

## **APPENDIX 3**

### **Procedures for Student Health and Safety Policy 6.04**

#### **A. Disclosure of Health and Medical Information**

1. Parents or guardians are responsible for notifying the school of their child's health needs and are expected to provide relevant, timely and accurate information about health concerns that could affect the child's behaviour and learning and/or the well being of other students and staff. Health and medical concerns are to be reported annually or when the nature of the health or medical concern changes, on the appropriate forms provided.

#### **B. Administration of Medication**

1. Wherever possible, students are expected to take required medications at home or under the supervision of a parent/guardian.
2. In the case of prescription medications that are required to be taken at school, a staff member may assist in the administration of such medication if requested by parents, provided it is within the realm of competence of an adult untrained in medical procedures.
3. Responsibility for the administration of medications while on an off-site excursion may be assigned to a parent volunteer.
4. School personnel must receive approval from a parent or guardian in order to administer prescription or non-prescription medication to a student.
5. Information concerning the administration of medication to a student is to be recorded.
6. Students may assume responsibility for the safe handling and self-administration of medication.
7. Medications are to be stored in accordance with the following requirements:
  - i. Prescription and non-prescription medications must be contained in approved containers clearly labeled with the student's name, common name of medication, dosage and administration instructions.
  - ii. All medications that are stored at the school (e.g. epi-pens, Benadryl) are to be kept in a secure facility within the main office.
  - iii. A record of medications in storage must be maintained.
  - iv. Unused medications are to be returned to the parent/guardian at the end of the school year.
8. Arrangements to administer medication will remain in effect only as long as they are satisfactory to the Principal and staff members responsible.

#### **C. Medical and Health Related Emergencies**

1. When a student is deemed to require immediate medical attention due to accident or illness the following procedures are to be followed in conjunction with those detailed in the *Crisis Management Procedures Manual*:
  - i. Provide emergency first aid as required and contact emergency medical services. Make every reasonable effort to ensure an adult remains with the student until relieved by a parent/guardian or emergency medical personnel.
  - ii. Contact a parent/guardian or emergency contact person as soon as possible.
  - iii. Notify the Principal of the incident as soon as possible.
  - iv. Complete an *Incident Report* as soon as practicable after the event.
2. If a student is transported to a medical facility without a parent/guardian being contacted, a staff member must accompany the student until relieved by a parent/guardian or until the student is discharged from medical care, at which time the attending staff member will accompany the student back to school unless otherwise directed by the parent/guardian.
3. Notwithstanding the requirement to provide the most immediate care to the student, all decisions regarding medical treatment are to be left to the parent/guardian and/or the student in consultation with medical staff.
4. A student who suffers a minor injury or becomes ill at school is to receive treatment within the parameters of first aid training and resources available to staff members.
5. Any student being treated for illness or injury is to be monitored by staff.
6. A student being dismissed from school due to illness or injury must be released to a parent/guardian or designate. Students are not to be dismissed without supervision unless directed to do so by a parent/guardian.

#### **D. Allergies and other Medical Conditions**

1. Parents/guardians are responsible for informing the school of any allergies or other medical conditions that may impact a student's health, well-being, attendance or performance at school. This information must include:
  - i. Nature of allergy or condition
  - ii. Symptoms and/or indications requiring intervention
  - iii. Emergency treatment procedures
  - iv. Possible side effects or reactions to treatment
  - v. Emergency contact information.
2. In accordance with Section B of this policy, any medication or anti-allergen that a student may require must be properly stored and labeled for identification in a secure facility within the school office.
3. Accurate and current records of all students with severe allergies or medical conditions that may require emergency intervention are to be maintained in the office and confidentially circulated to all staff members, bus drivers, parent volunteers and external service providers, as required.
4. Notwithstanding the foregoing, allergic reactions and medical conditions are to be dealt with in the same manner as Medical and Health Related Emergencies cited in Section C above.

#### **E. First Aid Training**

1. In recognizing the potential for illness or injury to occur among students and staff, all staff members will receive accredited first aid certification training.

#### **F. Maintaining a Safe, Caring and Inclusive Community**

1. If a student requests the formation of a voluntary peer support group or activity intended to promote a welcoming, caring, respectful and safe learning environment that respects diversity and fosters a sense of belonging, the principal shall permit the establishment of the peer support group or the holding of the activity at the school and identify a staff sponsor to serve as a liaison.
2. School staff will investigate every reported instance of bullying, harassment, or intimidation and will ensure that appropriate action is taken in accordance with the Student Conduct Policy and with the best interests of all parties being of primary consideration.
3. Parents of students involved in bullying, intimidation, or harassment incidents will be notified of the circumstances and subsequent course of action when applicable.

## **G. Suicide Prevention, Intervention, and Postvention**

1. Connect Charter School will develop and maintain plans for suicide **prevention, intervention and postvention**.
  - i. Plans for these three components are to be developed as follows:
    - (a) **Prevention** - Curricular inputs which educate students regarding coping and problem-solving strategies for living and which provide students with specific information relating to suicide at appropriate points in their education.
    - (b) **Intervention** - Provision for the early recognition of suicide potential, direct contact with the student involved, and referral to system and outside resources as necessary for assessment and care.
    - (c) **Postvention** - Plans for dealing with students and staff after a suicide (or other major loss) involving one of their members has occurred.
  - ii. Plans are to be developed and kept current by the principal in consultation with staff and appropriate resource personnel.
  - iii. Plans are to be included in the school's staff handbook and made known to all school staff (certificated and non-certificated) at the commencement of each school year.
2. At least one certificated staff member will serve as a "Suicide Prevention Trainer".
3. The Suicide Prevention Trainer is responsible for:
  - i. Becoming knowledgeable regarding suicide prevention, intervention, and postvention.
  - ii. Providing in-service training to school-based staff designated intervenors, wherever possible.
  - iii. Responding to requests from staff for consultation pertaining to students or to the subject of suicide in general.
4. At least one member of the certificated staff of every school is to be assigned responsibility for serving as a "Designated Intervenor" to:
  - i. Participate in the "Suicide Prevention Training Program (SPTP)" workshop.
  - ii. Serve as a resource person to other staff within the school in matters pertaining to suicide prevention, intervention, and postvention.
  - iii. Familiarize all school staff at the commencement of each school year with the following:
    - (a) Suicide prevention awareness materials
    - (b) Prevention and intervention procedures.
5. Through the initiative of the principal, all certificated and non-certificated staff are to be provided with in-service activities designed to assist them in becoming and remaining familiar with the school's suicide prevention plans and with the knowledge required to implement them. The services of the school's designated intervenor are to be used in providing in-service training.
6. Plans for suicide prevention will include measures such as the following:

- i. Providing instruction regarding the subject of suicide to students as a part of the elementary and junior high health curricula.
  - ii. Dealing with suicide in curriculum wherever it is relevant and appropriate to do so.
  - iii. Using staff from the Canadian Mental Health Association and other suitable community resource agencies.
7. Plans for suicide intervention will enable staff to become knowledgeable regarding the following subjects:
- i. Indicators that a student may be (or may become) at risk of considering or attempting suicide.
  - ii. Resource personnel:
    - (a) School's Designated Intervener(s)
    - (b) Area Office trainer(s)
    - (c) Mental Health and other community contacts.
  - iii. Action to be taken when students exhibit behaviour which indicates that they may become a suicide risk:
    - (a) Staff are to make their observations known to their school's designated intervener and principal.
    - (b) The designated intervener (and/or principal) is to consult with parents (and/or Child Welfare Services, if justified), and professional workers as judged appropriate in order to determine what assistance and further action is needed.
  - iv. Action to be taken when a student is judged to be at immediate risk of attempting suicide or when a student attempts it:
    - (a) Summon emergency medical care if injury has occurred.
    - (b) Make immediate contact with a parent if possible. If justified, Child Welfare Services may be contacted either in addition to or in place of contact with a parent.
    - (c) Obtain professional assistance as judged appropriate.
    - (d) Make plans for ascertaining that the student receives follow-up care.
    - (e) Remain in the student's company until a parent, a law officer or professional assistance arrives.
8. Plans for suicide postvention will address a range of subjects detailed in the Crisis Management Manual (Appendices IX to XVI).

## **H. Substance Abuse**

1. The possession or consumption of alcohol, illegal drugs, tobacco products, e-cigarettes and vaping materials, as well as the inappropriate use of prescription medications by Connect students is strictly prohibited while on school property or while engaged in any school sponsored activity, regardless of the venue.
2. A teacher or adult supervisor who becomes aware of a student possessing or consuming any of the substances noted in #1 shall:

- (a) Make all reasonable efforts to ensure the safety of students and staff, attending to any medical needs arising from the incident as required;
  - (b) Confiscate all material, product, or equipment related to the substance use, ensuring it is secured in a place inaccessible to students;
  - (c) Notify the principal at the earliest opportunity following the incident.
3. The principal, upon receiving information of a student engaging in such activity, shall thoroughly investigate the circumstances, or designate a staff member to do so and provide a complete report of the incident.
4. Upon completion of the investigation, or at a point deemed appropriate by the principal, the student's parents shall be notified of the incident and will be advised of potential consequences based on the circumstances.
5. At the discretion of the principal, a student who has been deemed to have been in possession of, or consumed alcohol, illegal drugs, tobacco products, e-cigarettes or vaping materials, may be:
  - (a) Suspended from school for a period of one to five days;
  - (b) Suspended from school for a period greater than five days with a recommendation to the charter board for expulsion;
6. In addition to the foregoing, the principal may report any incident relating to substance use or abuse to the police agency within whose jurisdiction the incident took place.
7. The superintendent shall be notified of incidents of substance use or abuse at the earliest opportunity.

#### **I. Child Abuse and Neglect**

1. Any staff member who has reasonable and probable grounds to believe that a child is in need of protective services shall forthwith report the matter to Child and Family Services.
2. No action can be taken against a teacher for reporting suspected cases of abuse or neglect unless the reporting is done with malice or without grounds.
3. Teacher must report directly to a Child Welfare Director and not to parents, counselors, or school administration.
4. A teacher reporting a suspected case of abuse may discuss the situation with school administration or school counselor, but should only discuss the generalities of the circumstances.
5. Once a report is made, repeated interviewing of the student is to be avoided.

#### **J. Child Custody**

1. The Connect Charter School will observe the terms and conditions of any custody and access agreement or court order that has been provided in writing by a parent/guardian or authorized social agency.
2. A student is only to be released to a non-custodial adult with the expressed consent of the parent/guardian.

3. When a student is released to a non-custodial adult, the following information must be obtained and recorded:
  - i. Student name
  - ii. Non-custodial adult's name, address, and phone number
  - iii. Street address of destination if other than the student's home
  - iv. Reason for student's departure from school
  - v. Time of departure.