



OP-6603 Medical and Health Management in Schools Procedure

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1. 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 of their medical conditions according to their Plan of Care.

2. References and Related Documents

Internal

- [BD-2031 TLDSB Freedom of Information and Protection of Privacy Procedure](#)
- [ES-5016 TLDSB Field Trips and Excursions Procedure](#)
- [ES-5023 Community Partnerships for Services in Schools Procedure](#)
- [BU-3026 Transportation Procedure](#)
- [OP-6216 Bullying Prevention and Intervention Procedure](#)
- [OP-6021 Code of Conduct](#)
- SO Memo 0035 Imitation Peanuts/Nut Spread

External

- [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 \(Anaphylaxis, Asthma, Diabetes, and/or Epilepsy\)](#)

3. Terms and Definitions

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

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.

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

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).

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.

Health Care Practitioner: A physician, nurse practitioner, homeopathic doctor or other approved medical professional.

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.

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.

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

IEP: Individual Education Plan

Medical (Medicinal) Cannabis: Cannabis that is used for medical purposes as authorized by a health care practitioner.

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.

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.

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.

OSR: Ontario Student Record

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.

Prevalent Medical Condition: For the purpose of this procedure prevalent medical conditions in school settings include Asthma, Anaphylaxis, Diabetes and Epilepsy. Each Prevalent Medical Condition has a specific Plan of Care to be completed.

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

Review Period: The first 30 days of school each year is considered the review period wherein all existing Plans of Care are to be reviewed and updated by parent(s)/ guardian(s) and the school.

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.

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.

School Staff: Refers to all school staff, including occasional staff.

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.

4. Administrative Procedure

4.1. Supporting Students in Schools

- a) When a student has a medical condition that requires support, prevention strategies and/or intervention in order for the student to attend and participate in school safely, schools will develop an appropriate Plan of Care.
- b) 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.
- c) The school community should be provided with general, non-identifying information in order to:
 - advise what allergies are present in the school;
 - provide education regarding potential allergens & triggers (see appendix 5.6).
- d) Liability
 - The Good Samaritan Act protects individuals from liability in respect to providing voluntary emergency medical and first aid services.
 - Sabrina's Law and Ryan's Law include provisions limiting the liability of individuals who respond to an emergency relating to anaphylaxis or asthma.
 - 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.
- e) Schools will plan for continuity of care in emergency situations.
 - Staff and students have an obligation to follow emergency procedures.
 - 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

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/need(s), 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/need(s);
- h) identify on the Plan of Care 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.

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)/guardian(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.

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 related to 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.

School staff shall:

- a) review the Plan of Care as authorized for any student with whom they have direct contact;
- b) maintain confidentiality regarding Plan(s) of Care, health supports and medication for students;
- c) only provide access to the Plan of Care and/or post the Plan of Care in accordance with the permissions outlined by the parent(s)/guardian(s) on the Plan of Care;
- d) participate in training during the instructional day related to medical conditions/needs at a minimum annually, as required by the school board;
- e) share information from the Plan(s) of Care, with the consent of parent(s)/guardian(s) 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;
- f) 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;
- g) support a student's daily or routine management related to their Plan of Care, and respond to medical incidents and medical emergencies that occur as outlined in board policies and procedures;
- h) ensure they have proper medical documentation and supplies when on field trips or attending extra-curricular activities off the school site;
- i) be aware of potential cross contamination risks if a student has a food or airborne allergy;
- j) support inclusion by:
 - allowing students with medical conditions to perform daily or routine management activities with dignity in a school location (e.g., classroom);
 - enabling students with medical conditions to participate in school and school activities (including field trips and extra-curricular opportunities) to their full potential as outlined in their Plan of Care.

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

- a) clearly communicate to parent(s)/guardian(s) and appropriate staff their roles and responsibilities and the process for parents/guardians to notify the school of their child's medical condition;
- b) clearly communicate the expectation for parent(s)/guardian(s) 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 (the medical condition icon will appear when a specific Plan of Care is checked off in the student information system);
- 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;
- k) ensure long-term occasional staff, occasional teachers and supply EAs are made aware of and trained in response to medical or health needs of the students they are working with.

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 5.6)
- b) respect any individual with medical, health or physical needs;
- c) participate in information and training sessions if applicable.

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 manifest;
- 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.

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.);
- c) contact dispatch in an emergency situation and respond according to the Plan of Care.

4.3. Plan of Care

- a) A specific Plan of Care will be developed for any student who requires support for one or more of the following Prevalent Medical Conditions:
 - Asthma;
 - Anaphylaxis;
 - Diabetes;
 - Epilepsy.
- b) A general Plan of Care (called Medical Management and Response Plan of Care) will be developed for any student who requires support for medical management and response for any condition or need not listed in section (a) above (e.g. Cystic Fibrosis, Cerebral Palsy etc.)
- c) The Student Information System (SIS) includes the following Plan of Care Templates:
 - Asthma Plan of Care
 - Anaphylactic Reactions Plan Of Care
 - Diabetes Plan of Care
 - Epilepsy Plan of Care
 - Medical Management and Response Plan of Care
- d) 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.
- e) Students may have more than one Plan of Care in the event they have more than one specific medical need and/or prevalent medical condition.
- f) All Plan of Care templates (available in the student information system) include the following:
 - Emergency Response Instructions:
 - identification of symptoms (emergency and other) and appropriate response should a medical incident occur;
 - emergency contact information for the student;
 - Daily Management Instructions:
 - outline of daily routine management and accommodation needs related to the student's medical condition;
 - identification of routine or daily management activities that will be performed by the student, parent(s)/guardian(s), staff, or volunteer(s), as outlined in school board policy, or by an individual authorized by the parent(s)/guardian(s);
 - Access to Information Instructions:
 - identification of who has access to the plan;
 - parental consent to share information on signs and symptoms with other students;
 - Prevention Strategies:
 - 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;
 - Health Care Practitioner Instructions:
 - a copy of notes and instructions from the student's health care professional, where applicable;

- a health care practitioner's signature may be initially required for complex needs or when significant changes to a Plan of Care is made;
- Participation Accommodations:
 - 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);
- Medication Instructions:
 - where applicable, details related to storage and disposal of the student's prescribed medication(s)/medical supplies, such as:
 - parental permission for the student to carry medication and/or medical supplies (e.g. inhaler, EpiPen®, blood glucose monitor);
 - location of spare medication and supplies stored in the school, where applicable, and,
 - information on the safe disposal of medication and medical supplies.
- Communications Instructions:
 - 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.

4.4. Asthma

- a) Every student who identifies as having asthma must have a complete Asthma Plan of Care on file which includes all elements listed in section 4.3.
- b) Every school principal must permit a student to carry their asthma medication if the student has their parent(s)/guardian(s) permission.
- c) If a student is 16 years of age or older, the student does not require parent/guardian permission to carry their personal 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 they take 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 5.8), 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 5.6, 5.7 and 5.8).

4.5. Anaphylaxis

- a) Every student who identifies as having an allergy that may cause an anaphylactic reaction must have a complete Anaphylaxis Plan of Care on file which includes all elements listed in section 4.3.
- b) Every school principal must permit a student to carry their EpiPen® or auto-injector medication if the student has their parent(s)/guardian(s) permission.

- c) If a student is 16 years of age 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 5.6 and 5.7).

4.6. Diabetes

- a) Every student who identifies as having diabetes must have a complete Diabetes Plan of Care on file which includes all elements listed in section 4.3.
- 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 required with the assistance of the parent(s)/ guardian(s) and/or public health department.
- 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.

4.7. Epilepsy

- a) Every student who identifies as having Epilepsy must have a complete Epilepsy Plan of Care on file which includes all elements listed in section 4.3.
- b) The Plan of Care must clearly outline the procedures to follow in the event of a seizure.

4.8. 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 and on file. The Plan of Care must include all elements listed in section 4.3.
- 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.

4.9. Review Period and Confirming or Updating Plans of Care

- a) Notification from the Principal must go home to families during the first week of school communicating the expectation for parent(s)/guardian(s) to co-create and review a Plan of Care (at minimum) during the time of registration, when a child is diagnosed, or if/ when needs change. The notification should also outline the requirement for parent(s)/guardian(s) to update existing Plans of Care during the first 30 days of school (see appendix 5.4).
- b) For straightforward Plans of Care where it may be unlikely symptoms and responses change year to year, if, during a review period, a parent/guardian indicates there are no changes to an existing Plan of

Care already on file at the school, the Plan of Care that is stored in the student OSR and Student Information System will remain in effect. A note must be stored in the student OSR and logged in the Student Information System indicating the parent/guardian's confirmation that the current Plan of Care on file is still valid (see appendix 5.4 for a sample letter).

- c) It is recommended that with more detailed Plans of Care for complex medical needs that the Principal review the full Plan of Care with the family at a minimum annually as a best practice.

4.10. Due Diligence and Follow Up

- a) Once school personnel is aware of a student's medical or health needs, it is the responsibility of the school to continue to follow up with the family regarding the creation of, or annual update to a Plan of Care.
- b) All attempts to contact the family regarding a student's Plan of Care should be documented in the Student Information System.
- c) Regular follow up attempts should continue until either:
 - The Plan of Care is created and/or reviewed (if one already exists) by the family and returned to the school; or,
 - If a student already has an existing Plan of Care, the family advises, in writing, the Plan of Care on file remains unchanged (see appendix 5.4); or,
 - Notification is received, in writing, from the family that the student no longer requires a Plan of Care.

4.11. Health Support Services

- a) 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.
- b) 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.
- c) 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 5.9).
- d) 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.
- e) Training of board staff delivering health support services will be accessed through the Ministry of Health and Long-Term Care or designate.
- f) Training will be documented on the Human Resources Section of the IEP.
- g) A minimum of two board personnel working at the school site will be trained to perform each procedure.
- h) Staff may be required to document using the Procedure Log (see appendix 5.10) each time a procedure is undertaken.
- i) The principal determines the need for the documentation log as follows:
 - The use of a log is required for catheterization;

- The use of a log is optional in consultation with the health care professional and principal for the following:
 - Lifting and positioning;
 - Assistance with mobility;
 - General physiotherapy, occupational therapy and speech therapy programming;
 - Feeding;
 - Toileting.

j) Supporting documents and parental/guardian consent for services will be stored in the OSR.

4.12. 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 already outlined, the following criteria must be met:
- medication administration or storage has been requested by the parent(s)/guardian(s); and,
 - 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.
 - 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 5.11) must be completed. The form must be completed regardless of the length of the prescription (including short term prescriptions).
- c) The authorization will expire as of the last school day in any given school year unless terminated at an earlier date.
- d) This form is to be stored in the student's OSR.
- e) The principal will be responsible for arranging for appropriate training for the assigned staff member to administer medication.
- f) The parent/guardian is responsible for advising the school if a prescription changes and providing appropriate supporting documentation for the change.
- g) 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 their own medication.
- h) All un-used medication should be returned to the parent/guardian at the conclusion of the school year.
- i) 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 5.12).
- j) 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.
- k) 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 that may need to be considered in order for a student to participate in a field trip or excursion.

4.13. Administration of Non-prescription Medication During the School Day

- a) The principal or designate may, upon written parent/guardian consent, request and without the authorization of an appropriate health care practitioner, administer non-prescription medication to a student under the following circumstances:
 - Non-prescription medication must be in its original packaging.
 - In administering medications no person shall contravene the instructions provided on the packaging without clear instructions from a health care practitioner.

4.14. Storage, Transportation and Disposal of Medication

- a) The principal shall establish and maintain, in the school office, a central file with a list of all students receiving medication (see appendix 5.13 for an example).
- b) Stored medication must be in its original packaging.
- c) 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.
- d) Prescribed medication requiring refrigeration cannot be stored at the school unless a refrigerator is available and is in a safe and secure area.
- e) The principal shall return unused or outdated medication directly to the parents/guardians.
- f) There is no provision for schools to store medical cannabis.

4.15. Data Collection

- a) Data will be collected by school annually on the number of Plans of Care for prevalent medical conditions.
- b) 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 5.15).

4.16. Training

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

- documentation procedures for staff training;
- information to raise awareness of responsibilities under this policy and procedure.

4.17. Plans for School Staff with Medical Conditions

- a) 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 5.14) to be created.
- b) 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.
- c) Staff Plans of Care will be kept in the main school/worksite office in a secure file.

5. Appendices

- Appendix 5.1 Sample Letter to Parents/Guardians Regarding Medical and Health Management in Schools
- Appendix 5.2 Sample Letter Inviting Parent/Guardian to a Meeting to Develop a Plan of Care
- Appendix 5.3 Sample Letter Regarding Severe Allergies in the School
- Appendix 5.4 Sample Letter: Plan of Care Action- to Parents/Guardians for Students with Existing Plans of Care
- Appendix 5.5 Sample Newsletter Articles / Social Media Information
- Appendix 5.6 Promoting Allergen Safe Spaces
- Appendix 5.7 Common Symptoms of Medical Distress
- Appendix 5.8 Lung Association 'Managing Asthma Attacks' Resource
- Appendix 5.9 Model of Provision of Health Support Services (PPM 81)
- Appendix 5.10 Sample Health Supports- Procedure Log
- Appendix 5.11 Authorization for Storage and Administration of Prescribed Medication
- Appendix 5.12 Sample Student Log of Administered Medication
- Appendix 5.13 Sample School Medication Inventory
- Appendix 5.14 Sample Emergency Medical Response: Plan of Care for Staff Members
- Appendix 5.15 Data Collection: Sample Medical Incidents / Emergencies Record

If you require this information in an accessible format, please contact Communications Services at info@tldsbc.on.ca.

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

Sample Letter Inviting a Parent/Guardian 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

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 their 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

Sample Letter Regarding Plan of Care Action

School Letterhead

Date

Address

Dear Parent/Guardian;

Thank you for taking the time to complete a Plan of Care for your child in 20____-20____ to assist us to understand your child's medical or health needs and to know how to respond in situations where intervention or emergency response is required.

TLDSB's Medical and Health Management in Schools Procedure requires that:

the parent/guardian will ...(4.2.1 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"

The procedure also states:

(4.3.4 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".

To assist us in ensuring we have the most up to date information in the Plan of Care for your child, we are asking parents/guardians to complete the section below and return it to the school as soon as possible.

Many thanks for your cooperation and support to our commitment to student safety and well-being.

School Principal

20____-20____ Plan of Care Action

Child Name: _____

School: _____ Grade: _____

Regarding my child's (list applicable medical / health need or allergy): _____

Please select an option below:

- I updated my child's Plan of Care in 20____-20____. Since the last update, my child's medical needs and associated intervention or emergency response outlined in the Plan of Care remains the same. I confirm that the current Plan of Care can be used for 20____-20____.
- I would like to review my child's existing Plan of Care this year (if you select this option the school will send a copy of the current Plan of Care home and the parent/guardian will be asked to review and note any changes on it OR return it with a note that changes are not required)
- I would like to meet with someone at the school to review / discuss my child's Plan of Care for 20____-20____.
- My child no longer has the medical / health need or allergy that I listed above and therefore the Plan of Care can be removed from the file.

If your child has new medical or health needs in addition to what you have listed above, please check below:

- ☐ My child now has a medical / health need in addition to the one listed above so I will require another Plan of Care Template to complete. Please indicate the nature of the new needs so the appropriate template can be sent home:

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

School to file in the OSR

Sample Newsletter or 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.

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>.

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 affected by a seizure (sensory perception, attention, movement, emotion etc.).

Managing Asthma Attacks

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

This publication is available in Accessibility for Ontarians with Disabilities Act (AODA) electronic format at 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

THE  LUNG ASSOCIATION™
Ontario

September 2015

 **Ophea**
Healthy Schools
Healthy Communities

 **Ontario**

Model of Provision of Support Services (PPM 81)

Support Service	Administered By	Provided By	Training and Direction	Consultation
*Oral Medication	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
*Injection of Medication	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
*Catheterization - clean intermittent	Pupil as authorized Or Educational Assistant or other personnel	Pupil School Board	Parent Ministry of Health	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 Health Professional	School Board Ministry of Health	Parent or Ministry of Health 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	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	School Board	Ministry of Health

Sample Health Supports Procedure Log

Services provided by school personnel

Student Name:

School:

Date	Time	Staff Name	Procedure

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 ☐ 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):

Notes:

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 Contact (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:

Date of Birth:

Date of Incident:

Time of Incident:

Length of Incident:

Event Before Incident:

Description of Incident:

Events After Incident:

Date/Time Parents or Guardian Contacted:

Date of Incident:

Time of Incident:

Length of Incident:

Event Before Incident:

Description of Incident:

Events After Incident:

Date/Time Parents or Guardian Contacted:

Date of Incident:

Time of Incident:

Length of Incident:

Event Before Incident:

Description of Incident:

Events After Incident:

Date/Time Parents or Guardian Contacted: