



<b>POLICY 1.4 STUDENT HEALTH AND SAFETY</b>	Adopted: 1994-03-14
	Reviewed: 2008-05-15
	Revised: 1998-02-11, 2007-06-18, 2007-11-21, 2008-04-07, 2008-11-20

The Board places a very high priority on ensuring the health and safety of the people in this school district. To this end the following policy directions are set.

- All schools will have an emergency evacuation plan and ensure that all staff and students re fully conversant with it and capable of playing their part in using it.
- A fire drill procedure, consistent with the advice of the fire department, will be practiced regularly in each school, with a frequency recommendation by the fire department.
- A “Security Threat/Secured Room/Lockdown” procedure consistent with “Emergency Procedures Manual: Quick Reference Guide” will be practiced annually in every site.
- All safety recommendation and legal requirements of statutory authorities will be implemented in all schools. Any departure from such recommendations requires Board approval.
- All schools will reasonably accommodate students with medically diagnosed allergies, particularly where those allergies are life threatening. Allergies may be to food, animals, plants, or a wide range of other substances, including scented products, cleaners, chemicals, and other materials affecting air quality.

<b>REGULATION 1.4.1-R HEAD LICE</b>	Adopted: 2000-03-09
	Reviewed: 2008-05-15
	Revised: 2000-03-16

**Procedures**

In consultation with the Public Health Unit, schools shall develop a plan for the control of head lice which includes the following steps:

1. Schools will provide basic student and parent education including information on the importance of regular checks, detection methods and suggested treatment.
2. Parents will be advised that they must inform the school if their child has head lice.
3. Staff shall be made aware of possible signs of head lice.
4. Schools may decide to conduct regular head checks using trained volunteers. If a parent objects to this practice, he/she will inform the school principal.
5. When a child is found to have head lice, parents will be contacted and are expected to begin treatment. Students will not be sent home from school and the issue should be dealt with sensitively.
6. Letters and information will be sent to the parents of other students in the school where a case of head lice has been detected.

7. When a case of head lice persists, the child may be asked to return home until he/she is nit free. In such unusual cases, support for the family will be provided through consultation with Public Health.

**REGULATION 1.4.2-R  
ALLERGIES AND ANAPHYLAXIS**

Adopted:	2008-01-06
Reviewed:	2008-05-15
Revised:	2008-03-20, 2008-04-07, 2008-11-20

**Anaphylaxis**

Anaphylaxis is a severe allergic reaction which requires immediate treatment to prevent sudden death from suffocation or cardiac arrest. Potential life-threatening allergens include peanuts and other legumes, nut products, shellfish, fish, cow’s milk, eggs, insect venom, etc.

School Principals, in conjunction with parents, students and the Public Health Nurse (PHN) will develop “School Plans” when an anaphylactic child is under their care. School plans will include ways of minimizing risk for the anaphylactic child, as well as procedures for dealing with an anaphylactic emergency. These plans will be considered in the context of the anaphylactic child’s age and maturity. As children mature, they should be expected to take increasing personal responsibility for avoidance of their specific allergens.

**1. Administrative Regulations**

- Ensure that this checklist is used to develop and implement the school’s plan:
- The parent(s)/guardian(s) will inform the principal of the student’s anaphylactic condition and have the child’s physician/specialist complete the “Request for Administration of Medication/Pre-Loaded Auto Injection Epi-Pen at School” form (Appendix A). This form must be updated as required.
- An Anaphylaxis Action Plan must be completed and in place prior to a student attending school. Registration forms of Kindergarten and new students will be reviewed and those identified as Anaphylactic will be referred to the Public Health Nurse (PHN) so the Action Plan can be completed prior to the child’s attendance at school.
- After discussion with parent(s)/guardian(s), and when appropriate, students in the class of the student with anaphylaxis should be given information about allergies and be asked to cooperate with the school’s expectations to make the school as safe as possible. This will be followed up with classroom education presented by the Public Health Nurse, when required.
- All staff in schools shall receive in-service from the Public Health Nurse, or designated staff, in a timely manner. Procedures will be put in place to educate teachers-on-call, substitute education assistants, secretaries, playground supervisors, custodians, bus drivers and volunteers.
- All staff will take reasonable steps which are consistent with school board policy to create as safe as an environment as possible for the student with anaphylaxis outside the classroom.
- Parent(s)/guardian(s) will complete a “Request for Administration of Medication/Pre-Loaded Auto Injection an Epi-Pen® at School” form (Appendix A), and provide a current Epi-Pen®, which will be stored according to the Action Plan.

**2. Responsibilities of the Principal**

- Arrange a meeting with the parent(s)/guardian(s) of the student with anaphylaxis (and consult with the PHN, as required) to devise/revise the Anaphylaxis Action Plan, preferably before the first day of school/as soon as practicable.
- Ensure that the parent(s)/guardian(s) have completed, signed and updated all necessary forms, that the Anaphylaxis Action Plan is implemented and that all medical information is updated.

- Ensure that in-service is provided annually to school personnel and others who are in regular contact with children with anaphylaxis. In-service should focus on how to recognize and treat an anaphylactic reaction, school policies to protect children with anaphylaxis from exposure, and school protocol for responding to emergencies. Provide all school personnel and others with the School Responsibilities Checklist. (School personnel and others include: teachers, teachers-on-call, secretaries, bus drivers, education assistants, custodians, student teachers, noon hour supervisors, crossing guards and volunteers.)
- Post anaphylaxis action plans in appropriate classrooms (perhaps in attendance folder), in the staffroom and in the office. (The posting of children's pictures should occur only after consultation with parents.)
- Maintain an up-to-date list of emergency contacts and phone numbers.
- When appropriate, inform all parents/guardians that an anaphylactic student is attending the school/class and ask for their support.
- Ensure that Epi-Pens® are stored in a safe (unlocked) but easily accessible location and that staff has been informed of the Epi-Pen's® location.
- Establish safe procedures for field trips and extra-curricular activities.
- With teachers, develop a school procedure for reducing risk in classrooms and other common areas.
- Set up a meeting with the bus driver and parent(s)/guardian(s) to ensure the driver has been "trained" and that the parent(s)/guardian(s) are knowledgeable of the Action Plan and that questions have been asked and answered. This may be done in conjunction with other pre-arranged meetings or educational sessions.
- Ensure that the bus supervisor receives a copy of the student's picture and information as contained in the Action Plan.
- Ensure parents are aware of bus safety rules.
- If the student with anaphylaxis is on the lunch program, the caterer must be made aware of the allergy. If the caterer cannot ensure allergen-free food then the child should not participate in the lunch program.

### **3. Responsibilities of the Parent or Guardian of a Student with Anaphylaxis**

- Inform the school of the child's anaphylactic allergies and make an appointment to meet with the principal, prior to attendance in school.
- Meet with the principal to develop an Anaphylactic Action Plan. Issues to be discussed:
  - if photos will be displayed in the school
  - where medication will be kept
  - prevention of exposure in classroom, school bus, on field trips and on playground
  - where a designated safe eating area will be in the classroom
- Participate in the development of the Anaphylaxis Action Plan.
- Provide the school with current Epi-Pen® (2 are recommended). Check expiry date and check for damage or discolouration.
- Consider a Medic Alert bracelet for the child, to be worn at all times.
- The parent may wish to share information with other parents in the school in consultation with principal.

- Teach your child with anaphylaxis:
  - to recognize and if possible communicate the first signs of an anaphylactic reaction
  - to know where medication is kept – if child is responsible have them carry Epi-Pen® in a fanny pack
  - to wear a Medic Alert bracelet at all time
  - to eat only food approved from home
  - to wash hands before and after eating
  - to take as much responsibility for their own safety as possible
- take medication home at end of school year or when the child leaves the school

#### **4. Responsibilities of the Classroom Teacher**

- Follow all school policies regarding reducing risk for the student with anaphylaxis.
- Discuss anaphylaxis in age-appropriate terms, using Public Health Nurse or videos as a resource. The goal is to create a positive and helpful attitude toward the student with anaphylaxis.
- Create a positive attitude towards an allergen-safe zone. Education of the classmates will decrease the probability of teasing.
- Discourage sharing of foods, drinks, and utensils.
- Request that the parents of the student with anaphylaxis provide food for their child when there are special occasions.
- Do not use food in crafts.
- Reinforce hand washing before and after eating.
- Ensure desk and food preparation areas are washed with warm soapy water after eating. (This may become a classroom project and might be completed by students in an effort to maintain a clean and safe classroom environment.)
- Leave information in an organized, obvious, accessible format for Teachers-on-Call according to the Anaphylaxis Action Plan.
- Ensure the student carries the Epi-Pen® according to Anaphylaxis Action Plan (if student carries an Epi-Pen®).
- The Epi-Pen® must be taken on all field trips. Supervisors and drivers are to be made aware of the student with anaphylaxis and appropriate response.
- Follow plan developed by principal and parent(s)/guardian(s) to ensure a safe eating environment that does not isolate the child.

#### **5. Responsibilities of the Student with Anaphylaxis**

- The student should:
  - know where the Epi-Pen® is kept
  - take as much responsibility as possible to avoid allergens
  - eat only food permitted from home
  - be responsible for reading food labels (older students)
  - wash their hands before and after eating
  - know the signs and symptoms of an anaphylactic reaction
  - tell an adult as soon as an accidental exposure occurs or symptoms appear

**6. Responsibilities of the Parent(s)/Guardian(s) Regarding Bus Transportation**

- Provide transportation for the student until procedures are in place.
- Be aware of bus safety rules and discuss bus safety rules with the student.
- Discuss with the student the importance of always sitting in the designated area.
- The student is encouraged to wear a Medic Alert bracelet and must carry their Epi-Pen® according to the Anaphylaxis Action Plan.
- The student should tell the bus driver (and other students) if having signs of anaphylaxis.
- The student should understand that the driver will help give the Epi-Pen® in case of an anaphylactic reaction.

**7. Responsibilities of the Bus Driver**

- Be trained to recognize signs of anaphylaxis and use Epi-Pen®.
- Assign a seating area to the student with anaphylaxis near the front of the bus (unless other arrangements are agreed to by parent/guardian and principal).
- Be aware of student and if problem occurs, stop vehicle when appropriate.
- Observe signs and symptoms and give Epi-Pen® as per Anaphylaxis Action Plan. Note time of injection.
- Call and report situation to Central Dispatch and request necessary assistance.
- Closely monitor the student and stay with the student until help arrives, unless directed otherwise.

**8. Precautions for Teachers Outside the Classroom (Field Trips)**

- A cell phone, the Anaphylaxis Action Plan and student's Epi-Pen® should be taken on all school outings.
- In the event of an anaphylactic reaction give Epi-Pen® and call 911.
- All adults accompanying students on a school outing should know who has anaphylaxis and where the Epi-Pen® is kept.
- Students must not eat or drink on the bus at any time.
- Students should only eat foods approved from their home.

***See related SD20 forms***

- **Request for Administration of Medication/Pre-Loaded Auto Injection Epi-Pen® at School**
- **Anaphylaxis Action Form/Plan – Elementary School Student**
- **Anaphylaxis Action Form/Plan – Secondary School Student**

**REGULATION 1.4.3-R  
BOMB THREAT PROCEDURES**

Adopted: 1999-03-19

Reviewed: 2008-05-15

Revised:

**Preamble**

From time to time a school may receive a telephone call warning that a bomb has been placed in the building. There is the responsibility to protect students and employees from acts of this nature and to discourage future similar actions.

In the event of a bomb threat, the Principal/Vice-Principal will consult with the RCMP immediately. Students and employees will be evacuated from the area after consultation with the RCMP.

**1. Person Receiving the Call:**

1. Listen
2. Be calm and courteous
3. Do not interrupt the caller
4. Keep the caller on the phone as long as possible
5. Write down exact wording of threat
6. Use the attached form to obtain as much information as possible

*Note the following:*

- a. Sex of caller
- b. Accent
- c. Voice – loud, soft, other
- d. Speech – fast, slow, other
- e. Diction – good, nasal, lisp
- f. Manner – emotional, calm, vulgar
- g. Background noise

7. Try to signal the Principal/Vice-Principal in charge if unable to do so, notify the Principal/Vice-Principal immediately after the call
8. Initiate call trace after hanging up the phone. PRESS \*57, after voice announcement PRESS 1, hang up
9. Complete the information sheet (attached) and give it to your Principal/ Vice-Principal.
10. Be available to answer questions

**2. Principal/Vice-Principal:**

- ◆ Alert:
  - 1) RCMP and Fire Department
  - 2) Staff
  - 3) Supervisor of Custodial/Risk Management

4) Superintendent or Executive Assistant to the Superintendent

**3. Evacuation:**

The Principal/Vice-Principal will make the decision to evacuate the school after considering the following:

- a) the exact words used by the caller
- b) whether the caller’s voice indicates he/she is nervous
- c) whether there may be any connection to recent incidents in the school
- d) whether there have been similar threats in other schools
- e) safety of students/staff

**4. Evacuation Guidelines:**

Keep cool  
Follow instructions of supervisor  
Follow same procedures for a fire drill

**5. Search:**

After consultation with the RCMP. and Fire Department, a search of the building and surrounding area(s) will be conducted. The search will be conducted under the direction of the RCMP and the Fire Department.

- Don’t touch anything
- Report any suspect object
- Be of help by identifying strange or misplaced objects

<p><b>REGULATION 1.4.4-R</b> <b>CRITICAL INCIDENT RESPONSE /</b> <b>REPORTING AND INVESTIGATION</b></p>	Adopted: 2007-06-18
	Reviewed: 2008-05-15
	Revised: 2007-10-15, 2008-05-20

**A.1**

- In the event of a minor accident or other safety incident, the first priority is the proper care and treatment of the injured people and the completion of accident reports. In the event of serious or life threatening injuries, events should be reported to the District Office immediately after proper care has been arranged. In the event a student needs to be sent home or to hospital, the parent, guardian or emergency contact must be notified.
- Where a student must be transported to medical aid immediately, the Board should have secured the parent/guardians’ consent to secure emergency services (ie, call an ambulance) and have the parent/guardians’ written agreement to pay any costs associated with securing this medical assistance.

**A.2**

- If there has been an injury of the sort that is likely to precipitate a claim for damages or costs, it is important to coordinate the investigation through the district’s insurer in order that reports prepared for contemplation of potential litigation are legally protected from disclosure.
- All incident reports need to be submitted to the insurer. Serious incidents should be reported immediately and directly and advice secured on the investigation process.

- Witness reports should be secured as soon as possible after any serious incident from the supervisor on duty at the time, the supervising teacher, and other witnesses who observed what happened.
- Witnesses should be asked to provide a written account (unless too young to write, in which case they may be interviewed and the questions and responses transcribed) informing any or all of the following: what happened (ie. what they saw and heard), what was done for the injured participant(s), who attended to them, who was contacted and how, where they were sent and how (ie. by ambulance), and any additional comments.
- Witness statements should be signed and dated.

### A.3

- A follow-up review of any serious accident/incident occurring on or off site will commence immediately.
- Investigations will be conducted by the site principal/manager and site Health and Safety Committee. External experts in incident investigations may be required and requested.
- The investigation report is to be sent to: Superintendent of Schools, District Occupational Health and Safety Committee. The Superintendent of Schools shall determine any further communication regarding the report.
- Upon completion of the investigation report the site or District Occupational Health and Safety Committee shall evaluate the risk management policies, procedures and practices employed to address the identified risks (i.e. what worked, what didn't, why). Identifying what, if any, changes to policy, procedures and/or practices should be considered to reduce the potential for similar incidents while minimizing intrusion into safe programs. The Committee shall forward any related policy or regulations recommendations to the District Policy Committee.
- Each school will have a procedure to review health and safety issues regularly.
- Schools shall administer prescribed medication to students in accordance with the Ministry of Health's approved procedure. Non-prescribed medications will not normally be administered.
- Parents have a responsibility to notify the school if their children have medical conditions that puts them at risk. The school will have a procedure to deal with such medical alerts.
- To prevent the spread of communicable disease the district will implement the recommendations of the Medical Officer of Health. This includes required immunization against certain diseases, control measure against head lice, appropriate safety procedures for handling body fluids and hygiene regulations.
- Any student may be excused from required immunization on the basis of health, moral or religious reasons. Such students can be excluded from the school if they represent a medical risk to the other students or if their unprotected status presents a medical risk to them.
- Schools will direct needed safety measures beyond these stated. These measures include wearing of bicycle helmets and ensuring sound levels are below those that damage hearing.
- All schools will have a policy to deal with crisis and crisis prevention.