



ADMINISTRATIVE PROCEDURE	
<i>Approval Date</i> 2016	<i>Replacing</i> All previous policies.
<i>Review Date</i> 2021	<i>Page</i> 1 of 10
<i>Contact Person/Department</i> Superintendent of Specialized Services	<i>Identification</i> ES-5565

HEALTH SUPPORT SERVICES

1.0 PURPOSE

Trillium Lakelands District School Board is committed to ensuring that it meets the educational needs of all students in the board. The board recognizes that for certain students the provision of health support services (including preventative strategies) or emergency response for medical conditions may be necessary to facilitate student attendance at school.

This procedure outlines the provision of health support services in the following areas:

- Physical Procedures;
- Medical Procedures;
- Decision Making;
- Training;
- Life-Threatening Situations.

2.0 REFERENCES/ RELATED DOCUMENTS

- 2.1 The Ministry of Education Policy/Program Memorandum No. 81 *“Provision of Health Support Services in School Settings”*
- 2.2 Sabrina’s Law, 2005
- 2.3 Ryan’s Law, 2015
- 2.4 Good Samaritan Act , 2001
- 2.5 Municipal Freedom of Information and Protection of Privacy Act (MFIPPA)
- 2.6 OP- 6510 TLDSB Anaphylaxis Procedure
- 2.7 OP- 6601 TLDSB Administration of Medication Procedure OP-6601
- 2.8 ES- 5021 TLDSB Third Party Services Procedure
- 2.9 BU- 3026 TLDSB Transportation Procedure
- 2.10 OP- 6512 TLDSB Asthma Support and Response in Schools Procedure
- 2.11 Appropriate TLDSB Collective Agreements

3.0 TERMS AND DEFINITIONS

- 3.1 CCAC

Community Care Access Centre

3.2 IEP

Individual Education Plan

3.3 OSR

Ontario Student Record

3.4 MEDICALLY FRAGILE

Medically fragile is defined as a chronic physical condition that results in a prolonged dependency on medical care.

4.0 ADMINISTRATIVE PROCEDURE

4.1 HEALTH SUPPORTS SERVICE DELIVERY

4.1.1 The principal coordinates the development and monitoring of an individualized plan to support a student's access to health services and to the Board staff providing those services. This plan may be articulated in:

- a) a Medical Care Plan;
- b) case conference notes;
- c) a student's IEP;
- d) other relevant documentation.

4.1.2 The procedures outlined will be delivered in the school by board staff or by community agency personnel, as explained in the Model for Provision of Health Support Services in Appendix 5.1, below. Due to liability and other issues, procedures shall not be delivered by privately paid third parties within the school. Any requests by parents for the provision of services within the school by private third parties shall be directed to the Superintendent of Specialized Services and Safe Schools.

4.2 PHYSICAL PROCEDURES

4.2.1 Physical procedures are procedures that board employees could perform or assist with, under certain circumstances and with some training:

- a) Board personnel may be required to assist with the following physical procedures:
 - lifting and positioning;
 - assistance with mobility;
 - feeding;
 - toileting (including clean intermittent catheterization);
 - diapering;
 - general physiotherapy, occupational therapy, and speech therapy as programmed by a trained professional.

- b) The services of Ministry of Health personnel, usually delivered through the CCACs, will be accessed as appropriate for training of staff delivering these procedures.
- c) The school principal is responsible for documentation and verification of training.

4.2.2 Shallow surface suctioning may be required to be administered to a student when:

- a) a physician has prescribed this treatment; and,
- b) the appropriate board personnel have been instructed in the use of suctioning equipment by CCAC staff.

4.3 MEDICAL PROCEDURES

4.3.1 Examples of medical procedures not performed by employees of the Board include, but are not limited to:

- manual expression of bladder/stoma;
- postural drainage;
- sterile intermittent catheterization;
- deep or tracheal suctioning;
- injections (taken subcutaneously or intravenously);
- tube feeding;
- administration of medication given subcutaneously, intravenously, or rectally;
- any invasive medical procedures.

4.3.2 Medical procedures **are not** carried out by board staff except as stipulated in section 4.6 of this procedure: *Life-Threatening Situations*, or as approved by the Superintendent of Specialized Services under section 4.11 of this procedure: *Medically Fragile Students*.

4.3.3 Medical procedures as outlined in section 4.3.1 are the responsibility of the pupil, parent/guardian or Ministry of Health through the CCAC Staff.

4.3.4 Administering an EpiPen is not considered an invasive procedure, and can be done by board staff as outlined in *Board Procedure OP-6510: Anaphylactic Reactions*.

4.3.5 As outlined under section 4.4 below, a referral to the appropriate CCAC should be initiated by the principal for any student requiring the medical procedures outlined in 4.3.1.

4.4 REFERRAL AND PLANNING PROCESS FOR ACCESSING EXTERNAL HEALTH SERVICES

- 4.4.1 Referral to the appropriate CCAC should be made by the school principal in situations where direct services or training or consultation provided by CCAC personnel for medical procedures will be required. Appropriate consent to exchange information will need to be completed; additional paperwork requirements may vary depending on local area CCAC practice.
- 4.4.2 It is the responsibility of the principal to ensure that a process is developed and monitored in regard to all associated tasks performed by the CCAC.

4.5 TRAINING

- 4.5.1 Student specific training of board personnel to provide health support services will be the responsibility of the CCAC or designate.
- 4.5.2 Documentation of training will be maintained by the school principal and follow-up training will be arranged if there are changes in board personnel, equipment and/or changes to the needs of the student.
- 4.5.3 A minimum of two board personnel will be trained to perform each procedure and will document using the Procedure Log where appropriate (see Appendix 5.2) - each time a procedure is undertaken:
- a) The use of a log is required for catheterization
 - b) The use of a log is optional after consultation with a health care professional for the following:
 - i. lifting and positioning;
 - ii. assistance with mobility;
 - iii. general physiotherapy, occupational therapy, and speech therapy programming;
 - iv. feeding;
 - v. toileting.

The principal will make the final determination regarding the need for a documentation log.

4.6 LIFE-THREATENING SITUATIONS

- 4.6.1 The Board recognizes that some pupils are at a high risk with respect to life-threatening situations. These students include, but are not limited to:
- a) those who experience severe allergies and/or anaphylactic shock;
 - b) those prone to severe asthma;
 - c) those prone to seizures;
 - d) those with diabetes; and
 - e) those who are medically fragile.

4.6.2 Principals shall ensure that:

- a) the needs of students with medical conditions are considered in providing a safe environment. (Some examples could include reviewing cleaning procedures, removing insect nests, developing awareness (educating classmates, parents/ guardians, school community regarding student needs), monitoring procedures for food allergies.)
- b) staff members, including educational assistants, itinerant and occasional teachers, and other authorized personnel (such as bus drivers) are made aware of high-risk students in the school.
- c) a Medical Care Plan (see Appendix 5.3) will be reviewed annually, updated as required and shared with staff for each student who is considered to be at a high risk with respect to a life-threatening situation.
- d) a 'medically at risk' designation is affixed to the OSR, and noted where required on the student electronic database administration system.
- e) the Medical Care Plan is displayed in accordance with board practices and MFIPPA considerations.

4.6.3 The parent/guardian of a high risk pupil is responsible for ensuring the student has the proper identification on the student at all times (i.e. Medic Alert Bracelet) and is responsible for providing directions on how to administer medications.

4.6.4 The parent/guardian is also responsible for providing supplies or equipment for any treatment required including what is required for a life-threatening situation prior to student attendance.

4.6.5 School staff, to the best of their ability, shall administer or assist the student to administer a treatment and shall not be held liable or culpable by the Board based upon their efforts as per the intent of Sabrina's Law, Ryan's Law and The Good Samaritan Act.

4.7 ANAPHYLACTIC REACTIONS

4.7.1 Refer to TLDSB Administrative Procedure OP-6510: Anaphylactic Reactions

4.8 DIABETES

It is the responsibility of the Board to:

4.8.1 Provide staff training sessions annually by a professional in the management of diabetes (in schools where there is a diabetic student). School personnel are not responsible for giving insulin injections.

- 4.8.2 Establish a Medical Care Plan that is approved by a physician, parent/guardian and the school administrator, that clearly outlines procedures to be followed in the school setting for the monitoring of insulin levels and response to a perceived emergency diabetic reaction. Where there is an Individual Education Plan (IEP), The Medical Care Plan can be attached to the IEP.
- 4.8.3 Provide referral to the CCAC for assessment/support for poorly controlled or newly diagnosed diabetes.
- 4.8.4 Address blood glucose monitoring/insulin concerns including:
 - a) providing a safe, hygienic and private space in the school for students to perform their own blood-glucose monitoring and insulin injections throughout the day.
 - b) establishing procedures (with assistance of the public health department and parents/ guardians) for the safe disposal of sharps, lancets and testing strips.
 - c) designating a secure, accessible and appropriate place to store insulin, blood glucose testing supplies and emergency food supplies.

4.9 SEIZURES

It is the responsibility of the Board to:

- 4.9.1 Provide staff development annually by a professional in the management of seizures in schools where there is a student known to experience severe seizures.
- 4.9.2 Establish a Medical Care Plan that is approved by a physician, parent/guardian and the school administrator, that clearly outlines procedures to be followed in the event of seizures. Where there is an Individual Education Plan (IEP), this plan can be attached to the IEP
- 4.9.3 Determine a communication plan with the family and board personnel.

4.10 SEVERE ASTHMA

Refer to TLDSB Administrative Procedure OP- 6512: Asthma Support and Response in Schools

4.11 STUDENTS WHO ARE MEDICALLY FRAGILE OR HAVE RARE CONDITIONS

- 4.11.1 Due to the individual nature of students who are medically fragile or have rare conditions requiring unique responses, other requests for interventions not covered in this procedure, or any variations to the above listed procedures must be approved by the Superintendent of Specialized Services

4.12 TRANSPORTATION FOR STUDENTS WHO REQUIRE HEALTH SUPPORT SERVICES

Refer to TLDSB Administrative Procedure BU-3026: Transportation Procedure

5.0 APPENDICES

- 5.1 Model for Provision of School Health Support Services
- 5.2 Procedure Log
- 5.3 Medical Care Plan

MINISTRY OF EDUCATION – POLICY/PROGRAM MEMORANDUM #81
MODEL FOR PROVISION OF SCHOOL HEALTH SUPPORT SERVICES

Support Service	Administered By	Provided By	Training and Direction	Consultation	
*Oral Medication	Pupil as authorized	Pupil	Attending Physician	Local Board of Health	
	Or Parent as authorized	Parent	Attending Physician	Local Board of Health	
	Or Educational Assistant or other personnel	School Board	School Board/Physician	Local Board of Health	
*Injection of Medication	Pupil as authorized	Pupil	Attending Physician	Local Board of Health	
	Or Parent as authorized	Parent	Attending Physician	Local Board of Health	
	Or Health Professional	Ministry of Health	Ministry of Health	School Board	
*Catheterization - clean intermittent	Pupil as authorized	Pupil	Parent	Ministry of Health	
	Or Educational Assistant or other personnel	School Board	Ministry of Health	Ministry of Health	
-sterile intermittent	Health Professional	Ministry of Health	Ministry of Health	Ministry of Health	
*Manual Expression of Bladder/Stoma	Health Professional	Ministry of Health	Ministry of Health	School Board	
*Suctioning -shallow surface (e.g., oral or nasal suction) -deep (e.g., throat and/or chest suction or drainage)	Educational Assistant or other personnel	School Board	Parent or Ministry of Health	Ministry of Health	
	Health Professional	Ministry of Health	Ministry of Health	Ministry of Health	
*Tube Feeding	Health Professional	Ministry of Health	Ministry of Health	School Board	
*Lifting and Positioning	Educational Assistant or other personnel	School Board	School Board Ministry of Health	Ministry of Health	
*Assistance with Mobility	Educational Assistant or other personnel	School Board	School Board Ministry of Health School Board	Ministry of Health	
*Feeding	Educational Assistant or other personnel	School Board	Ministry of Health School Board	Ministry of Health	
*Toileting	Educational Assistant or other personnel	School Board	Ministry of Health	Ministry of Health	
*Therapies a) Physio /Occupational -intensive clinical	Qualified Therapist	Ministry of Health	Ministry of Health	Ministry of Health	
	-general maintenance exercises	Educational Assistant or other personnel	School Board	Ministry of Health	
	(b)Speech -speech pathology (Treatment)	Speech Therapists/Pathologists	Ministry of Health	Ministry of Health	Ministry of Health
		-speech correction and remediation	Speech Therapists/Pathologists	School Board	Ministry of Health

MEDICAL CARE PLAN

NAME: _____

GRADE: _____ ROOM: _____ BUS# _____

TEACHER _____

TYPE OF MEDICAL CONDITION: _____

STUDENT'S PICTURE

CONTACTS:

Mother: _____ Home _____ Work _____

Father: _____ Home _____ Work _____

Emergency Contact: _____ Phone: _____

Family Doctor: _____ Phone: _____

SYMPTOMS:

IMMEDIATE ACTION:

ON THE BUS

AT SCHOOL

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*Complete the above information with consultation with your Family Doctor.
Physician's signature:*

I/We agree with the information above.

Signature of Parent/Guardian

Date

Signature of Principal

Date

PARENT'S/GUARDIAN'S APPROVAL

I hereby request and give permission to the School Principal to make arrangements for administration of Health Support as specified herein to my child named above. It is understood that school staff will administer special services on my behalf and not as health professionals. Any changes to the information provided above shall be immediately reported by the Parent/Guardian to the School Principal or designate.

NOTE: A new Medical Care Form must be submitted each school year and whenever the health support services are modified.