



<p>Team Name: Rehabilitation Services</p> <p>Team Lead: Director - Rehabilitation</p> <p>Approved by: Regional Lead – Community & Continuing Care</p>	<p>Reference Number: CLI.6310.SG.012</p> <p>Program Area: Rehabilitation Services</p> <p>Policy Section: General</p>
<p>Issue Date: November 8, 2021</p> <p>Review Date: August 4, 2023</p> <p>Revision Date: August 4, 2023</p>	<p>Subject: School Division Referral Prioritization for Occupational Therapy and Physiotherapy</p>

Use of pre-printed documents: Users are to refer to the electronic version of this document located on the Southern Health-Santé Sud Health Provider Site to ensure the most current document is consulted.

STANDARD GUIDELINE SUBJECT:

School Division Referral Prioritization for Occupational Therapy (OT) and Physiotherapy (PT)

PURPOSE:

The purpose of this guideline is to provide a standardized approach to prioritizing student referrals on current caseload for frequency or timing of OT/PT services.

PROCEDURE:

The Occupational Therapist and Physiotherapist review the Southern Children’s Therapy Network of Manitoba Referral Form (CLI.6310.SG.001.FORM.01) to determine referral priority status based upon the following guideline:

Priority:

Priority 1 is the highest priority, most urgent, and Priority 3 is the lowest priority.

Based upon referral information, Priority 1 referrals are to be seen before Priority 2 referrals and so on.

Referral priority status is subject to change based upon new information which impacts the urgency of assessment and intervention.

1. The Occupational Therapist and/or Physiotherapist document the assigned priority status on the referral.
2. The therapist returns the referral to the designated support to complete the referral intake process.
3. For referrals transferred to our program from another region or school division, the original date of referral is honored.

Priority 1: (P1)

- Feeding challenges (swallowing, positioning for tube feeds)
- Lifts and transfers (initial assessment, teaching, change in transfer status)
- Equipment needs (new equipment, change in equipment)
- Post op care and programming, including home and community needs
- Pressure injury or risk of same
- Muscle tone issues affecting joint range of movement (Cerebral Palsy, Muscular Dystrophy, Spinal Muscular Atrophy)
- Challenging behavior putting self or others at risk
- Student or staff safety issues
- Students with complex medical issues
- Students “flagged” as urgent by school staff
- New staff requiring training in strategies with high acuity (stretching, lifts and transfers, feeding, regulation room programming)

Priority 2: (P2)

- Students with diagnoses involving neuromuscular challenges
- Students with regulation challenges
- Students with social emotional developmental challenges
- Students with classroom function challenges (work output)
- Toileting challenges

Priority 3: (P3)

- Students with balance/coordination challenges
- Physical education consult regarding advanced level motor skills
- Self-help concerns
- Fetal Alcohol Spectrum Disorder (FASD) clinic assessment/outside agencies (may be higher priority depending upon school needs/challenges and date of impending FASD clinic)

School Caseload Management

- The above guidelines are used to provide parameters for student visit prioritization when planning the annual school schedule.
- Students transferring in from other divisions who have received Rehabilitation services will continue existing level of service if appropriate.

REFERENCE:

CLI.6310.SG.001.FORM.01 – Southern Children’s Therapy Network of Manitoba Referral Form