
SUBJECT: MEDICALLY-AT-RISK STUDENTS

Legal References: *Education Act: Section 265 (1) (j) Duties of Principal: Care of Pupils*
Ontario Regulation 298 Section 20 (g) Duties of Teachers: Ensure Reasonable Safety
Procedures; Ontarians with Disabilities Act 2001 (ODA); Bill 03 Standards for
Anaphylactic Students; Ministry of Education Policy/Program Memorandum No. 81
Provision of Health Support Services in School Settings

Related References: *Administrative Procedure 180 Medical Emergencies (Code Blue) and First Aid; AP 218*
Food and Nutrition;
AP 315 Medication: Oral Administration; AP 370 Ontario Student Record; AP 589
Transportation
Avon Maitland District School Board Annual Accessibility Plan
Form 314 Medically-At-Risk Student's Resource Book

1. The Needs of Medically-At-Risk Students

1.1 The director of education had developed this administrative procedure to provide direction and procedures for managing the health and safety needs of medically-at-risk students.

2. Background Information

2.1 The education system, along with families and the health professionals, is a partner in the task of ensuring the healthy development of children and youth. The director of education believes that the provision of relevant student health information and the administration of medical treatment to students are primarily the responsibility of their parent(s)/guardian(s).

2.2 Each school principal, in consultation with the special education consultant, shall ensure that there is a mechanism to identify students with medical needs. Each school shall be responsible for developing a plan for managing the medical needs of all students; this plan shall be developed in conjunction with parent(s)/guardian(s) and health professionals.

2.3 Some students have a diagnosis which renders them medically-at-risk, defined as: **a student with a medically diagnosed, predetermined health condition who may experience a life- threatening event which would require immediate action.**

2.4 In consultation with parents and/or health professionals, students with other medical conditions may be identified as medically-at-risk. Medically-at-risk students could for example, include those with severe allergies (anaphylaxis), asthma, juvenile diabetes, epilepsy, lowered immunity, hemophilia, or specific heart conditions.

3. Administrative Procedures

3.1 Identification

3.1.1 At the time of registration at school, all parents/guardians are required to file a registration questionnaire (including medical information). A student information form is kept on file and updated (verified or amended) annually at the beginning of each school year.

3.1.2 Detailed information must be provided, including:

- (a) The condition, including signs and symptoms;
- (b) The authorized medical intervention; and
- (c) Relevant consents of parent(s)/ guardian(s).

This information will be contained in the student's Individual Medical Management Plan.

3.1.3 Parents/guardians with medically-at-risk children shall advise the school principal and provide information regarding:

- (a) Triggers for the life-threatening condition;
- (b) Treatment protocol, signed by the child's physician;
- (c) Any changes in the child's condition; and
- (d) Permission to post medical information and/or photographs in key locations (while respecting issues of personal privacy).

3.1.4 Local health agencies (i.e. Health Unit, V.O.N., Public Health Nurse, Family Physician, etc.) may, upon request from the school or parent/guardian, assist in the determination of those students requiring the medically-at-risk designation, as well as in the interpretation of the medical orders and determination of the necessary and sufficient components of the Individual Medical Management Plan.

3.1.5 The school will maintain a file including an Individual Medical Management Plan and relevant correspondence in the Ontario Student Record (OSR) of medically-at-risk students.

3.1.6 A "Medically-at-Risk" symbol shall be affixed to the student's O.S.R. in order to facilitate access to the Individual Medical Management Plan and to provide a foundation for the annual verification by the parents/guardians.

3.1.7 A clearly visible display area must be maintained in the school office and/or staff room showing medically-at-risk students attending the school. Materials for implementing the Individual Medical Management Plan shall be kept in a clearly identified and secured area for quick access. Students should carry their own equipment/materials.

- 3.1.8 Parents/guardians are responsible to provide an up-to-date supply of necessary materials. Unused medications/materials must be returned at year's end to the medically-at-risk student or family.
- 3.1.9 Principals shall ensure that at the start of each school year appropriate health professionals provide staff training, when necessary.

3.2 Individual Management Plan

- 3.2.1 An Individual Medical Management Plan is required for medically-at-risk students. Procedures must address the age and maturity of the student, the nature and prevalence of the life-threatening event, specialized equipment needed, and the physical properties of the school.
- 3.2.2 The Individual Medical Management Plan is developed through a collaborative process, involving the student where appropriate, parent(s)/guardian(s) of the pupil, medical personnel, the principal, school staff, and community partners where appropriate.
- 3.2.3 The original Individual Medical Management Plan must be **signed by the physician**. Upon annual review, only changes to the original plan will require updated authorization from the physician. Parents must indicate, in writing, that no changes to the original plan are required. A health care professional will be requested to demonstrate the correct procedures if necessary.
- 3.2.4 Components of the Individual Medical Management Plan must include:
 - (a) Student information (including date of birth, doctor);
 - (b) Identification of student's medical condition and storage of necessary medical equipment;
 - (c) Prevention/ avoidance strategies;
 - (d) Individualized emergency protocol including education, dissemination of information and staff responsibilities;
 - (e) Record of administration of any oral medication.
- 3.2.5 The Individual Medical Management Plan emergency protocol will include procedures to:
 - (a) Communicate the emergency rapidly to staff who are trained to respond;
 - (b) Telephone 911;
 - (c) Telephone the parents/guardians of the student;
 - (d) Assign a staff person to follow and stay with him/her until parent/guardian arrives (the assigned staff person should bring: any medication/dispenser, documentation of the administration of any medication and the Individual Medical Management Plan to the hospital);
 - (e) File a copy of each accident report with the Individual Management Plan.

3.3 Review of the Individual Medical Management Plan

- 3.3.1 In the event of an emergency, an evaluation of the procedure or protocol shall be undertaken, responsive changes made and the staff notified of the changes.
- 3.3.2 The Individual Medical Management Plan for each medically-at-risk student shall be **reviewed annually**, or when the student's condition changes. When the medically-at-risk student changes schools, or moves from the elementary to secondary panel, the plan shall be transferred with the O.S.R. A review would then be conducted with staff at the new school, so that the necessary information is available, by the first day of attendance of the medically-at-risk student.

3.4 Prevention/Avoidance

- 3.4.1 All reasonable precautions shall be taken to provide a safe environment for medically-at-risk students, with consideration that it is not possible to provide an absolute guarantee or elimination of all risks.
- 3.4.2 The following is a partial list of medical conditions, and potential risk factors:
 - (a) **Diabetes**: prolonged use of injection site, developmental changes, missed meals/snacks, overexertion or fatigue, weight, infection or illness.
 - (b) **Severe allergy or anaphylaxis**: exposure to, contact with, or ingestion of the allergen.
 - (c) **Epilepsy**: illness, infection, exposure to certain environmental stimuli (e.g., strobe lights).
 - (d) **Autoimmune disorder**: exposure to infectious diseases such as chicken pox, rubella, etc.
 - (e) **Hemophilia**: injury with or without obvious bleeding.
 - (f) **Severe Asthma**: severe exposure to allergens, physiological and/or psychological stress, viral infections, extreme cold, or inhalation of irritants.
 - (g) Any other medical condition deemed medically-at-risk.
- 3.4.3 With respect to anaphylaxis and severe allergies, the school administration, in consultation with their school council, shall determine and implement safe school policies.
- 3.4.4 Policies and implementation of anaphylaxis and severe allergies must be communicated to the school community by September of each school year.

3.5 Classification/Dissemination of Information

- 3.5.1 At the start of the school year, all medically-at-risk students attending the school shall be identified to all appropriate staff members including the location of the medically-at-risk student information board and the location of necessary equipment.
 - 3.5.2 The director of education requires each bus company to direct its drivers to respond to a medical emergency with respect to a medically-at-risk student riding its vehicles.
 - 3.5.3 For any medical procedure, a minimum of two staff members should be trained, i.e. in First Aid.
 - 3.5.4 The principal will co-ordinate with local health agencies, the development, management and delivery of in-service concerning the specific health conditions. Parents/guardians of medically-at-risk students may wish to be involved in training staff members in the appropriate emergency procedures.
4. See Form 314 Medically-At-Risk Student's Resource Book in the Forms Manual.