Policy Statement		
Commission scolaire Western Québec Western Québec School Board		**Policy No. C-34**
SUBJECT:	**Medical, Health and Safety Policy**	
Approval Date: June 30, 2026	**Resolution No:** C-25/26-158	
Revision Date:	**Resolution No:**	
Origin: Complementary Services		

1. OBJECTIVES

1.1. Provide clear and timely protocols/directives/guidance in relation to health, medical and safety procedures, including prevention, intervention and record keeping.

1.2. Ensure roles and responsibilities regarding the health and safety of students and adults are clearly defined.

1.3. Ensure all procedures comply with pertinent legislation and evidence-based practices according to Public Health standards.

1.4. Ensure the diverse needs of our educational community are reflected and respected through all procedural and strategic implementation of the policy. This inherently includes students with exceptionalities, disabilities and complex medical needs.

1.5. Ensure and foster strong partnerships with outside services to ensure equitable delivery and access to medical, health and safety services.

1.6. Provide a review mechanism to ensure accountability and system improvement.

2. DEFINITIONS

2.1. Student: All current students enrolled in a youth or adult/vocational sector institution of the Western Quebec School Board.

2.2. Parent or Guardian: The person having parental authority or, unless that person objects, the person having custody de facto of the student.

2.3. Designated Person: A member of staff to whom the principal/administration has given the role, responsibility and related training for the Administration of Medication.

2.4. MSSS: Ministère de la Santé et des Services sociaux), provincial Ministry which provides services in health and social services.

2.5. CSSS : Centre de santé et de services sociaux; regional health and social services.

2.6. DSP: Direction de Santé Publique/Public Health.

2.7. Universal Measure: Action/intervention/procedure/precaution intended to prevent potential transmission of infectious/contagious diseases.

2.8. Protocol: A detailed plan or written procedural document which provides a clear, evidence based and standardized approach.

2.9. Medical: Relating to a treatment or intervention of a person's physical condition, including illnesses or injuries.

2.10. Health: A person's medical or physical condition. The state of an individual's physical, mental and social well-being.

2.11. Safety: A condition of being protected from or unlikely to be subjected to danger, risk or injury.

2.12. School Community: Individuals who contribute or participate in school related activities; including, but not limited to students, parents, guardians, staff, administration, volunteers and visitors.

3. LEGAL REFERENCES

3.1. Quebec Charter of Human Rights and Freedoms (1991, 2023)

3.2. Civil Code of Quebec, CQLR, CCQ-1991

3.3. Regulation under the Public Health Act, CQLR, c. S-2.2, r.1 (2021)

3.4. Regulation first-aid minimum standards, CQLR, c. A-3.001 r 10 (2022)

3.5. Act respecting health services and social services, CQLR, S-4.2 (2023)

3.6. Professional Code, CQLR, c. C-26 (2023)

3.7. Regulation respecting childcare services provided at school, CQLR, c. I-13.3, r 11 (2023)

3.8. Act respecting Access to Documents Held by Public Bodies and the Protection of Personal Information, CQLR, c. A-2.1 (2023)

3.9. Entente de Complémentarité des services entre le réseau de la santé et des services sociaux et le réseau de l'éducation (CISSSO/CISSSAT) (2023)

4. GENERAL PRINCIPLES

4.1. Although the scope of this policy addresses the medical, health and safety needs of students, it may address the needs of staff, and other individuals in the school community.

4.2. This policy relates to medical, health and safety protocols for individuals who are participating in WQSB activities on or off school board premises (ex. visitors, volunteers, stagiaires, outside partners and professionals, etc.).

4.3. Students with disabilities, exceptionalities and complex medical needs require consideration for adapted approaches and interventions that reflect their individual needs (ex. Developmental, emotional, mental health, physical, intellectual, communication)

4.4. Designated persons within the schools and centers of the Western Quebec School Board must be aware of and receive relevant training on the necessary medical, health and safety measures. This includes but is not limited to culturally relevant health training and trauma-informed approaches.

4.5. The school or center administration is responsible for applying all measures that will ensure the safety and security of personnel and students.

4.6. Western Quebec School Board ensures the implementation of appropriate planning and training for interventions and clearly defined intervention and emergency protocols.

Staff are identified and designated for universal or specific training based on their role and the needs of the student(s) whom they support. Internal or certification-based training lists are maintained for tracking of staff completion. The certification/recertification schedule is dependent upon the standards outlined by the respective training guidelines (e.g. annually, bi-annually, etc.). Trainings provided include (but are not limited to):

4.6.1. The Administration of Medication

4.6.2. First Aid and CPR

4.6.3. Emergency Medication (ex. Epipen, Narcan)

4.6.4. Principles for the Safe Movement of Beneficiaries (PDSB)

4.6.5. Behaviour Management System (BMS)

4.6.6. Crisis Prevention Intervention (CPI)

4.7. The Western Quebec School Board collaborates with Health and Social Services partners (MSSS) to ensure there is a comprehensive approach to medical, health and safety protocols that incorporates culturally inclusive approaches.

4.7.1. **Awareness** involves educational activities, and initiatives that promote the health and wellbeing of all students.

4.7.2. **Prevention** initiatives, approaches and services that ensure safety protocols and preparations have been considered and implemented. This includes education, training and preparedness response planning.

4.7.3. **Intervention** involves a targeted set of actions to address identified medical, health and safety needs. These protocols and services address the particular needs of students. Interventions can include intensive procedures or actions for critical or emergency situations.

4.8. Schools and centers must ensure the safe and secure distribution, administration and control of medication.

4.9. Each school, center and the school board office, maintains an Emergency Preparedness Plan to ensure safety measures are implemented in the context of situations or incidents which may threaten the safety and security of students, staff and others within the Western Quebec School Board. Safety equipment is regularly inspected and maintained in each building. Periodic practice drills are conducted to ensure staff and students are familiar with plans and prepared in the event an incident should occur. Outside partners, such as the local fire department, assist with the practice drills to monitor effectiveness and provide recommendations on improvements needed.

4.10. Students with disabilities, exceptionalities, or complex medical needs require consideration for adapted emergency and evacuation procedures. This may include consideration of the following needs (not limited to):

4.10.1. Mobility or physical

4.10.2. Sensory
4.10.3. Emotional
4.10.4. Behavioural
4.10.5. Developmental
4.10.6. Intellectual
4.10.7. Communication

4.11. Classroom and student protocols or plans may be implemented to ensure students with complex behavioural or disability related dysregulation are supported, while ensuring the safety of the individual and others in the setting. Student protocols/plans are developed and revised in collaboration with professionals, outside partners and parents/guardians.

4.12. The Western Quebec School Board and its schools and centers must respond to emergency situations depending on the level of responsibility and the staff/personnel with designated authority.

4.13. All members of staff of the school board are obliged to intervene and assist in emergency situations in accordance with section 2 of the Quebec Charter of Human Rights and Freedoms.
"Every person whose life or bodily integrity is endangered is entitled to receive the care required by his condition. Every institution shall, where requested, ensure that such care is provided." (Act Respecting Health Services and Social Services, 2023, s-4.2 article 7)
"Every human being whose life is in peril has a right to assistance. Every person must come to the aid of anyone whose life is in peril, either personally or calling for aid, by giving him the necessary and immediate physical assistance, unless it involves danger to himself or a third person, or he has another valid reason." (Quebec Charter of Human Rights and Freedoms, 1991, s. 2)

4.14. Sections 1470 and 1471 define "major force" and the "Good Samaritan" theory for coming to the aid of others in an emergency situation.
"*Where a person comes to the assistance of another or, for an unselfish motive, gratuitously disposes of property for the benefit of another, he is exempt from all liability for injury that may result, unless the injury is due to his intentional or gross fault."* (Civil Code of Quebec, CQLR, s. 1471)

4.15. A student who requires transfer to a health care facility must be accompanied by a designated staff member, when the adult with parental authority is not able to be contacted.

5. CONSENT AND CONFIDENTIALITY

5.1. The Western Quebec School Board is required to comply with regards to Consent and Confidentiality as defined within the Civil Code of Quebec and the Act Respecting Access to Documents Held by Public Bodies and the Protection of Personal Information.

5.2. Consent

5.2.1. In regards to consent, section 14 of the Civil Code of Quebec notes:

"Consent to care required by the state of health of a minor is given by the person having parental authority or by his tutor.
A minor 14 years of age or over, however, may give his consent alone to such care."

5.2.2. Section 17 of the Civil Code of Quebec states cases when parental authority is required regardless if the minor is 14 years of age or over:
"A minor 14 years of age or over may give his consent alone to care not required by the state of his health; however, the consent of the person having parental authority or of the tutor is required if the care entails a serious risk for the health of the minor and may cause him grave and permanent effects."

5.3. Confidentiality

5.3.1. As public organizations, the WQSB and MSSS partners, must comply with regulations within the Act respecting Access to Documents Held by Public Bodies and the Protection of Personal Information, CQLR, c. A-2.1 (2023).

6. PROTOCOLS – APPLICATION OF THE POLICY

6.1. Protocols outline the procedures to follow that ensure the health and safety of students, staff and other individuals, taking into account cultural sensitivities and community values.

6.2. Protocols are received from or developed in consultation with the health care professionals from the provincial/regional Health and Social Services (MSSS/CSSS).

6.3. The list of Protocols and accompanying Annexes is continually reviewed and revised in timely response to changes or the creation of standard practices, by provincial/regional Health and Social Services.

6.4. Protocols are accessible for staff and administration through the WQSB Microsoft 365 platform.

7. RESPONSIBILITIES

It is the responsibility of every member of the school community and the MSSS partners to engage, collaborate and ensure the procedures are respected and recognized.

7.1. CSSS/MSSS

7.1.1. The Western Quebec School Board and the respective Health and Social Services Department for our two regions (CISSSO/CISSSAT) have established agreements of complementary services (Entente de complémentarité des services entre le réseau de la santé et des services sociaux et le réseau de l'éducation.)

7.1.2. The CSSS, through its Direction de la santé publique (DSP), is responsible for the prevention and control of epidemics within its territory. (Act respecting health services and social services, Oct. 2023).

7.1.3. The DSP must take the necessary measures to prevent and control contagion or epidemics, and to protect the health of the population when a known disease or contagion is reported. (Regulation under the Public Health Act, CQLR, S-2.2, chap. VIII-X).

7.1.4. The CSSS is responsible for implementing the control measures determined by the DSP.

7.1.5. It is the responsibility of the CSSS to collaborate in:

7.1.5.1. The development, implementation and updating of the health protocols within the school board.

7.1.5.2. The development of intervention procedures within schools.

7.2. WQSB

7.2.1. The WQSB collaborates with MSSS partners (CISSSO, CISSSAT) in compliance with the "Entente de Complémentarité des services entre le réseau de la santé et des services sociaux et le réseau de l'éducation" for students in the Youth and Adult Sectors (until the age of 17.)

7.2.2. The WQSB conducts regular review of this policy and, minimally annually for protocols with its MSSS partners.

7.2.3. The WQSB monitors the systemic awareness, adherence to the protocols and ensures local particularities and available resources or services are considered.

7.2.4. Medical, Health and Safety Protocols will be included in staff onboarding procedures.

7.2.5. The WQSB ensures that any equipment related to medical health and safety procedures are maintained, and serviced regularly. Annual reviews must be conducted to ensure safe and sanitary operation of any equipment.

7.2.6. The WQSB ensures prompt communication with schools and centers regarding changes to the protocols or this policy.

7.2.7. The school and center, through its principal, assumes primary responsibility for the coordination and management of school-based health and social services for students. The school will:

7.2.7.1. inform students, parents and staff of this policy;

7.2.7.2. adhere to established procedures and recommendations of the CISSSO/CISSSAT/WQSB regarding medical, health and safety protocols;

7.2.7.3. ensure required training is organized for staff to support effective application of intervention procedures;

7.2.7.4. ensure new or temporary staff are provided with the relevant training necessary for their role;

7.2.7.5. In regards to infectious/contagious diseases, apply the universal precautions and protocols, as directed by Public Health Authorities (MSSS);

7.2.7.6. apply the school's intervention procedures to ensure immediate assistance to care during regular school hours, field trips and extracurricular activities;

7.2.7.7. obtain written consent from the parent or guardian allowing the school to provide medical, health and safety services;

7.2.8. The school will provide ongoing feedback to WQSB for protocol or policy improvement.

7.3. Parents/Guardians

7.3.1. Parents or guardians should familiarize themselves and comply with the Medical, Health and Safety Policy and its pertinent Protocols.

7.3.2. Parents or guardians must collaborate with the school or medical professionals to ensure all relevant medical, health and safety information is shared with the appropriate individuals.

7.3.3. Parents or guardians are responsible to contact the school or center's administration (principal or director) if clarification of the Policy or Protocols is needed.

7.3.4. Parents should contact the school or center's administration if there is concern regarding the interpretation, application or adherence to the Protocols.

8. POLICY AND PROTOCOL REVIEW PROCEDURE

8.1. Procedure for Revisions to the Policy

Revisions to the Policy can be initiated by the Council of Commissioners or by a committee designated by the Council of Commissioners.

8.2. Procedure for Revisions/updates to Protocols

As medical protocols change or require clarification, the school board, under the coordination of the Director of Complementary Services, will consult with Health and Social Services partners (MSSS), to ensure the protocols respond to changing legal frameworks and evidence-based practices according to Public Health standards.

Minimally, the Director of Complementary Services will consult with Health and Social Services partners (MSSS) annually to monitor the accurate status of procedures within the Protocols to ensure procedures reflect the current reality.

8.3. Communication of Changes to Protocols

All amendments or new protocols will be communicated to schools and centers by the Director of Complementary Services, without delay. Partners or outside service providers will be informed of relevant changes to existing protocols by the school administration or the Director of Complementary Services. The members of the Council of Commissioners will be notified by the Director General of these changes.

8.4 **Training**

Any necessary training or recertification as a result of a change to a Protocol, will be conducted with the related individuals, without delay.

9. ISSUES RELATED TO THE APPLICATION OF THE POLICY OR A PROTOCOL

9.1. Any issue related to a decision rendered within the scope of this Policy or a Protocol, should be addressed within the context of the Complaint Procedure. The Complaint Procedure can be accessed on the WQSB website, westernquebec.ca/complaints/