

YORK REGION DISTRICT SCHOOL BOARD
Policy and Procedure #662.0, Student Health Supports

The Student Health Supports policy and related procedures address the provision of student health supports in schools, and includes the following procedures:

- 662.1 Administration of Medication to Students
- 662.2 [Anaphylactic Reactions*](#)
- 662.3 [Asthma Management*](#)
- 662.4 Diabetes Management*
- 662.5 Epilepsy (Seizure Disorder) Management*
- 662.6 [Concussion Management](#)
- 662.7 Medically Fragile Students
- 662.8 Management of Physical Challenges
- 662.9 Management of Catheterization
- 662.10 Management of Suctioning
- 662.11 Management of Communication Disorders
- 662.12 Communicable Diseases
- 662.13 [Pediculosis \(Head Lice\)](#)

* These conditions are identified as “prevalent medical conditions” in Ministry of Education Policy/Program Memorandum No. 161 (“PPM 161”). PPM 161 notes that these medical conditions have the potential to result in a medical incident or life-threatening medical emergency.

What has changed?

<p>Major Changes to the Document</p>	<p><i>Changes have been made regarding language within the Policy Statement & Application as well as throughout all procedures to align with PPM 161.</i></p> <p><i>PPM161 refers specifically to Anaphylaxis, Asthma, Diabetes and Epilepsy. These conditions are identified as “prevalent medical conditions”. PPM 161 notes that these medical conditions have the potential to result in a medical incident or life-threatening medical emergency.</i></p> <p><i>Legislative context to include:</i> <i>Concussion (Rowan’s Law – (Concussion Safety), 2018)</i> <i>Asthma (Ryan’s Law 2015)</i> <i>Anaphylaxis (Sabrina’s Law, 2015)</i> <i>Regulated Health Professions Act</i> <i>Drug and Pharmacies Regulation Act</i> <i>Municipal Freedom of Information and Protection of Privacy Act</i> <i>Personal Health Information Protection Act</i> <i>Ontario Regulation 559/91, Specification of Reportable Diseases and amendments under the Health Protection and Promotion Act</i></p> <p><i>Health Care Plans specific to Anaphylaxis, Asthma, Diabetes, Seizure Disorders and Other have been updated to replace the Emergency Health Care Plan template.</i></p>
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	<p><i>General resources previously embedded within specific procedures have been replaced by detailed, student specific, evidenced informed student health care plans developed by the Ministry of Education.</i></p> <p><i>Health Care Plan (other) is available for other conditions not listed above that could result in a life-threatening emergency.</i></p> <p><i>Essential Routine Health Care Plan has been updated to replace the Essential Routine Health Services Plan</i></p> <p><i>Medical Incident Record Form has been added to all Health Care Plans to monitor medical incidents and medical emergencies</i></p> <p><i>Removal of Board Procedure #662.8 – Administration of Automatic External Defibrillators</i></p> <p><i>Removal of responsibilities of Community Care Access Centre Central and Central West (CCAC) within procedures as YRDSB cannot bind third parties to responsibilities within YRDSB procedures</i></p> <p><i>Inclusion of Principal responsibilities in regards to management of a Do Not Resuscitate (DNR) order</i></p> <p><i>Inclusion of “PRN”/ “As Needed” Medication within the Administration of Medication to Students Procedure</i></p> <p><i>Procedure for Pediculosis has been changed to reflect current best practice related to the management of pediculosis – a non-reportable and non-communicable disease.</i></p>
Reason for Revisions	<p><i>Four-year cyclical review.</i></p> <p><i>Release of PPM161 and Administrative Framework for Developing a Board Policy for Prevalent Medical Conditions 11/3/2017</i></p>
Who is affected by these changes and what is the impact on current practice?	<p><i>The Director of Education</i></p> <p><i>Associate Directors and Superintendents of Education</i></p> <p><i>Principals</i></p> <p><i>School Staff</i></p> <p><i>Parent(s)/guardians</i></p> <p><i>Students</i></p> <p><i>Students Transportation Services</i></p> <p><i>Contracted Food Services</i></p> <p><i>All staff will be directed to one policy regarding all questions and concerns about providing health supports at school.</i></p>
Implementation Timelines	<p><i>Immediate</i></p>
Lead Superintendents/ Subject Matter Expert	<p><i>Associate Director of Education, Program,</i></p> <p><i>Superintendent of Education, Student Services, Superintendent of Education, Curriculum and Instructional Services,</i></p> <p><i>Superintendent of Education, Indigenous Programs, Leadership Development and Corporate Policy</i></p>

Who has responsibilities?

- Board of Trustees
- Director of Education
- Principals, Managers and Supervisors
- Staff
- Administrative Services
- Parent(s)/guardian(s)
- Students

How is this policy and procedure related to Board priorities?

The Student Health Supports policy and procedures supports student achievement and well-being by ensuring a safe and supportive school and working environment for students and staff members.

What are the timelines and next steps?

This policy is scheduled for First Review at the June 5, 2018 Policy and By-Law Committee meeting.

That in accordance with Board Policy #285.0, Board Policies, Procedures and Supporting Documents, Working Document Policy #662.0 Student Health Supports be circulated for comment for six school months.

How do I find out more or provide feedback?

Questions about this policy and/or procedure should be raised with your principal, manager or supervisor. If additional clarification is required, principals, managers and supervisors may contact the lead superintendent and/or subject matter expert.

In accordance with Board Policy #285.0, [Board Policies, Procedures and Supporting Documents](#), the Board welcomes all comments and suggestions on Board policy.

Input is an important component of the review process. If you feel a policy and/or procedure needs to be revised, feedback may be submitted through the school council or by submitting the on-line form. In your response please;

- outline clearly the specific section(s) of the policy and/or procedure in which you are not comfortable,
- suggest specific alternate wording to reflect your position, and
- identify the reason(s) for your concern(s).

Specific recommendations or questions about the review process should be submitted using the on-line form or sent to the Assistant Manager, Corporate Policy via email at policy.committee@yrdsb.ca, or via telephone at 905-727-0022 extension 2570 or in hard copy at [The Education Centre – Aurora](#).

Legislative Context

[Rowan's Law \(Concussion Safety\)](#)

[Ryan's Law \(Ensuring Asthma Friendly Schools\)](#)

[Sabrina's Law](#)

[Education Act](#)

[Regulated Health Professions Act](#)

[Drug and Pharmacies Regulation Act](#)

[Good Samaritan Act](#)

[Municipal Freedom of Information and Protection of Privacy Act \(MFIPPA\)](#)

[Personal Health Information Protection Act \(PHIPA\)](#)
[Ontario Regulation 559/91, Specification of Reportable Diseases and amendments under the Health Protection and Promotion Act.](#)

Related Documents

[Standards of Conduct](#)
[Health and Safety - Employees](#)
[Equity and Inclusivity](#)
[Emergency Preparedness](#)
[Caring and Safe Schools](#)
[Human Rights: Code Related Harassment and Discrimination](#)
[PPM No. 158: School Board Policies on Concussions](#)
[Ontario Physical Education Safety Guidelines](#)
[PPM No.161 Supporting Children and Students with Prevalent Medical Conditions \(Anaphylaxis, Asthma, Diabetes, and/or Epilepsy\) in School Ministry of Education](#)

Department

Director's Office
Student Services
Curriculum and Instructional Services



Board Policy #662.0 Student Health Supports

Policy Statement

The York Region District School Board believes the provision of student health supports allows students with medical conditions to fully access school in a safe, accepting, healthy and inclusive learning environment that improves student achievement and well-being. Providing health supports empowers students as confident and capable learners, to reach their full potential for self-management of their health/medical condition(s) according to their Health Care Plan. The safety and well-being of all students is a shared responsibility of the Board, staff, schools, families, students, health care providers and third party health care providers.

Application

“Supporting students with health/medical conditions in schools is complex. A whole-school approach is needed where education and community partners, including health care professionals, have important roles to play in promoting student health and safety and in fostering and maintaining healthy and safe environments in which students can learn.” ([PPM No.161 Supporting Children and Students with Prevalent Medical Conditions \(Anaphylaxis, Asthma, Diabetes, and/or Epilepsy\) in School Ministry of Education](#))

Providing health/medical supports to students is the ongoing responsibility of parent(s)/guardian(s) and students. Parent(s)/Guardian(s) and students shall inform the school about any serious or life-threatening medical conditions or other health-related matters and take all reasonable measures to minimize the requirement for health/medical supports during school hours. Parent(s)/Guardian(s) and students work together to support student medical and health needs at school.

The York Region District School Board engages the services of external partners, such as, but not limited to [York Region Public Health](#) and Third Party Service Providers to support recommendations and the provision of health/medical supports to students, as required.

The Board will collaborate with parent(s)/guardian(s) to support a safe environment for their children while at school and during school related activities, and the same opportunities as other students to access the education system.

[Health Care Plan\(s\)](#) and/or [Essential Routine Health Care Plan\(s\)](#) will be created for students who are at known risk for specific medical emergencies and daily routine management that may occur at school and outline the management of these known conditions. Health Care Plans and/or Essential Routine Health Care Plans will be referenced in the Individual Education Plan (IEP), where applicable, and in accordance with page E13 of the [Ministry of Education Policy and Resource Guide: Special Education in Ontario – Kindergarten to Grade 12](#).

Staff members and those entrusted with student supervision have a duty of care to assist students with daily health routines, medical incidents and emergencies, to the extent of their capacity within the means available to them. Staff members cannot perform controlled acts as defined by the [Regulated Health Professions Act](#) as part of their assigned responsibilities unless otherwise authorized under any applicable legislation.

The Board complies with applicable privacy legislation and obtains parent(s)/guardian(s) consent prior to sharing student health information in accordance with the legislation.

The York Region District School Board is responsible for communicating annually, policies on supporting students with medical conditions to parent(s)/guardian(s), staff and others in the school community who are

in direct contact with students, including but not limited to, food service providers, transportation providers and volunteers.

This policy and its related procedures is in compliance with [PPM No.161 Supporting Children and Students with Prevalent Medical Conditions \(Anaphylaxis, Asthma, Diabetes, and/or Epilepsy\) in School Ministry of Education](#) (PPM161) with regard to supporting prevalent medical conditions which include Anaphylaxis, Asthma, Diabetes and Epilepsy. It also supports students with other health/medical needs.

Training

Training related to health/medical conditions will be provided on an annual basis for all school staff who have direct contact with students with health/medical condition(s).

To ensure student safety and well-being, training will;

- take place within the student's first thirty (30) days of school, where possible, and
- be reviewed as required.

Training opportunities will include:

- strategies for preventing risk of student exposure to triggers and causative agents in the school;
- expectations with regard to the ability of students to carry their medication and supplies while at school to support the management of their medical condition as outlined in the Health Care Plan;
- identify expectations with regard to the safe storage and disposal of medication and medical supplies;
- outline communication strategies with regard to expectations;
- strategies for supporting inclusion and participation in school;
- recognition of symptoms of a medical incident and a medical emergency;
- information on school staff supports, in accordance with board policy;
- medical incident response(s) and medical emergency response(s); and
- documentation procedures.

Reporting/Documentation

Subject to relevant privacy legislation, the Board will develop a process to regularly collect data, including but not limited to;

- the number of students with prevalent medical conditions in schools, and
- the number of and circumstances associated with medical incidents and medical emergencies.

This data will be used as part of the Board's cyclical policy reviews process and provided to the Ministry of Education, as required.

Responsibilities

The Board of Trustees is responsible for:

- reviewing the Student Health Supports policy in accordance with the priorities in the [Multi-Year Plan](#) and the approved policy review cycle; and
- understanding and communicating with members of the community about the Student Health Supports policy, as required.

The Director of Education is responsible for:

- implementing and operationalizing the Student Health Supports policy and related procedures.

Principals are responsible for:

- adhering to the responsibilities outlined under school staff;
- clearly communicating to parent(s)/guardian(s) and appropriate staff the process for parent(s)/guardian(s) to notify the school of their child's health/medical condition(s);
- clearly communicate the expectation for parent(s)/guardian(s) to co-create, review and update a [Health Care Plan\(s\)](#) and/or [Essential Routine Health Care Plan\(s\)](#) with the principal or the principal's designate at minimum:
 - during the time of registration;
 - each year during the first week of school when a child is diagnosed and/or returns to school following a diagnosis.
- encouraging parent(s)/guardian(s) and students to supply information about any serious or life-threatening medical conditions or other health related matters;
- ensuring that appropriate staff members are aware of and receive appropriate training to support students diagnosed with a serious or life-threatening medical condition or other health-related matter requiring school support;
- identifying staff who can support the daily or routine management needs of students in the school while honouring the provisions within their collective agreements;
- ensuring medical occurrences, incidents and emergencies are recorded in the [Medical Incident Record Form](#) attached to the appropriate [Health Care Plan\(s\)](#);
- maintaining a file with the supporting documentation for each student with a medical and/or health condition;
- facilitating communication with parent(s)/guardian(s) in medical emergencies, as outlined in the Health Care Plan(s);
- engaging with the appropriate community services, staff and parents/guardians on a regular basis to provide necessary supports; and
- encouraging parent(s)/guardian(s) to provide suitable medical identification for their child.

School Staff are responsible for:

- implementing the contents of [Health Care Plan\(s\)](#) and/or the [Essential Routine Health Care Plan\(s\)](#) and/or protocols for any students with whom they have direct contact;
- participating in training on health/medical conditions, at a minimum annually and as required;
- sharing information on a student's signs and symptoms with other students, if the parent(s)/guardian(s) give consent to do so and as outlined in the Health Care Plan and authorized by the principal in writing;
- following school board strategies that reduce the risk of student exposure to triggers or causative agents in classrooms, common school areas, and extracurricular activities;
- supporting a student's daily or routine management, and respond to health/medical incidents and medical emergencies that occur during school as outlined in board policies and procedures;
- supporting inclusion by allowing students with health/medical conditions to perform daily or routine management activities in a school location (e.g., classroom) while being aware of confidentiality and the dignity of the student; and
- enabling students with health/medical conditions to participate in school to their full potential.

Legal, Legislative and Administrative Services is responsible for:

- taking steps to facilitate permit holders, cafeteria service providers and Student Transportation Services adhere to the Student Health Supports policy and procedures, where applicable.

Parent(s)/Guardian(s) are responsible for:

- understanding that they are the primary caregivers of their child;
- being active participants in supporting the management of their child's health while the child is in school;
- educating their child about their health/medical condition(s) with support from their child's health care professional as appropriate;

- guiding and encouraging their child to reach their full potential for self-management and self-advocacy;
- informing the school of their child's health/medical condition(s) and complete documentation as required;
- taking all reasonable measures to minimize the requirement for health supports during school hours, where applicable, such as, but not limited to the administration of medication;
- working with the principal and appropriate school staff to co-create [Health Care Plan\(s\)](#) and/or [Essential Routine Health Care Plan\(s\)](#) based on the status of their child's medical condition(s) or changes to their child's ability to manage the medical condition(s);
- annually confirming with the principal the status of their child's health/medical situation;
- participating in annual meetings to review their child's Health Care Plan(s) and/or Essential Routine Health Care Plan(s) and/or protocol, as appropriate;
- provide consent to share information on signs and symptoms of their child's medical/health condition(s) with other students, when appropriate;
- seeking medical advice from a licensed physician, nurse practitioner, or pharmacist where appropriate; and,
- covering any out of pocket costs incurred by the school associated with health/medical treatment, including the cost of transportation by ambulance should this be required.

Students who are cognitively, emotionally, socially and physically able to participate in the self-management of their health/medical condition are responsible for:

- advocating for their personal safety and well-being;
- participating in the development and review of the [Health Care Plan\(s\)](#) and [Essential Routine Health Care Plan\(s\)](#);
- carrying out daily or routine self-management of their health/medical condition to their full potential;
- setting goals on an ongoing basis for self-management of their health/medical condition with their parent(s)/guardian(s) and health care professional(s);
- communicating with their parent(s)/guardian(s) and school staff if they are facing challenges related to their health/medical condition(s) at school;
- wearing medical alert identification that they and/or their parent(s)/guardian(s) deem appropriate; and
- informing school staff and/or their peers if a health/medical incident or emergency occurs, when possible.

Definitions

Essential Routine Health Services

Services provided on a regular basis as part of a daily routine such as, but not limited to, clean intermittent catheterization, physical management, and/or administration of medication as outlined in the [Essential Routine Health Care Plan\(s\)](#).

Health Care Plan

A plan that contains individualized information on a student with a health/medical condition that includes:

- preventative strategies to be undertaken by the school to reduce the risk of medical incidents and exposure to triggers or causative agents in classrooms and common school areas, and on school trips;
- identification of school staff who will have access to the Health Care Plan;
- identification of routine or daily management activities that will be performed by the student, parent(s)/guardian(s), staff or volunteer(s), or by individuals authorized by the parent(s)/guardian(s);
- a copy of notes and instructions from the student's health care professional, where applicable information on daily or routine management accommodation needs of the student (e.g., space, access to food);

- when feasible, a student should not be excluded from the classroom during daily or routine management activities, unless the student or the parent(s)/guardian(s) indicate they prefer privacy;
- information on how to support or accommodate the student to enable participation to their full potential in all school and school board activities (e.g., field trips, overnight excursions, board-sponsored sporting events);
- identification of symptoms (emergency and other) and appropriate response should a medical incident occur;
- emergency contact information for the student;
- details related to storage and disposal of the student's prescribed medication(s) and medical supplies, such as;
 - parental permission for the student to carry medication and/or medical supplies,
 - location of spare medication and supplies stored in the school, where applicable, and
 - information on the safe disposal of medication and medical supplies.

Third Party Health Care Providers

Are responsible for providing controlled act procedures related to health needs that must be addressed on a scheduled basis to enable a student to attend school (e.g., sterile catheterization, suctioning, injection or tube feeding).

Medical Emergency

An acute injury or illness that poses an immediate risk to a person's life or long-term health and requires assistance and contact with emergency medical services (EMS).

Medical Incident

A circumstance that requires an immediate response and monitoring, as the incident may progress to an emergency requiring contact with Emergency Medical Services.

Self-Management

A continuum where a student's cognitive, emotional social and physical capacity and stage of development are determinants of their ability to confidently and independently manage their medical condition(s). The students' journey to reach their full potential along the self-management continuum is not linear and can require varying levels of support over time. A student's capacity for self-management may be compromised during certain medical incidents and additional support will be required.

Legislative Context

[Education Act](#)

[Municipal Freedom of Information and Protection of Privacy Act](#) (MFIPPA)

[Personal Health Information Protection Act](#) (PHIPA)

[Good Samaritan Act](#)

[Health Protection and Promotion Act](#)

[Regulated Health Professions Act](#)

[Rowan's Law \(Concussion Safety\)](#)

[Ryan's Law \(Ensuring Asthma Friendly Schools\)](#)

[Sabrina's Law \(Anaphylaxis\)](#)

[PPM No. 81 Provision of Health Support Services in School Settings](#)

[PPM No. 158 School Board Policies on Concussions](#)

[Ontario Physical Education Safety Guidelines](#)

[PPM No.161 Supporting Children and Students with Prevalent Medical Conditions \(Anaphylaxis, Asthma, Diabetes, and/or Epilepsy\) in Schools](#)

Related Policies and Procedures

[Accessibility](#)

[Caring and Safe Schools](#)

[Equity and Inclusivity](#)

[Food Services](#)

[Human Rights: Code Related Harassment and Discrimination](#)

[Standards of Conduct](#)

[Student Transportation](#)

Department

Director's Office

Student Services

Curriculum and Instructional Services

Plant Service

History

Approved 1996

Amended 2001, 2002, 2007, 2009

Working Document July 2018



Board Procedure #662.1 Administration of Medication to Students

This procedure outlines the process for administering medication to students.

Application

The administration of medication is a joint responsibility between the school and parent(s)/guardian(s) and students. Students are encouraged to be as independent as possible with the administration of medication, recognizing that in some cases support is required. In requesting assistance of staff members, parent(s)/guardian(s) should understand that this request is made of non-medically trained persons. Staff members cannot perform controlled acts as defined by the [Regulated Health Professions Act](#) (RHPA) as part of their assigned responsibilities unless otherwise authorized under another piece of legislation.

This procedure only applies where it is medically necessary for medication to be administered during school hours.

Medication must be supplied in the original, clearly labeled container from a registered dispensary. It must include:

- the student's name;
- date of issue;
- name of the medication;
- the name of the registered dispensary;
- the prescribed dosage and frequency;
- period of use; and
- the name of the prescribing licensed physician or nurse practitioner.

The dignity and privacy of students should always be considered.

Pro Re Nata "PRN" / "As needed" Medication:

Medication to be administered on an as needed ("PRN") basis, will only be administered in accordance with an [Administration of Medication Form](#); or students [Health Care Plan](#) or [Essential Routine Health Care Plan](#).

For students with PRN medication relating to behavioural issues, or other conditions involving observation of a student's conduct or symptoms:

- staff will observe and document escalating behaviour and report to the Principal or designate;
- the Principal (or designate) will contact the parent(s)/guardian(s) to report observations and seek consent to administer the medication, otherwise 911 may be contacted.

Definition

Administration of Medication

Administration of medication is the administration of medication prescribed by a licensed physician, nurse practitioner, pharmacist, or other health professional regulated under the [Regulated Health Professions Act](#), 1991 ("Health Care Professional").

Registered Dispensary

A registered dispensary prepares and provides medication prescribed by a licensed physician or nurse practitioner, such as, but not limited to a pharmacy.

Responsibilities

The Director of Education shall:

- allocate staff and resources to support the Administration of Medication to Students procedure.

Associate Directors and Superintendents of Education shall:

- support the implementation of the Administration of Medication to Students procedure at each school;
- develop expectations for schools to support the safe storage and disposal of medication and medical supplies, and communicate these expectations to schools and support schools in the implementation of these expectations, including the safe disposal of sharps (NOTE - the family is responsible for the supply and safe disposal of medication and medical supplies); and
- provide schools with appropriate supplies to support safe disposal of medication and medical supplies.

Principals shall:

- ensure that all staff members, including occasional staff, are aware of and receive appropriate training to support students diagnosed with a serious or life-threatening medical condition or other health-related matter requiring school support;
- identify staff who can support the daily or routine management needs of students in the school while honouring the provisions within their collective agreements;
- facilitate the provision of relevant information from the student's [Health Care Plan\(s\)](#) to school staff and others identified in the Health Care Plan(s) including, but not limited to food service providers, transportation providers, volunteers, occasional staff members, including any revisions that are made to the plan;
- ensure [Staff Administration of Medication](#) or [Self-Administration of Medication](#) forms are completed by parent(s)/guardian(s) as applicable;
- determine a secure place for storing medication;
- designate staff member(s) and alternates, or other staff members who are willing to administer the medication and ensure that any training required for safe administration is provided;
- ensure designated staff members have all necessary information to support the administration of medication;
- facilitate proper records being maintained and retained in a central file in the school, including but not limited to the appropriate administration of medication form and the [Medication Administration Chart](#);
- ensure the management and safe removal of the biohazard waste containers;
- ensure that the administration of routine medication is included in the [Essential Routine Health Care Plan](#) and/or appropriate [Health Care Plan](#) where applicable; and
- initiate a [referral to the Third Party Health Care Provider](#) for the administration of medications other than those that can be taken orally, by inhalant, topically or self-injection.

Designated staff members shall:

- administer medication in accordance with [Staff Administration of Medication](#) or [Self-Administration of Medication](#) forms and the student's [Essential Routine Health Care Plan\(s\)](#) and/or a [Health Care Plan\(s\)](#), as applicable.

Parent(s)/guardian(s) shall:

- take all reasonable measures to minimize the need to administer medication at school;
- educate their child about their health/medical condition(s) with support from their child's health care professional, as needed;
- guide and encourage their child to reach their full potential for self-management and self-advocacy;
- complete the [Staff Administration of Medication Form](#) or [Self-Administration of Medication Form](#) in accordance with licensed physician recommendations annually or as required;
- submit all relevant medical documentation including, but not limited to, a medical note, order or report;
- supply their child and/or school with sufficient quantities of medication and supplies in their original, clearly labelled containers, as prescribed by a licensed physician or nurse practitioner to be administered during the school day;
- track the expiration dates; and
- provide materials required to meet the health needs of their child, including, but not limited to medications, medical identification, specialized equipment, etc.

Students shall:

- alert staff members if they believe they are experiencing any symptoms associated with their medical condition and require medication;
- take responsibility for advocating for their personal safety and well-being that is consistent with their cognitive, emotional, social and physical stage of development and their capacity for self-management;
- carry out daily or routine self-management of their medication to their full potential; and
- wear medical alert identification that they and/or their parent(s)/guardian(s) deem appropriate.

Department

Curriculum and Instructional Services, Student Services

History

Approved 1996

Amended 2001, 2002, 2009

Working Document July 2018

Board Procedure #662.2

Anaphylactic Reactions

This procedure outlines the process for managing anaphylactic reactions of students.

Application

The Board recognizes that there can be major challenges for students who are at risk of anaphylaxis. This procedure applies to anyone at risk who has been diagnosed by an allergist or a licensed physician or nurse practitioner responsible for prescribing treatment, and outlines strategies to reduce risk of a potential reaction.

If a student is known to be at risk of anaphylaxis and is experiencing a perceived anaphylactic reaction, the following steps should be taken:

- follow the [Anaphylactic Health Care Plan](#), including calling 9-1-1 and following EMS direction;
- assist in the administration of epinephrine even without a preauthorized consent and under [Sabrina's Law](#), no action for damages may be instituted against the staff acting in good faith or for neglect or default in good faith (except where there is gross negligence); and
- where possible, and time permitting, take steps to provide the used epinephrine auto-injector and Anaphylactic Health Care Plan with the student to the hospital.

Strategies to Reduce Risk of Exposure to Anaphylactic Causative Agents

The four categories to consider when providing a safe environment for staff members, students and members of the community at risk of anaphylaxis are:

1. Information and awareness for the entire school community or workplace;
2. Reduction of the risk of exposure to the allergen that causes anaphylactic reactions wherever possible and acknowledging that it is impossible to eliminate all allergens in schools and workplaces;
3. Emergency response procedures in case of accidental exposure; and
4. Fostering a safe, caring and supportive environment for those at risk of anaphylaxis.

Strategies to reduce risk of exposure include, but are not limited to:

- making reasonable efforts to limit the student's exposure to the life-threatening allergens. ;
- avoiding the cross-contamination of food allergens;
- establishing lunchroom/classroom eating area practices that limit allergen contact for the at-risk student or staff member;
- taking special precautions in planning field trips, extra-curricular events, special celebrations and fundraising events; and
- inviting the student at risk to identify a "buddy" who is able to recognize symptoms of an anaphylactic reaction and to alert an adult, when appropriate.

More information is available in the [Best Practices for Avoiding Anaphylactic Reactions](#) document.

Definitions

Age and/or Developmentally Appropriate

Students in Junior Kindergarten to Grade 12 are required to carry their epinephrine auto-injector with them at all times. However, it is recognized that age and/or developmental concerns for individual students will need to be considered by the superintendent of schools and principal in consultation with the parent(s)/guardian(s).

Allergens

For the purpose of this policy, allergens are any substance or condition that can bring on an allergic reaction leading to a life-threatening allergic reaction known as anaphylaxis.

Anaphylaxis

Anaphylaxis is a sudden and severe allergic reaction, which can be fatal, requiring medical emergency measures to be taken. ([PPM 161](#))

Anaphylactic Reaction

Signs and symptoms of anaphylaxis can occur within minutes of exposure to an allergen. In rarer cases, the time frame can vary up to several hours after exposure. The ways symptoms appear can vary from person to person and from episode to episode in the same person.

Symptoms of anaphylaxis generally include two or more of the following body systems: skin, respiratory, gastrointestinal and/or cardiovascular. However, low blood pressure alone, in the absence of other symptoms, can also represent anaphylaxis.

- **Skin** - hives, swelling (face, lips, tongue), itching, warmth, redness;
- **Respiratory (breathing)** - coughing, wheezing, shortness of breath, chest pain or tightness, throat tightness, hoarse voice, nasal congestion or hay fever-like symptoms (runny, itchy nose and watery eyes, sneezing), trouble swallowing;
- **Gastrointestinal (stomach)** - nausea, pain or cramps, vomiting, diarrhea;
- **Cardiovascular (heart)** - paler than normal skin colour/blue colour, weak pulse, passing out, dizziness or lightheadedness, shock;
- **Other:** anxiety, sense of doom (the feeling that something bad is about to happen), headache, uterine cramps, metallic taste.

Epinephrine Auto-injector

A medical device that is used to deliver a pre-measured dose (or doses) of epinephrine.

Epinephrine

Epinephrine is a synthetic version of the hormone adrenaline that is used in the treatment of anaphylaxis and life-threatening asthma attacks. A second dose of epinephrine may be administered as early as 5 minutes after the first dose if there is no improvement in symptoms.

Responsibilities

The Director of Education shall:

- allocate staff and resources to support the Anaphylactic Reactions procedure.

Associate Directors and Superintendents of Education shall:

- support the implementation of the Anaphylactic Reactions procedure at each school;
- ensure all staff members are trained annually;
- develop strategies that reduce the risk of student exposure to triggers or causative agents in classrooms and common school areas;

- develop expectations for schools to support the safe storage and disposal of medication and medical supplies, and communicate these expectations to schools and support schools in the implementation of these expectations, including the safe disposal of sharps (NOTE - the family is responsible for the supply and safe disposal of medication and medical supplies); and
- consider [PPM 161](#) and related board policies when entering into contracts and transportation, food services and other providers.

Principals shall:

- ensure that all staff members, including occasional staff, are aware of and receive appropriate training to support students diagnosed with a serious or life-threatening medical condition or other health-related matter requiring school support;
- identify staff who can support the daily or routine management needs of students in the school while honouring the provisions within their collective agreements;
- co-create, review or update the [Anaphylaxis Health Care Plan](#) for a student with a medical condition with the parent(s)/guardian(s), in consultation with the school staff (as appropriate) and with the student (as appropriate);
- provide relevant information from the student's Anaphylaxis Health Care Plan to school staff and others who are identified in the Anaphylaxis Health Care Plan (e.g., food service providers, transportation providers, volunteers, occasional staff who will be in direct contact with the student), including any revisions that are made to the plan;
- communicate the Anaphylactic Reactions procedure as outlined in the [Anaphylactic Reactions Communication Protocol for Principals](#);
- clearly communicate to parent/guardian and appropriate staff the process for parent/guardian to notify the school of their child's medical condition(s);
- maintain a file with the Anaphylaxis Health Care Plan and supporting documentation for each student with a medical condition;
- ensure that the Anaphylaxis Health Care Plan is posted in a secure location accessible to staff location and provided to the student's teachers and updated as required;
- ensure medical occurrences, incidents and emergencies are recorded in the [Medical Incident Record Form](#) attached to the Anaphylaxis Health Care Plan;
- encourage the entire school community to assist in managing exposure to identified allergens, by:
 - periodically communicating identified allergies and avoidance strategies, as outlined in [Best Practices for Avoiding Anaphylactic Reactions](#),
 - sending home a [letter to parent\(s\)/guardian\(s\)](#) informing them of known severe allergens and avoidance strategies, if applicable.
- provide annual in-service training at the beginning of the school year for all school staff who are in direct contact with pupils on a regular basis in;
 - anaphylaxis prevention,
 - recognition of allergic reactions and appropriate responses,
 - proactive communication of a caring and safe environment,
 - Board policy and procedure related to students at risk of anaphylaxis, and
 - use and location of epinephrine auto-injectors;
- invite before and after school program staff and volunteers to the annual in-service training;
- ensure all staff members are made aware of students with anaphylaxis and the location of their epinephrine auto-injector at the time of registration and again at the beginning of each school year;
- if no epinephrine auto-injectors have been provided, facilitate the purchase of back-up stock epinephrine auto-injector(s) using school funds through the board's Purchasing Services department
- if an anaphylactic reaction occurs and no epinephrine auto-injector is available for the student, ensure that either a school-purchased auto-injector or another student's back-up epinephrine auto-injector is used, and replace the auto-injector using school funds through the board's Purchasing Services department as soon as possible;
- consult the appropriate directives, legislation, regulations and guidelines for elementary lunch programs and permitting selected private suppliers to enter school premises in order to provide such services;

- Secondary Principals shall ensure only Board-contracted food service providers operate food services in all secondary schools except where the student instructional program provides food services;
- support inclusion by allowing students with medical conditions to perform daily or routine management activities in a school location, as outlined in their Anaphylaxis Health Care Plan, while being aware of confidentiality and the dignity of the student; and
- enable students with medical conditions to participate in school to their full potential.

In circumstances, when parents(s)/guardians(s) have advised the school that they will not provide the school with epinephrine auto-injectors and/or refuse to allow their child to carry an epinephrine auto-injector.

- meet with the parent(s)/guardian(s) to discuss;
 - the student's level of responsibility;
 - potential barriers to parent(s)/guardian(s) ability to supply or support their child in carrying an epinephrine auto-injector,
 - the consequences of not having the epinephrine auto-injector close to the child,
 - an alternate plan that will allow efficient response, if it is determined that it is in the best interest of the child not to carry the epinephrine auto-injector,
- if parent(s)/guardian(s) refuse to provide the school with epinephrine auto-injectors and/or refuse to allow the student to carry an epinephrine auto-injector,
 - immediately contact parent(s)/ guardians to discuss the risk to their child;
 - suggest the parent(s)/guardian(s) contact Food Allergy Canada to discuss the refusal,
 - seek permission of parent(s)/guardian(s) to discuss the refusal with their physician or nurse practitioner; and
 - consult with the Superintendent of Schools regarding next steps.
- if attempts to resolve non-compliance persist;
 - send a [letter](#) to the student's parent(s)/guardian(s) outlining the risk to their child and have the letter signed and returned to the school,
 - inform teachers and others who have contact with this student that they will not be carrying an epinephrine auto-injector;
 - in consultation with the Superintendent of Schools, principal will create a local plan to ensure that epinephrine auto-injectors are available for students when parent(s)/guardian(s) have refused to provide and/or have their child carry an epinephrine auto-injector; and
 - ensure that a notation is made on the student's [Anaphylaxis Health Care Plan](#); Suggested notation on the Anaphylaxis Health Care Plan would read "*As a result of parent(s)/guardian(s) refusal to provide their child with epinephrine auto-injectors and/or ensure that their child carry an epinephrine auto-injector as per board policy, this plan has been created to support the student's safety*".

Staff members shall:

- annually participate in training for anaphylactic reactions, and review the Anaphylactic Reactions procedure and [Best Practices for Avoiding Anaphylactic Reactions](#);
- practice allergen avoidance measures within the school, at school or work-related events and out-of-school or workplace activities following the Best Practices for Avoiding Anaphylactic Reactions;
- communicate health or safety concerns to an administrator or supervisor;
- review the contents of the [Anaphylactic Health Care Plan](#) for any student with whom they have direct contact;
- support a student's daily or routine management and respond to medical incidents and health/medical emergencies that occur during school, as outlined in board policies and procedures; and
- enable students with medical conditions to participate in school to their full potential as outlined in the Anaphylactic Health Care Plan.

Teachers shall:

- if asked, meet with the parent(s)/guardian(s) of a student with anaphylaxis to discuss and record;
 - the student's needs, and
 - the school procedure in case of emergency and the Anaphylactic Reactions Procedure;
- ensure that epinephrine auto-injectors and the student's [Anaphylactic Health Care Plan](#) are taken on excursions and/or activities;
- communicate to students and staff members about how to help avoid allergens and reduce risks; and
- ensure that occasional staff in the classroom are aware of students at risk of anaphylaxis by including the Anaphylactic Health Care Plan and emergency procedures in daily plans.

Outdoor Education Centre staff members and teachers planning remote field trips shall:

- Include a process and appropriate resources to support the student during activities off school property, including:
 - when students have potentially life-threatening allergies, ensure awareness of the estimated time to reach the nearest hospital or medical facility; and
 - provide school staff members with the availability of two-way communication.

Student Transportation Services (STS) shall:

- ensure that the current [Anaphylactic Health Care Plan](#) is available on file in the STS office, in the appropriate service provider's dispatch office, and in the appropriate school vehicle(s);
- ensure all regular and substitute drivers who transport students with anaphylaxis have received training, including, but not limited to, recognition of symptoms of anaphylactic reactions, proper administration of epinephrine auto-injector, and how to contact emergency services;
- ensure that service providers have developed an emergency plan to respond to anaphylactic reactions;
- work with the principal and the service provider to assign a specific seat to a student with anaphylaxis, if required; and
- advise bus drivers to enforce the no food or beverage consumption rule on school buses.

Food Service Provider (Secondary Schools) shall:

- ensure that the current [Anaphylactic Health Care Plan](#) is available on file in their office;
- ensure that all personnel are trained to reduce the risk of cross-contamination through purchasing, handling, preparation and serving of food;
- ensure that the contents of all foods served in school cafeterias and brought in for special events are clearly identified;
- participate in the school's anaphylaxis training on how to recognize the symptoms of an anaphylactic reaction and how to respond;
- ensure notices are posted stating that products may contain allergens such as, but not limited to nuts, to which individuals may be allergic; and
- adhere to all applicable directives, legislations, contractual obligations, regulations, guidelines and Board policy and procedures.

Parent(s)/guardian(s) shall:

- inform the school of any known allergies and if their child is at risk of anaphylaxis by completing the [Anaphylactic Health Care Plan](#) upon registration and each September;
- co-create Anaphylactic Health Care Plan for their child with the principal or the principal's designate, as appropriate;
- initiate and participate in meetings to review their child's Anaphylaxis Health Care Plan;
- provide the school with at least one in-date epinephrine auto-injector, and preferably two, to be used in the event of an anaphylactic reaction;

- ensure that their child, where age and/or developmentally appropriate, carries the epinephrine auto-injector with him/her at all times;
- replace the epinephrine auto-injectors before the listed expiry date;
- consider providing their child with medical identification, e.g. Medic Alert® bracelet or necklace;
- encourage the child to practice allergen avoidance measures at all times educate their child about their medical condition(s) with support from their child’s health care professional, as needed;
- guide and encourage their child to reach their full potential for self-management and self-advocacy, as appropriate;
- communicate changes to the Anaphylaxis Health Care Plan, such as changes to the status of their child’s medical condition(s) or changes to their child’s ability to manage their medical condition(s), to the principal or the principal’s designate; and
- provide the school with copies of any medical reports or instructions from the student’s licensed physician or nurse practitioner.

Students shall:

- carry their epinephrine auto-injectors at all times, where age and/or developmentally appropriate;
- practice allergen avoidance measures;
- refrain from sharing food or items that could include an allergen;
- alert staff if they believe they have been accidentally exposed to an allergen or have any concerns related to potential allergens;
- take responsibility for advocating for their personal safety and well-being that is consistent with their cognitive, emotional, social and physical stage of development and their capacity for self-management;
- participate in the development and participate in meetings to review their Anaphylaxis Health Care Plan as appropriate; and
- communicate with their parent(s)/guardian(s) and school staff if they are facing challenges related to their medical condition(s) at school as appropriate.

The responsibilities above will be assessed based on the student’s age and capability to understand their life-threatening condition. Students with special education needs would require additional assistance and advocacy by staff members and parent(s)/guardian(s).

Legislative Context

[Sabrina’s Law](#)
[Education Act](#)
[Good Samaritan Act](#)

Related Policies and Procedures

[Human Rights: Code Related Harassment and Discrimination](#)
[Equity and Inclusivity](#)
[Caring and Safe Schools](#)
[PPM No. 161 Supporting Students and Students with Prevalent Medical Conditions \(Anaphylaxis, Asthma, Diabetes, and/or Epilepsy\) in School Ministry of Education](#)

Department

Curriculum and Instructional Services, Student Services

History

Approved January 2006

(formerly part of Procedure 662, Provision of Health Support Services in School Settings)

Revised May 2008, March 2013

Policy Memo Recommendation to Delete 2017 (Subsumed into Policy and Procedure #662.0, Health Supports)

Working Document May 2012, February 2013, December 2015, July 2018

Board Procedure #662.3 Asthma Management

This procedure outlines the process for supporting the needs students with asthma.

Application

People with asthma have sensitive airways that react to triggers. There are many different types of triggers for example poor air quality, mold, dust, pollen, viral infections, animals, smoke and cold air.

If a student is known to have asthma and is experiencing asthma symptoms, any staff member may assist in the administration of the prescribed asthma medication as outlined in the [Asthma Health Care Plan](#). There are legal protections for staff acting in good faith in such circumstances set out in [Ryan's Law \(Ensuring Asthma Friendly Schools, 2015\)](#).

Definitions

Asthma

A chronic, inflammatory disease of the airways in the lungs. Symptoms of asthma can include coughing, wheezing, difficulty breathing, shortness of breath and chest tightness.

Asthma medication – controller medication

Controller medications are prescribed and usually taken regularly every day to control asthma. Usually, they are taken at morning and at night and not generally taken at school.

Asthma medication – reliever medication

Reliever medication is prescribed, fast-acting medication (usually blue in colour) that is issued when someone is having asthma symptoms.

Responsibilities

The Director of Education shall:

- allocate staff and resources to support the Asthma Management procedure.

Associate Directors and Superintendents of Education shall:

- support the implementation of the Asthma Management procedure at each school;
- develop strategies that reduce the risk of student exposure to triggers or causative agents in classrooms and common school areas;
- consider [PPM 161](#) and related board policies when entering into contracts and transportation, food services and other providers.

Principals shall:

- facilitate the administration or supervision of a pupil with asthma medication in response to an asthma exacerbation with the consent of the parent(s)/guardian(s) or pupil;
 - “Under Ryan’s Law, the student can consent if the student is:
 - (1) capable of understanding the information relevant to making a decision about the assistance, and

(2) is able to appreciate the reasonably foreseeable consequences of a decision or lack of a decision. It may be presumed that the student has the capacity to consent unless there are reasonable grounds to believe the person is incapable of consenting". ([Ryan's Law](#));

- co-create, review or update the [Asthma Health Care Plan](#) with the parent(s)/guardian(s), in consultation with the school staff (as appropriate) and with the student (as appropriate) as required;
- ensure parent(s)/guardian(s) are aware that any staff member may administer the prescribed reliever asthma medication if an employee has a reason to believe that the student is experiencing an asthma exacerbation, even where there is no signed authorization;
- ensure that the Asthma Health Care Plan is posted in a secure location accessible to staff location and provided to the student's teachers and updated as required;
- if a second reliever inhaler is provided, keep in main office or other easily accessible location and ensure staff are aware of its location;
- invite before and after school program staff and volunteers to the annual in-service training;
- supply the Asthma Health Care Plan to Student Transportation Services;
- establish a communication plan for the dissemination of information on asthma to parent(s)/guardian(s) pupils and employees;
- facilitate regular training on recognizing asthma symptoms and managing asthma exacerbations for all employees, as well as others in direct contact with pupils on a regular basis;
- clearly communicate to parent(s)/guardian(s) and appropriate staff the process for to notify the school of their child's health/medical condition(s);
- ensure medical occurrences, incidents and emergencies are recorded in the [Medical Incident Record Form](#) attached to the Asthma Health Care Plan;
- maintain a file with the Asthma Health Care Plan and supporting documentation for each student with an Asthma condition;
- provide relevant information from the student's Asthma Health Care Plan to school staff and others who are identified in the Asthma Health Care Plan (e.g., food service providers, volunteers, occasional staff who will be in direct contact with the student), including any revisions that are made to the plan;
- support inclusion by allowing students with medical conditions to perform daily or routine management activities in a school location, as outlined in their Asthma Health Care Plan, while being aware of confidentiality and the dignity of the student; and
- enable students with medical conditions to participate in school to their full potential.

All staff members shall:

- take appropriate action in the event of an emergency, as outlined;
- follow board strategies that reduce the risk of student exposure to triggers or causative agents in classrooms, common school areas, and extracurricular activities, in accordance with the student's [Asthma Health Care Plan](#);
- follow the contents of the Asthma Health Care Plan for any student with whom they have direct contact; and
- enable students with medical conditions to participate in school to their full potential.

Student Transportation Services

- ensure that the current [Asthma Health Care Plan](#) is available on file in the STS office, in the appropriate service provider's dispatch office, and in the appropriate school vehicle(s);
- require the service provider to ensure all regular and substitute drivers who transport students with asthma have received training, and how to contact emergency services; and
- work with the principal and the service provider to assign a specific seat to a student with asthma if required.

Parent(s)/guardian(s) shall:

- ensure that their child, where age and/or developmentally appropriate, carries their in-date asthma medication;
- educate their child about their medical condition(s) with support from their child's health care professional, as needed;
- guide and encourage their child to reach their full potential for self-management and self-advocacy;
- inform the school of their child's medical condition(s) and co-create the [Asthma Health Care Plan](#) for their child with the principal or the principal's designate;
- communicate changes to the Asthma Health Care Plan, such as changes to the status of their child's medical condition(s) or changes to their child's ability to manage their medical condition(s), to the principal or the principal's designate;
- participate in meetings to review their child's Asthma Health Care Plan; and
- supply their child and/or school with sufficient quantities of medication and supplies in their original, clearly labelled containers, as directed and prescribed by a licensed physician or nurse practitioner and as outlined in the Asthma Health Care Plan, and track the expiration dates if they are supplied.

Students shall:

- carry asthma medication with them if appropriate to age and capacity;
- take responsibility for advocating for their personal safety and well-being that is consistent with their cognitive, emotional, social and physical stage of development and their capacity for self-management;
- participate in the development of and attend meetings for their [Asthma Health Care Plan](#) as appropriate;
- communicate with their parent(s)/guardian(s) and school staff if they are facing challenges related to their medical conditions(s) at school as appropriate; and
- alert staff if they are experiencing asthma symptoms and require assistance.

Legislative Context

[Education Act](#)

[Ryan's Law \(Ensuring Asthma Friendly Schools\)](#)

Related Policies and Procedures

[Human Rights: Code Related Harassment and Discrimination](#)

[Equity and Inclusivity](#)

[PPM No. 161 Supporting Students with Prevalent Medical Conditions \(Anaphylaxis, Asthma, Diabetes, and/or Epilepsy\) in School Ministry of Education](#)

History

Drafted May 31, 2017

Working Document July 2018

Board Procedure #662.4

Diabetes Management

This procedure outlines the process for meeting the needs of students diagnosed with diabetes.

Definitions

Blood glucose control

Blood glucose control is the proper balance of food and insulin in the body. The balance may be affected by missing a meal or snack, or eating less than planned and could be a serious problem as it can easily result in very low blood glucose or hypoglycemia and requires immediate response.

Diabetes

Diabetes is a chronic disease, in which the body either cannot produce insulin or cannot properly use the insulin it produces.

Type 1 Diabetes is a life threatening autoimmune disorder in which the pancreas no longer produces insulin- the hormone that turns glucose (sugar) into energy. Treatment for Type 1 diabetes involves daily doses of insulin, along with regular blood glucose checks and careful attention to food intake and physical activity.

Diabetes Medical Team

Is a group of hospital health professionals, generally comprised of hospital and community health care practitioners with expertise in diabetes and may include diabetic educators, social workers, dietitian and licensed physicians who support the student and his/her family.

Hyperglycemia

Hyperglycemia or high blood glucose is when the blood glucose (sugar) is higher than an individual's target range.

Hypoglycemia

Hypoglycemia is an abnormal, low level of glucose in the blood. It can happen within minutes of a person appearing healthy and normal and may quickly become an emergency situation.

Insulin

Insulin is a hormone produced by the pancreas. Students with diabetes use insulin syringes, pens or pumps to give insulin.

Target Range

Target range is acceptable blood glucose levels based on the Canadian Diabetes Association's Clinical Practice Guidelines and is personalized for the student by the parent(s)/guardian(s) and Diabetes Medical Team.

Responsibilities

The Director of Education shall:

- allocate staff and resources to support the Diabetes Management procedure.

Associate Directors and Superintendents of Education shall:

- support the implementation of the Diabetes Management procedure at each school;
- develop, communicate and implement expectations for schools to support the safe storage and disposal of medication and medical supplies, including the safe disposal of sharps (NOTE - the family is responsible for the supply and safe disposal of medication and medical supplies); and
- consider [PPM 161](#) and related board policies when entering into contracts with transportation, food services and other providers.

Principals shall:

- ensure that all staff members, including occasional staff, are aware of and receive appropriate training to support students diagnosed with a serious or life-threatening medical condition or other health-related matter requiring school support;
- identify staff who can support the daily or routine management needs of students in the school while honouring the provisions within their collective agreements;
- co-create, review, or update the [Diabetes Health Care Plan](#) with the parent(s)/guardian(s), in consultation with the school staff and with the student, as appropriate;
- ensure all supplies are kept in a secure location and information is available to staff members;
- ensure students are provided with an appropriate location to administer insulin;
- ensure a planning meeting for school entry occurs to support effective transition;
- clearly communicate to parent/guardian and appropriate staff the process for parent/guardian to notify the school of their child's medical condition(s);
- arrange and facilitate a case conference with parent/guardian, third party service provider, appropriate staff members and student (as appropriate) to determine the level of intervention required;
- ask parents/guardians to provide the school with all supplies required for the ongoing management of their child's diabetes at school;
- ensure medical occurrences, incidents and emergencies are recorded in the [Medical Incident Record Form](#) attached to the Diabetes Health Care Plan;
- maintain a file with the Diabetes Health Care Plan and supporting documentation for each student with Diabetes;
- provide relevant information from the student's Diabetes Health Care Plan to school staff and others who are identified in the Diabetes Health Care Plan (e.g., food service providers, transportation providers, volunteers, occasional staff who will be in direct contact with the student), including any revisions that are made to the plan;
- ensure that the Diabetes Health Care Plan is posted in a secure location accessible to staff location and provided to the student's teachers and updated as required;
- ensure annual in-service training is provided for school staff members at the beginning of each school year (and as needed during the school year) by a regulated health professional in the management of diabetes to ensure awareness of diabetes management, signs, symptoms and emergency treatment of hypoglycemia and hyperglycemia and location of emergency kits where applicable;
- ensure teachers are aware of signs and symptoms of hypoglycemia and the emergency treatment plans for each student;
- assign a staff member and designate, as outlined in the Diabetes Health Care Plan, to verify the glucometer reading and monitor the student during insulin self-administration, where appropriate;
- assign the identification of staff who can support the daily or routine management needs of students in the school with medical conditions, while honouring the provisions within their collective agreements;

- ensure parent(s)/guardian(s) are informed that, even if they have provided consent to let their child self-monitor their diabetes, the severity of their child's reaction may require action under the Diabetes Health Care Plan;
- ensure the Request for Special Transportation form has been completed through SSNET for any students with known health conditions that may require special consideration affecting transportation, and supply a copy of the Diabetes Health Care Plan to Student Transportation Services;
- work with the bus company to facilitate appropriate seating for a student with diabetes if required;
- ensure the management and safe removal of the biohazard waste containers;
- support inclusion by allowing students with medical conditions to perform daily or routine management activities in a school location, as outlined in their Diabetes Health Care Plan, while being aware of confidentiality and the dignity of the student; and
- enable students with medical conditions to participate in school to their full potential.

Teachers shall:

- annually participate in training as required;
- ensure an emergency kit provided by parent(s)/guardian(s) is available in the classroom and taken on excursions and/or activities;
- ensure parent(s)/guardian(s) are aware of the need to replace items in the emergency kit, as required;
- review the contents of the [Diabetes Health Care Plan](#) for any student with whom they have direct contact; and
- support a student's daily or routine management and respond to medical incidents and health/medical emergencies that occur during school, as outlined in board policies and procedures.

Educational Assistants shall:

- annually participate in training as required;
- verify the student's reading of the glucometer and monitor the student during insulin self-administration, as required;
- review the contents of the [Diabetes Health Care Plan](#) for any student with whom they have direct contact; and
- support a student's daily or routine management and respond to medical incidents and health/medical emergencies that occur during school, as outlined in board policies and procedures.

Student Transportation Services (STS) shall:

- ensure that the current [Diabetes Health Care Plan](#) is available on file in the STS office, in the appropriate service provider's dispatch office, and in the appropriate school vehicle(s);
- ensure all regular and substitute drivers who transport students with diabetes have received training, and how to contact emergency services; and
- work with the principal and the service provider to assign a specific seat to a student with diabetes if required.

Parent(s)/guardian(s) shall:

- provide the school with all supplies required for the ongoing management of their child's diabetes at school;
- educate the child about their health/medical conditions(s) with support from their child's health care professional as needed;
- consider providing their child with medical identification (e.g. MedicAlert® bracelet or necklace);
- guide and encourage their child to reach their full potential for self-management and self-advocacy;
- inform the school of their child's health/medical condition(s) and complete documentation as required;
- co-create [Diabetes Health Care Plan](#) for their child with the principal or the principal's designate, as appropriate;

- communicate changes to the Diabetes Health Care Plan such as changes to the status of their child's medical condition(s) or changes to their child's ability to manage the medical condition(s), to the principal or the principal's designate;
- initiate and participate in annual meetings to review their child's Diabetes Health Care Plan as appropriate;
- seek medical advice from a licensed physician, nurse practitioner, or pharmacist where appropriate; and
- cover any out of pocket costs incurred by the school associated with health/medical treatment, including the cost of transportation by ambulance should this be required.

Students shall:

- take responsibility for advocating for their personal safety and well-being that is consistent with their cognitive, emotional, social and physical stage of development and their capacity for self-management;
- participate in the development and in meetings to review their [Diabetes Health Care Plan](#) as appropriate;
- carry out daily or routine self-management of their medical condition to their full potential, as described in their Diabetes Health Care Plan (e.g. carry their medication and medical supplies; follow school board policies on disposal of medication and medical supplies) as appropriate (NOTE – the student/family has the responsibility for the supply and safe disposal of medication and medical supplies);
- set goals on an on-going basis, for self-management of their medical condition, in conjunction with their parent(s)/guardian(s) and health care professional(s) as appropriate; and
- communicate with their parent(s)/guardian(s) and school staff if they are facing challenges related to their medical conditions(s) at school as appropriate.

Department

Curriculum and Instructional Services; Special Education Services

History

Approved: 1996

Amended: 2001, 2002, 2009

Working Document July 2018



Board Procedure #662.5 Epilepsy (Seizure Disorder) Management

This procedure outlines the process for meeting the specific needs of students with seizures.

Definitions

Epilepsy - is a neurological condition which affects the nervous system. Epilepsy is also known as a seizure disorder or by many as convulsions ([PPM 161](#)).

Seizure disorder is a neurological disorder which causes uncontrolled electrical activity in the brain. This activity produces seizures which vary from one person to another in frequency and form. A seizure may appear as a brief stare, change of awareness or convulsion. It may last seconds or minutes.

Responsibilities

The Director of Education shall:

- allocate staff and resources to support the Seizures Management procedure.

Associate Directors, Coordinating Superintendents and Superintendents of Education shall:

- support the implementation of the Epilepsy (Seizures Disorder) Management procedure at each school;
- develop strategies that reduce the risk of student exposure to triggers or causative agents in classrooms and common school areas;
 - develop expectations for schools to support the safe storage and disposal of medication and medical supplies, and communicate these expectations to schools and support schools in the implementation of these expectations, including the safe disposal of sharps (NOTE - the family is responsible for the supply and safe disposal of medication and medical supplies); and
- consider [PPM 161](#) and related board policies when entering into contracts and transportation, food services and other providers.

Principals shall:

- ensure that all staff members, including occasional staff, are aware of and receive appropriate training to support students diagnosed with a serious or life-threatening medical condition or other health-related matter requiring school support;
- identify staff who can support the daily or routine management needs of students in the school while honouring the provisions within their collective agreements;
- co-create, review or update the [Epilepsy \(Seizure Disorder\) Health Care Plan](#) for a student with a medical condition with the parent(s), in consultation with the school staff (as appropriate) and with the student (as appropriate);
- provide relevant information from the student's Epilepsy (Seizure Disorder) Health Care Plan to school staff and others who are identified in the Health Care Plan (e.g., food service providers, transportation providers, volunteers, occasional staff who will be in direct contact with the student), including any revisions that are made to the plan;
- ensure the administration medication for seizure management as outlined in the [Administration of Medication to Students procedure](#);
- inform parent(s)/guardian(s) (or emergency contact if unable to reach the parent(s)/guardian(s) if a student has experienced a seizure as per the Epilepsy (Seizure Disorder) Health Care Plan;
- ensure the Request for Special Transportation form has been completed through SSNET for any students with known health conditions that may require special consideration affecting transportation;

- clearly communicate to parent/guardian and appropriate staff the process for parent/guardian to notify the school of their child's medical condition(s);
- ensure that the Epilepsy (Seizure Disorder) Health Care Plan is posted in a secure location accessible to staff location and provided to the student's teachers and updated as required;
- ensure medical occurrences, incidents and emergencies are recorded in the [Medical Incident Record Form](#) attached to the Epilepsy (Seizure Disorder) Health Care Plan;
- maintain a file with the Epilepsy (Seizure Disorder) Health Care Plan and supporting documentation for each student;
- support inclusion by allowing students with medical conditions to perform daily or routine management activities in a school location (e.g., classroom), as outlined in their Epilepsy (Seizure Disorder) Health Care Plan, while being aware of confidentiality and the dignity of the student; and
- enable students with medical conditions to participate in school to their full potential.

Teachers shall:

- review the contents of the [Epilepsy \(Seizure Disorder\) Health Care Plan](#) for any student with whom they have direct contact;
- support a student's daily or routine management, and respond to health/medical incidents and supporting inclusion by allowing students with health/medical conditions to perform daily or routine management activities in a school location;
- follow the Epilepsy (Seizure Disorder) Health Care Plan; and
- enable students with medical conditions to participate in school to their full potential.

Education Assistants shall:

- participate in training, on health/medical conditions, at a minimum annually, as required by YRDSB;
- Follow the contents of the [Epilepsy \(Seizure Disorder\) Health Care Plan](#) for any student with whom they have direct contact; and
- support a student's daily or routine management and respond to medical incidents and health/medical emergencies that occur during school, as outlined in board policies and procedures.

Student Transportation Services (STS) shall:

- ensure that the student's [Epilepsy \(Seizure Disorder\) Health Care Plan](#) is available on file in the STS office, in the appropriate service provider's dispatch office, and in the appropriate school vehicle(s); and
- the Student Transportation Services Form Request for Special Transportation is received and is accessible in the event of an emergency.

Parent(s)/guardian(s) shall:

- complete all required documentation for the [Administration of Medication to Students procedure](#), if applicable;
- educate their child about their medical condition(s) with support from their child's health care professional, as needed;
- guide and encourage their child to reach their full potential for self-management and self-advocacy, as appropriate;
- inform the school of their child's medical condition(s) and co-create the [Epilepsy \(Seizure Disorder\) Health Care Plan](#) for their child with the principal or the principal's designate;
- communicate changes to the Epilepsy (Seizure Disorder) Health Care Plan, such as changes to the status of their child's medical condition(s) or changes to their child's ability to manage their medical condition(s), to the principal or the principal's designate;
- initiate and participate in meetings to review their child's Epilepsy (Seizure Disorder) Health Care Plan;
- supply their child and/or the school with sufficient quantities of medication and track the expiration dates if they are supplied, and;

- provide the school with copies of any medical reports or instructions from the student's licensed physician or nurse practitioner.

Students shall:

- take responsibility for advocating for their personal safety and well-being that is consistent with their cognitive, emotional, social and physical stage of development and their capacity for self-management;
- participate in the development and meetings to review their [Epilepsy \(Seizure Disorder\) Health Care Plan](#) as appropriate;
- carry out daily or routine self-management of their medical condition to their full potential, as described in their Epilepsy (Seizure Disorder) Health Care Plan as appropriate;
- set goals on an on-going basis, for self-management of their medical condition, in conjunction with their parent(s)/guardian(s), and health care professional(s) as appropriate; and
- communicate with their parent(s)/guardian(s) and school staff if they are facing challenges related to their medical conditions(s) at school as appropriate.

Department

Student Services

History

Approved 1996

Amended 2001, 2002, 2009

Working Document July 2018

Board Procedure #662.6 Concussion Management

This procedure outlines the steps to follow if a student has a suspected or diagnosed concussion and effective management procedures to guide a student's return to learning and physical activity after a diagnosed concussion.

Application

Recognizing the serious effect concussions can have on student learning, achievement and well-being, the Board is committed to working with parent(s)/guardian(s) and community partners to provide all appropriate supports to prevent and minimize the risk of sustained concussions.

This procedure applies to all students, including those suspected of having a concussion or have been diagnosed with a concussion by a licensed physician or nurse practitioner. It does not apply to staff members who may have a concussion. The [Health and Safety – Employees](#) policy and procedure outlines the commitment of the Board to providing and maintaining a safe and healthy working environment that supports the safety and well-being of employees.

If a concussion is suspected, the following steps must be taken:

1. Stop the activity and do not allow the student to participate in physical activity that day even if the student states that they are feeling better.
2. Monitor the student.
3. Call 911 if student loses consciousness or if symptoms are serious or worsen.
4. If the student can be safely moved, remove them from the activity unless the student has lost consciousness.
5. Contact parent(s)/guardian(s) or emergency contact (if the parent(s)/guardian(s) is not available) and inform them that:
 - They need to pick up their child;
 - The child should be examined by a licensed physician or nurse practitioner as soon as possible; and
 - The child should be monitored for 24-48 hours as signs and symptoms may take hours or days to emerge.
6. Stay with the student or ensure the student is supervised by an adult. Continue to monitor and document any changes until parent(s)/guardian(s) or emergency contact arrives.
7. Ensure principal is aware of the incident.
8. Provide parent(s)/guardian(s) with [Student Tracking for Concussion Management Protocol](#) and [Recognizing and Monitoring Symptoms during Recovery from a Concussion](#).
9. Inform parent(s)/guardian(s) that they must return the Student Tracking for Concussion Management Protocol with signature from a licensed physician or nurse practitioner.
10. Do not administer medication unless required for other conditions.

If a student is diagnosed with a concussion, the following steps should be taken;

1. Follow the [Student Tracking for Concussion Management Protocol](#).
2. Ensure all appropriate staff members are aware of and implement any modifications/accommodations as outlined in the Student Tracking for Concussion Management Protocol.
3. Ensure the student does not participate in physical activity before the concussion management team meeting takes place and determines proper protocol.
4. Hold a concussion management team meeting.
5. Following the concussion management team meeting, ensure all appropriate staff members are aware of and provide accommodations and appropriate strategies as outlined in the [Summary of Accommodation for Students Returning to School after a Concussion](#).

6. Share information with before and after school providers, occasional staff members and volunteers, as required.
7. Continue to monitor student's physical, cognitive, social and emotional well-being.
8. Communicate with parent(s)/guardian(s) as needed and share progress.
9. Maintain communication with the concussion management team as needed.
10. Once a licensed physician or nurse practitioner has provided clearance for return to learn:
 - Follow return to physical activity stages as outlined in the Student Tracking for Concussion Management Protocol.
 - If any signs or symptoms of a concussion reappear, follow the steps for a suspected concussion.

Definitions

Concussion (Adapted from [Policy/Program Memorandum No. 158 School Board Policies on Concussions](#))

A concussion:

- is a brain injury that causes changes in how the brain functions and can lead to symptoms that are physical (e.g., headache, dizziness), cognitive (e.g., difficulty in concentrating or remembering), emotional/behavioural (e.g., depression, irritability), and/or related to sleep (e.g., drowsiness, difficulty in falling asleep);
- may be caused either by a direct blow to the head, face, or neck or by a blow to the body that transmits a force to the head that causes the brain to move rapidly within the skull;
- can occur even if there has been no loss of consciousness; and
- cannot normally be seen by means of medical imaging tests, such as X-rays, standard computed tomography (CT) scans, or magnetic resonance imaging (MRI) scans.

Student Tracking for Concussion Management Protocol

The [Student Tracking for Concussion Management Protocol](#) outlines the steps to be taken in developing an individualized and gradual return to learn and physical activity plan for a student following a diagnosed concussion.

Concussion Management Team

A Concussion Management Team meets to discuss, problem solve and recommend strategies to support a student's academic, behavioural, social and/or emotional areas of strength and need. The team may include, but is not limited to, school staff members, Student Services staff, students and/or parent(s)/guardian(s) as appropriate. Ongoing interventions and progress are also monitored through the Concussion Management Team process.

Risk-Reducing Strategies (Adapted from [Ontario Physical Education Safety Guidelines - Concussion Package](#))

Strategies to minimize the risk of concussion include:

- information/actions that prevent concussions from happening such as but not limited to, physical activity guidelines rules and regulations; and
- minimizing slips and falls by checking that classroom floor and activity environments provide for safe traction and are obstacle free.

Responsibilities

The Director of Education shall:

- allocate staff and resources to support the Concussion Management procedure; and
- follow policies and guidelines with respect to concussions in pupils established by the Minister of Education in accordance with [Rowan's Law \(Concussion Safety\), 2018](#).

Associate Directors and Superintendents of Education shall:

- support the implementation of the Concussion Management procedure; and
- follow policies and guidelines with respect to concussions in pupils established by the Minister of Education in accordance with [Rowan's Law \(Concussion Safety\), 2018](#).

Principals shall:

- ensure that information about the Concussion Management procedure and support documents are shared with all school staff, parent(s)/guardian(s), students, and before and after school program providers at the beginning of the school year;
- ensure all coaches, including staff and non-school staff, follow the appropriate [Ontario Safety Guidelines](#) and complete annual training in concussion identification and management;
- within 24 hours of a significant injury on Board property or at a Board-related activity or event, submit an [Accident/Injury Report Form](#) to the Senior Manager of Administrative Services, as outlined in [Procedure #NP138.0, Insurance: Personal Liability, Property Damage and Student/Visitor Injuries](#);
- maintain a file for the student outlining the student's information, details of the diagnosed concussion, and any other relevant information, including the [Student Tracking for Concussion Management Protocol](#); and
- schedule and participate in a concussion management team meeting to identify accommodations required for the student, ensuring students and parent(s)/guardian(s) have the opportunity to participate.

Concussion Management Teams shall:

- assess needs of the student and determine the supports or accommodations required, taking into account input from parent(s)/guardian(s); licensed physician or nurse practitioner recommendations; the student's academic, social and mental well-being; student's symptoms and the concussion protocol;
- complete the [Summary of Accommodation for Students Returning to School after a Concussion](#) and share with the principal, and all appropriate staff members, parent(s)/guardian(s) and student, and provide a copy to be kept in the student's file;
- hold follow-up meeting(s) if needed to consider all relevant and new information and determine appropriate supports.

School staff members shall:

- participate in annual training on concussion management and concussion awareness learning for staff and students;
- provide students, who are taking part in intramural or interschool activity, and their parent(s)/guardian(s) with the [Informed Consent Agreement](#) as a condition of participating in the sport;
- if a student is suspected of having a concussion, ensure appropriate action is taken as outlined;
- if a student is diagnosed with a concussion, ensure appropriate action is taken as outlined;
- if a licensed physician or nurse practitioner indicates on the [Student Tracking for Concussion Management Protocol](#) that **the student does not have a concussion**, allow the student to resume regular learning and physical activities, and understand;
- appropriate strategies to minimize the risk of concussion, as outlined in the [Ontario Safety Guidelines](#),
- common [signs and symptoms of concussions](#),
- steps to follow if they suspect a student may have a concussion,

- effective management procedures to guide students' return to learn stages and physical activity after a diagnosed concussion, and
- only a licensed physician or nurse practitioner can diagnose a concussion.

Parent(s)/guardian(s) shall:

- inform the school if their child has a concussion or is experiencing symptoms of a concussion;
- sign and follow the [Informed Consent Agreement](#) as a condition of their child participating in an intramural or interschool activity;
- if their child has a suspected concussion;
 - understand that the child will be removed from physical activity even if the student states that he/she is feeling better
 - arrange to pick up child;
 - understand that their child should be examined by a licensed physician or nurse practitioner as soon as possible;
 - complete the [Student Tracking for Concussion Management Protocol](#) with a licensed physician or nurse practitioner;
 - understand that their child should be monitored for 24-48 hours, as signs and symptoms may take hours or days to emerge;
- understand that if no concussion is diagnosed, the student may resume regular learning and physical activities unless symptoms reappear;
- understand that if a concussion is diagnosed by a licensed physician or nurse practitioner, the student will follow the Student Tracking for Concussion Management Protocol;
- participate in the concussion management team meeting; and
- educate their child about their medical condition(s) with support from their child's health care professional, as needed; and guide and encourage their child to reach their full potential for self-management and self-advocacy.

Students shall:

- provide a signed copy and follow the [Informed Consent Agreement](#) as a condition to participating in an intramural or interschool activity;
- participate in concussion awareness learning for students as determined by YRDSB and the school;
- take responsibility for advocating for their personal safety and well-being that is consistent with their cognitive, emotional, social and physical stage of development and their capacity for self-management;
- set goals on an on-going basis, for self-management of their medical condition, in conjunction with their parent(s)/guardian(s) and health care professionals.

Legislative Context

[Education Act](#)
[Rowan's Law \(Concussion Safety\), 2018.](#)

Related Policies and Procedures

[Human Rights: Code Related Harassment and Discrimination](#)
[Equity and Inclusivity](#)
[Caring and Safe Schools](#)
[PPM No. 158: School Board Policies on Concussions](#)

Department

Curriculum and Instructional Services

History

Working Document Policy and Procedure February 2015
Policy subsumed by Policy #662.0, Health Supports
Working Document July 2018

Board Procedure #662.7 Medically Fragile Students

This procedure outlines the process for students who are deemed medically fragile.

Application

Students who are deemed medically fragile may require a variety of health supports. The processes for providing these supports may be outlined in the following additional procedures:

Management of Communication Disorders
Management of Physical Challenges
Management of Catheterization
Management of Suctioning
Diabetes Management
Epilepsy (Seizure Disorder) Management

Also see Administration of Medication to Students Procedure

Definitions

Medically Fragile

A student's condition is deemed medically fragile when results from medical and/or physiological condition(s) require ongoing, frequent intervention and monitoring on a 24-hour basis.

There must be demonstrable risk of significant exacerbation of the student's health status associated with not meeting those care requirements. A medically fragile student is determined through an assessment completed by a licensed physician or nurse practitioner of the student's needs which may involve the following procedures/health risks:

- deep suctioning (suction beyond the mouth/oral cavity);
- tracheotomy tube care with or without oxygen;
- continuous (all day) gastrostomy (G tube), gastrostomy-jejunostomy tube (g-j tube) or jejunostomy (j tube) feeds;
- extreme risk of respiratory or cardiac arrest (life threatening not due to anaphylaxis);
- ventilators; and/or
- administration of intravenous medication.

Responsibilities

The Director of Education shall:

- allocate staff and resources to support the Medically Fragile Student procedure.

Associate Directors, Coordinating Superintendents and Superintendents of Education shall:

- support the implementation of the Medically Fragile Student procedure at each school.

Principals shall:

- co-create, review or update the required [Health Care Plan\(s\)](#) and/or [Essential Routine Health Care Plan\(s\)](#) with the parent(s)/guardian(s), in consultation with school staff and the student, as appropriate at the time of registration and the beginning of each school year;
- ensure that the Health Care Plan is posted in a discrete location and provided to the student's teachers and updated as required;

- take steps to ensure health supports for medically fragile students are provided in accordance with specific procedures such as suctioning and catheterization etc.;
- coordinating the completion and collection of appropriate documentation, including, but not limited to Essential Routine Health Care Plan, and appropriate Health Care Plan(s) as required;
- ensuring completion of the [third party health care provider referral](#) for nursing needs at school;
- working with third party health care provider Care Coordinator, as outlined, to support student and staff member needs, where required;
- working with the Student Services Coordinator, as required, to allocate appropriate staff members to support student needs;
- ensuring appropriate staff members are made aware of student needs;
- ensuring the Request for Special Transportation form has been completed through SSNET for students require special consideration affecting transportation, and supply the Health Care Plan(s) or Essential Routine Health Care Plan(s);
- clearly communicate to parent(s)/guardian(s) and appropriate staff the process for parent(s)/guardian(s) to notify the school of their child's medical condition(s),
- ensure medical occurrences, incidents and emergencies are recorded in the [Medical Incident Record Form](#) attached to the appropriate Health Care Plan(s);
- maintain a file with the Health Care Plan(s) and supporting documentation for each student with a medical condition;
- provide relevant information from the student's Health Care Plan(s) and/or Essential Routine Health Care Plan(s) to school staff and others who are identified in the Health Care Plan(s) (e.g., food service providers, transportation providers, volunteers, occasional staff who will be in direct contact with the student), including any revisions that are made to the plan;
- support inclusion by allowing students to perform daily or routine management activities in a school location (e.g., classroom), as outlined in the Essential Routine Health Care Plan(s) and the Health Care Plan(s), while being aware of confidentiality and the dignity of the student; and
- enable students with medical conditions to participate in school to their full potential.

Note: if a parent(s)/guardian(s) provides a Do Not Resuscitate (DNR) request to the School, the Principal (in consultation with the Superintendent) will prepare a [response](#) to the family explaining that the Board is not in a position to comply with the Non-Resuscitation Order and will follow established emergency protocol; however, the School will take steps to provide the emergency care information, including a DNR request to the emergency response personnel upon arrival.

Teachers and support staff shall:

- provide health supports as required for medically fragile students in accordance with all procedures, and as outlined in documentation such as, but not limited to, [Essential Routine Health Care Plan\(s\)](#) and the required [Health Care Plan\(s\)](#);
- meet with parent(s)/guardian(s) of a medically fragile child, to discuss student needs;
- ensure that occasional staff in the classroom are aware of medically fragile students by including a communication on daily plans about emergency procedures;
- review the contents of the Essential Routine Health Services Plan(s) and the Emergency Health Care Plan(s) for any student with whom they have direct contact;
- support a student's daily or routine management, and respond to medical incidents and medical emergencies that occur during school, as outlined in board policies and procedures;

Outdoor Education Centre staff members and teachers planning remote field trips shall:

- include a process and appropriate resources to support the student during activities off school property, including:
- ensure awareness of the estimated time to reach the nearest hospital or medical facility;
- provide school staff members with the availability of two-way communication; and
- collaborate with Student Services, as required, to examine barriers to access and develop appropriate accommodations.

Student Transportation Services (STS) shall:

- take steps to meet the health and safety needs of the medically fragile child who travels unattended on STS-provided transportation;
- retain the student's [Essential Routine Health Care Plan\(s\)](#) and [Health Care Plan\(s\)](#) form on file in the STS office, in the appropriate service provider's dispatch office, and in the appropriate school vehicle(s); and
- Board's Student Transportation Services form Request for Special Transportation are received by the principal and are accessible in the event of an emergency.

Parent(s)/guardian(s) shall:

- provide the school with all appropriate supplies to meet the student's health support needs; and
- consider providing their child with medical identification (e.g. Medic Alert bracelet or necklace).
- co-create [Essential Routine Health Care Plan\(s\)](#) and appropriate [Health Care Plan\(s\)](#) for their child with the principal or the principal's designate, as appropriate;
- communicate changes to the Essential Routine Health Care Plan(s) and appropriate Health Care Plan(s) based on the status of their child's medical condition(s) or changes to their child's ability to manage the medical condition(s), to the principal or the principal's designate;
- initiate and participating in annual meetings to review their child's Essential Routine Health Care Plan and appropriate Health Care Plan(s), as appropriate;
- seek medical advice from a licensed physician or nurse practitioner where appropriate; and
- provide the school with copies of any medical reports or instructions from the student's licensed physician or nurse practitioner.

Students shall:

- take responsibility for advocating for their personal safety and well-being that is consistent with their cognitive, emotional, social and physical stage of development and their capacity for self-management;
- participate in the development of and meetings to review the [Essential Routine HealthCare Plan\(s\)](#) and [Health Care Plan\(s\)](#), as appropriate;
- set goals on an on-going basis, for self-management of their medical condition, in conjunction with their parent(s)/guardian(s) and health care professional(s) as appropriate; and
- communicate with their parent(s)/guardian(s) and school staff if they are facing challenges related to their medical conditions(s) at school as appropriate.

History

Working Document July 2018



Board Procedure #662.8 Management of Physical Challenges

This procedure outlines the process for supporting the needs of students with physical challenges.

Definitions

Physical Management Routines

Physical management routines include daily activities during which some students require the assistance of another person. This may include, but is not limited to, supports for lifting, positioning, mobility, oral feeding, toileting, range of motion activities and programming to meet the student's physical needs. Physical management routines may be part of a student's Individual Education Plan (IEP) and [Essential Routine Health Care Plan\(s\)](#) and are developed with consideration of the health and safety needs of students and staff members.

Responsibilities

The Director of Education shall:

- allocate staff and resources to support the Management of Physical Challenges procedure.

The Associate Directors and Superintendents of Education shall:

- support the implementation of the Management of Physical Challenges procedure at each school.

Principals shall:

- co-create, review or update [Essential Routine Health Care Plan\(s\)](#) with the parent(s)/guardian(s) in consultation with school staff and the student:
 - during the time registration
 - each year during the first week of school
 - when a child is diagnosed and/or returns to school following a diagnosis
- clearly communicate to parent(s)/guardian(s) and appropriate staff the process to notify the school of their child's medical condition(s);
- support the initiation of a referral to the Board's physiotherapist or occupational therapist as required;
- maintain a file with the supporting documentation for each student with a medical condition;
- provide relevant information from the student's Essential Routine Health Care Plan to school staff and others as required (e.g. transportation providers, volunteers, occasional staff who will be in direct contact with the student), including any revisions that are made to the plan;
- arrange for annual safe lifting training provided by regulated health professional (PT OT Service) in the board, or as needed;
- ensure the completion of annual inspections for all person lifting devices;
- designate a staff member to perform a daily visual inspection of all person lifting devices;
- consult with the Board's physiotherapists and/or occupational therapists to determine the appropriateness for referral to the third party health care provider for intervention that is not provided by Board physiotherapy and occupational therapy services;
- ensure that school staff members are not involved with providing general physical management routines to students in schools without first consulting with Board physiotherapy or occupational therapy services, and that any such routine would be in accordance with the Student's Essential Routine Health Care Plan(s);
- identify staff who can support the daily or routine management needs of students in the school with health/medical conditions, while honoring the provisions within their collective agreements;

- ensure the Request for Special Transportation form has been completed through SSNET for any students that may require special consideration affecting transportation;
- support inclusion by allowing students with medical conditions to perform daily or routine management activities in a school location (e.g., classroom), as outlined in their Essential Routine Health Care Plan, while being aware of confidentiality and the dignity of the student; and
- enable students with medical conditions to participate in school to their full potential.

Board Physiotherapists and/or Occupational Therapists shall:

- with parent(s)/guardian(s) consent, provide assessment and intervention and provide training to appropriate school staff members to address physical management need of students, as required;
- provide training to designated school staff on safe lifting procedures as requested by principal;
- initiate appropriate referrals for students who are eligible for physiotherapy and/or occupational therapy from the Children's Treatment Network; and
- assist principals with referrals for nursing services from the appropriate third party health care provider, if required.

Teachers shall:

- initiate referrals for physiotherapy and/or occupational therapy concerns to the Board using the [Request/Consent for Professional Services](#) process;
- incorporate, as appropriate, physical management routines in a student's Individual Education Plan, where the student is engaged in increasing independence; and
- follow the [Essential Routine Health Care Plan](#).

Educational Assistants shall:

- as designated by the principal, provide services to support physical management routines as per the [Essential Routine Health Care Plan\(s\)](#), (e.g., shallow suctioning, administration of continuous pre-set passive oxygen, care for ostomy bag and appliance, application of condom for urinary drainage, monitoring clean intermittent catheterization, etc.) as required;
- engage in annual training on safe lifting procedures where required, or as needed;
- as designated by the principal, perform a daily visual inspection of all person lifting devices;
- participate in training, on health/medical conditions, at a minimum annually, as required by YRDSB;
- review the contents of the Essential Routine Health Care Plan(s) for any student with whom they have direct contact; and
- support a student's daily or routine management and respond to medical incidents and health/medical emergencies that occur during school, as outlined in board policies and procedures.

Parent(s)/guardian(s) shall:

- educate their child about their medical condition(s) with support from their child's health care professional, as needed;
- guide and encourage their child to reach their full potential for self-management and self-advocacy;
- inform the school of their child's medical condition(s) and co-create the [Essential Routine Health Care Plan\(s\)](#) for their child with the principal or the principal's designate;
- communicate changes to the Essential Routine Health Care Plan(s), such as changes to the status of their child's medical condition(s) or changes to their child's ability to manage their medical condition(s), to the principal or the principal's designate;
- confirm annually to the principal or the principal's designate that their child's medical status is unchanged;
- initiate and participate in meetings to review their child's Essential Routine Health Care Plan(s);
- provide the school with copies of any medical reports or instructions from the student's health care provider; and
- provide materials required to meet the health needs of their child, including, but not limited to, medical identification and specialized equipment.

Students Shall:

- take responsibility for advocating for their personal safety and well-being that is consistent with their cognitive, emotional, social and physical stage of development and their capacity for self-management;
- participate in the development and in meetings to review of their [Essential Routine Health Care Plan\(s\)](#) as appropriate;
- carry out daily or routine self-management of their medical condition to their full potential, as described in their Essential Routine Health Care Plan as appropriate;
- set goals on an on-going basis, for self-management of their medical condition, in conjunction with their parent(s)/guardian(s) and health care professional(s) as appropriate; and
- communicate with their parent(s)/guardian(s) and school staff if they are facing challenges related to their medical conditions(s) at school as appropriate.

Department

Curriculum and Instructional Services; Student Services

History

Approved 1996
Amended 2001, 2002, 2009
Working Document July 2018

Board Procedure #662.9 Management of Catheterization

This procedure outlines the process for meeting the needs of students who require catheterization.

Definitions

Clean Intermittent Catheterization

During clean intermittent catheterization, the catheter is inserted into a student's bladder only until the bladder has been drained and then the catheter is removed. This procedure can be carried out by the student or by a health assistant or assistant for the developmentally handicapped.

Sterile Catheterization

Sterile Catheterization is a controlled act and the catheter must be inserted by a regulated health care professional.

Responsibilities

The Director of Education shall:

- allocate staff and resources to support the Management of Catheterization procedure.

Associate Directors and Superintendents of Education Shall:

- support the implementation of the Management of Catheterization procedure at each school;
- develop expectations for schools to support the safe storage and disposal of medical supplies, and communicate these expectations to schools and support schools in the implementation of these expectations, including the safe disposal of (NOTE - the family is responsible for the supply and safe disposal of medication and medical supplies); and
- provide schools with appropriate supplies to support safe disposal of medication and medical supplies.

Principals shall:

- initiate a [referral to the third party health care provider](#), as appropriate;
- work with the Student Services Coordinator to allocate appropriate staff members to support clean intermittent catheterization;
- ensure parent(s)/guardian(s) provide catheterization materials;
- ensure the management and safe removal of biohazard waste containers;
- request the third party health care provider provide consultation and training for educational assistants and designate, with parent(s)/guardian(s) permission;
- clearly communicate to parent(s)/guardian(s) the process for parent(s)/guardian(s) to notify the school of their child's medical condition(s);
- co-create, review or update the [Essential Routine Health Care Plan\(s\)](#) with the parent(s)/guardian(s), in consultation with school staff, third party service provider and the student, as appropriate;
- maintain a file with the supporting documentation for each student with a medical condition;
- provide relevant information from the student's Essential Routine Health Care Plan(s) to school staff and occasional staff who will be in direct contact with the student, including any revisions that are made to the plan;
- assign the identification of staff who can support the daily or routine management needs of students in the school with health/medical conditions, while honouring the provisions within their collective agreements;

- support inclusion by allowing students with medical conditions to perform daily or routine management activities, as outlined in their Essential Routine Health Care Plan(s), while being aware of confidentiality and the dignity of the student; and
- enable students with health/medical conditions to participate in school to their full potential.

Health Assistants and Assistants for the Developmentally Handicapped shall:

- administer or monitor clean intermittent catheterization and/or supervise student self-catheterization, as required;
- dispose of biohazardous materials in accordance with Board procedures;
- participate in training to provide clean intermittent catheterization;
- follow the [Essential Routine Health Care Plan\(s\)](#) for any student with whom they have direct contact; and
- support a student's daily or routine management procedures.

Parent(s)/guardian(s) shall:

- co-create [Essential Routine Health Care Plan\(s\)](#) for their child with the principal or the principal's designate, as appropriate;
- communicate changes to the Essential Routine Health Care Plan(s) based on the status of their child's medical condition(s) or changes to their child's ability to manage the medical condition(s), to the principal or the principal's designate;
- confirm annually to the principal or the principal's designate that their child's health/medical status is unchanged;
- initiate and participating in annual meetings to review their child's Essential Routine Health Care Plan(s) and/or protocol, as appropriate;
- seek medical advice from a licensed physician or nurse practitioner where appropriate;
- provide the school with copies of any medical reports or instructions from the student's licensed physician or nurse practitioner; and
- provide materials required to meet the health needs of their child.

Students Shall:

- take responsibility for advocating for their personal safety and well-being that is consistent with their cognitive, emotional, social and physical stage of development and their capacity for self-management as appropriate;
- participate in the development and meetings to review their [Essential Routine Health Care Plan\(s\)](#) as appropriate;
- carry out daily or routine self-management of their medical condition to their full potential, as appropriate;
- set goals on an on-going basis, for self-management of their medical condition, in conjunction with their parent(s)/guardian(s) and health care professional(s) as appropriate; and
- communicate with their parent(s)/guardian(s) school staff if they are facing challenges related to their medical conditions(s) at school as appropriate.

Department

Curriculum and Instructional Services; Special Education Services

History

Approved 1996

Amended 2001, 2002, 2009

Working Document July 2018

Board Procedure #662.10 Management of Suctioning

This procedure outlines the process for meeting the needs of students who require suctioning.

Definitions

Deep Suctioning

Also referred to as chest suction or draining, deep suctioning is a regulated health act to be performed by a trained regulated health professional under licensed physician orders. The suctioning tube passes beyond the larynx into the lungs. This procedure is not to be performed by Board staff.

Shallow Suctioning

Shallow suctioning is not a regulated health act. The tube vacuums saliva from oral and/or nasal passages, and does not go beyond the teeth. Shallow suctioning may be performed by trained staff.

Responsibilities

The Director of Education shall:

- allocate staff and resources to support the Management of Suctioning procedure.

Associate Directors and Superintendents of Education:

- support the implementation of the Management of Suctioning procedure at each school; and
- develop expectations for schools to support the safe storage of medical supplies, and communicate these expectations to schools and support schools in the implementation of the expectations.

Principals shall:

- with parent(s)/guardian permission, [refer to third party health care provider](#) to provide consultation and training for educational assistants;
- ensure parent(s)/guardian(s) provide suctioning materials;
- ensure the management and safe removal of the biohazard waste containers;
- clearly communicate to parent(s)/guardian(s) the process for parent(s)/guardian(s) to notify the school of their child's medical condition(s);
- co-create, review or update the Essential Routine Health Care Plan(s) with the parent(s)/guardian(s), in consultation with school staff, Third Party Health Care Provider and the student, as appropriate;
- maintain a file with the supporting documentation for each student with a medical condition;
- provide relevant information from the student's Essential Routine Health Care Plan(s) to school staff and occasional staff who will be in direct contact with the student, including any revisions that are made to the plan;
- assign the identification of staff who can support the daily or routine management needs of students in the school with health/medical conditions, while honouring the provisions within their collective agreements;
- support inclusion by allowing students with medical conditions to perform daily or routine management activities in a school location while being aware of confidentiality and the dignity of the student; and
- enable students with medical conditions to participate in school to their fullest potential.

Educational Assistants and designates shall:

- provide shallow suctioning as outlined in the [Essential Routine Health Care Plan\(s\)](#);
- follow Board procedures regarding the safe storage and removal of biohazardous materials; and
- engage in training to provide shallow suctioning.

Parent(s)/guardian(s) shall:

- provide equipment for shallow suctioning;
- co-create [Essential Routine Health Care Plan\(s\)](#) for their child with the principal or the principal's designate, as appropriate;
- communicate changes to the Essential Routine Health Care Plan(s) based on the status of their child's medical condition(s) or changes to their child's ability to manage the medical condition(s), to the principal or the principal's designate;
- confirm annually to the principal or the principal's designate that their child's health/medical status is unchanged;
- initiate and participating in annual meetings to review their child's Essential Routine Health Care Plan and/or protocol, as appropriate;
- seek medical advice from a licensed physician or nurse practitioner where appropriate
- provide the school with copies of any medical reports or instructions from the student's licensed physician or nurse practitioner; and
- provide materials required to meet the health needs of their child.

Students Shall:

- take responsibility for advocating for their personal safety and well-being that is consistent with their cognitive, emotional, social and physical stage of development and their capacity for self-management;
- participate in the development of and meetings to review the [Essential Routine Health Care Plan\(s\)](#) as appropriate;
- set goals on an on-going basis, for self-management of their medical condition, in conjunction with their parent(s)/guardian(s) and health care professional(s) as appropriate; and
- communicate with their parent(s)/guardian(s) and school staff if they are facing challenges related to their medical conditions(s) at school as appropriate.

Department

Curriculum and Instructional Services; Special Education Services

History

Approved 1996

Amended 2001, 2002, 2009

Working Document July 2018



Board Procedure #662.11 Management of Communication Disorders

This procedure outlines the process for supporting the needs of students with communication disorders as outlined in [Policy and Program Memorandum \(PPM\) No. 81 Provision of Health Support Services in School Settings](#).

Application

Under PPM 81, the provision of supports for students with speech and language disorders is governed by [A Model for the Provision of Speech and Language Services](#) and [Interministerial Guidelines for the Provision of Speech and Language Services](#).

Definitions

Language Disorders

Language disorders are characterized by delayed or impaired development of comprehension and/or spoken/written language and/or other symbol system. They may involve the form of language the content of language and/or the function of language in any combination.

Speech Disorders

Speech disorders include articulation/speech sound production problems, fluency disorders, voice disorders and resonance problems.

Responsibilities

The Director of Education shall:

- allocate staff and resources to support the Board's responsibilities associated with the Management of Communication Disorders procedure.

Associate Directors and Superintendents of Education shall:

- support the implementation of the Management of Communications Disorders procedure.

Principals shall:

- familiarize themselves with the Management of Communication Disorders procedure;
- initiate a [referral to the Board's Speech-Language Pathology \(S-LP\) Services](#) to determine eligibility for referral to a third party health care provider for speech therapy services;
- designate a staff member within the school to take responsibility for referrals;
- during the referral process ensure principal authorization and support the completion of referral forms; and
- facilitate completion of all third party health care provider referral forms for eligible students in kindergarten that have been referred to the third party health care provider through the York Region Preschool Speech and Language Program.

Board Speech-Language Pathologists shall:

- assess students and where determined eligible, initiate the referral process to the third party speech therapy services using the appropriate [School Health Support Services Referral Form](#);
- ensure completion of referral forms and assume responsibility for sending in the referral forms to the third party health care provider; and
- support staff members and parent(s)/guardian(s) for all communication needs that fall outside of the speech therapy services provided by the third party health care provider.

Teachers, including Special Education Resource Teachers shall:

- refer students with speech language or communication concerns [to the Board's Speech and Language Pathology \(SL-P\) Services using the appropriate referral process](#);
- participate in meetings, as appropriate, to support student speech, language or communication needs;
- participate in the referral process to the third party health care provider as required; and
- file a copy of the referral form in the Ontario Student Record.

Parent(s)/guardian(s) shall:

- complete all appropriate forms, as required.

Department

Curriculum and Instructional Services; Student Services

History

Approved 1996

Amended 2001, 2002, 2009

Working Document July 2018

Board Procedure #662.12

Communicable Diseases

This procedure outlines the process for addressing communicable diseases.

Application

The Board will prevent discrimination against persons afflicted with communicable diseases or infections, recognizing that students with communicable diseases or infections have a right to privacy and to reasonable accommodation, in keeping with current legislation. Medical information regarding communicable diseases for students will be kept confidential, and no person will be privy to such information unless required by law.

Definitions

Communicable Disease

A communicable disease is any condition which is transmitted directly or indirectly to a person from an infected person or animal.

[Reportable Diseases](#)

A reportable disease is a disease, which must be reported to the local Medical Officer of Health, in accordance with [Ontario Regulation 559/91, Specification of Reportable Diseases and amendments under the Health Protection and Promotion Act](#). If a disease is reportable, contact ACCESS YORK at 1-877-464-9675.

Responsibilities

The Director of Education shall:

- allocate staff and resources to support the Communicable Diseases procedure

Associate Directors and Superintendents of Education shall:

- support the implementation of the Communicable Diseases procedure at each school.

Principals, Managers and Supervisors shall:

- report [reportable diseases](#) to the local Medical Officer of Health or designate;
- if a principal believes a student or staff is exposed to communicable diseases requiring an order under [s. 22 of the Health Protection and Promotion Act](#), refuse to admit the student or staff to their school or work location until receiving a certificate from the local Medical Officer of Health or a legally qualified medical practitioner approved by the medical officer of health confirming that all danger from exposure to contact with the person in question has passed;
- ensure all staff are familiar with [routine practices](#) to protect their health and well-being;
- ensure staff members who are required to clean up blood and body fluid spills receive information and instruction about infection control to protect their health and well-being; and
- work with their superintendent, Corporate Communications and the local Medical Officer of Health or designate, to inform staff members, students and the community about the presence of reportable diseases, where appropriate.

Corporate Communications shall:

- liaise with [York Region Community and Health Services](#) and the superintendent or designate, to inform staff members, students and the community about the presence of reportable diseases, as appropriate.

All staff members shall:

- follow established [disposal of sharps protocol](#) for the safe management and disposal of sharps, where applicable;
- follow established [cleaning protocols](#) and infection control practices, where applicable; and
- seek appropriate medical care and follow health care professional's advice.

Legislative Context

[Education Act](#)

[Health Protection and Promotion Act](#)

Department

Human Resource Services

History

Approved 1989

Amended 1995, 2001, 2008, 2013

Revision drafted May 31, 2017

Working Document July 2018

Board Procedure #662.13

Pediculosis (Head Lice)

The procedure outlines how issues related to pediculosis (head lice) in schools will be addressed.

Application of Procedure

In responding to pediculosis in schools, the dignity and feelings of the students and their families will be given highest priority.

The Ministry of Health, York Region Health Services and the Canadian Pediatric Society consider pediculosis (head lice) to be a nuisance and not a communicable disease.

Definitions

Nits (eggs)

Nits are half the size of the head of a pin and shaped like a tear drop. They are a creamy colour and found close to the scalp, on the shaft of the hair. They resemble dandruff but are attached to the hair by a cement-like material and are very difficult to remove. It is usually the eggs that are noticed first.

Pediculosis (Head Lice)

Head lice are tiny (3 mm long) wingless insects with flattened bodies. They cling to the hair by means of six legs. They live mostly behind the ears and at the nape of the neck. The female lays tiny, creamy colour eggs called nits.

Responsibilities

The Director of Education shall:

- allocate staff and resources to support the Pediculosis (Head Lice) procedure.

Associate Directors and Superintendents of Education shall:

- support the implementation of the Pediculosis (Head Lice) procedure at each school.

Principals shall:

- review the Pediculosis (Head Lice) procedure with staff members and distribute the [Prevention of Pediculosis](#) at the beginning of each school year;
- share information with parent(s)/guardian(s) about pediculosis, at the start of the school year and throughout the year as appropriate;
- direct parent(s)/guardian(s) to contact ACCESS YORK at 1-877-464-9675 for additional information on pediculosis;
- take all reasonable precautions as outlined in the [Prevention of Pediculosis guideline](#);
- where a family has ongoing concerns regarding pediculosis;
 - refer the parent(s)/guardian(s) to Canadian Pediatric Society for further information, and
 - ensure school staff members take additional preventative measures to avoid transfer of pediculosis, as outlined in the Prevention of Pediculosis.

If a student is identified as having live pediculosis, the following steps should be taken:

1. Call the parent(s)/guardian(s) and recommend contacting Public Health for management of pediculosis as soon as possible.
2. Send home [A Message to Families about the Presence of Pediculosis \(Head Lice\)](#) and the [Canadian Pediatric Society Head Lice Facts](#) with the student.
3. Take all reasonable precautions as outlined in the [Prevention of Pediculosis](#) guideline.

When a student is identified as having nits and not live pediculosis, the following steps should be taken:

1. Send home [A Message to Families about Possible Exposure to Pediculosis \(Head Lice\)](#) and the [Canadian Pediatric Society Head Lice Facts](#) with the student.

School staff members shall:

- communicate any suspected or confirmed cases of pediculosis to the principal;
- if a student is identified as having nits or live pediculosis, take appropriate action as outlined; and
- take all reasonable precautions as outlined in the [Prevention of Pediculosis guideline](#).

Parent(s)/guardian(s) shall:

- communicate any suspected or confirmed cases of pediculosis to the school; and
- manage pediculosis as per Public Health recommendations and/or [Canadian Pediatric Society Head Lice Guidelines](#).

Department

Curriculum and Instructional Services

History

Revised December 1996

Amended 2004

Working Document January 2015, July 2018