

Health Care and the Unified Referral and Intake System (URIS)

I. Introduction

Children requiring assistance with special health care procedures need support to participate safely in school programs. The Department of Family Services, Health and Education and Youth recognized that a joint strategy was required to address this need. The Unified Referral and Intake System (URIS) was created in 1995, and is managed by an interdepartmental committee with input from others with appropriate expertise.

The system provides a standard means of classifying the complexity of health care procedures and establishes the level of qualification required by staff to support each child. URIS provides school divisions with policy direction and financial support to hire and/or train appropriately qualified personnel to support children who need assistance with special health care procedures.

The Unified Referral and Intake System reflects the principles of inclusion, normalization and independence. From a practical standpoint, these principles mean:

- Accepting all children in school and community programs, regardless of health status;
- Supporting children in the usual activities and rhythms of school and community life;
- Promoting increased self-sufficiency and independence.

II. Classification of Health Care Procedures

The URIS *Classification of Health Care Procedures* policy provides a standard means of:

- Classifying health care procedures based on their complexity, and
- Determining the degree of professional qualification required by people who support children with special health care needs.

The classification system is based upon the *Classification of Nursing Procedure* adopted by the Manitoba Association of Registered Nurses (MARN) and the College of Physicians and Surgeons (CPS) in 1994. The MARN classification system groups health care procedures into the following three categories:

- Group A – Complex health care procedures which must be performed by a registered nurse.
- Group B – Health care routines that may be delegated to non-health-care personnel, who receive training and ongoing monitoring by a registered nurse.
- Group C – Activities of daily living that may be carried out by non-health-care personnel oriented to the needs of the child. **Group C procedures are not eligible for URIS funding.**

**GROUP A AND GROUP B HEALTH CARE PROCEDURES WHICH
ARE ELIGIBLE FOR URIS SUPPORT**

Complex Health Care Procedures (Group A)	Health Care Routines (Group B)
<ul style="list-style-type: none"> • Complex Health care procedures requiring the clinical skill and judgment of a registered nurse 	<ul style="list-style-type: none"> • Health care routines that may be safely delegated to non-health-care personnel who receive training and ongoing monitoring by a registered nurse.
Procedures (Group A)	Procedures (Group B)
<ul style="list-style-type: none"> • Ventilator care • Tracheostomy care • Suctioning (tracheal/pharyngeal) • Nasogastric tube care and/or feeding • Complex administration of medication – i.e. via infusion pump, nasogastric tube, or injection (other than Auto-injector) • Central or peripheral venous line intervention • Other clinical interventions requiring judgments and decision making by a medical or nursing professional 	<ul style="list-style-type: none"> • Clean intermittent catheterization • Condom application for urinary drainage • Gastrostomy care and feeding • Emptying an ostomy bag and/or changing an established appliance • Administration of medications by: <ul style="list-style-type: none"> ▪ Oral routine (requiring measurement) ▪ Instillation (i.e. eye/ear drops) ▪ Topical (i.e. ointment, therapeutic dressing) ▪ Inhalation (i.e. bronchodilators) ▪ Gastrostomy • Suctioning (oral or nasal) • Responding to seizures when specific skills are required • Administration of sublingual lorazepam • Assistance with blood glucose monitoring requiring specific action based on results • Responding to low blood sugar emergencies • Administration of pre-set oxygen • Administration of adrenaline auto injector • Other health care routines as approve by URIS

Group A and Group B health care procedures are reviewed annually by the URIS Committee and the Manitoba Association of Registered Nurses.

Group C Routines

The Group C activities of daily living are not within the scope of URIS policy and are not eligible for URIS funding. However, they are identified here to show the overall care needs those students may have within a school setting.

The Group C procedures include:

- Passive range of motion/stretching exercises;
- Exercises for strength and mobility;
- Application of orthotics and prosthetics;
- Oral feeding when specific skills are required;
- Chest pummeling and postural drainage;
- Assistance with transfers and positioning when specific skills are required;
- Assistance with:
 - Oral hygiene and cleanliness of hands and face,
 - Dressing,
 - Toileting and/or diapering,
 - Oral feeding,
 - Walking;
- Basic operation of a wheelchair;
- Assistance with symptoms of common maladies (i.e. coughing, vomiting, diarrhea) and
- Assistance with administration of pre-measured oral medication.

Group C procedures are typically accomplished by non-health-care personnel who have experience and/or training in supporting children who need assistance with activities of daily living.

III. Delegation of Function

URIS policy allows for the delegation of specific nursing functions (i.e. Group B procedures) to non-health-care personnel, provided that they receive child-specific training and ongoing monitoring from a registered nurse.

The skills acquired by non-health-care personnel are both **non-transferable** and **non-cumulative**. Non-transferable means that non-health-care personnel cannot train another person to perform the health care procedure for another child, even if the same procedure is required.

Under URIS policy, training provided to non-health-care personnel is, without exception, non-transferable and non-cumulative. Issues concerning professional standards; statutory and professional authority to delegate health care procedures; and risk management, are satisfactorily addressed if training is non-transferable and non-accumulative.

IV. Application Process

A. Health Care Procedures, Group A and B

1. Complete the following forms in the Medical Protocol:
 - Authorization for the Release of Personal Health Information
 - URIS Application
 - Group B procedures School Aged Children
2. Place the completed original Authorization for the Release of Personal Health Information form in the student's cumulative folder. Send a copy of the Release form and the original copy of the Application Form and the Group B Procedures School Aged Children form to the Coordinator of Student Services.
3. The Assistant Superintendent of Student Services will send the forms to URIS and await approval.
4. Upon approval the health care professional will be contacted to develop the health and/or emergency response plan.

B. Non-URIS Procedures

1. Complete the Release/Exchange of Information form,
2. Complete health plans/emergency response plans as outlined in the Medical Protocol
3. If medication is required to be administered at school for more than 14 days, follow the procedural guidelines as set out in the Medical Protocol

C. Distribution of Health Information

1. A copy of all health plans in the Division is to be sent to the Assistant Superintendent of Student Services.
2. A copy of all health plans for students riding Division buses is to be sent to the Transportation Department.
3. Transportation Assistant will maintain a binder of plans in each bus garage.
4. All bus drivers must review copies of health plans on a monthly basis.
5. Teachers/Supervisors/Coaches are responsible for carrying student health plans, emergency response plans, and any necessary medication on any school trips,

6. The original copy of the student health plan is to be placed in the cumulative file,
7. A copy of the health plans/Emergency Response plans are to be kept with the student services teacher and all other necessary staff for the safety of the student,
8. Emergency Response plans will be placed in the staff room and elsewhere when deemed necessary.