ADMINISTRATIVE GUIDELINE

Title: Health Support Services – Physical and Medical Procedures

Effective Date: November 22, 2016

Responsibility: Superintendent of Program and Schools (Elementary/Secondary)

1.0 Rationale

In accordance with Ministry of Education PPM 81, school boards share, together with the Ministries of Education, Health and Community and Social Services, the

6.0 Planning and Referral Process

6.1 Upon receipt of a request by a parent/guardian for the provision of health support services to a student, a plan shall be developed by the Principal/Vice-Principal

health support services identified herein, including the vigilant use of regular hand washing with soap and water to prevent the spread of germs and infection.

7.8 It is acknowledged that the designation of roles and responsibilities for health support services in the school does not preclude, in emergency situations, the provision of health support services by designated Board personnel as per the policies and procedures of the Board.

APPENDIX A

HEALTH SUPPORT SERVICES

MINISTRY OF EDUCATION –

APPENDIX B

NNDSB Enteral Feeding Guidelines for Educational Assistants

NNDSB EA staff will not be required to assess or determine proper practice when actively engaged with a student who requires enteral feeding (PPM 81)
Feeding directive is to come from a physician in collaboration with the family and CCAC
Staff are only to be trained for basic procedures: connect and disconnect, stop and start pre-set feeding pump - for situations such as positional changes, hygglE 1 Tf ()Tng lFNe8()Tng lFNe8(s)

APPENDIX C

HEALTH SUPPORT SERVICES
AUTHORIZATION FOR SCHOOL BOARD HEALTH SUPPORT SERVICES

Student's Name:	**Date of Birth:**
Student's Home Address:	**Home Phone #:**
Street Name:	*P.O. Box #:*
City:	*Province:* *Postal Code:*
SCHOOL:	**TEACHER:**

HEALTH SUPPORT SERVICES INFORMATION	
1. Name of Service Required:	
2. When is Service Administered:	
3. Type of Training Required:	
4. Possible Adverse Reactions:	
5. Physician's Name:	
Physician's Signature:	Date:
Address:	Phone #:
Please bring any written documentation which would be helpful.	

PERSON DESIGNAGTED AND TRAINED TO PROVIDE HEALTH SUPPORT SERVICES	
Health Professional:	Organization:
Staff Trained:	Date of Training:
Signature of Health Professional:	
Principal's Signature:	Date:

PARENT'S/GUARDIAN'S APPROVAL

I hereby request and give permission to the School Principal to make arrangements for the administration of health support services as specified herein to my child named above. It is understood that school staff will administer health support services on my behalf and not as health professionals. Any changes to the above procedures shall be immediately reported by the Parent/Guardian to the School Principal or designate.

Parent/Guardian's Signature: _____ **Date:** _____

*Copy to Trainee