache

Because of the unpredictability of reactions, early symptoms should never be ignored, especially if the person has suffered an anaphylactic reaction in the past. If an allergic student or employee expressed any concern that a reaction might be starting, the student and employee should always be taken seriously. When a reaction begins, it is important to respond immediately, following instructions in the emergency response plan. The cause of the reaction can be investigated later. The most dangerous symptoms of an anaphylactic reaction involve:

- ✓ breathing difficulties caused by swelling of the airways and
- ✓ a drop in blood pressure indicated by dizziness, light-headedness or feeling faint/weak.

Procedure:

- Administrators will:
 - Distribute a medical questionnaire to all parents; this document includes information about life-threatening allergies and parents are required to complete this form and return it by the end of the first week of school.
 - Ensure a copy of the allergy-alert form is kept in the student's file and the Student Record is marked accordingly. A copy of the allergy-alert form is also kept in other key locations, such as the school office, staff room, and wherever the child's epinephrine injector (Epi-Pen) is stored.

- Keep Epi-Pens (provided by parents/guardians) in a covered and secure area (unlocked) known to all staff.
 - Inform in their respective schools at the first staff meeting (this includes all teaching and administrative/facilities staff) that a child (children) or employee(s) with anaphylaxis is attending the school. Each staff member receives a confidential communication identifying the students and employees and their conditions.
 - Provide in-service training annually on anaphylactic care as it pertains to a school setting.
 - Depending on what activities volunteers are engaged in (i.e. playground supervision, field trip assistance, teachers' aid, etc), information on anaphylactic students will be shared in a confidential need to know basis. Volunteers engaged in regular activities where teachers may not be in close vicinity such as playground supervision, will have training regarding care and treatment of students with anaphylactic concerns.
 - Endeavour to establish an environment where known allergens are not present. It is important to note that it is not possible to achieve a completely allergen-free school as there can be hidden or accidentally introduced forces. We educate students and staff to be “nut-aware”.
 - With parental permission, and in a manner that is appropriate to the students' age and maturity level, identify the anaphylactic child to all students in the school.
- Teachers will:
 - Minimize accidental exposure by sending a notice home at the beginning of the school year and thereafter as necessary to inform parents of the prohibited allergens and to ask that no food be brought into the class that contains such allergens.
 - Establish regular hand-washing routines for students before and after eating to minimize risk of exposure of any food allergen residue.
 - Read food labels of any food products brought to class with the intention to distribute and remove all items containing prohibited allergens.
 - Routinely remind and discourage students from sharing food
 - Recommend to the parent of an anaphylactic child send non-perishable treats to the school for those situations where other parents have provided food with potential allergens
 - Be aware of hidden allergens in items such as play dough, beanbags, stuffed toys, counting aids, beans, peas, science projects, special seasonal activities, garden projects, etc.
 - Ensure a copy of the allergen alert form, emergency contact information, and an Epi-Pen is taken on field-trips as necessary.

- Cafeteria Servers and Contractors will:
 - Ensure that all food sold/served is allergen-free whenever a student or employee is susceptible to a specific allergen is enrolled or employed at a school site.
 - Clean eating surfaces thoroughly before, after, and during food service.
 - Food cooked in the school's campus kitchens for private, non-related school functions (not being served to the student during school days) will also be vegetarian, but will not be inspected for allergens. This includes langar cooked on Saturdays, while students are in attendance for Clubs.

- Parents/Guardians will:
 - Make the school aware of their child's medical condition and provide updates if this condition changes.
 - Provide sufficient Epi-Pens and refresh the supply as needed due to expiration or use.

- Students will:
 - Learn to administer their own medication as soon as developmentally possible (about age 8). Note: individuals of any age may require help during a reaction due to rapid progression of the symptoms. Therefore, adult supervision is required.
 - Monitor their food consumption and refrain from accepting questionable food.
 - Inform staff members when they feel an anaphylactic reaction is occurring.
 - Carry and be responsible for their Epi-Pen as soon as developmentally appropriate.

- In the event of an anaphylactic reaction a staff member will:
 - Assist the child as necessary, and stay with the child until emergency personnel arrive.
 - Telephone 911 and inform that a child is having an anaphylactic reaction.
 - Telephone parents/guardians.
 - Accompany the child to the hospital if parent not available or not immediately present to receive the child at the hospital.

5. Insect Venom precautions:

- The School Administrator will:
 - Ensure garbage is properly covered
 - Assign personnel to inspect the grounds and remove any bee/wasp nest located
 - Advise teachers that should a bee/wasp enter a classroom, a student with an insect venom allergy will be immediately removed from the room.
 - Advise teachers that students with an insect venom allergy are allowed to remain indoors during bee/wasp season

6. Students with Medical Conditions:

Students with medical conditions such as seizures, asthma, diabetes or other chronic health conditions are to have a care plan in place created jointly by the parents, health professionals, and school staff.

- Administrators will:
 - Keep a record of students who have identified medical conditions. Note: The administrator may request additional medical information at his or her discretion.
 - Ensure that care plans for students with medical conditions are updated regularly.
 - Consult with the Community Health nurse as needed.
 - Educate fellow students as appropriate to preserve affected students' dignity.

- Parents/Guardians will:
 - Make the school aware of their child's medical condition and provide updates if this condition changes.
 - Assist the school in completing a care plan for their child.
 - Provide appropriate medications both for management and emergency and determine a plan with the school about where and how these should be kept and administered.

- In the event of an epileptic seizure:
 - Stay Calm. Remain with the child. If possible, remove other children from the area.
 - If the child is convulsing then put something soft under their head.
 - Protect the child from injury (remove harmful objects from nearby)
 - NEVER try and put anything in their mouth or between teeth.
 - Call 911
 - Try and time how long the seizure lasts.
 - Call the parents
 - When the child finishes their seizure stay with them and reassure them. Do not give the child food or drink until they have fully recovered from the seizure.
 - Sometimes a child may become incontinent during their seizure. If this happens, try and put a blanket around them when their seizure is finished to avoid potential embarrassment

7. Administration of Medication:

In the case of ongoing administration or self-administration of medication or provision of a health care procedure a plan with parental consent is to be in place with accompanying medical documents and/or support. In the case of the administration or self-administration of medication (Tylenol, Advil etc.) that is occasional, parental permission is to be provided. If medication is required while a student is attending school, an administrator or any person designated by him/her shall administer or supervise the self-administration of medication. If required the community health nurse will train a person/persons in the administration of medication or health care procedure.

No person shall perform any medical or health care procedure or administration of a medication that endangers the well-being of a student or subjects that person to risk of injury or liability of negligence. (The exception is in the case of a life threatening emergency).

Note: The possession or use of non-medical drugs on school property is strictly prohibited.

8. Head Injuries:

All head injuries are to be reported and filed. Parent/guardian is to be informed and made aware of the injury. A student with a head injury is to be monitored for symptoms of possible concussion.

9. Employees with Medical Conditions:

Employees with medical conditions that may require intervention during work hours (such as severe allergies, seizures, asthma, and diabetes) should inform their supervising Administrator the pertinent details of their condition and appropriate treatment in the event that the employee is unable to care for him/herself.

Sick Room

If a child is unwell, they are either sent to the sick room or sent home (they will wait in the sick room until a parent or relative has arrived).

In order to ensure that the sick room is safe and hygienic the following is completed on a regular basis:

- Sick room will be cleaned daily – hard surfaces such as doorknobs, bedside tables, bathroom sinks, toilets, and counters are wiped down with disinfectant cleaning material.
- Sheets will be changed on a regular basis
 - Weekly if no child has been in the room that is contagious
 - Right after a child leaves who has been vomiting or has a flu/fever.
 - Right after if a child has an accident on the sheets
- Clean linens will be kept on hand at all times, and washed with hot water to ensure that all germs have been taken care of.

The following items will be properly stocked either in the sick room or close by:

- First Aid Kit
- Tissues
- Trash can with lid and lined with a plastic trash bag
- Hand Sanitizer
- Sick Room Rules must be posted on the wall

If a child is in need of an ambulance, call 911 immediately. Call the parents to inform them that an ambulance has been called.