



HURON-PERTH CATHOLIC

District School Board

Students with a Prevalent Medical Condition

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| Adopted: | September 24, 2018 | Policy #: | P 2.1.17. |
| Revised: | August 28, 2023 | Policy Category: | 2.1. School Operations |

BELIEF STATEMENT:

The HPCDSB believes 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 a safe, accepting, and healthy learning environment that supports well-being. Students with medical conditions must have full access to a safe, accepting, and inclusive learning environment that improves student achievement and well-being.

POLICY STATEMENT:

The Huron-Perth Catholic District School Board is committed to the fundamental principle of providing and maintaining a healthy and safe environment for all students and staff. In particular, this includes all those who may have a prevalent medical condition such as anaphylaxis, asthma, epilepsy and diabetes.

It is the policy of the HPCDSB to work cooperatively with parents/guardians, health care professionals and school staffs to develop a Plan of Care that will reduce the risk of the occurrence of a life-threatening medical situation while students are in the care of the Catholic school and to empower students, as confident and capable learners, to reach their full potential for self-management of their medical condition(s).

PROCEDURE:

Roles and Responsibilities

1. The Board shall:

- communicate, on an annual basis, the policy on supporting students with prevalent medical conditions to parents, school board staff, and others in the school community who are in direct contact with students (e.g., food service providers, transportation providers, volunteers);
- provide training and resources on prevalent medical conditions on an annual basis;
- 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 the expectations;
- communicate expectations that students are allowed to carry their medication and supplies to support the management of their medical condition, as outlined in their Plan of Care;

- consider this memorandum and related board policies when entering into contracts with transportation, food service, and other providers.

2. The Principal shall:

- Clearly communicate to parents and appropriate staff the process for parents to notify the school of their child's medical condition(s), as well as the expectation for parents to co-create, review, and update a Plan of Care with the principal or the principal's designate. This process should be communicated to parents, at a 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;
- co-create, review, or update the Plan of Care for a student with a prevalent medical condition with the parent(s), in consultation with school staff (as appropriate) and with the student (as appropriate);
- maintain a file with the Plan of Care and supporting documentation for each student with a prevalent medical condition in the OSR;
- provide relevant information from the student's Plan of Care to all school staff and others who are identified in the Plan of Care (e.g., educational assistants, coaches, 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 with parent(s) in medical emergencies, as outlined in the Plan of Care;
- encourage the identification of staff who can support the daily or routine management needs of students in the school with prevalent medical conditions in a school location, while honouring the provisions within their collective agreements.

3. School Staff shall:

- review the contents of the Plan of Care for any student with whom they have direct contact;
- participate in training, during the instructional day, on prevalent medical conditions, at a minimum annually, as required by the school board;
- share information on a student's signs and symptoms with other students, if the parents give consent to do so and as outlined in the Plan of Care and authorized by the principal in writing;
- follow school 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 Plan of Care;
- 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 (in situations where school board staff already provide supports to students with prevalent medical conditions, and are already trained appropriately, this memorandum does not intend to prescribe, duplicate, or remove those duties or training);
- support inclusion by allowing students with prevalent medical conditions to perform daily or routine management activities in a school location (e.g., classroom), as outlined in their Plan of Care, while being aware of confidentiality and the dignity of the student;
- enable students with prevalent medical conditions to participate in school to their full potential, as outlined in their Plan of Care.

4. Parents of Children with Prevalent Medical Conditions

As primary caregivers of their child, parents are expected to be active participants in supporting the management of their child's medical condition(s) while the child is in school. At a minimum, parents should:

- 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 Plan of Care for their child with the principal or the principal's designate;
- communicate changes to the Plan of Care, 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;
- confirm annually to the principal or the principal's designate that their child's medical status is unchanged;
- initiate and participate in annual meetings to review their child's Plan of Care;
- supply their child and/or the school with sufficient quantities of medication and supplies in their original, clearly labelled¹³ containers, as directed by a health care professional and as outlined in the Plan of Care, and track the expiration dates if they are supplied;
- seek medical advice from a medical doctor, nurse practitioner, or pharmacist, where appropriate.

5. Students with Prevalent Medical Conditions

Depending on their cognitive, emotional, social, and physical stage of development, and their capacity for self-management, students are expected to actively support the development and implementation of their Plan of Care. Students should:

- 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 their Plan of Care;
- participate in meetings to review their Plan of Care;
- carry out daily or routine self-management of their medical condition to their full potential, as described in their Plan of Care (e.g., carry their medication and medical supplies; follow school board policies on disposal of medication and medical supplies);
- set goals on an ongoing basis for self-management of their medical condition, in conjunction with their parent(s) and health care professional(s);
- communicate with their parent(s) and school staff if they are facing challenges related to their medical condition(s) at school;
- wear medical alert identification that they and/or their parent(s) deem appropriate;
- if possible, inform school staff and/or their peers if a medical incident or a medical emergency occurs.

MANAGEMENT AND PREVENTION STRATEGIES

REDUCING THE RISK

School staff will develop 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.

ANAPHYLAXIS

In the case where a child has a life-threatening food allergy in the school, schools will:

- Write a letter to parents/guardians requesting their cooperation to avoid sending food containing the allergen to school
- Identify the problem to students and enlist their cooperation and support in avoiding bringing the allergen to school
- Discourage sharing of snacks
- Limit foods used in learning activities and class or school celebrations to those which do not contain allergen
- Require students with allergies to eat only foods which are brought from home
- Encourage all students to wash hands before and after eating
- Establish a procedure to ensure that Supply Teachers are aware of measures for classroom prevention
- Expect student to accept personal responsibility for avoidance of consumption or exposure to foods containing the allergen
- Establish students are able to eat lunch in his/her own classroom (Elementary)
- Establish the cleaning of all desktops takes place after lunch each day
- Discourage sharing of lunches or utensils
- Require that lunches and snacks provided by the school and/or parent/teacher groups exclude foods containing the allergen
- Require that lists of ingredients are available to students for all foods served in cafeteria (Secondary)

Out-Of-Class / School Prevention

- Discourage sharing of food in schoolyard
- School bus rules are to be observed [see Policy 3.5.2.]
- Establish that all bus drivers receive copies of **Emergency Transportation Information Form, found in CLEVR** and have received training in administration of the EpiPen®
- Try to establish that foods provided by the school or food providers on school trips exclude allergen
- Request parents to avoid sending foods containing the identified allergen(s) in packed lunches for school trips
- Inform food providers and caterers on school trips of restrictions and require that they eliminate foods containing the allergen from menus
- Establish a list of ingredients of meals in overnight accommodations are accessible to the student, staff, and parents/guardians
- Request parent to accompany the child on field trips
- If the safety of a student with allergies cannot be reasonably ensured, consult with parents/guardians, about the feasibility of allowing the student to go on school trips

- Establish that a hospital or emergency services are accessible
- Require that a copy of the **School Plan of Care 2.1.17. A** is held by school trip supervisors
- Expect student to accept personal responsibility for avoidance of consumption or exposure to foods containing the allergen, when age appropriate

ROUTINE MANAGEMENT

Facilitating and supporting daily or routine management involves, but is not limited to, supporting inclusion by allowing students with prevalent medical conditions to perform daily or routine management activities in a school location (e.g., within a classroom, gymnasium, library, schoolyard; on a school bus; at a field trip location), as outlined in their Plan of Care.

When creating a Plan of Care using the Board approved template:

Anaphylaxis

- Identify known life-threatening triggers
- Identify auto-injector expiry date
- Location and dose of auto-injector
- Has the student had a previous anaphylactic reaction or has asthma – this places them at a higher risk
- Identify any other medical condition or allergy
- Identify safety measures

Identification

- Request student to wear Medic Alert bracelet to identify specific allergies
- Place a copy of the **Student Plan of Care** in student's OSR, in staff room and other areas (designated by principal)
- Conduct a staff meeting at the beginning of the school year to identify the issue, communicate the planned emergency response, and identify the student(s)

Asthma

- Identify known asthma triggers (colds/flu/illness, change in weather, pet dander, strong smells, smoke, mould, dust, cold weather, pollen, physical exercise, other)
- Identify if the child is at risk for anaphylaxis
- Identify asthma trigger avoidance instructions
- Identify any other medical condition or allergy
- Identify the type of reliever inhaler that the student uses (AiroMir, Ventolin, Bricanyl, Other – specify)
- Identify the dosage (number of puffs)
- Identify the location of the inhaler
- Identify whether the child requires assistance with the inhaler

Type 1 Diabetes

- Identify names of trained community care allies who will provide support with diabetes-related tasks
- Identify method of home-school communication
- Identify any other medical condition or allergy
- Identify whether the child is able to manage their diabetes care independently

- Identify whether the child requires supervision to check Blood Glucose meter
- Identify a place the child can check blood glucose that respects their privacy
- Identify whether a child requires supervision during meal times
- Identify when and where the child takes insulin
- Identify whether the child takes insulin by injection or pump at school
- Identify whether the child can administer their own insulin or whether a trained individual will administer
- Identify the location of the diabetes management kit
- Identify the times of administration of insulin
- Identify actions needed to be taken prior to physical activity (blood glucose monitoring, eating carbohydrates)
- Identify home-school communication plan regarding special events
- Identify home-school communication plan when supplies in the diabetes management kit are running low
- Identify symptoms of hypoglycemia or low blood glucose (shaky, blurred vision, pale, irritable or grouchy, headache, confusion, dizziness, hunger, trembling, fatigue or weakness, or other – specify)
- Identify symptoms of hyperglycemia or high blood glucose (extreme thirst, hunger, warm, flushed skin, frequent urination, abdominal pain, irritability, headache, blurred vision, or other – specify)

Epilepsy

- Identify whether an emergency medication has been prescribed
- Identify known seizure triggers (stress, changes in diet, illness, change in weather, menstrual cycle, lack of sleep, improper medication balance, inactivity, electronic stimulation – television, videos, fluorescent lights, other – specify)
- Identify any other medical condition or allergy
- Include a description of seizures (non-convulsive and convulsive)
- Identify seizure type (tonic-clonic, absence, simple partial, complex partial, atonic, myoclonic, infantile spasms)
- Identify steps to be taken during a seizure
- Identify typical frequency and duration of seizures
- Identify basic first aid for care and comfort of the child (stay calm, track time and duration of seizure, keep the student safe, do not restrain or interfere with child's movements, do not put anything in the child's mouth, stay with student until fully conscious)
- Identify steps for tonic-clonic seizure (protect student's head, keep airway open, watch breathing, turn student on their side)
- Identify whether the child needs to leave the classroom after a seizure
- If so, identify a procedure for child to return to the classroom

ADMINISTRATION OF PRESCRIPTION MEDICATION

A. Injection Medication

If injection medication is required, the arrangement for the injection of medication shall be made by the parents/guardians. School personnel shall assume no responsibility for injections (e.g. juvenile diabetic requiring mid-day insulin). However, staff may not refuse to administer potentially life-saving medication, as with an Epi-Pen®.

B. Student Self-Administration of Prescribed Medication

1. The principal shall notify parents/guardians of their responsibility to inform the school when a child is self-administering medication.
2. The principal shall keep a record of those students in the office.
3. The principal shall contact parent/guardian if he/she has concerns about the student's ability to safely administer or store prescribed medication.

D. Staff Administration of Prescription Medication Procedural Regulations

In order for prescribed medication to be administered parents/guardians shall provide the necessary authorizations and school administrators shall abide by the following regulations.

1. Prescription drugs shall be administered to students under the following conditions:
 - **Short Term Illness – less than six weeks**
Specific written and signed direction from the parent/guardian shall be acceptable.
 - **Long Term Illness – six weeks or more**
Receipt of signed authorization from the parent/guardian and attending physician shall be required (see Forms 2.1.17. B).
2. For either short term or long term illness, prescription drugs shall be hand delivered by the parent/guardian to the principal or designate. The designate shall inform the principal as soon as possible.
3. Prescription drugs must be packaged in the original container as supplied by a pharmacist. The package must be clearly labeled with:
 - i) The child's name
 - ii) The name of the drug
 - iii) The date of purchase
 - iv) Instructions for storage
 - v) Specific directions for administration (Do **not** administer if the instructions read "administer as required")
 - vi) Prescribing physician's name

4. All consent forms, including the attending physician's written instructions in the case of a Long Term Illness, shall be maintained in the principal's office as well as provided to the person responsible for supervising and administering the medication.
5. For every child receiving medication, the telephone numbers of the parents and physician in the case of a Long Term Illness, must be readily available at school.
Note: It is the parents' responsibility to ensure that the school has the correct telephone numbers.
6. Upon receipt of a completed form, including the signature of the prescribing physician in the case of a Long Term Illness, the principal shall:
 - i) Store the medication in a secured area as required;
 - ii) Establish and carry out a procedure for the administration of medication in a manner which allows for sensitivity and privacy and which encourages the student to take as much responsibility for his/her own medication as is appropriate and desirable;
 - iii) Ensure that appropriate records are maintained;
 - iv) Return any medication to the parent/guardian at the end of the school year or at the end of the prescription period. If unable to return to the parent/guardian, the principal shall request a local pharmacist to dispose of the remaining prescription.

CHECKLIST FOR CREATING A SAFE AND HEALTHY SCHOOLS FOR CHILDREN WITH FOOD ALLERGIES

School staff and parents/guardians are responsible for creating safe and healthy environments for students. This is an extra challenge for schools attended by children with life-threatening food allergies. For some children, severe allergic reactions can be triggered not only by eating foods, but also by their touch and smell. This had implications for the whole school, not just individual classrooms.

It is important to review your school's use of foods. If foods pose health risks for some children, try not to make them the focus of all your special events. It will be safest to use non-food fundraisers. Discourage the use of food as a reward for good behaviour. Too often, these rewards are unhealthy or unsafe food choices.

When food is a part of your school's activities, emphasize healthy and wholesome foods like fresh fruits and vegetables. They can be safely enjoyed by most children because they are easily identified and have no added ingredients. Highly processed foods contain hidden ingredients which cannot be enjoyed freely by children with special dietary needs.

While it may be impossible to create a risk-free environment, school staff and parents/guardians can take important steps to minimize potentially fatal allergic reactions. Accurate records, written protocols, staff education, parental/guardian support, and classroom and school rules should all be considered. Use this checklist to develop and implement your school's plan.

- Have you received written notification from the allergic child's physician regarding specific foods to avoid, as well as authorization for emergency treatment before the school year begins?**

- Have you established a written protocol with the parent of the allergic child which includes:**
 - a School Plan of Care 2.1.17. A with a picture of the child?
 - specific information on the child's food restrictions?
 - use of a Medic Alert bracelet to identify the child's specific allergies?
 - authorization and directions for administration of emergency medications?
 - at least 2 doses of the emergency medication, labeled with the child's name, and expiry date (children who are old enough can carry 1 dose with them at all times)?
 - unlocked, safe, and accessible storage of emergency medication, in locations which are known to all appropriate staff (e.g. classroom, office, staff room)?
 - plan for transportation to hospital?
 - annual review of the **School Plan of Care 2.1.17. A** to ensure that it is still current?

Have you ensured that in-service is provided to:

- school staff?
- supply teachers?
- lunchroom/playground supervisors?
- volunteers?

Health care providers or representatives of allergy groups can deliver inservice about food allergies and their potential severity, recognizing symptoms of an allergic reaction, administering emergency medications, and the emergency plan.

- Have you gained the cooperation of other students and parents in the school by working with the parent of the allergic child to:
 - organize information sessions?
 - set up information displays?
 - send out letters explaining the need for special food rules?

- Have you taken steps to create a safe classroom where:**
 - the allergic child's classroom is established as an allergen free environment?
 - lunchroom and food celebrations are carefully supervised to prevent accidental exposure?
 - allergic children eat only the foods they bring from home?
 - trading and sharing of food, utensils, and food containers is discouraged?
 - a hand-washing routine is established before and after eating?
 - parents are asked to provide detailed labeling on foods they send into the classroom for sharing?
 - the use of food in crafts and activities is reviewed? (e.g. playdough, birdseed, beanbags, stuffed toys containing nut shells)
 - is there appropriate training for older students who may be responsible for supervising classrooms?

- Have you taken steps to create safe conditions outside the classroom:**
 - Do you have plans in place to ensure safe field trips or extra-curricular activities?
 - Do two epinephrine auto-injectors accompany the anaphylactic child on field trips?
 - Is a trained supervisor assigned to be responsible for the anaphylactic child?
 - Is eating restricted to designated areas within the school? (e.g. no food outside at recess)
 - Are children encouraged to wash their hands after eating?
 - Do you encourage the use of non-food rewards instead of food rewards?
 - What types of foods are available at special events? If foods are ordered in from commercial sources, do you ask for a list of ingredients?
 - Do fundraising activities exclude allergen containing products?
 - Are food preparation/handling areas kept clean?
 - Are staff/parents reminded to use clean utensils when preparing foods for the allergic child?
 - Is garbage disposal handled safely?

Liability

In 2001, the Ontario government passed the Good Samaritan Act to protect individuals from liability with respect to voluntary emergency medical or first aid services. Subsections 2(1) and (2) of this act state the following with regard to individuals:

2. (1) Despite the rules of common law, a person described in subsection (2) who voluntarily and without reasonable expectation of compensation or reward provides the services described in that subsection is not liable for damages that result from the person's negligence in acting or failing to act while providing the services, unless it is established that the damages were caused by the gross negligence of the person.

(2) Subsection (1) applies to ... (b) an individual ... who provides emergency first aid assistance to a person who is ill, injured or unconscious as a result of an accident or other emergency, if the individual provides the assistance at the immediate scene of the accident or emergency.

As well, Sabrina's Law and Ryan's Law each include provisions limiting the liability of individuals who respond to an emergency relating to anaphylaxis or asthma, respectively, as cited below.

Subsection 3(4) of Sabrina's Law states:

No action for damages shall be instituted respecting any act done in good faith or for any neglect or default in good faith in response to an anaphylactic reaction in accordance with this Act, unless the damages are the result of an employee's gross negligence.

Subsection 4(4) of Ryan's Law states:

No action or other proceeding for damages shall be commenced against an employee for an act or omission done or omitted by the employee in good faith in the execution or intended execution of any duty or power under this Act.

DEFINITIONS:

- N/A

REFERENCES:

- *Sabrina's Law – An Act to Protect Anaphylactic Pupils*. Sabrina's Law has been enacted as Chapter 7 of the Statutes of Ontario, 2005.
- *Ryan's Law – Ensuring Asthma Friendly Schools – 2015*
- *PPM 161 - Supporting Children and Students with Prevalent Medical Conditions (Anaphylaxis, Asthma, Diabetes and/or Epilepsy)*
- *Education Act Section 265- Duties of Principal*
- *Regulation 298 s20 – Duties of Teachers*
- *PPM 81 – Provision of Health Support Services in School Settings*
- *PPM 149 - Protocol for Partnership with External Agencies for Provision of Services by Regulated Health Professionals, Regulated Social Service Professionals, and Paraprofessionals*

RESOURCES, APPENDICES AND FORMS:

- Appendix A - School Plan of Care
- Appendix B - Attending Physician's Authorization Form
- Appendix C - Individual Student Log of Prescription Medication Administered
- Appendix D - Sample Letter to Parents in School
- Appendix E - Sample Letter to All Parents in School re: Bus
- Appendix F - Provision of School Health Support Services