



<b>ADMINISTRATIVE PROCEDURE</b>	
<i>Approval Date</i> <b>2018</b>	<i>Replacing</i> <b>NEW</b>
<i>Review Date</i> <b>2019</b>	<i>Page</i> <b>1 of 32</b>
<i>Contact Person/Department</i> <b>Superintendent Responsible for Safe Schools</b>	<i>Identification</i> <b>OP 6603</b>

## **MEDICAL AND HEALTH MANAGEMENT IN SCHOOLS**

### **1.0 PURPOSE**

Trillium Lakelands District School Board, in partnership with students, families, and community agencies, is committed to supporting students with prevalent medical conditions and/or medical or health related needs to fully access school in a safe, accepting and healthy learning environment that supports well-being.

We aim to empower students as confident and capable learners to reach their full potential for self-management for their medical conditions according to their Plan of Care.

### **2.0 REFERENCES AND RELATED DOCUMENTS**

- 2.1. Relevant Legislation, Regulations, Guidelines and Agencies:
- Education Act and Regulations
  - Municipal Freedom of Information and Protection of Privacy Act
  - Ryan's Law, 2015
  - Sabrina's Law, 2006
  - Good Samaritan Act, 2001
  - Ministry of Education Policy/ Program Memorandum 81: Provision of Health Support Services in School Settings
  - Ministry of Education Policy/Program Memorandum 161: Supporting Children and Students with Prevalent Medical Conditions (Anaphylaxis, Asthma, Diabetes, and/or Epilepsy)
- 2.2. Relevant Board Policies, Procedures and Protocols:
- BD-2031 TLDSB Freedom of Information and Protection of Privacy Procedure
  - ES-5016 TLDSB Field Trip and Excursions Procedure
  - ES-5021 TLDSB Community Partnerships for Services in Schools Procedure
  - BU-3026 TLDSB Transportation Procedure
  - OP-6216 Bullying Prevention and Intervention Procedure
  - OP-6021 TLDSB Code of Conduct
  - SO Memo 0035 Imitation Peanuts/Nut Spread

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### **3.0 TERMS AND DEFINITIONS**

#### **3.1. ANAPHYLAXIS**

The medical term for ‘allergic shock’ or ‘generalized allergic reaction.’ Usually a severe allergic reaction that can lead to rapid death if untreated.

#### **3.2. ASTHMA**

Asthma is a common chronic (long term) lung disease. People with asthma have extra sensitive airways that when triggered can tighten up, become swollen, produce extra mucus and make it hard to breathe.

#### **3.3. CAUSATIVE AGENT**

The organism or toxin that is responsible for causing a specific disease or harmful effect.

#### **3.4. CONTROLLER MEDICATION**

Controller medications are generally taken regularly every day to control asthma. Usually they are taken in the morning and at night and are slower acting (not used in emergencies).

#### **3.5. EPINEPHRINE**

Also known as adrenaline, epinephrine is a hormone that works on cardiovascular and respiratory systems to constrict blood vessels and relax the chest muscles to improve breathing. The most common source is the EpiPen® which is also referred to as an auto-injector.

#### **3.6. HEALTH CARE PRACTITIONER**

A physician, nurse practitioner, homeopathic doctor or other approved medical professional.

#### **3.7. HEALTH SUPPORT SERVICE**

Health support service delivery assists students who require health-related or personal care assistance on a daily or regular basis in order to attend school. Examples include but are not limited to: lifting, positioning, toileting, diapering, feeding and assistance with mobility.

#### **3.8. HYPOGLYCEMIA**

When the amount of blood glucose (sugar in your blood) has dropped below your target range (less than 4 mmol/L); hypoglycemia typically requires a fast acting sugar to raise blood glucose levels.

3.9. HYPERGLYCEMIA

When your fasting blood glucose is at or above 11mmol/L; symptoms include: thirst, frequent urination and fatigue.

3.10. IEP

Individual Education Plan

3.11. LOCAL HEALTH INTEGRATION NETWORK (LHIN)

Agency responsible for the planning, integration and funding of local health care, access and patient experience. The LHINs are crown agencies that report to the Ministry of Health and Long Term Care and are responsible for coordinating and supporting medical procedure(s) that occur in schools.

3.12. MEDICAL (MEDICINAL) CANNABIS

Cannabis that is used for medical purposes as authorized by a health care practitioner.

3.13. MEDICAL CONDITION/MEDICAL NEEDS

For the purpose of this procedure, a medical condition/medical need is any medical requirement a student has that does or may affect the student during the school day and requires a measure of prevention, intervention and/or emergency response planning by school staff.

3.14. MEDICAL INCIDENT

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

3.15. MEDICATION

Medication refers to medications that are prescribed by a health care practitioner and, by necessity, may be administered to a student or taken by a student during school hours or school related activities. For the purpose of this procedure, medication used at school necessary to a student's health and well-being must be prescribed by a health care practitioner who can legally prescribe medication.

3.16. OSR

Ontario Student Record

### 3.17. PLAN OF CARE

An individualized student plan outlining prevention, intervention and response/emergency response to medical needs and prevalent medical conditions. Plan of Care templates for Medical Conditions and specific Plan of Care templates for Prevalent Medical Conditions are available in the TLDSB Student Information System.

### 3.18. PREVALENT MEDICAL CONDITION

For the purpose of this procedure prevalent medical conditions in school settings include Asthma, Anaphylaxis, Diabetes and Epilepsy. Prevalent Medical Conditions have specific Plans of Care to be completed.

### 3.19. RELIEVER MEDICATION

A reliever inhaler is a fast-acting medication (usually blue in colour) that is used when someone is having asthma symptoms. The reliever inhaler is also what is used in emergency situations.

### 3.20. RYAN'S LAW

Ryan's Law: Ensuring Asthma Friendly Schools, was passed as Bill 20 in the Ontario Legislature in 2015 and required all school boards to develop policies and procedures to support students with asthma, to create and maintain a safe school environment for students with asthma, and to allow students to carry their own inhalers with parent/guardian permission.

### 3.21. SABRINA'S LAW

Sabrina's Law: An Act to Protect Anaphylactic Pupils was passed as Bill 3 in the Ontario Legislature in 2006 and ensures that all school boards have policies or procedures in place to address anaphylactic reactions in schools.

### 3.22. SCHOOL STAFF

Refers to all school staff, including occasional staff.

### 3.23. STUDENT INFORMATION SYSTEM (SIS)

Electronic database of student information as gathered from the student registration form and from parents/guardians, educators and administration while students are in school in TLDSB. The SIS includes but is not limited to demographic information, emergency contact information, medical information, suspension/expulsion information, log notes etc. The current SIS in TLDSB is PowerSchool.

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## 4.0 ADMINISTRATIVE PROCEDURE

### 4.1 SUPPORTING STUDENTS IN SCHOOLS.

- 4.1.1 When a student has a medical condition that requires support, prevention strategies and/or intervention in order to attend and participate in school safely, schools will develop an appropriate Plan of Care.
- 4.1.2 While schools are not able to reduce a risk related to a student's medical condition to zero, school staff, in cooperation with parent(s)/guardian(s), students, staff and the board will work together to minimize risk and to support the safety of all students.
- 4.1.3 The school community should be provided with general, non-identifying information in order to:
  - a) advise what allergies are present in the school;
  - b) provide education regarding potential allergens & triggers (see appendix 5.5).
- 4.1.4 Liability
  - a) The Good Samaritan Act protects individuals from liability in respect to providing voluntary emergency medical and first aid services.
  - b) Sabrina's Law and Ryan's Law include provisions limiting the liability of individuals who respond to an emergency relating to anaphylaxis or asthma.
  - c) In relation to the authorized storage or administration of medication to a student, as agents of the board, staff members are covered by board liability insurance.
- 4.1.5 Schools will plan for continuity of care in emergency situations.
  - a) Staff and students have an obligation to follow emergency procedures.
  - b) Student medical needs, as outlined under a Plan of Care or Authorization for Storage and Administration of Medication forms, will be responded to as soon as it is safe to do so.

### 4.2 ROLES AND RESPONSIBILITIES

- 4.2.1 The parent/guardian will:
  - a) educate their child about their medical condition(s) with support from the health care professional, as needed;
  - b) guide and encourage their child to reach their full potential for self-management and self- advocacy;
  - c) inform the school of their child's medical condition(s) and co-create a plan for each of their child's medical needs with the school principal or designate;
  - d) provide documentation to support planning including the health care practitioner signature when required;

- e) communicate changes to the medical condition/needs, 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;
- f) confirm annually, within the first 30 days of school, to the principal or the principal's designate that their child's medical status is unchanged and/or share any changes to the plan;
- g) initiate and participate in meetings to review their child's Plan of Care including medical conditions/needs;
- h) identify who is to be provided access to the plan;
- i) where applicable supply their child and/or the school with sufficient quantities of medication and supplies in their original, clearly labelled containers, as directed by a health care professional and as outlined in the Plan of Care and/or relevant board documentation, and track the expiration dates if they are supplied;
- j) seek medical advice from a health care practitioner, where appropriate.

4.2.2 The student will:

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

4.2.3 The school board shall:

- a) ensure that parent(s)/guardian(s) and pupils are asked to supply information about medical conditions and health needs on the TLDSB school registration form;
- b) require that every school principal establish a process to identify students with medical conditions or health needs at the time of registration and following diagnosis or when changes occur to condition/needs;

- c) require that each school principal or designate annually complete/update the appropriate documentation related to the student's medical, health or medication need (in alignment with the requirements as outlined in this procedure);
- d) provide appropriate training and resources on medical conditions on an annual basis;
- e) develop strategies that reduce the risk of student exposure to triggers or causative agents in classrooms and common school areas;
- f) 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;
- g) 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;
- h) consider student needs when entering into contracts with transportation, food service, and other providers.

4.2.4 School staff shall:

- a) review the Plan of Care as authorized for any student with whom they have direct contact;
- b) maintain confidentiality regarding Plans of Care, health supports and medication for students;
- c) participate in training during the instructional day related to medical conditions/needs at a minimum annually, as required by the school board;
- d) share information from the Plan(s) of Care, with the consent of parents/guardians and as authorized by the principal or designate, with students, supply teachers or other occasional staff who may be in direct contact with the student;
- e) 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;
- f) support a student's daily or routine management, and respond to medical incidents and medical emergencies that occur as outlined in board policies and procedures;
- g) support inclusion by:
  - i. allowing students with medical conditions to perform daily or routine management activities with dignity in a school location (e.g., classroom);
  - ii. enabling students with medical conditions to participate in school and school activities to their full potential as outlined in their Plan of Care.

4.2.5 The school principal (in addition to the responsibilities outlined under school staff) shall:

- a) clearly communicate to parents and appropriate staff their roles and responsibilities and the process for parents/guardians to notify the school of their child's medical condition;

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- b) clearly communicate the expectation for parents to co-create and review, and update a Plan of Care at minimum during the time of registration, each year during the first week of school and when the child is diagnosed and/or returns to school following a diagnosis (see appendix 5.1);
  - c) co-create, review or update the Plan of Care for a student with medical needs with the parent(s)/guardian(s) in consultation with school staff and student as appropriate (appendix 5.2);
  - d) ensure that any medical documentation received from a health practitioner is filed in the OSR;
  - e) ensure that the TLDSB student information system indicates the appropriate Medical Condition icon(s) on the main student page to assist in quickly identifying any student that has a Plan of Care;
  - f) provide relevant information with consent from parent(s)/guardian(s) about medical conditions/needs to school staff and others who are identified in the 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 of Care;
  - g) communicate with parent(s)/guardian(s) in medical emergencies, as outlined in the Plan of Care;
  - h) develop a process to support safe storage of medication and medical supplies;
  - i) encourage 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;
  - j) report to the school superintendent when a medical emergency occurs.
- 4.2.6 All members of the school community will :
- a) respond cooperatively to requests to eliminate allergens and/or triggers that may exacerbate or initiate a student's medical condition/needs (appendix 5.5)
  - b) respect any individual with medical, health or physical needs;
  - c) participate in information and training sessions if applicable.
- 4.2.7 The Transportation Department shall:
- a) ensure that the bus drivers are aware, where consent exists, of any Plan(s) of Care for students on their bus route;
  - b) assist in developing procedures to minimize risk while travelling on the bus;
  - c) assist in the development of plans and protocols that relate to bussing.
- 4.2.8 Bus drivers shall:
- a) carry a student route list that indicates those who have Plans of Care (with consent);
  - b) receive training as applicable/required (example: use of an auto-injector etc.);
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- c) contact dispatch in an emergency situation and respond according to the Plan of Care.

#### 4.3 PLAN OF CARE

4.3.1 A specific Plan of Care will be developed for any student who requires support for one or more of the following:

- a) Prevalent Medical Conditions:
  - i. Asthma;
  - ii. Anaphylaxis;
  - iii. Diabetes;
  - iv. Epilepsy.
- b) Medical management and response for any condition or need not listed in section (a) above (e.g., Cystic Fibrosis, Cerebral Palsy etc.)

4.3.2 The Student Information System (SIS) includes the following Plan of Care Templates:

- a) Asthma Plan of Care
- b) Anaphylactic Reactions Plan Of Care
- c) Diabetes Plan of Care
- d) Epilepsy Plan of Care
- e) Medical Management and Response Plan of Care

4.3.3 A Plan of Care is to be developed for each specific student need that may require management or response when a student is on board property (including school transportation), on field trips or at board-related events. Students may have more than one Plan of Care.

4.3.4 All Plan of Care templates (available in the student information system) include the following:

- a) 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;
- b) identification of school staff who will have access to the plan;
- c) identification of routine or daily management activities that will be performed by the student, parent(s)/guardian(s), or staff volunteer(s), as outlined in school board policy, or by an individual authorized by the parent(s)/guardian(s);
- d) a copy of notes and instructions from the student's health care professional, where applicable;
- e) information on daily or routine management accommodation needs of the student;
- f) 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);
- g) identification of symptoms (emergency and other) and response should a medical incident occur;
- h) emergency contact information for the student;

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- i) clear information on the emergency procedures;
  - j) where applicable, details related to storage and disposal of the student's prescribed medication(s)/medical supplies, such as:
    - i. parental permission for the student to carry medication and/or medical supplies (e.g. inhaler, EpiPen®, blood glucose monitor);
    - ii. location of spare medication and supplies stored in the school, where applicable, and,
    - iii. information on the safe disposal of medication and medical supplies.
  - k) requirements for communication between the parent(s)/guardian(s) and the principal (or the principal's designate) and/or school staff, as appropriate, including format and frequency;
  - l) parental consent to share information on signs and symptoms with other students;
  - m) a health care practitioner's signature may be initially required for complex needs or when significant changes to a Plan of Care is made;
  - n) during a review period, if a parent/guardian indicates there are no changes to the existing Plan of Care, the Plan of Care on file at the school will remain in effect.

#### 4.3.5 Asthma

- a) Every student who identifies as having asthma must have a complete Asthma Plan of Care.
- b) Every school principal must permit a student to carry his/her asthma medication if the student has his/her parent(s)/guardian(s) permission.
- c) If a student is 16 years old or older, the student does not require parent/guardian permission to carry their asthma medication.
- d) The Asthma Plan of Care will list where the inhaler will be stored and whether a student is able to self-administer.
- e) Employees may be preauthorized to administer medication or to supervise a pupil while he/she takes medication in response to an asthma exacerbation, if the school has the consent of the parent/guardian or pupil (if over 16) as applicable.
- f) If an employee has reason to believe that a pupil is experiencing asthma exacerbation (see appendix 5.7), the employee may administer asthma medication to the student for the treatment of the exacerbation even if there is no pre-authorization to do so.
- g) The Asthma Plan of Care will address both the Controller Medication and the Reliever Medication (where applicable).
- h) School staff will review the list of the common triggers and symptoms of an asthmatic exacerbation annually (appendices 5.5 and 5.6).

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#### 4.3.6 Anaphylaxis

- a) Every student who identifies as having an allergy that may cause an anaphylactic reaction must have a complete Anaphylaxis Plan of Care.
- b) Every school principal must permit a student to carry his/her EpiPen® or auto-injector medication if the student has his/her parent(s)/guardian(s) permission.
- c) If a student is 16 years old or older, the student does not require parent/guardian permission to carry their medication.
- d) The Plan of Care will list where the auto-injector will be stored and whether a student is able to self-administer.
- e) School staff will review how to administer an EpiPen® annually and will review the list of the common triggers and symptoms of an anaphylactic reaction annually (appendices 5.5 and 5.6).

#### 4.3.7 Diabetes

- a) Every student who identifies as having diabetes must have a complete Diabetes Plan of Care.
- b) School staff will not administer insulin injections.
- c) A referral to the Ministry of Health and Long Term Care or designate may be completed for assessment, support or training based on student need.
- d) The school must provide a safe and private space in the school for students to perform their own blood-glucose monitoring and insulin injections when requested.
- e) School staff will be trained annually in the management of diabetes as applicable.
- f) Procedures must be established (with the assistance of the public health department and parents/guardians) for the safe disposal of sharps, lancets and test strips.
- g) A secure, accessible and appropriate place to store insulin, testing supplies and emergency school supplies must be designated.

#### 4.3.8 Epilepsy

- a) Every student who identifies as having Epilepsy must have a complete Epilepsy Plan of Care.
- b) The Plan of Care must clearly outline the procedures to follow in the event of a seizure.

#### 4.3.9 Medical Management and Response

- a) For any student in the school who has a medical condition/ medical needs that are not considered a prevalent medical condition, a general Medical Management and Response Plan of Care must be completed.
- b) Due to the individual nature of needs for students who have a rare condition which requires a unique response and/or who are medically fragile, the principal should enlist the assistance of the specialized services department staff to assist with the development of the plan.

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#### 4.4 HEALTH SUPPORT SERVICES

- 4.4.1 Health supports include routine procedures and services that must be delivered to a student during the school day in order for the student to attend school. Health supports include but are not limited to such actions as occupational therapy, physical therapy, feeding, lifting, positioning etc.
- 4.4.2 The principal or designate will coordinate the development and monitoring of an individualized plan to support a student's access to required health services during the school day.
- 4.4.3 Some services will be provided by board staff while others must be referred to the Ministry of Health and Long Term Care in accordance with PPM 81: the Model for Provision of Health Support Services (appendix 5.8).
- 4.4.4 Health supports services shall not be delivered by privately paid third party services within the schools. Special circumstances can be referred to the Superintendent Responsible for Specialized Services for consideration.
- 4.4.5 Training of board staff delivering health support services will be accessed through the Ministry of Health and Long Term Care or designate.
- 4.4.6 Training will be documented on the Human Resources Section on the IEP.
- 4.4.7 A minimum of two board personnel will be trained to perform each procedure.
- 4.4.8 Staff may be required to document using the Procedure Log (see appendix 5.9) each time a procedure is undertaken.
- 4.4.9 The principal determines the need for the documentation log as follows:
  - a) The use of a log is required for catheterization;
  - b) The use of a log is optional in consultation with the health care professional and principal for the following:
    - i. Lifting and positioning;
    - ii. Assistance with mobility;
    - iii. General physiotherapy, occupational therapy and speech therapy programming;
    - iv. Feeding;
    - v. Toileting.
- 4.4.10 Supporting documents and parental/guardian consent for services will be stored in the OSR.

#### 4.5 ADMINISTRATION OF MEDICATION

- 4.5.1 Administration of prescription medication during the school day:
  - a) Where prescription medication must be provided to a student during the school day, and, the student does not have a Plan of Care for a Medical Condition or Prevalent Medical Condition where the medication requirements are outlined, the following criteria must be met:
    - i. medication administration or storage has been requested by the parent(s)/guardian(s); and,

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- ii. when medication must be administered during school hours, the principal has ensured the medication cannot be administered:
      - at home rather than at school, or,
      - at school by the parent/guardian.
    - iii. medication must be able to be taken in a form that aligns with the TLDSB Code of Conduct and PPM 81.
  - b) If no associated Plan of Care exists, an Authorization for Storage and/or Administration of Prescribed Medication Form (see appendix 5.10) must be completed.
  - c) The authorization will expire as of the last school day in any given school year unless terminated at an earlier date. This form is to be stored in the student's OSR.
  - d) The principal will be responsible for arranging for appropriate training for the assigned staff member to administer medication.
  - e) The parent/guardian is responsible for advising the school if a prescription changes and providing appropriate supporting documentation for the change.
  - f) The administration of medication must occur in a manner that allows sensitivity and privacy and which encourages a student to take an appropriate level of responsibility to administer his/her own medication.
  - g) All medication should be returned to the parent/guardian at the conclusion of the school year.
  - h) The principal shall ensure that the person designated to administer the medication maintains a daily log including type of medication, time administered, date given, means of administration, description of medication, initials of individual administering medication (see appendix 5.11).
  - i) The Log of Administered Prescribed Medication Forms shall be kept with the medication. Completed forms are to be placed in the documentation file in the OSR at the end of every school year.
  - j) Should a student who requires medication participate in a field trip, excursion or other off-property activity, a plan for the administration of medication must be made per the TLDSB Field Trip and Excursions Procedure. Parent(s)/guardian(s) are responsible to inform the school of any medication requirements beyond the school day.
- 4.5.2 Administration of non-prescription medication during the school day
- a) The principal or designate may, upon written parent/guardian request and without the authorization of an appropriate health care practitioner, administer non-prescription medication to a student under the following circumstances:
    - i. Non-prescription medication must be in its original packaging.
    - ii. In administering medications no person shall contravene the instructions provided on the packaging without clear instructions from a health care practitioner.

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#### 4.6 STORAGE, TRANSPORTATION AND DISPOSAL OF MEDICATION

- 4.6.1 The principal shall establish and maintain, in the school office, a central file with a list of all students receiving medication (see appendix 5.12 for an example).
- 4.6.2 Stored medication must be in its original packaging.
- 4.6.3 The principal shall ensure that all medication is kept in a safe, secure location and is clearly labelled by the pharmacy/health care practitioner with the name of student, name of medication, dosage, frequency of administration, foods or other medications that could cause reaction, and any special instructions.
- 4.6.4 Prescribed medication requiring refrigeration cannot be stored at the school unless a refrigerator is available and is in a safe and secure area.
- 4.6.5 The principal shall return unused or outdated medication directly to the parents/guardians.
- 4.6.6 There is no provision for schools to store medical cannabis.

#### 4.7 DATA COLLECTION

- 4.7.1 Data will be collected annually on the number of Plans of Care for prevalent medical conditions by school.
- 4.7.2 The Principal will maintain a record at the school level of all medical incidents and medical emergencies and provide data to Senior Administration as requested (see appendix 5.14).

#### 4.8 TRAINING

- 4.8.1 Staff training on all prevalent medical conditions delivered by the school principal or designate will occur at a minimum annually and within the first 30 days of school. Training will be delivered during the instructional day.
- 4.8.2 General training for prevalent medical conditions will be provided to occasional staff.
- 4.8.3 The scope of the training will include:
  - a) strategies for preventing risk of student exposure to triggers and causative agents especially with regard to asthma and anaphylaxis;
  - b) information about student needs (where consent exists);
  - c) location of/access to Plan of Care;
  - d) strategies for supporting inclusion and participation at school;
  - e) recognition of symptoms of a medical incident and medical emergency;
  - f) medical incident response and medical emergency response;
  - g) documentation procedures for staff training;
  - h) information to raise awareness of responsibilities under this policy and procedure.

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#### 4.9 PLANS FOR SCHOOL STAFF WITH MEDICAL CONDITIONS/NEEDS

- 4.9.1 Recognizing that some school staff may have medical conditions/needs that require prevention, intervention and response, school staff may choose to disclose any medical conditions/response in order for a Staff Plan of Care (appendix 5.13) to be created.
- 4.9.2 Staff responsible for student supervision should disclose any medical condition/medical needs that may impact their ability to supervise students so a Staff Plan of Care can be created.
- 4.9.3 Staff Plans of Care will be kept in the main school/worksite office in a secure file.

#### 5.0 APPENDICES

- 5.1 Sample Letter to Parents/Guardians Regarding Medical and Health Management in Schools
- 5.2 Sample Letter Inviting Parent/Guardian to a Meeting to Develop a Plan of Care
- 5.3 Sample Letter Regarding Severe Allergies in the School
- 5.4 Sample Newsletter Articles/Social Media Information
- 5.5 Promoting Allergen-Safe Spaces
- 5.6 Common Symptoms of Medical Distress
- 5.7 Lung Association 'Managing Asthma Attacks' Resource
- 5.8 Model of Provision of Health Support Services (PPM 81)
- 5.9 Sample Health Supports - Procedure Log
- 5.10 Authorization for Storage and Administration of Prescribed Medication
- 5.11 Sample Student Log of Administered Medication
- 5.12 Sample School Medication Inventory
- 5.13 Sample Emergency Medical Response: Plan of Care for Staff Members
- 5.14 Data Collection: Sample Medical Incidents/Emergencies Record

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**SAMPLE LETTERS TO PARENTS/GUARDIANS REGARDING MEDICAL AND  
HEALTH MANAGEMENT IN SCHOOLS**

School Letterhead

Date

Dear Parents/Guardians:

Trillium Lakelands District School Board is committed to working with parents/guardians, students and staff to develop and maintain a safe and welcome environment for all students.

If your child has a medical condition or a prevalent medical condition (diabetes, anaphylaxis, asthma or epilepsy) we ask that you immediately contact the main office at your school to provide information about your child's needs. With your collaboration we will create an appropriate Plan of Care to support your child at school.

As a best practice and to support your child, please let the school know if your child is diagnosed with *any* type of medical condition or if their medical needs change throughout the school year so that the school is aware and can keep this information on file.

If you have any questions, please do not hesitate to contact me directly.

Sincerely,

Principal

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**SAMPLE LETTER INVITING PARENT/GUARDIAN TO A MEETING TO DEVELOP A  
PLAN OF CARE**

School Letterhead

Date

Dear Parent/Guardian;

You recently advised the school that (insert child/student name) requires support relating to (insert name of prevalent medical condition [asthma, anaphylaxis, epilepsy or diabetes] or other medical condition).

Trillium Lakelands District School Board supports children/students with prevalent or other medical conditions and values the opportunity to work collaboratively with parents and students in the development of a Plan of Care to meet your child's needs.

A meeting for this purpose has been scheduled for (insert date and time) at the school. You are asked to bring:

- any pertinent medical reports;
- the completed Plan of Care, including the consent form for the administration of medication and the sharing of information (if required).

I will chair the meeting and (insert names of school staff to attend) will also be in attendance. You and (insert child's name) are also welcome to bring additional individuals that can contribute to the development of the Plan of Care.

A copy of the board's procedure pertaining to Medical and Health Management in Schools is attached for you to review prior to the meeting. Should you have any further questions about this meeting, or the materials provided, you are welcome to contact me at (insert contact information). We look forward to working together to ensure a safe and successful year for your child.

Sincerely,

Principal

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## SAMPLE LETTER REGARDING SEVERE ALLERGIES IN THE SCHOOL

### School Letterhead

Date

Dear Parents/Guardians:

There is a student in our school/your child's classroom who has a severe allergy to \_\_\_\_\_. Even exposure to a tiny amount of this item could be potentially serious and life threatening. We can all play a role in preventing such a dangerous and frightening situation at school. The specific child and his/her family must take responsibility to avoid exposure. However, staff, other students and their families can also help to make the school environment safer.

Your assistance is needed to please:

- check the list of ingredients on items you send to school
- avoid sending \_\_\_\_\_, or items containing \_\_\_\_\_ with your child to school, including:
  -
- teach your child to understand this very serious situation and discourage teasing of this student

This may be an inconvenience for you, but please realize how important your assistance is. We would take the same care should your child have such a health care need.

Thank you for your support. For more information, please call \_\_\_\_\_

Sincerely,

Principal

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## SAMPLE NEWSLETTER/SOCIAL MEDIA INFORMATION

### ***Allergy Alert***

Please be aware that there is a student/several students in our school with a severe life threatening food allergy (anaphylaxis) to \_\_\_\_\_. This is a medical condition that causes a severe reaction to specific foods and can result in death within minutes. Although this may or may not affect your child's class directly, we want to inform you so that you (may choose to) send foods to school with your children that are free from \_\_\_\_\_. There will be more information about anaphylaxis at our upcoming Open House/Meet the Teacher Night. Thank you for your understanding and cooperation.

### ***Life-Threatening Allergies***

Many people have allergies. A few, however, are life-threatening. Some students, for example, are severely allergic to peanut products, including peanut butter. Even a tiny bit can be fatal within minutes. Nuts, shellfish, fish, eggs, milk, and latex are other examples known to cause severe reactions.

Our school board has a policy in place to help protect our students with life-threatening allergies. If you are the parent of a child with life-threatening allergies, we need your cooperation in providing the school with current medical information and assistance in developing a plan to protect your child's health. When that plan is in place, we will be asking for the cooperation of all parents and students in the school to help protect the allergic student from danger.

With your help, we will do the best to prevent mishaps and to make sure that all of our students are safe, healthy, and able to concentrate on learning.

If you would like further information, please contact the school.

## PROMOTING ALLERGEN SAFE SPACES

While TLDSB cannot reduce risk of exposure for any student to zero; schools are able to promote allergen safe spaces through awareness and the reduction of potential triggers.

### ASTHMA

**Potential Triggers for Asthma may include, but are not limited to, one or more of the following:**

- Poor Air Quality
- Mould
- Dust/dust mites
- Pollen
- Animal/pet allergens
- Smoke
- Cold air
- Colds/Flu/Illness
- Chalk dust
- Physical activity
- Strong odours
- Cleaners
- Food allergies
- VOC (Volatile Organic Compounds)
- markers

**Strategies for reduction of triggers for Asthma may include, but are not limited to:**

- Promoting a fragrance-free environment;
- Encouraging regular and proper hand-washing practices;
- Ensuring proper disinfection processes;
- Ensure proper cleaning processes are followed, inclusive of cleaning areas prone to mould and dust;
- Ensuring that cleaners and chemicals are used in accordance with proper practices and that student exposure to cleaners and chemicals is reduced/eliminated as possible;
- Allowing for accommodation to physical education programs where required;
- Keeping windows closed during allergy seasons and cold weather.

### ANAPHYLAXIS

For schools that have designated space as nut-safe:

- TLDSB does NOT support the use of imitation peanut/nut spreads as an alternative to peanut butter or other nut-spreads in TLDSB schools;
- Staff are often not able to easily identify or visually distinguish whether the spread a student has in their lunch is real nut butter or an imitation, due to the similar colour and consistency it has to peanut butter.

In order to most effectively reduce the element of risk to students with allergies, and to continue to try to create an allergen-safe environment, we are asking that schools do not promote the use of imitation peanut/nut spreads and request that students who are bringing imitation and alternative peanut/nut spreads to school choose different lunch alternatives.

**Potential Triggers for an Anaphylactic Reaction may include, but are not limited to, one or more of the following:**

- Certain foods
- Medications
- Latex (gloves, balloons, erasers, spatulas, craft supplies, plants)
- Insect Stings
- Play dough
- Scented crayons
- Cosmetics

**Although peanut and peanut products are the most common allergens, the following may also cause reaction:**

- Shellfish
- Fish
- Eggs
- Tree nuts
- Avocado
- Kiwi
- Cross-contamination of foods
- Sulphites
- Milk
- Wheat
- Soy
- Sesame seeds or oil
- Bananas

**Strategies for reduction of triggers for Anaphylaxis may include, but are not limited to:**

- Students should only eat food that they have brought from home unless it is packaged, clearly labelled, and approved by a parent/guardian
- All students should wash their hands before and after eating
- Students should not share food, utensils, or containers
- Desks, table tops and other surfaces should be wiped off prior to and after eating
- Food should be placed on a napkin or waxed paper rather than in direct contact with a desk or table surface
- Food should not be left unattended

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## COMMON SYMPTOMS OF MEDICAL DISTRESS

### ASTHMA

As asthmatic reaction may include, but is not limited to, one or more of the following:

- Coughing
- Wheezing
- Difficulty breathing and/or shortness of breath
- Chest tightness

Any combination of the following may indicate an asthma-related emergency:

- Breathing is difficult and fast;
- Cannot speak in full sentences;
- Lips or nail beds are blue or grey;
- Skin on neck or chest sucks in with each breath.

### ANAPHYLAXIS

The onset of an anaphylactic reaction may include, but is not limited to, one or more of the following symptoms:

- Itchy eyes, nose, face, or itching on any other part of the body;
- Flushing of face and body;
- Swelling of eyes, face, lips, tongue and throat;
- Runny nose, red watery eyes;
- Change of voice;
- Coughing;
- Hives (note: hives may be entirely absent, especially in severe or near-fatal cases of anaphylaxis);
- Vomiting, abdominal pain, diarrhea;
- Wheezing, shortness of breath;
- A feeling of foreboding, increased anxiousness, fear and apprehension;
- Weakness and dizziness;
- Paleness, sweating or collapse;
- Difficulty swallowing, throat tightness or closing, inability to breathe;
- Loss of consciousness;
- Coma.

EpiPen® Administration information can be found at <https://www.EpiPen®.ca/en/about-EpiPen®/how-to-use>.

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## **DIABETES**

The symptoms of severe low blood sugar may include, but are not limited to, one or more of the following:

- Confusion/uncooperative;
- Unresponsive or unconscious;
- Unable/unwilling to take food or drink;
- Seizure.

The symptoms of severe high blood sugar may include, but are not limited to, one or more of the following:

- Vomiting;
- Rapid, shallow breathing/heavy breathing;
- Lethargy.

## **EPILEPSY**

The symptoms of a seizure may include, but are not limited to, one or more of the following symptoms:

- Loss of consciousness;
- Rhythmic jerking movements;
- Uncontrollable convulsive movement;
- Temporary uncontrollable twitching of a body part;
- A sudden brief change in feeling or a strange sensation;
- Any function of the brain can be effected by a seizure (sensory perception, attention, movement, emotion etc.).

LUNG ASSOCIATION MANAGING ASTHMA ATTACKS RESOURCE

# Managing Asthma Attacks

TAKE ACTION	
<p>If <b>any</b> of the following occur:</p> <ul style="list-style-type: none"> <li>• Continuous coughing</li> <li>• Trouble breathing</li> <li>• Chest tightness</li> <li>• Wheezing (whistling sound in chest)</li> </ul> <p>Student may also be restless, irritable and/or very tired.</p>	<p> <b>Step 1: Immediately</b> use fast-acting reliever inhaler (usually a blue inhaler). Use a spacer if provided. </p> <p><b>Step 2:</b> Check symptoms. Only return to normal activity when all symptoms are gone.</p> <p>If symptoms get worse or do not improve within 10 minutes, this is an <b>emergency</b> – follow steps below.</p>
EMERGENCY	
<p>If <b>any</b> of the following occur:</p> <ul style="list-style-type: none"> <li>• Breathing is difficult and fast</li> <li>• Cannot speak in full sentences</li> <li>• Lips or nail beds are blue or gray</li> <li>• Skin on neck or chest sucked in with each breath</li> </ul> <p>Student may also be anxious, restless and/or very tired.</p>	<p> <b>Step 1: Immediately</b> use fast-acting reliever inhaler (usually a blue inhaler). Use a spacer if provided. </p> <p> <b>Call 911</b> for an ambulance. Follow 911 communication protocol with emergency responders. </p> <p><b>Step 2:</b> If symptoms continue, use reliever inhaler every 5-15 minutes until medical help arrives.</p>
<p><b>While waiting for medical help to arrive:</b></p> <ul style="list-style-type: none"> <li>✓ Have student sit up with arms resting on a table (<b>do not</b> have student lie down unless it is an anaphylactic reaction).</li> <li>✓ <b>Do not</b> have student breathe into a bag.</li> <li>✓ Stay calm, reassure the student, and stay by his/her side.</li> <li>✓ Notify parent/guardian or emergency contact.</li> </ul>	

This publication is available in Accessibility for Ontarians with Disabilities Act (AODA) electronic format at [www.on.lung.ca/resources](http://www.on.lung.ca/resources).

To learn about asthma call The Lung Association Lung Health Information Line at **1-888-344-LUNG (5864)** or visit [www.on.lung.ca](http://www.on.lung.ca)

THE  LUNG ASSOCIATION™  
Ontario

September 2015

 **Ophea**  
Healthy Schools  
Healthy Communities

 Ontario

**MODEL OF PROVISION OF HEALTH SUPPORT SERVICES (PPM 81)**

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



## AUTHORIZATION FOR STORAGE AND ADMINISTRATION OF PRESCRIBED MEDICATION

**\*Use this form when:**

1. student requires prescription medication to be administered and/or stored at school,  
**AND,**
2. student *does not* have a TLDSB Plan of Care for a Medical Condition and/or Prevalent Medical Condition where information pertaining to the administration and storage of medication is already outlined.

### INFORMED CONSENT

**Form includes:**

- Authorization for TLDSB *employee to administer* medication during the school day
- Authorization for *school to store* medication at the school
- Consent to disclose personal information

***Parent/Guardian is to complete the form below unless the student is over 18 years old:***

### PRESCRIBED MEDICATION DETAILS

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School Name: \_\_\_\_\_

Medication Name: \_\_\_\_\_

**Medication that is administered and stored at the school must:**

1. Be in the prescription bottle provided by the pharmacy
2. Have the pharmacy label affixed (please check  $\checkmark$  to confirm that the label includes):
  - Pharmacy name and telephone number
  - Name of medication prescribed
  - Name of prescribing Physician or Health Care Practitioner
  - Method of Administration (liquid, pills etc.)
  - Dosage and Frequency of Dosage
  - Possible side effects/allergies
  - Storage requirements (if applicable)

Medication must be taken (\*info below must align with details on prescription bottle)

(# times/day) \_\_\_\_\_ at (times) \_\_\_\_\_ until (end date) \_\_\_\_\_

## COLLECTION, DISCLOSURE AND USE OF PERSONAL INFORMATION

Authorization for the collection and maintenance of the personal information recorded on this form is the Municipal Freedom of Information and Protection of Privacy Act. Use of this information should be directed by the school principal to support student needs in relation to administration and storage of information.

## INDEMNIFICATION

I/we hereby release Trillium Lakelands District School Board, its employees and agents from all actions, causes of action, suits, losses, damages or injuries howsoever caused, by negligence or otherwise, arising out of the administration or failure to administer medication as provided herein. I/we also agree to indemnify the Board, its employees or agents for any losses or damages sustained by them as a result of any such actions, or proceedings being commenced against them.

In case of **EMERGENCY** related to the administration of medication the contact person is:

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Relationship: \_\_\_\_\_

## ADMINISTRATION OF MEDICATION (please check )

I understand that:

- All medication must be administered by the principal or designate and ingested by the student in a secure and private location as determined by the school;
- The frequency of administration will only occur per the prescription instructions; any request for change in dosage or frequency must be accompanied by an updated prescription bottle and/or note from a health care practitioner;
- The frequency of administration of medication will be recorded on a log.

## SIGNATURE

Parent/ Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***To be placed in documentation file of O.S.R.***

Consent for Authorization and Storage of Medication expires at the end of the current school year.



**SAMPLE LOG OF ADMINISTERED MEDICATION**

Student:

School Year:

Name of Medication:

Description of Medication:

Method of Administration:

Dosage:

Date	Time	Initials of person administering

***Completed form to remain in the documentation file in the OSR until the end of the school year.***

**SAMPLE SCHOOL MEDICATION INVENTORY**

Student:

School Year:

Medication	Date Received	Quantity	Received by (initials)	Date Returned	Quantity	Returned By (initials)

*To be placed in OSR in the documentation file*

*\*All medication must be returned to the parent/guardian at the conclusion of the school year*



**SAMPLE EMERGENCY MEDICAL RESPONSE: PLAN OF CARE FOR STAFF**

Name: \_\_\_\_\_

Condition: \_\_\_\_\_

Symptoms or Reaction: \_\_\_\_\_

\_\_\_\_\_

Protective Measures: \_\_\_\_\_

Type(s) of Medication: \_\_\_\_\_

Location of Medication: \_\_\_\_\_

Consent to share information with:

- \_\_\_\_\_
- \_\_\_\_\_

Steps to Follow for Response: \_\_\_\_\_

\_\_\_\_\_

**EMERGENCY CONTACTS:**

	Name	Relationship	Phone #
1			
2			

Developed By: \_\_\_\_\_

Date: \_\_\_\_\_

*The personal information provided on this form is collected by the Trillium Lakelands District School Board under the authority of the Education Act, Freedom of Information and Protection of Privacy Act / Municipal Freedom of Information and Protection of Privacy Act and TLDSB Policy BD-2030/2031. The information will be used to support staff who have medical concerns as otherwise permitted /required by law. The information will be used in accordance with the Education Act, the regulations, and guidelines issued by the Minister of Education governing the establishment, maintenance, use retention, transfer, and disposal of pupil records. For questions about this collection, speak to the school principal*

**DATA COLLECTION: SAMPLE MEDICAL INCIDENTS/EMERGENCIES RECORD**

**STUDENT NAME:**

**DOB:**

DATE	TIME OF INCIDENT	LENGTH OF INCIDENT	EVENTS BEFORE INCIDENT	DESCRIPTION OF INCIDENT	EVENTS AFTER INCIDENT	DATE/ TIME PARENTS/ GUARDIANS CONTACTED