



BRIEF

on

HEALTH SERVICES IN THE SCHOOL

prepared by

QUEBEC FEDERATION OF HOME & SCHOOL ASSOCIATIONS

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*Question: Is the nurse able to perform quality work
in the time allotment in your school?*

Response: Who are you kidding! Superwoman is a fantasy.¹

Introduction

Quebec Federation of Home & School Associations (QFHSA), founded in 1944, is an independent, voluntary, parental organization representing approximately five thousand families, mainly within the English speaking communities throughout the province. Parent volunteers are active within local Home & School Associations, the provincial organization and, at the national level, through The Canadian Home & School and Parent-Teacher Federation. In addition, QFHSA has an affiliated group membership of 86 School Committees, school boards and teacher associations.

Two of the stated aims of the Home & School movement are to obtain the best for each child according to his or her physical, mental, social and spiritual needs, and to assist in forming public opinion favourable to reform and to the advancement of the education and well-being of the child.

Brief History of QFHSA Project re Health Services in Schools

At the 1985 QFHSA Annual General Meeting delegates passed Resolution 85/2 Allocation and Deployment of School Nurses (Appendix I) which was subsequently sent to the Ministry of Social Affairs, among others, for action. Within six months a new government was formed and it was apparent that the new Minister must be informed of our concerns.

In the meantime, many Home & School Associations, School Committees, school boards, teachers associations and, in some cases, nurses themselves were renewing concern about the diminished role of the school nurse. In

particular, budgetary cutbacks had reduced the ratio of nurses to students, but the health needs of students were on the increase. At the 1986 QFHSA Annual General Meeting the Social Affairs/Support Services Committee was mandated to conduct a survey on the school nurse situation province-wide.

Procedure

In July, 1986, a sub-committee of the Social Affairs/Support Services Committee prepared a Questionnaire re Health Services in Schools with particular reference to the school nurse. This was circulated to all Home & School Associations, all English speaking Protestant and Catholic School Committees, all Quebec Association of Protestant School Boards' member boards and, on request, to Local Community Services Centres (CLSCs), school nurses, etc. Deadline for replies was November 3, 1986. (Appendix II)

The Role of the School Nurse

In April, 1981, the Ministry of Education and the Ministry of Social Affairs redefined the role of the school nurse. She is now a community health nurse assigned by the CLSC to work in a school setting and to fulfill other CLSC roles and duties. Her activities are primarily concerned with health education and prevention and not those related to first responder in emergency situations. Policies regarding first aid services must be made separately by school boards. Three factors have aroused the greatest concern among parents re nursing services in schools:

- (1) the budgetary constraints which have reduced the number of nurses assigned to schools.
- (2) the deletion of first aid services from her list of activities.
- (3) the almost total lack of consultation between the CLSC and school boards re the role which the community wishes the nurse to play in the school setting.

It is generally felt that the nurse is accountable to the priorities and policies set by the CLSC - determined by budgetary constraints - not the priorities of the students and the school.

Nurses are 'officially' accountable to CLSC's. However, the Education Act gives responsibilities of schools to principals. It has happened, on occasion, that nurses refuse to do assignments that principals consider important. The key issue is the fact that nurses are officially under the jurisdiction of CLSC's. While we have established diplomatic rapport with these offices, we still do not have a final say regarding the selection, assignments, in-service training, etc.²

The bottom line is that the role of the school nurse is not clearly defined, understood or agreed upon by the Ministry of Health & Social Services, the Ministry of Education, school boards, teachers associations, the nurses themselves, and the parents.

Bureaucratic Structures

With a ratio of one full-time nurse to 2500 students it is impossible to believe that any nurse can cope adequately with the health needs of her clientele. Results of the questionnaire indicate clearly a bureaucratic structure whereby a nurse's schedule may include several schools, clinics, garderies, CLSC duties, pre and post-natal care, among her activities. Her timetable may involve her actual presence in a school comprising a few hours, half-days, per week or per month, split schedules, etc.

For example, ANDREW S. JOHNSON HIGH SCHOOL in Thetford Mines, with a student population of 101, sees a nurse four times a year only; SUNNYSIDE ELEMENTARY SCHOOL, Rock Island, has nursing services one day a month for 175 pupils in a school considered as "high risk" as related to health needs by the parents and school personnel. This particular nurse is responsible for nine schools! To add to the frustration both these schools experience a communication (language) problem with their particular nurses. The nurse at WESTMOUNT PARK ELEMENTARY SCHOOL in Westmount (Montreal) must divide her schedule among two schools, two garderies and baby clinic visits.

The school nurse's work-schedule may conflict with the school timetable.

Often when the nurse is due to arrive at our school, she is called in the morning to substitute at the CLSC nursing station. Result - we have not seen the nurse this year. This year we share the Polyvalente with the French board. The nurse only needs to cross the street to get to this new school. The CLSC is really across the street, but no service this year so far.³

This nurse is responsible for eight schools of approximately 1164 students.

In answer to the question, "Does the school nurse interact with community groups and/or agencies?", the response by one school was:-

Where can a school nurse, who in the province of Quebec is as rare as hen's teeth, find the time to interact with any group.⁴

This illustrates the frustration felt by both the school and the community.

Further problems develop when CLSC professional days conflict with the nurse's school timetable. Many schools stressed that the school nurse's timetable must conform to the school's schedule. Working with several different school staffs and administrations with different student needs leads to frustration and, in some cases, conflicts between the nurse and the school. Therefore, the climate for attaining the best for the student vis à vis quality health care is severely diminished. The tremendous juggling of bureaucratic time allotments and budgetary constraints have made it impossible to provide quality nursing service.

Massey Vanier High School has this year lost the services of a full time in residence nurse because of budget cuts from the Ministry of Education. [Because of dissatisfaction with the CLSC nursing service to Massey Vanier High, the District of Bedford Protestant Regional School Board had hired a nurse out of its own budget. Budget cuts in 1986/87 have forced the school to give up its nursing service.] The CLSC who is responsible for providing health services to this part of the school [English sector] states it does not have the budget for this. The school board is in the process of trying to acquire the nursing services that are legally ours.⁵

Massey Vanier High School has a student population of 900 without nursing services.

The Nurses's Role re Education/Prevention

The primary role of the community health nurse within the school is as a health educator and to deal with the prevention of, rather than the treatment of, injuries and diseases. Within the short time allotment within a school timetable she is expected to arrange health programs ranging from nutrition, drug and alcohol abuse, smoking and health, sex education, personal hygiene, etc., and to schedule screening for vision, hearing, and referrals. Since different schools may have different needs, she may be involved in all of these at any one time. Consultation with teachers and administrators in the choice of programs, planning, and implementation can be a time consuming task when the nurse is working in several schools. The quality of the programs can suffer due to insufficient time to meet the needs of the student clientele.

I believe my main concern as a parent would be just how much one can divide oneself and say one is still doing an A-1 job. Our nurse is very qualified and efficient but I wonder sometimes if she can readjust her head for all her positions. I for one would be completely muddled. Credit is definitely due to her but I think it is also asking too much of one person.⁶

Clearly, a nurse in the school 1 day per week adapts her program to that amount of time... were she able to spend 2 or 3 days at the school, the program could be fuller.⁷

We really need someone everyday. Considering time limitations the nurse has been doing an exceptional job but she overall deals with 1900 students. This is a ridiculous situation.⁸

Space and Facilities

In order for the nurse to provide health services it is necessary that adequate space and facilities be provided. It appears that some schools have

less than adequate room for the nurse and, in many cases, it was pointed out that a telephone is a necessity. One nurse commented, "I rarely had an office to work in. I moved locations at least once a year. The first space to be utilized when none other was available was the nurse's room." It is important that the principal and staff see the school nurse as part of the school team personnel and provide her with the support she needs to be effective.

First-Aid

The greatest impact felt by parents related to the changing role of the school nurse has been in the area of first-aid. While the nurse is likely to respond to a medical emergency when she is on the school premises, first-aid is not on her list of priorities. In the past, parents, teachers, principals and school secretaries saw the primary role of the nurse as a first-aid care-giver. No doubt the perception was that here was the opportunity for the nurse to meet students individually, to sometimes spot a health need - physical or emotional - that might otherwise go unnoticed. In some cases, this would give clues to her about the health needs of a larger number of students in the school - stress, nutrition, drug education, child abuse, sex education, etc. Such is not the case today. Except for keeping first-aid supplies up-to-date, she is not responsible for first-aid in schools.

Parents, teachers, principals and support staff, particularly secretaries, recognize that the potential for health related incidents to happen is very real. This may vary from playground accidents, sports related accidents, reactions to drugs among students on medication, high-risk machinery in Tech/Voc schools, aging staffs. The modern high school is particularly vulnerable: wood, metal and automotive shops, chemistry labs, gyms, kitchens, etc. Having a nurse on the school premises for sports or field days is not a priority for

either elementary or high school nurses, as defined by the guidelines.

Several times a year the schools organize inter-school sporting events (cross-country run, etc.) which involve up to four or five hundred pupils. For my part, it is most reasonable for us to request that a nurse be present at these events. Why should the school board have to pay an additional amount of the tax payer's money for a service that is already available. The number of events are small and would take a minimum amount of nurse's time. The inflexible response of 'the nurse does not do first-aid' is not acceptable.⁹

Who, then, is responsible for first-aid service in schools? The principal, of course, is expected to make a decision re first-aid. When he/she is not on the premises and the nurse is unavailable the next in line is often the school secretary. Does her job description include qualifications related to first-aid and medical emergencies? Certain staff members may have qualifications related to giving emergency medical aid - St. John's Ambulance, C.P.R., etc.

If the nurse is not present, an administrator will assume control; if an administrator cannot be found, the office will take charge. It is treatment by whoever is left, not by the most qualified.¹⁰

Both the Minister of Education and Minister of Health and Social Services have specifically mandated school boards and commissions to be responsible for first-aid services in their schools. Policies and priorities related to first-aid vary from school board to school board. In 1986 the Provincial Association of Protestant Teachers sought a legal opinion determining the rights and obligations of teachers and school boards with respect to first-aid policies. The document highlights a very important concept in the legal view of teachers and schools, that of the 'bon père de famille'. Teachers (and their school boards) are only required to do what prudent parents would do in a given situation. It is important to note however, that the general law of Quebec,

as codified in Section 2 of the Charter of Human Rights and Freedoms, and in Article 1053 of the Civil Code, establishes a framework within which it is possible to determine at least general guidelines as to the rights, duties and liabilities of teachers with regard to first-aid assistance to be granted by them to students. School boards will be held liable under Article 1053 of the Civil Code just as teachers would be and according to the same criteria. Additionally, Article 1054 of the Civil Code holds that school boards will also be held responsible vicariously for the actions, or omissions, of teachers employed by them. (Appendix III)

It is not enough for school boards to articulate a policy re first-aid in schools but rather it is an obligation for them to provide adequate measures to deal with accidents within a school setting. If the tools of budget and staff are not available to them the school board must publicize this discrepancy to the other public they serve, i.e., government, parents, teachers and students.

Quebec labour law provides exceptionally strong regulations for safety in the workplace - none of which applies to the school or its students and personnel. Yet, a modern school can be every bit as hazardous as a modern factory or work site. Should school board efforts (and those of other concerned groups: parents, teachers, and the students themselves) convince the Quebec government to alter its legal view of the school as 'bon père', in regard to physical safety, we might then come under these labour regulations, which clearly define and control safety, first-aid training and first-aid equipment standards.¹¹

The whole question of responsibility for first-aid and medical emergencies in our schools, both morally and legally, must be questioned by parents, teachers, administrators and school boards.

It is worth noting that some schools have developed their own first-aid policy. ST. PATRICK OF THE ISLAND ELEMENTARY SCHOOL in Pincourt is one such example. (Appendix IV) Lack of funds has curtailed refresher courses in this

school for the time being.

Communication

Language of the nurse and the language of instruction in the school.

This is a problem found mainly among off-island schools although some schools on-island have experienced difficulties with unilingual French speaking nurses assigned to English schools. Such an assignment presents a problem for both parties. The nurse is unable to perform her tasks no matter what time allotment or programs she may wish to offer. Conflicts are bound to escalate between schools, school boards and CLSCs in trying to resolve the problem. It is essential that the government of Quebec, through the Ministry of Health and Social Services, provide guarantees for provision for English language services where required. This is essential for the care and protection of all who work in the school setting.

Schools experiencing a language problem include: HEBERT (Commission scolaire Rouyn-Noranda); QUEEN ELIZABETH ELEMENTARY SCHOOL (English sector) and NAMUR INTERMEDIATE SCHOOL (Protestant Regional School Board of Western Quebec); ANDREW S. JOHNSON HIGH SCHOOL and SHAWINIGAN HIGH SCHOOL (Eastern Quebec Regional School Board); CLARENCEVILLE ELEMENTARY SCHOOL (Protestant Regional School Board of the District of Bedford). In some areas other health care workers - social workers, counsellors, etc. - are available only from French speaking services.

Serious lack of social services in the area. The CLSC is unable to provide the school with social workers who can follow English speaking students. The mental health clinic is unable to accept our English speaking referrals. There is little or no support services for family counselling,

effective parenting, or marital counselling. The English speaking community in the Upper Laurentian region is not receiving adequate social services.¹²

High Risk Schools

A number of schools both on and off island characterized their health needs as 'high risk' reporting more than average cases of malnutrition, chronic illnesses, family problems, or handicapped children requiring extra care and attention. On the island of Montreal some of the high risk schools are classified as 'inner city' where there are more health related problems re malnutrition and poverty related social problems. However, the time allotment for the school nurse is not increased to meet the demands of these children. In many cases arranging for referrals with social workers, psychologists, hospitals, etc., can consume the total time allotment.

Off-island high risk schools report malnutrition, chronic illnesses and poverty related social problems as their gravest concerns. In no case was the nurse's timetable in the school sufficient to meet their needs. Isolation from adequate referral services further complicates the situation. Again, inability to communicate in English with the clientele limits the provision of adequate services. "Social worker is available but speaks French only", reports MATAPEDIA INTERMEDIATE SCHOOL (Regional School Board of Gaspesia).

The best example of the horrendous health service problems faced by a school population and by the communities of these children is illustrated by the letter written by the Parents Committee of SUNNYSIDE ELEMENTARY SCHOOL in Rock Island to the Department of Community Health (D.S.C.) in Magog. (Appendix V) The present availability of school nursing services (7 days

for 6 schools/month; 735 pupils total) is entirely inadequate for the needs of the student population and their families in this area.

"The community is isolated and far from health services: dentist, medical services, pharmacy," reports POLTIMORE ELEMENTARY SCHOOL (Protestant Regional School Board of Western Quebec). This school has a nurse one day a month. She is responsible to six French schools, two English schools - two are high schools and one with handicapped children!

The Secondary School Situation

Two large high schools on the island of Montreal can be characterized as 'high risk' since they have large tech-voc areas as well as the usual number of labs, etc. LASALLE HIGH SCHOOL (Protestant) lists malnutrition as its number one problem. Many students travel to LaSalle High from low income, welfare and socially deprived areas in Point St. Charles, Little Burgundy, and Verdun. (Appendix VI, Resolution 85/1 Meals for Undernourished Students)

Nursing Services only touch the tip of the iceberg.
Approximately 45-50 students seen on a daily basis.
Approximately 60% of these with psychosomatic problems.
Due to the number of students seen daily - little time
is left for other nursing priorities.¹³

This nurse is on the premises four days a week but cannot meet the needs of the clientele - not enough hours in a day. (1)

(1) Note: CECIL NEWMAN ELEMENTARY in LaSalle, WOODLAND ELEMENTARY in Verdun - which identified themselves as 'high risk' in the questionnaire - are all feeder schools to LaSalle High. The high school simply inherits the problems that the lack of resources and support services have already created or condoned.

LINDSAY PLACE HIGH SCHOOL in Pointe Claire, with a student body of 1400, has a nurse available every other Tuesday and on "activity" days (health screening) for an average of three days a week. This is a reduction from 4½ days a week. With Tech/Voc as a part of the school curriculum, this school is perceived as high risk. In the 1985-86 school year, in an effort to have more nursing services available, two volunteer nurses were recruited. However, they received warning letters from their nurses' association for practising without authorization, etc., and they had to withdraw their services.

Off-island

Two high schools which can be characterized as 'high risk' through this questionnaire, and reported on earlier in this brief -- MASSEY VANIER HIGH SCHOOL, 900 students, in the District of Bedford - no nursing service available at all - and MATAPEDIA POLYVALENTE, 428 students, Miguasha School Board and Regional School Board of Gaspesia - had not seen the nurse up to time of submitting questionnaire in November, 1986.

In general, high schools on and off-island appear to have severe limitations related to nursing services. Many stress the need for full-time nursing services, particularly in large schools.

"Is the nurse able to perform quality work in the time allotment in your school?" No, definitely not. The time allotment is one day a week for a school of 997 students. I find this time totally inadequate. (Please realize that this is twice the amount received last year.) With more time she could become an important member of our Pupil Personnel Team to support students in need. She is a competent cooperative individual who is limited by the short period of time that she spends in the school.¹⁴

Teenagers are at a critical stage in their physical and emotional development and have fewer professional nursing services available to them. The school nurse is an absolute necessity as part of the school 'team'. The nurse/student ratio must be changed to meet the demand for her services in

high schools. The Lakeshore School Board's Student Services lists "every day service for all secondary schools" as its number one priority for nursing services in its schools.¹⁵

Rural Schools

Throughout this Brief reference has been made, by example, to the many problems faced by rural schools re nursing services and to health services in general. The nurse will never be able to dispense quality service under conditions such as: scattered populations, time spent in travelling between schools, clinics, CLSCs, health problems related to unemployment, poverty, isolation from health centers, possible lack of knowledge of language of clientele and the present student/nurse ratio.

Samples of rural concerns include:-

The school nurse is mainly accountable to her employer. CLSC services are withdrawn whenever the nurse has to attend "meetings" or professional development programmes which are not held on pedagogical days.¹⁶

At present, the school nurse attends one day per month. Her presence would be needed one-half day every week so as to keep in touch with what is going on in the school.¹⁷

Five minutes per child per month is a stupid statement for the government to make. Our school nurse has 1164 students. That's a total of 97 hours of child inspection. They have 35 hours a week which leaves the school nurse 43 hours for travel. Impossible!¹⁸

It's very simple - if you are truly concerned about the mental health of students, you must provide more than adequate service. We are operating on a shoestring!¹⁹

Often when the nurse is due to arrive at our school she is called in the morning to substitute at the CLSC nursing station.²⁰

Law 142 guarantees health services to the English-speaking population in Quebec and action to implement the necessary services, for urban or rural populations, must not be delayed. There are critical needs to be met and a concerted effort must be undertaken by citizens, educational and health organizations, to pressure health authorities.

The School Nurse

As expressed by some nurses re the questionnaire on health services in schools, many were surprised that anyone was particularly interested in what they do. They recognize that most parents and school boards (and principals, teachers, etc.) see the first role of the nurse as first-aid/care-giver. They feel her broader role as educator is tolerated but not fully accepted.

The concept of sickness versus wellness is a long way from reality in our schools. The programs initiated by the DSCs are excellent but schools can be quite inflexible in giving the nurse time and space to provide education for the students. [nurse]

We are not considered part of any school-based team and are rarely consulted on matters that involve the 'whole student'. [nurse]

I feel the MEQ and the MHSS have to collaborate to ensure the nurse time and place in the education system. [nurse]

While all of the above may sound very negative there is the underlying factor present: the school nurse has a logical place in the school environment. To accomplish her tasks she needs the support of parents, teachers, principals, school boards, CLSCs, the MEQ and the MHSS. The nurse must be allowed to share in the consultation among all the parties involved, as to her role in the school milieu.

Conclusion

The 1986 Questionnaire re Health Services in Schools has proved to be very informative. It has reinforced the message in QFHSA's Resolution 85/2 (Appendix I) that the allocation and deployment of the nursing services in schools must improve before tangible results can be expected. The ratio of one nurse to 2500 students is absurd. Budgetary constraints by the Ministry of Health and Social Services have placed the health needs of students in jeopardy. The 'workplace' of all our children has ceased to be the place where their health needs are met. There is a serious lack of consultation re the role of the school nurse among all the parties concerned: students, parents, teachers, principals, school boards, Ministry of Health and Social Services, Ministry of Education, and the nurses themselves. Unless there is a common goal identified - the health and well-being of our youth - and serious measures undertaken to accomplish the goal, then the nurses's professional expertise will never reach the students. To have physically and emotionally healthy students learning within a safe environment places a tremendous responsibility on the school nurse. It is up to those of us who participate in the care and education of children to petition for quality nursing services in our schools.

The nurse has too many tasks and too little time to do them effectively. Despite her best intentions our nurse will not be able to do all the things that are necessary.²¹

The recommendations which follow have, for the most part, been incorporated into Resolution 87/5 ALLOCATION AND DEPLOYMENT OF SCHOOL NURSES, to be discussed and voted on at the 1987 Annual General Meeting (AGM). Other recommendations deal with actions to be undertaken in a variety of other ways.

Recommendations

1. That Quebec Federation of Home & School Associations urge the Ministry of Health and Social Services and the Ministry of Education to initiate a full consultative process with school boards, teachers' associations, DSCs, CLSCs, the nurses and parents in order to clearly define the role of the school nurse.
2. That Quebec Federation of Home & School Associations urgently request that the Ministry of Health and Social Services increase the allocation of nurses to student population and, furthermore, increase immediately the nursing time allocated to rural schools and all schools classified as "high risk".
3. That Quebec Federation of Home & School Associations urge the Ministry of Education and Ministry of Health and Social Services to ensure that nurses be provided with suitable working facilities in the school, including telephone service, to carry out their duties as part of the school "team" working on behalf of the children in the schools.
4. That Quebec Federation of Home & School Associations urge the Ministry of Health and Social Services and the Ministry of Education to determine, with the full consultative process stated in #1, the responsibility and liability of school boards and school personnel when the nurse is not on the premises.
5. That Quebec Federation of Home & School Associations ask the Ministry of Health and Social Services to ensure that the workplace of the school nurse must be the school; that the nurse's schedule conform to the timetable of the school with every effort made for her "collective agreement" to meet school requirements; that the nurse must be fluent in the language of the school.
6. That Quebec Federation of Home & School Associations urge the Ministry of Health and Social Services and Ministry of Education to formally recognize the school as a "workplace"; namely, to make school safety and first aid requirements subject to the Conseil de Santé et Sécurité de Travail (CSST) regulations for safety in the workplace.

Footnotes

¹Response to QFHSA Questionnaire re Health Services in Schools, from RICHELIEU VALLEY REGIONAL HIGH SCHOOL (McMasterville) (South Shore Protestant Regional School Board).

²Response to Questionnaire, from RICHELIEU VALLEY SCHOOL BOARD.

³Response to Questionnaire, from MATAPELITA INTERMEDIATE SCHOOL and MATEPELITA POLYVALENTE (Regional School Board of Gaspesia and Miguasha School Board).

⁴Ibid.

⁵Response to Questionnaire, from MASSEY VANIER REGIONAL HIGH SCHOOL (Cowansville) (Protestant Regional School Board of the District of Bedford).

⁶Response to Questionnaire, from KEITH ELEMENTARY HOME & SCHOOL ASSOCIATION (Lasalle) (Protestant School Board of Greater Montreal).

⁷Response to Questionnaire, from DUNRAE GARDENS ELEMENTARY HOME & SCHOOL ASSOCIATION (Town of Mount Royal) (Protestant School Board of Greater Montreal).

⁸Response to Questionnaire, from RICHELIEU VALLEY REGIONAL HIGH SCHOOL (South Shore Protestant Regional School Board).

⁹D.H. Ross, Students' Services, Lakeshore School Board, correspondence to Dr. Osterman, Chef du Département de Santé Communautaire Lakeshore, 30 October 1985.

¹⁰Michael Karp, "First Aid in the Lakeshore School Board: A Report Written for the Lakeshore Teachers Association" (Lakeshore Teachers Association, Dollard des Ormeaux, Quebec, 30 June 1986), p.8.

¹¹Karp, "First Aid", p.17.

¹²Response to Questionnaire, from STE AGATHE ACADEMY (Laurentienne School Board).

¹³Response to Questionnaire, from LASALLE HIGH SCHOOL (Protestant School Board of Greater Montreal).

¹⁴Response to Questionnaire, from WAGAR HIGH SCHOOL (Cote St. Luc) (Protestant School Board of Greater Montreal).

¹⁵Don Ross, "The Role of the Nurse in L.S.B. Schools" (Students' Services, Lakeshore School Board), 7 January 1985.

Footnotes, cont.

¹⁶Response to Questionnaire, from LEMOYNE D'IBERVILLE HIGH SCHOOL (Longueuil) (South Shore Protestant Regional School Board).

¹⁷Response to Questionnaire, from POPE MEMORIAL ELEMENTARY SCHOOL (Bury) (Eastern Townships School Board).

¹⁸Response to Questionnaire, from MATAPEDIA POLYVALENTE (Regional School Board of Gaspesia and Miguasha School Board).

¹⁹Response to Questionnaire, from RICHELIEU VALLEY REGIONAL HIGH SCHOOL (McMasterville) (South Shore Protestant Regional School Board).

²⁰Response to Questionnaire, from MATAPEDIA INTERMEDIATE SCHOOL (Regional School Board of Gaspesia).

²¹Response to Questionnaire, from PARKVIEW ELEMENTARY SCHOOL (Granby) (Protestant Regional School Board of the District of Bedford).

List of Respondents to Questionnaire

School Boards

Lakeshore School Board
Laurentian School Board
Laurenval School Board
Protestant School Board of Greater Montreal
Richelieu Valley School Board

Schools (by school board)

(number of students in school shown when indicated by respondent)

Chomedey de Laval School Board

Sacred Heart Middle School (313)

Commission scolaire des Outaouais

St. Aloysius School (242)

Commission scolaire du Sault-Saint Louis

Laurendeau Dunton School

Commission scolaire Goëland

St. Francois Xavier School (441)

Commission scolaire Pontiac

St. Alphonsus High School (105)

Commission scolaire regionale Lapointe

St. Patrick High School (121)

Commission scolaire Rouyn-Noranda

Hebert School (210)

Eastern Quebec Regional School Board

A.S. Johnson High School (101)
La Tuque High School (101)
Shawinigan High School (204)
Three Rivers High School (270)
Ecole du Berger (100) (in same building as Three Rivers H.S.)

Eastern Townships School Board

Pope Memorial School (84)
Princess Elizabeth School
Sunnyside School

Schools (by school board), cont.

Greater Quebec School Board

Holland School (257)
St. Patrick School (104)

Jacques Cartier School Board

Jean de Brebeuf School (233)

Lakeshore School Board

Allancroft School (510)
Beaconsfield High School (1135)
Cedar Park School (249)
Christmas Park School (374)
Dorset School (322)
Ecole Primaire Beaconsfield (426)
Ecole Primaire Pierrefonds (180)
Greendale School (538)
John Rennie High School (1223)
Lindsay Place High School (1400)
Macdonald High School (632) (two responses)
Mount Pleasant School (436)
Northview School (310) (two responses)
Seigniory School (350)
Spring Garden School (355)
Sunnydale Park School (470)
Thorndale School (425)

Laurentienne School Trustees

Ste. Agathe Academy (200)

Laurenval School Board

Gordon School (386)
McCaig School (285)

Montreal Catholic School Commission

Paul VI High School (123)

Protestant Regional School Board of Chateauguay Valley

Gault Institute (168)
Hemmingford School (120)
Ormstown School (168)
Robert A. Jobber School (183)

Protestant Regional School Board of District of Bedford

Clarenceville School (73)
Heroes' Memorial School (314)
Knowlton Academy (360)
Mansonville School (90)
Parkview School (289)

Schools (by school board), cont.

Protestant Regional School Board of Western Quebec

Aylmer School (314)
Eardley School (243)
Gatineau School (120)
Hull, Elementary and Secondary
Namur Intermediate School (100)
Poltimore School (50)
Queen Elizabeth School (274)
South Hull School (322)
Wakefield School (150)

Protestant School Board of Greater Montreal

Argyle Academy (339)
Bedford School (200)
Cecil Newman School (523)
Coronation School (365)
Courtland Park School (263)
Dunrae Gardens School (296)
Ecole Montrose (306)
Edinburgh School (434)
Elizabeth Ballantyne School (357)
Keith School (326) (3 responses)
Lachine High School (approx. 600)
LaSalle High School (900)
Malcolm Campbell High School (540)
Meadowbrook School (520)
Riverdale High School (1000)
Roslyn School (804)
Royal West Academy (697)
Sinclair Laird School (224)
Sir Winston Churchill High School (792)
Tetreaultville School (380)
Wagar High School (997)
Westmount Park School (approx. 280)
Westpark School (640)
Woodland School (279)

Regional School Board of Gaspesia

C.E. Pouliot School (279)
Entry Island Intermediate School (36)
Gaspé School
Grosse Isle High School (93)
Hopetown School (44)
Matapedia Intermediate School (19)
Matapedia Polyvalente (428) (also under Miguasha School Board)
New Carlisle High School (260)
New Richmond High School (185)

Richelieu Valley School Board

Courtland Park School (200)
Mountainview School (181)
Mount Bruno School (440)
William Latter School (155)

Schools (by school board), cont.

St. Exupery School Board

Boucherville School (135)

South Central Protestant School Board

Royal Charles School (292)

South Shore Protestant Regional School Board

Centennial Regional High School (1700)

Chambly County High School (503)

Ecole Champlain (281)

Harold Napper School (542)

John Adam School (148)

Jubilee School (407)

Kensington School (175)

Lemoyne D'Iberville High School (436)

Mackayville School (316)

Margaret Pendlebury School (151) (two responses)

Preville School (486)

Richelieu Valley Regional High School (782) (two responses)

Royal George School (French - 510; English - 41) (two responses)

St. Lambert School (506)

Vincent Massey School (French - 181; English - 120) (two responses)

Other Schools

Jewish People's Schools & Peretz Schools (486)

Kateri-Kahnawake (260)
Karonhianonka



QUEBEC FEDERATION OF HOME AND SCHOOL ASSOCIATIONS

2535 CAVENDISH BLVD., SUITE 212, MONTREAL, QUEBEC H4B 2Y5 TELEPHONE: (514) 481-5619

RESOLUTION 85/2 ALLOCATION AND DEPLOYMENT OF SCHOOL NURSES

WHEREAS the current allotment, imposed by the Ministry of Social Affairs, of one school nurse for 2400 students is totally inadequate to serve the needs of growing children in a health promotion context, and

WHEREAS there is a current shift under way to remove school nurses from the school, the very place inhabited by all children during their formative years, and

WHEREAS the school nurses are currently allowed little input regarding their perceptions of the needs of the students they serve, and

WHEREAS, under centralized Ministry of Social Affairs structures, school nurses are subject to work schedules that often do not correspond to those of the schools they serve,

THEREFORE BE IT RESOLVED that Quebec Federation of Home and School Associations urgently request that the Ministry of Social Affairs increase the allocation of nurses to student population and further increase the numbers of nurses serving schools at high risk, and

BE IT FURTHER RESOLVED that Quebec Federation of Home and School Associations ask the Ministry of Social Affairs to elicit the input of school nurses regarding their perceptions of children's health needs and encourage them to institute within the schools programs that foster health promotion, and

BE IT FURTHER RESOLVED that Quebec Federation of Home and School Associations ask the Ministry of Social Affairs to recognize that the workplace of the school nurse must be the school and that the nurse's schedule must conform to the timetable of the school.

DESTINATION: Ministry of Social Affairs
Quebec Association of Social Service Centers
Corporation of Professional Social Workers of Quebec
Order of Nurses of Quebec

copies to: Quebec Association of Protestant School Boards and
its member Boards.



APPENDIX II

QUEBEC FEDERATION OF HOME & SCHOOL ASSOCIATIONS

QUESTIONNAIRE RE HEALTH SERVICES IN SCHOOLS

To be returned to QFHSA by Monday, November 3, 1986.

Name of School _____

Number of Students _____

Name of School Board _____

Please respond to the request from the Social Affairs/Support Services Committee by commenting on the topics listed below. Keep the comments within the framework of your own school and school board, i.e. what is, or is not, actually happening.

1. NURSING SERVICES IN YOUR SCHOOL

(a) Do you have a nurse assigned to your school? Yes ___ No ___

(b) How long has she/he been employed in your school? _____

(c) How many hours/days is she/he in the school? _____

(d) For how many schools is your nurse responsible? _____

(e) Approximately how many kilometers must the nurse travel between schools and her agency? _____

(f) Is she/he able to communicate effectively in the language (language of instruction) of the school? _____

(g) Who is responsible for nursing services when the nurse is not on the school premises? _____

(h) How many of your school's personnel have emergency first aid training?

What kind of emergency first aid training do they have? (e.g. CPR, St. John's Ambulance, etc.) _____

How often is this training updated? _____

(i) Does your school nurse service both the high school in your area as well as its feeder schools? _____

2. NURSING PROGRAM IN YOUR SCHOOL

(a) What are the nurse's main tasks in your school?

(i) health education programs (give examples)

(ii) health screening, e.g., hearing, vision, scoliosis

(iii) individual or group health counselling (e.g., allergies, diabetes, etc.)

(iv) First aid, CPR, other emergency situations.

(v) Consultation/Follow-up workshops with teachers/other support personnel/
other agencies.

(vi) Consultation and/or follow-up with parents (re individual children).

(vii) Resource to parent groups (e.g., Home & School/School Committee).

3. STUDENT NEEDS

- (a) Do you consider your school as 'high risk' as related to health needs?
(e.g., malnutrition, chronic illness, tech-voc/safety, handicapped)

- (b) Are your student needs re nursing services being met in your school? If not, give details.

4. ROLE OF A NURSE IN YOUR SCHOOL

- (a) What does your school see as the essential role of the nurse in a school?
(includes students, teachers, administrators, parents) (e.g. physical, psychological, family problems, health education)

- (b) Is he/she qualified to handle all of the above? Are resources available for referral? Elaborate (e.g. social worker)

- (c) Is the nurse able to perform quality work in the time allotment in your school?

- (d) Do you have volunteer(s) health service in your school? If so, what tasks does he/she perform? Does he/she have nursing qualifications/emergency first aid training? To whom is he/she responsible for health care decisions?

5. ROLE OF THE SCHOOL NURSE IN THE COMMUNITY

Does the school nurse interact with community groups and/or agencies?
(e.g. municipal councils, social agencies, churches, business)

6. ACCOUNTABILITY

To whom is your school nurse accountable - the principal, school board, community health department, students and families? Are there conflicts re this accountability? Elaborate.

7. OTHER

Please include here any matters not covered in the questionnaire.

Thank you so much for your co-operation.

APPENDIX III

Québec Charter of Human Rights and Freedoms

Sec. 2. 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.

Les Codes/Civils . The Civil Codes

Art. 1053. Every person capable of discerning right from wrong is responsible for the damage caused by his fault to another, whether by positive act, imprudence, neglect or want of skill.

Art. 1054. He is responsible not only for the damage caused by his own fault, but also for that caused by the fault of persons under his control and by things he has under his care;

Tutors are responsible in like manner for their pupils;

Curators or others having the legal custody of insane persons, for the damage done by the latter;

Schoolmasters and artisans, for the damage caused by their pupils or apprentices while under their care.

The responsibility attaches in the above cases only when the person subject to it fails to establish that he was unable to prevent the act which has caused the damage.

Masters and employers are responsible for the damage caused by their servants and workmen in the performance of the work for which they are employed.

APPENDIX IV

6.0 School First Response Systems that Work

Generally, school boards are policy-makers. They can create first aid and emergency plans, but it is up to the individual schools to make these policies reality.

In cases where school boards have not yet developed coherent first aid policies, it is still the responsibility of the individual schools in those boards to provide adequate services for those in their charge. (Writer's note: It should be obvious that administrators, teachers, and administrations also benefit from an effective emergency first aid system, in terms of reduced legal liability - and their own physical well-being.)

For a school to develop its own first aid policy and system is a difficult task - but not an impossible one. Within the West Island area of Montreal, two very different schools have done just that - in very different ways.

6.1 St. Patrick's School of the Island, under Commission scolaire de l'Ile Perrot, is an elementary school with has a staff of 15 and a student population of 300. They faced a serious medical aid problem: the nearest general hospital was in Pointe Claire and the nearest ambulance was dispatched by a funeral home in Dorion. Like all other elementary schools in Quebec, they found that their students were incurring injuries at times other than when the school nurse was present. (And like all other schools in Quebec, the average age of the staff was increasing.)

The community served by St. Patrick's was fortunate in that the principal of the school, Henry Wohler, had a personal interest in first aid. He instituted a programme within the school, designed to provide emergency

first aid with the least time-to-treatment, basically following the most modern concepts of emergency care delivery. By the end of the 1984-85 school year:

- i. Mr. Wohler enrolled in, and successfully completed, a Quebec-approved ambulance attendant programme - EM Technician-Ambulance.
- ii. All staff had completed the St. John Ambulance 8-hour Emergency First Aid Course.
- iii. All staff had completed at least the Quebec Heart Foundation 4-hour Cardio-pulmonary Resuscitation Course (CPR).
- iv. All staff had completed the Stewart Oxygen Company equipment course. The school has its own Stewart oxygen unit.
- v. Two staff members have completed the CEGEP John Abbott 45-hour First Responder Course. (In addition, the PE teacher is also a qualified physiotherapist.)

The school's interest in first aid is not limited to the staff: in the spring of 1985, all the grade 6 students successfully completed the 4-hour CPR course. (Writer's note: There was a distinct payoff to the students taking the CPR course. Within the school, the students became aware of the need to: remain calm; evaluate situations; and act responsibly. According to Mr. Wohler, one of his students returned home one day to find that an older brother had overdosed on drugs. The sixth-grader remained calm, called an ambulance, and maintained a patent airway until the arrival of professional help.)

Basically, on a very limited budget, St. Patrick's School of the Island has provided itself with an emergency care delivery system of which it can be extremely proud.¹

¹Michael Karp, First Aid in the Lakeshore School Board: A Report Written for the Lakeshore Teachers Association, (Pointe Claire: John Rennie High School, 1986), pp.16-17.

ECOLE PRIMAIRE SUNNYSIDE
SUNNYSIDE ELEMENTARY SCHOOL

P.O. BOX / C.P. 50
ROCK ISLAND, QUÉBEC
J0B 2K0

March 18, 1986

Madame Mireille Lacasse
Coordonnatrice des Programmes
D.S.C. Magog
52, rue Principale, ouest
Magog, Que.

Dear madame Lacasse:-

The Sunnyside School Parent's Committee at its monthly meeting March 10, 1986 expressed concern at the appalling lack of medical and social services in the Stanstead - Rock Island - Beebe area. The need for increased medical services is obvious and well-documented. Our two general practitioners are severely overworked resulting in a crisis in January and February when Dr. Bouchard was hospitalized and Dr. Bonin left alone to cope with the winter flu epidemic.

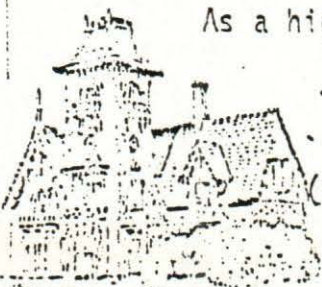
The crucial need for increased social services is due to the deprived living conditions of almost one-half of the total population of the Three Villages area. As of December, 1985 - 22% of the families here were on welfare and an additional 10% on unemployment. The resultant problems related to such an alarming number of our local population being reduced to a substandard quality of life include elevated numbers of:

- 1) families in crisis
- 2) neglected children
- 3) single parent families
- 4) unwed teenage mothers
- 5) rampant alcoholism and drug abuse
- 6) delinquent adolescents
- 7) violence in the home
- 8) sexual molestation

As a high percentage of our population is anglophone: *

Rock Island	- 50%
Stanstead	- 45%
Beebe	- 45%
Ogden	- 60%

(* personal communication from the mayors)



"Sunnyside Castle"

ECOLE PRIMAIRE SUNNYSIDE
SUNNYSIDE ELEMENTARY SCHOOL

P.O. BOX / C.P. 58
ROCK ISLAND, QUÉBEC
J0B 2K0

- 2 -

the need for social services to be locally available and bilingual is obvious. It is our recommendation in the light of this situation that there is AN URGENT NEED FOR A BILINGUAL SOCIAL WORKER TO BE ASSIGNED TO OUR LOCAL CLSC SERVICE POINT IN ROCK ISLAND PERMANENTLY, not stationed in Magog as is the case presently. The present system of social services is intimidating to many families needing help as it is francophone and inaccessible.

The present availability of school nursing service (7 days for 6 schools/month: 735 pupils total) is entirely inadequate for the needs of our student population and their families. Our school nurse must take care of schools in Fitch Bay and Ayer's Cliff as well as the Three Villages and is therefore unable to follow-up on families needing sustained and persistent attention. The number of families in difficulty in the Three Villages alone warrants a full-time bilingual school nurse for our area.

Finally we would like to point out that the CLSC service at present is located in a locale:

- 1) not accessible to the handicapped
- 2) poorly identified to the public at large.

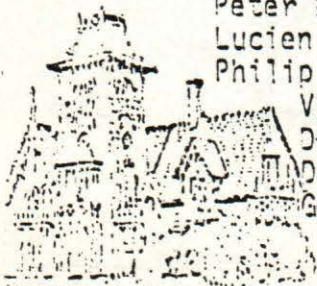
We would appreciate very much an immediate redressment of these problems so that our area will receive the social and medical services it so badly needs.

Sincerely,

Mrs. Margaret Ann Kasowski
Mrs. M. A. Kasowski, President
Sunnyside School Parent's Committee

AK:ods

c.c. Jocelyne Nelligan, School Nurse
Tom Bean, Principal
Jean-Louis Dupont, Rock Island Mayor
Peter Beasse, Stanstead Mayor
Lucien Gagnon, Beebe Mayor
Philip Wood, Ogden Mayor
Valerie Cerini, Editor, Stanstead Journal
Dr. Gilles Bouchard
Dr. Marcel Bonin
George Vaillancourt
David Drew



"Sunnyside Castle"



QUEBEC FEDERATION OF HOME AND SCHOOL ASSOCIATIONS

2535 CAVENDISH BLVD., SUITE 212, MONTREAL, QUEBEC H4B 2Y5 TELEPHONE: (514) 481-5619

RESOLUTION 85/1 MEALS FOR UNDERNOURISHED STUDENTS

WHEREAS budgetary restraints make it no longer possible to use discretionary funds from educational budgets to provide for the nutritional needs of undernourished students, and

WHEREAS an adequate diet is necessary for a student to function in the learning environment, and

WHEREAS kitchen facilities and cafeteria personnel are in place and could be utilized easily were the funds available to provide the extra food needed, and

WHEREAS the boundaries indicating schools within areas of deprivation and, therefore, areas of priority for available funds have been arbitrarily delineated, disregarding the make-up of the school population of larger comprehensive schools,

THEREFORE BE IT RESOLVED that Quebec Federation of Home and School Associations request the Ministry of Education and the Ministry of Social Affairs to make adequate funds available to the school boards for the purpose of feeding undernourished students on both emergency and long term bases.

DESTINATION: Ministry of Education
Ministry of Social Affairs

copies to: School Council of the Island of Montreal
Quebec Association of Protestant School Boards
Ville Marie Social Services

Background

The Community Departments of Health (DSC's), Ville Marie Social Services, School Council of the Island of Montreal (SCIM), Regional Council of Health and Social Services of Metropolitan Montreal (CRSSSM) and the Protestant School Board of Greater Montreal all state that they do not have the necessary resources in their present budgets to supplement nutritional needs.





QUEBEC FEDERATION OF HOME AND SCHOOL ASSOCIATIONS

2535 CAVENDISH BLVD., SUITE 212, MONTREAL, QUEBEC H4B 2Y5 TELEPHONE: (514) 481-5619

The following schools were left off the list of respondents in error:

Lakeshore School Board
Edgewater School (541)

Protestant Regional School Board of Chateauguay Valley
Franklin School (79)

Protestant Regional School Board of District of Bedford
Massey Vanier Regional High School (900)

Protestant School Board of Greater Montreal
Cedarcrest (198)

South Shore Protestant Regional School Board
St. Lawrence School (560)