

9.2.25

Tri-County Regional School Board

Referral of Individual Relating Indoor Air Quality to Symptoms

The person referred below is requested: to see their physician, to present this form, and to discuss their concerns that their symptoms are related to the building in which they work or attend school.

If a person has symptoms that they feel are related to one of our buildings, the individual is referred to their doctor. If their doctor has concern that their patient has health problems related to the building then the physician is requested to contact their Medical Officer of Health (MOH) to discuss their findings and concerns. The MOH may then instruct the School Board.

Person Referred for Facility Related Health Symptoms

Check one: Employee Student Other _____

Name _____

My child's name (if applicable) _____

Home address _____

Home phone #: _____ Work #: _____

School/Workplace: _____

Complaint: _____

Date of Onset: _____

I _____ hereby give my family

Physician _____ permission to discuss my (my child's) condition with Dr. Richard Gould, Medical Officer of Health at 902-542-6333.

Signature: _____ Date _____

Signature of witness: _____ Date _____

Individual Providing the Referral

Name: Jamie Moses, B.Sc. Nursing

Position: Occupational Health and Safety Officer

Phone #: 902-749-5686

~Use of the Form~

“Referral of Individual Relating Indoor Air Quality to Symptoms”

When investigating the possibility that a school building is causing symptoms in an individual, information about the individual’s condition may point to the type of building condition that is the cause. The School Board could use this information relating to the individual’s condition to investigate and remediate building conditions. Because of the need to maintain the confidentiality of the individual and, because the Board does not have the needed access to medical information about the individual’s condition, this form was developed to fill both of these needs.

Actions requested of the individual

The individual or the individual’s parent or guardian who thinks that school-building conditions causes their symptoms is to use this form in the following way:

- 1) Complete the information requested on the form and sign it;
- 2) Visit your physician, discuss your concerns and give this instruction page and the signed form to your treating physician (medical doctor).

Actions requested of the Physician

If your investigation of your patient’s symptoms, condition and concerns indicate that the building may be the cause, then the attached form signed by your patient (or guardian) permits you to discuss your patient’s information and your investigation with the Medical Officer of Health (MOH). It would be helpful if your investigation has considered possible causes which are often mistaken with workplace-building related illness such as: a) the individual’s home environment (pets, second-hand smoke, allergen amplification sites in home, etc...), b) seasonal factors (fall mould and pollen peaks, fall and winter cold and flue season) and c) psychological and stress related conditions. This information along with the results of patient interviews, specialist referrals, and patient test results that characterize the building related cause should be communicated to the MOH.

Actions of the Medical Officer of Health

Upon receiving this information from the patient’s physician, the MOH may make recommendations to the School Board’s designate (on the form the “Individual Providing the Referral”) while protecting the patient’s confidentiality.

Actions of the School Board

Information provided by the MOH will be used by the School Board to instruct their investigation of the building. This procedure will allow the physician’s expertise and investigation to help instruct any necessary facility investigation and remediation. It will ensure that the School Board responds to employee, student or public concerns in an effective and appropriate manner.