



While the URIS Procedure Manual offers guidelines, the Society's concern remains with the expectation that the classroom teacher will perform medical procedures in the classroom.

The Manitoba Teachers' Society believes that "Teachers should not be required to administer medication or carry out medical procedures for students." However, in the event that the teacher is directed to carry out any medical requests, you are asked to:

Work now, grieve later

This rule states that an employee must not be in-subordinate but rather must perform the orders of his or her superiors and grieve the action later.

If an act is not unsafe or illegal, teachers should be advised to comply and to file a grievance regarding the assignment.

Legal responsibilities of teachers

All children have protection for equal access to public services in accordance with the Manitoba Human Rights Code. As such, all students with special medical needs have the right to attend a public school. Aside from this Code, all education is governed by the Public Schools Act and the Education Administration Act.

The teacher and the school are responsible for the care and control of the pupil and the duty of care owed is that of the "careful or prudent parent". Typically, this standard applies for the supervision and protection of students at all times during the school day.

With regard to receiving training, it is important that any training or certification which teachers receive not be misconstrued as evidence that the teacher possesses a higher level of knowledge and expertise in the healthcare area. If you are required to receive training, please call a Staff Officer at The Manitoba Teachers' Society to obtain a sample disclaimer letter indicating that you in no way hold yourself out as a medical professional or individual with knowledge or expertise in the medical area.

In conclusion...

The Society believes that a teacher's duty of a careful and prudent parent, in loco parentis to students, was meant to apply to daily needs of healthy students such as caring for bruises, bumps, etc., and not to the type of intensive health care procedures that are being requested today. Since such an assumption has not yet been tested by any court or arbitrator, and special needs and other students remain dependent upon medication or procedures, we await a legal precedent. We believe that the performance of medical procedures is not part of the role of a "teacher" but that of a medical practitioner.

NOTE: It is the responsibility of the division and school Principal to ensure the following has taken place prior to entry.

What should be in place before a student is admitted to the classroom

Individual health care plan

1. Has an individual plan for each student with special medical needs been completed?
2. Have parents provided all pertinent information about any medication the student is taking (i.e. dosage, potential side effects, food restrictions, etc.) as well as required specialized equipment? Have written authorizations been completed?
3. Is there a log to record the time, dosage, and signature of the person administering medication?
4. Has there been a meeting with the parents, Principal, and teacher to discuss the medical condition (possibly a medical support, i.e. Diabetes Foundation)?
5. Has medical literature on the condition been provided to the school for further information?
6. Is there a clear and written understanding of the responsibilities of the school, parents, and student?



7. Has a non-teaching staff member been identified as being the intervenor regarding the medical condition? Have they been trained?
8. Has the location of materials necessary for the student been identified?
9. Has the student been equipped with a medic-alert bracelet?
10. Have the bus driver/support staff/lunch monitors been inserviced?
11. Has someone been identified as notifying and educating the parents of the other students that are affected by the condition of the child (i.e. nut allergies = class ban on peanuts)?

Emergency response plan

1. Has an individual plan been developed for each student's medical needs in the case of an emergency?
2. Has this been prepared in addition to any general crisis response plan for the school?

Health care personnel

1. Have other personnel such as occupational therapists, physical therapists, speech and hearing specialists and medical practitioners been identified and informed of the student's needs?
2. Has someone been identified as being responsible for inservicing the remainder of the staff on the special medical needs the child may have?
3. Has a treatment protocol, signed by the physician, been obtained?

Resources available for additional information and support

1. Check your Collective Agreement for clauses specific to Medical Intervention.
2. Talk with your Principal with regard to your Board Policy Manual for applicable policy and procedures for your division.
3. Contact an MTS Staff Officer for guidance with specific questions. Call 204-888-7961 or 1-800-262-8803.
4. Unified Referral and Intake System Procedure Manual
5. MTS Website – www.mbteach.org

If you are concerned about the medical welfare of a student, talk with your Principal first and contact a Staff Officer for assistance.

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Teacher Welfare Department



Medical Intervention

Planning for daily or non-emergency medical procedures.

In order to promote the safety and educational success of children with special medical needs, parents, school divisions and medical practitioners must provide assistance and support to the teacher.

This pamphlet was developed in response to the Unified Referral and Intake System Procedure Manual (URIS) which was released by Manitoba Education and Training, Manitoba Child and Family Services, and Manitoba Health in June 1999.