



The Director of Education is committed to providing a safe environment for students and staff. To assist staff members in fulfilling this essential responsibility, from time to time the Director will publish procedures and guidelines outlining expectations and acceptable practices which enhance the safety of individuals on Board properties.

1. Existing Guidelines

- 1.1. The Director of Education and the Director's designate(s) recognize the following guidelines as resource documents which shall be used as needed in the development of school safety plans:
 - 1.1.1. Science Teacher's Association of Ontario Safety Guidelines
 - 1.1.2. Technology Safety Resources
 - 1.1.2.1. Standard Operating Procedures (SOP)
 - 1.1.2.2. Material Safety Data Sheets (MSDS)
 - 1.1.2.3. Technology Safe Classroom Operating Guidelines
 - 1.1.3. Have reviewed the Ontario Safety Guidelines: <http://safety.ophea.net/>
 - 1.1.4. Safe Schools Protocol
 - 1.1.5. Threats to School Safety, AP 141(2016)
 - 1.1.6. The Safety of Anaphylactic Children, AP 311 (June 2012)
- 1.2. Existing safety guidelines shall be reviewed regularly by an appropriate committee.
- 1.3. New manuals shall be developed and added to this list as the need arises.



2. Emergency Medical Response Plans

2.1. The principal of each school and the supervisor of any other Board building shall ensure that a written Emergency Medical Response Plan has been developed which outlines the sequence of actions that should occur subsequent to an emergency situation on Board property.

NOTE: A sample "Emergency Medical Response Plan" can be found in the Forms Manual, Form 140 A.

2.1.1. The emergency medical response plan shall outline the names and locations of first aid support, the location of first- aid kits, the sequence of actions and the duties of key personnel (e.g. principal, secretary).

2.1.2. The emergency medical response plan shall be posted beside each Master First-Aid Kit as defined in Section 6.1.0 and a copy sent to the Joint Health and Safety Committee.

2.1.3. The emergency medical response plan shall be reviewed by a member of the Joint Health and Safety committee as part of each workplace inspection.

2.1.4. The emergency medical response plan shall be reviewed annually and updated as required.

2.1.5. Staff members shall be familiarized with the emergency medical response plan and any revisions to it on a regular basis.

3. Training in First Aid

3.1 First aid training shall mean a Standard First Aid course taught by a recognized training organization as outlined in the WSIB Regulation 1101.

3.1.1. Board employees trained in first aid shall be encouraged to hold current C.P.R. qualifications.



- 3.1.2. For each Board building, at least two staff members or 20% of the staff, whichever is greater, shall hold current first aid qualifications.
- 3.1.3. All members of emergency medical response teams will hold current Standard First Aid qualifications, and be trained to administer epinephrine.
- 3.1.4. For multi-storey buildings, the principal shall ensure that a staff member on each floor of the building is trained in first aid.
- 3.1.5. For Board buildings where there is a shift operating after 4:00 p.m., at least one of the shift members shall hold current Standard First Aid /C.P.R. qualifications.
- 3.1.6. Within each secondary school, the number of staff members having current first aid qualifications shall include at least one member from each of the following departments: physical and health education, technological studies, and science.
- 3.1.7. All principals and vice-principals and assistant vice-principals shall hold current first aid qualifications.
- 3.1.8. The Director of Education shall designate individuals to provide regularly scheduled first aid courses for the staff.
- 3.1.9. When practicable, the Director shall assign qualified people to provide for the training of staff in emergency response procedures.

4. First Aid in Schools

- 4.1. Instruction in first aid for students at the elementary and secondary levels shall be stressed wherever possible in existing school programs. Instruction in the administration of epinephrine is mandatory for all board staff (see AP 311).
- 4.2. When possible, system and school administrators will use the Board's own



resources and the expertise of its trained staff in order to provide adequate first aid training for teachers who volunteer to teach first aid in the schools.

4.2.1. If the resources and expertise is not available internally, this may be obtained locally from qualified practitioners.

4.3. School principals shall inform all teachers that learning resources in first aid are available from the local Public Health.

4.4. School bus drivers shall be encouraged to hold current first aid qualifications, and be trained to administer epinephrine.

4.4.1. School bus drivers who drive Board-owned buses shall hold current first aid qualifications, and be trained to administer epinephrine.

4.4.2. School bus drivers shall be made aware of students in their buses with health issues, such as anaphylaxis, asthma, diabetes, seizures, medical issues.

5. FIRST AID KITS

5.1. Each Board building shall have at least the minimum number of first-aid kits as defined in this procedure.

5.1.1. These kits shall be located in central, readily accessible areas identified by appropriate signage.

5.1.2. The principal or manager of the work site shall ensure that each first-aid kit is examined monthly and maintained with adequate supplies as outlined in Form 140 B.

6.0.0 First Aid Kits for Students

6.1. Each school shall have one Master First Aid Kit. Schools will also be provided with an appropriate number of auto-injectors as supplied by the Limestone District School



Board.

6.1.1. Epinephrine injectors are not to be stored in First Aid Kits. They must be stored separately in the same vicinity as the Master First Aid Kit.

6.1.2. For schools with enrolments over 400, an additional Master First Aid Kit shall be available for a ratio of 1 master kit: 400 students.

6.1.3. In addition, at each elementary school at least two Portable First Aid Kits shall be available for field trips, as specified in Administrative Procedure 260 Out-of-School Activities.

6.1.4. In addition, at each secondary school at least three Portable First Aid Kits shall be available for field trips, as specified in Administrative Procedure 260 Out-of-School Activities.

6.2. "Lesser First-Aid Kits" shall be located in each area of each school. (eg. technology shops, family studies rooms, science labs).

7. First Aid Kits for Staff

7.1. A Workers' Compensation Board No. 1 First-Aid Kit (for more than five and less than fifteen staff) or a No. 2 Kit (for more than fifteen and less than two hundred staff), whichever is applicable, shall be located in a central area and readily accessible to all staff for each Board building.

7.1.1 Each Board bus and service vehicle shall be equipped with at least a Portable First-Aid Kit.

8. Emergency Onsite Administration of Naloxone

8.1. Naloxone is an opioid antidote. Naloxone binds to the same receptors in the brain that opioids do. However, naloxone is more effective at binding to these receptors and as such, outcompetes already circulating opioids. This is how naloxone can



temporarily reverse the harmful effects of opioids including respiratory depression that can lead to a fatal overdose.

8.1.1. Naloxone is an opioid antagonist indicated for the emergency treatment of known or suspected opioid overdose, as manifested by respiratory and/or central nervous system depression. Naloxone is intended for immediate administration as emergency therapy in settings where opioids may be present. It is not a substitute for medical care.

8.1.2. Once administered, naloxone will start to work in approximately 2-3 minutes and stays active in the body for about 30-90 minutes, and in some cases, up to two hours. Since naloxone only temporarily removes the opioids from the receptor sites in the brain, the opioids may return back to those receptors and the overdose symptoms can reoccur.

8.1.3. It is important to call 911 before giving naloxone. An overdose is a medical emergency.

8.2. The Board recognizes the potential need for the emergency administration of medication to a student, or other individual who becomes ill, injured or unconscious as a result of an opioid related overdose while on school property.

8.2.1 The Board will recognize that, in the event that an emergency administration of medication is required, the Good Samaritan Act, 2001 protects any individual who administers such medication by stipulating that such individual cannot be held liable for any damages resulting from his or her actions, as long as he or she has acted in good faith in administering the medication.

8.3. Assess Individual

Assess individual for signs and symptoms related to a potential opioid related overdose. The following are signs and symptoms of an opioid overdose:

- Unresponsive to stimuli (shake their shoulders and shout their name)



- Slow or no breathing
- Bluish lips and fingernails
- Body is limp
- Deep snoring or gurgling sounds
- Vomiting
- Pinpoint pupils

8.3.1 Emergency Response to Possible Opioid Overdose

If the Individual is Unresponsive and/or experiencing any of the opioid related overdose signs and symptoms above:

- **CALL 911 IMMEDIATELY**
- Trained staff are to obtain Naloxone (Narcan) kit from the secure location at their site
- Trained staff will be responsible for administering Naloxone (Narcan)
- Peel back the tab of Naloxone (Narcan) Nasal Spray
- Place thumb on plunger and two fingers beside nasal applicator (do not press plunger/do not prime)
- Insert the tip of nozzle into one nostril
- Support the persons' neck
- Press plunger into nostril
- If the individual wakes up and/or breathing is restored, place the person into recovery position and stay with them until EMS arrives



- If individual does not wake up and is not breathing, begin CPR
- After 2-3 minutes, if available, give the other dose of Naloxone (Narcan) Nasal Spray into the other nostril
- Naloxone can be given every 2-3 minutes if more Narcan is available.
- If the individual wakes up and/or breathing is restored, place the person in recovery until EMS arrives
- Once ambulance has arrived, staff will provide paramedics with a verbal report of the care provided
- Staff will complete and Incident Report and submit it to their Principal and/or Supervisor
- Principal or designate will immediately contact their Supervisory Officer

8.4. Storage, Maintenance, and Training

Please refer to Board Communication sent via the Director's office for yearly instructions on Naloxone Kit maintenance, medication expiry dates and ongoing staff training sessions.

8.5. See Appendix A for visual supports for the Administration of Naloxone (Narcan) Nasal Spray.

9. Emergencies Affecting the Operations of Schools

9.1. The Director and system administrators accept the general principle that reaction to an emergency, defined as a "situation or occurrence of a serious nature, developing suddenly and unexpectedly, and demanding immediate action", is best taken and directed by the person(s) responsible at the site of the emergency.

9.2. The safety of children and staff shall be the first consideration in dealing with any



emergency.

9.2.1. A second consideration shall be to inform parents/guardians of any decision and/or action taken to address the emergency.

9.2.2. In the event that one or more student(s) are injured and require some form of medical attention including First Aid, the parent/guardian must be contacted unless there are exceptional circumstances that prevent this from occurring (i.e. Child Protection situation)

9.3. Provided the building is not affected by the emergency, the school shall normally be open to receive pupils.

9.3.1. It is assumed that weather and road conditions will not prevent at least some of the staff and some of the pupils from reaching the building.

9.3.2. It is accepted that bus operators are the best judges of the action to be taken when transportation emergencies arise.

9.3.3. When bus routes have to be cancelled, radio stations will be requested to announce cancellations according to a pre-arranged code to ensure the authenticity of the call.

9.4. In emergencies requiring early dismissal, which requires the approval of the director or his/her designate, principals and bus drivers are expected to use the best means available to ensure that pupils dismissed early will have access to shelter when they reach their homes.

9.4.1. In extreme emergencies, such as unexpectedly severe weather conditions, it may be expedient to hold students at school until safe transit to their homes is assured.

9.4.2. In serious health emergencies (for example, a person is unconscious, not breathing, having seizures [unless a clear seizure protocol for the student is



already in place], bleeding severely, in advanced shock, in considerable pain, or you believe the situation requires immediate medical attention, among others), call 911 as soon as possible.

9.4.3. The principal or delegate shall immediately inform the Director of Education or designate when a school has been evacuated (See AP 141).

Reference:

*Education Act S. 265 (1) (j) Duties of Principals: Care of Pupils and Property Ontario
Regulation 298 S. 20 (g) Duties of Teachers: Safety Procedures
Occupational Health and Safety Act*

Administrative Procedure 311: Supporting Students with Prevalent Medical Conditions