



ADMINISTRATIVE PROCEDURES

SUPPORTING STUDENTS WITH PREVALENT MEDICAL CONDITIONS AND OTHER MEDICAL NEEDS (Policy Statement: Supporting Students with Prevalent Medical Conditions and Other Medical Needs)

Purpose

Algonquin and Lakeshore Catholic District School Board is committed to the principle of providing healthy and safe learning environments for its students. Supporting individuals with special medical care needs is a commitment at all Board sites in Algonquin and Lakeshore Catholic District School Board.

References

Policy/Program Memorandum No. 81
Policy/Program Memorandum No. 161

Procedures

1. Individuals with Special Medical Care Needs

- 1.1 Individuals whose medical condition requires the taking of medication shall be afforded the opportunity to do so by the school in a discreet and reasonable fashion. The school's assistance in this regard shall be indirect wherever possible and based on a written parental request for such assistance.
- 1.2 To ensure safety at school, parents/guardians have the responsibility to inform the school principal that their child has self-administering prescribed or non-prescribed medication. A student may carry his/her own medication when, in the opinion of the principal, it is appropriate to do so. When there is a question regarding the appropriateness of the student carrying his/her own medication, the principal may request direction from the student's physician.

- 1.3 When the administration of medication to a pupil in the elementary or secondary school requires direct staff involvement, it shall be the responsibility of the principal or designate assuming satisfaction of the following pre-conditions:
- (i) the need for the school's direct involvement in the administration of the medication. This may include consultation with the parents/guardians and the prescribing and/or attending physician about the possibility that the dosage schedule might be adjusted to allow for the taking of medication outside of school hours;
 - (ii) the medication to be administered shall be described in writing by a licensed physician with specific references made to the dosage, frequency, possible side effects, storage and disposal requirements, if applicable;
 - (iii) written consent of the parents/guardians for the administration of the medication shall be obtained; and
 - (iv) all medication, clearly labeled, is to be received by the school principal or designate from a parent/guardian and shall be kept in a safe and accessible location known to all staff.
- 1.4 When the requested duration for the administration of medication is complete, the principal shall request the parent/guardian to retrieve the medication by a specified date. If the medication is not retrieved by the parent/guardian, the principal shall dispose of the medication by contacting a local pharmacy who offers this service.
- 1.5 A file of medication instructions and/or medical procedures and arrangements, and a log of administration is to be retained in the school in an appropriate place as determined by the principal. Said log shall also be used to record observation of student behavior subsequent to the administration of medication when such behavior is considered atypical.
- 1.6 When staff members who provide assistance are not available, the necessary supports shall be provided based on the principal's consultation with the appropriate supervisory officer.
- 1.7 Any accidental administration of medication (e.g. medication to the wrong child, dose error, etc.) is to be reported to the principal who will notify, in emergency circumstances, a medical practitioner and the parent(s)/guardians(s). The latter will be notified regardless of circumstances.

- 1.8 If the student is diagnosed with a prevalent medical condition or other medical condition that requires monitoring of triggers and symptoms, staff intervention, or a potential emergency response, a Medical Care Plan will be developed.
- 1.9 The Medical Care Plan will be shared with all relevant staff members (including transportation staff if applicable) who support the pupil to ensure their health needs are best served.
- 1.10 When, in the opinion of the school principal, medication is requested by the parent/guardian to be administered for a short period of time, documentation must still be completed and signed by the parent/guardian.

2. Pupils Receiving Regular Medical Treatment:

- 2.1 Any pupil who requires regular medical treatment shall be supported by the school in every reasonable way in the receipt of such treatment.
- 2.2 Any pupil whose need for regular medical treatment requires the provision of school facilities for such treatment shall be accommodated by the school in every reasonable way. A Medical Treatment: Information and Consent Form signed by a licensed physician and signed by the parent/guardian shall be requested by the school principal.
- 2.3 Where school staff are delivering medical treatment, training as required shall be provided and the necessary practical and financial considerations in accomplishing this training shall be the responsibility of the school system.
- 2.4 When a pupil's regular medical treatment is delivered on the school's premises, it shall be the responsibility of the principal to ensure that said treatment is provided by a person qualified or deemed qualified under the Regulated Health Profession Act.
- 2.5 The principal shall have the authority, subject to review by the appropriate supervisory officer, to refuse to provide school facilities for the delivery of medical treatment when, in his/her opinion, such available facilities are either inappropriate or inadequate.
- 2.6 Where staff required to provide assistance are not available, the necessary supports shall be provided based on the principal's consultation with the appropriate supervisory officer.
- 2.7 A file of medication instructions and/or medical procedures, and arrangements, and a log of administration is to be retained in an appropriate place as determined by the principal.

- 2.8 If the student is diagnosed with a prevalent medical condition or other medical condition that requires monitoring of triggers and symptoms, staff intervention or a potential emergency response, a Medical Care Plan will be developed.
- 2.9 The Medical Care Plan will be shared with all relevant staff members (including transportation staff if applicable) who support the pupil to ensure their health needs are best served.

3. Pupils Requiring Emergency Response to Severe Allergy Reaction:

- 3.1 The principal shall ensure that all student contacts are aware of a particular student's allergy (especially for field trips, tournaments, etc.).
- 3.2 The principal shall ensure that appropriate staff have completed related health and safety training regarding anaphylaxis and the use of EpiPens and have reviewed Medical Care Plans for students. *Training - Health Emergency: Life-Threatening Allergies.*
- 3.3 The principal shall post the Medical Care Plan with student photos in the staff room or at any other strategic area(s) known to all staff. All medication, clearly labeled shall be kept in a safe and accessible location known to all staff.
- 3.4 The principal shall ensure all school personnel are informed of the above information.
- 3.5 The principal or designate will develop a Medical Care Plan for all students with severe allergies.
- 3.6 The Medical Care Plan will be shared with all relevant staff members (including transportation staff if applicable) who support the pupil to ensure their health needs are best served.
- 3.7 The principal shall inform school staff of an obligation to administer medical assistance in a life-threatening situation due to special "in loco parentis" status.

Please note the possibility that some of the children attending our schools are not known to have severe allergy reactions.

4. Emergency Illness/Injury During the School Day:

- 4.1 Should a student become ill or injured during the school day, the principal or designate shall:
 - (i) attempt to establish contact with the parent/guardian

- (ii) advise, once contact has been established, the parent/guardian of the situation and recommended course of action
- (iii) attempt to obtain parent/legal-guardian transport of the child should such be necessary.

4.2 Should the principal or designate determine that the health needs of a child are best served by immediate transport to a medical practitioner/facility the principal or designate shall:

- (i) arrange for the transportation of the student
- (ii) arrange for his/her or another staff's attendance with the student at the medical facilities
- (iii) attend with the student until:
 - a. relieved by the parent/guardian
 - b. relieved by another employee
 - c. the student is discharged by the practitioner/facility
 - d. advised by a medical practitioner that there is no further need to remain, as treatment and safety of the child have been undertaken by medical staff/institution
- (iv) upon arrival at the practitioner/facility, advise those in authority that he/she is not the parent/guardian of the student
- (v) refrain from offering consent for medical treatment

Definitions

Anaphylaxis – is a sudden and severe allergic reaction, which can be fatal, requiring medical emergency measures be taken.

Asthma – is a chronic, inflammatory disease of the airways in the lungs.

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

Epilepsy – is a neurological condition which affects the nervous system. Epilepsy is also known as a seizure disorder or by many people as convulsions.

Health Care Professional – a member of a College under the Regulated Health Professions Act, 1991 (e.g., physician, nurse practitioner, registered nurse, pharmacist).

Health Care Provider – may be a Physician, Nurse Practitioner, Registered Nurse, Pharmacist, Respiratory Therapist, Certified Respiratory Educator, or Certified Asthma Educator.

Medical Care Plan - a form that contains individualized information on a student with a prevalent medical condition or other medical need.

Medical Emergency – is an acute injury or illness that poses an immediate risk to a person's life or long-term health and requires assistance from another qualified person and contact with Emergency Medical Services.

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

Plan of Care - a form that contains individualized information on a student with a prevalent medical condition. In ALCDSB, this is referred to as the Medical Care Plan.

Prevalent Medical Condition – for the purpose of this document, includes anaphylaxis, asthma, diabetes, and epilepsy.

School – all school and school-board activities, including field trips, overnight excursions, board-sponsored sporting events, and board-operated before- and afterschool programs for children aged 4 to 12 years.

School board(s) and board(s) – district school boards and school authorities

School staff – all school staff, including occasional staff.

Self-Management – a continuum where a student's cognitive, emotional, social and physical capacity and stage of development are determinants of their ability to confidently and independently manage their medical conditions(s). The students' journey to reach their full potential along the self-management continuum is not linear and can require varying levels of support over time. A student's capacity for self-

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management may be compromised during certain medical incidents, and additional support will be required.

Steps for Supporting a New Medical Need

When a new medical need is presented, complete the following:

- Initial discussion with the parent to gather information
- If the student is diagnosed with a prevalent medical condition or other medical condition that requires monitoring of triggers and symptoms, staff intervention, or a potential emergency response, draft initial Medical Care Plan and send home for parent to complete

Medication Administration	Medical Treatment	Diabetic Management	Anaphylaxis
01.3 - Form A 01.4 - Form B Medical Care Plan (if needed)	01.3 - Form A 01.6 - Form D Medical Care Plan	02.08 – Form A 01.4 – Form B Medical Care Plan	03.05 - Form A 01.4 – Form B 03.06 - Form B 03.07 - Form C 03.08 - Form D Medical Care Plan

- Update Medical Care Plan with parent input
- Distribute Medical Care Plan to appropriate staff (including transportation staff if applicable) and post in a designated location
- Arrange for any necessary training or education

Suggested Timeline for Maintaining Accurate Documentation:

Possible Time Frame	Steps	Action	Responsibility
August/September	<ul style="list-style-type: none"> • Case Conferences to begin/update medical /health plans for upcoming school year 	<ul style="list-style-type: none"> • School team notified of medical or health conditions for new students • Review of existing student needs to plan for training and support 	<ul style="list-style-type: none"> • School Administration • Parent • Others as needed
September	<ul style="list-style-type: none"> • Ensure appropriate forms are signed and returned to school for students requiring medication at school • Ensure the completion of Medical Care Plan within the first 30 school days (reviewed and updated on an ongoing basis) • Staff assigned for the administration of medication, emergency medical response, medical procedures & health needs • Medical Care Plans distributed to staff working with students and posted in Staff room and /or office • Administration Log reviewed 	<p>For All Medical Needs: Blank MCP Template or previous Medical Care Plan sent home for input/review</p> <p>Medication 01.3 – Form A (annually) 01.4 – Form B (initially and when instructions/dosage change)</p> <p>Medical Treatment 01.3 - Form A (annually) 01.6 - Form D (initially and when instructions change)</p> <p>Diabetes 02.03 - Parents/Guardians Responsibility Checklist 02.04 - Student with Diabetes Responsibility</p>	<ul style="list-style-type: none"> • School Administration • Parent • Designated staff

		<p>Checklist 02.08 – Form A (annually) 01.4 – Form B (initially and when instructions/dosage change)</p> <p>Anaphylaxis 03.05 - Form A (annually) 01.4 – Form B (initially and when instructions/dosage change) 03.07 - Form B 03.08 - Form C 03.09 - Form D</p> <p>Forms distributed and posted as required</p>	
February (secondary schools)	<ul style="list-style-type: none"> Staff assigned for the administration of medication, emergency medical response, medical procedures & health needs Medical Care Plans distributed to staff working with students and posted in Staff room and /or office Administration Log reviewed 	<ul style="list-style-type: none"> Documentation and training reviewed as appropriate 	<ul style="list-style-type: none"> School administration Designated staff
March/April	<ul style="list-style-type: none"> Early Identification at time of registration for beginning school Administration Log reviewed 	<ul style="list-style-type: none"> School team notified of medical or health conditions for new students 	<ul style="list-style-type: none"> Parent Agency partners working with school board to support parents Special Ed. Services
April/May	<ul style="list-style-type: none"> Review student medical and health needs currently attending school. Identify any students moving within board to new sites. e.g., Gr. 8 to 9 transfers Identify new students entering for next school year Administration Log reviewed 	<ul style="list-style-type: none"> Ensure receiving school is aware of needs of student. Ensure Coordinator - Student Services is aware of transitions of student's medical needs requiring additional support For any new students entering next year, send home appropriate forms for parent(s)/guardian(s) to complete 	<ul style="list-style-type: none"> School Admin Designated staff
May/June	<ul style="list-style-type: none"> Letter home or prompt in newsletter requesting parents to notify the school of any known medical conditions or changes to current medical needs Administration Log reviewed 	<ul style="list-style-type: none"> If needs are identified, send home appropriate forms to be complete/updated 	<ul style="list-style-type: none"> School Admin

Roles and Responsibilities (Adapted from PPM 161)

Parent/Guardian Responsibilities:

As primary caregivers of their child, parents/guardians 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/guardians 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 Medical Care Plan for their child with the principal or principal's designate;
- Communicate changes to the Medical Care Plan, such as changes to the status of their child's medical condition(s) or changes to their child's ability to manage the medical condition(s), the principal or principal's designate;
- Confirm annually to the principal or the principal's designate that their child's medical status is unchanged;
- Initiate and participate in meetings to review their child's Medical Care Plan
- 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 Medical Care Plan, and track the expiration dates if they are supplied;
- Seek medical advice from a physician, nurse practitioner, or pharmacist, where appropriate.

Student Responsibilities:

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 Medical Care Plan. 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 Medical Care Plan;
- Participate in meetings to review their Medical Care Plan;
- Carry out daily or routine self-management of their medical condition to their full potential, as described in their Medical Care Plan;
- Set goals on an ongoing basis for self-management of their medical condition, in conjunction with their parent(s)/guardian(s) and health care professional(s);
- Communicate with their parent(s)/guardian(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)/guardian(s) deem appropriate;
- If possible, inform school staff and/or their peers if a medical incident or a medical emergency occurs

School Staff:

School staff should follow their school board's policies and the provisions in their collective agreements related to supporting students with prevalent medical conditions in schools. School staff should, for example:

- Review the contents of the Medical Care Plan 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 Medical Care Plan 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 Medical Care Plan;
- 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 Medical Care Plan, 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 Medical Care Plan.

Principal:

In addition to the responsibilities outlined above under "School Staff", the principal should:

- 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 Medical Care Plan with the principal or 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 Medical Care Plan 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 Medical Care Plan and supporting documentation for each student with a prevalent medical condition;
- Provide relevant information from the student's Medical Care Plan to school staff and others who are identified in the Medical Care Plan, including any revisions that are made to the plan;
- Communicate with parent(s) in medical emergencies, as outlined in the Medical Care Plan;
- Encourage the identification of staff who can support the daily or routine management needs of students in the school with prevalent medical conditions, while honouring the provisions within their collective agreements.

School Board:

School boards are expected to communicate, on an annual basis, their policies 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. At a minimum, school boards are expected to make their policies and their Medical Care Plan templates available on their public website in the language of instruction. School boards are also expected to:

- 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 Medical Care Plan; and
- Consider this memorandum and related board policies when entering into contracts with transportation, food service, and other providers.

Forms and Appendices

Administrative Procedure

- 01.3 Form A: Administration of Medication Parent/Guardian Authorization
- 01.4 Form B: Administration of Medication During School Hours: Physician's Statement
- 01.5 Form C: Medication Administration Log
- 01.6 Form D: Medical Treatment: Information and Consent Form
- 01.7 Form E: Medical Treatment Administration Log
- 01.8 Form F: Medical Care Plan Template

Diabetes Administrative Procedure

- 02.01 Appendix 1: School Administrators' Responsibilities Checklist
- 02.02 Appendix 2: Classroom Educator Checklist
- 02.03 Appendix 3: Parent/Guardian Responsibility Checklist
- 02.04 Appendix 4: Student with Diabetes Checklist

- 02.05 Form A: Request and Consent Diabetes Intervention Form

- 02.06 Associated Documents – Guidelines for Schools

Anaphylaxis Administrative Procedure

- 03.01 Appendix 1: Sample Letter to Parents of the School from the Principal
- 03.02 Appendix 2: Anaphylaxis Policy Checklist
- 03.03 Appendix 3: Sample Holiday Letter Reminder
- 03.04 Appendix 4: How to use EpiPen Auto Injector

- 03.05 Form A: Administration of Medication EpiPen Injection
- 03.06 Form B: Medical Information
- 03.07 Form C: EpiPen Emergency Transportation Information
- 03.08 Form D: Fanny Pack Laminated Information Card
- 03.09 Form E: Anaphylaxis Alert

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