

# AVON MAITLAND DISTRICT SCHOOL BOARD

## ADMINISTRATIVE PROCEDURE

### NO. 314

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#### **SUBJECT: SUPPORTING STUDENTS WITH PREVALENT MEDICAL CONDITIONS IN SCHOOLS**

Legal References: *Education Act; R.R.O. Reg. 298 Operation of Schools; Sabrina's Law, 2005; Ryan's Law, 2015; Ministry of Education Policy/Program Memorandum (PPM) 81, PPM149, PPM161*

Related References: *Administrative Procedure (AP) 103 Management of Personal Information – Student; AP146 Use of Service Animals by the Generic Public; AP148 Use of Guide Dogs/Service Dogs; AP170 School Emergency Procedures; AP175 Accidents, Incidents and Occupational Illness; AP176 Bomb Threats; AP178 Inclement/Severe Weather; AP179 Lockdown and Hold/Secure; AP180 Medical Emergencies and First Aid; AP195 Freedom of Information and Protection of Privacy; AP218 Food, Beverages and Nutrition; AP219 Sun and Extreme Temperature Safety; AP266 Field Trips and Excursions; AP290 Animal Visitors, Classroom Pets, and Animal Observations/Experimentation; AP306 Early Learning/Kindergarten Registration; AP315 Medication: Administration, Storage and Disposal; AP370 Ontario Student Record Card; AP542 Indoor Environmental Quality; AP410 Environmental Health and Safety; AP546 Pesticides: Use Of; AP589 Transportation*

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#### **1.0 Director of Education's Procedure Statement**

- In accordance with the Education Act, Policy and Program Memorandum 161, Ryan's Law (2015), and Sabrina's Law (2005), the director of education has developed this administrative procedure to support students in schools with:
  - asthma, diabetes, and/or epilepsy, and/or at risk of anaphylaxis, hereafter referred to as prevalent medical conditions.
- This procedure meets the policy requirements set out in PPM 161.
- This procedure also applies to students with other health conditions that are not classified as prevalent medical conditions, in appropriate circumstances, see section 12.

#### **2.0 Procedure Statement**

The goal of this procedure is:

- to support students with prevalent medical conditions to fully access school in a safe, accepting and healthy learning environment that supports well-being;
- to empower students, as confident and capable learners, to reach their full potential for self-management of their prevalent medical condition(s) according to their Individual Medical Management Plan of Care.
- to support parents in feeling confident while their child is at school and during school-related activities and has the same opportunities as other students to fully access the education system, while recognizing that it is not possible to provide an absolute guarantee or elimination of all risk; and

- to support staff to be trained and confident in prevention strategies to minimize risks, recognize the signs and symptoms of a medical emergency and know the steps to follow in dealing with a medical emergency as it pertains to the four prevalent medical conditions.

### 3.0 Roles and Responsibilities

The school board and its staff, along with families and health professionals, are a partner in ensuring the healthy development of children and youth.

#### 3.1 Parents/Guardians

As primary caregivers of their child, parents are expected to be active participants in supporting the management of their child's prevalent medical condition(s) while the child is in school.

At a minimum parents of students with prevalent medical conditions 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 Individual Medical Management Plan of Care for their child with the principal or the principal's designate;
- provide the principal/designate with supporting medical documentation upon request;
- communicate changes to the Individual Medical Management Plan of Care, such as changes to the status of their child's medical condition(s) or changes to their child's ability to manage their medical condition(s), to the principal or the principal's designate;
- confirm annually to the principal or the principal's designate that their child's medical status and plan of care is unchanged;
- initiate and participate in annual meetings and/or consultations (see Appendix G) to review their child's Individual Medical Management Plan of Care (Appendix F);
- plan for the administration of medication, when required, either before or after school, to the greatest extent possible;
- supply their child and/or school with sufficient quantities of medication (e.g., one EpiPen) and supplies in their original, clearly labelled containers, as directed by a health care professional and as outlined in the Individual Medical Management Plan of Care, and track the expiration dates if they are supplied;
- complete the associated form required by Administrative Procedure 315 Medication: Administration, Storage and Disposal, form 315A, 315B or form 315C – in the case of Care, Treatment, Custodial and Correctional (Section 23) programs;
- seek medical advice from a medical doctor, nurse practitioner, or pharmacist, where appropriate;
- provide consent for the sharing of the Individual Medical Management Plan of Care and/or the Transportation Individual Medical Management Plan with school staff (both direct and indirect contact) and others as deemed appropriate (e.g., students, volunteers, occasional staff, transportation staff, cafeteria service contractors, etc.) to support the safety of the student; and,

- follow risk reduction strategies in respect of factors (e.g., nut, latex, and scent sensitive) that may contribute to prevalent medical conditions.

### 3.2 Students with Prevalent Medical Conditions

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 Individual Medical Management Plan of Care.

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 Individual Medical Management Plan of Care;
- participate in meetings and/or consultations (see Appendix G) to review their Individual Medical Management Plan of Care (see Appendix F);
- carry out daily or routine self-management of their medical condition to their full potential, as described in their Individual Medical Management Plan of Care (e.g., carry their medication and medical supplies; follow school board procedures on disposal of medication and medical supplies);
- set goals on an on-going basis, for self-management of their medical condition, in conjunction with their parent(s) and health care professional(s);
- communicate with their parent(s) and school staff if they are facing challenges related to their medical condition at school;
- be vigilant in their awareness when purchasing food from on-site providers, and vending machines, etc. for possible ingredient triggers;
- wear medical alert identification that they and /or parent(s) deem appropriate;
- if possible, inform school staff and/or their peers if a medical incident or a medical emergency occurs; and,
- follow risk reduction strategies in respect of factors (e.g., nut, latex, and scent sensitive) that may contribute to prevalent medical conditions.

### 3.3 School Staff

School staff should follow Avon Maitland District School Board's administrative procedures and the provisions in their collective agreements related to supporting students with prevalent medical conditions in schools.

School staff should:

- review and follow the contents of the Individual Medical Management Plan of Care for any student with whom they have direct contact;
- participate in the required training, during the instructional day, at a minimum annually, see Section 4 – Training and Resources;
- share information on a student's signs and symptoms with other students, occasional staff, and volunteers, etc. as deemed appropriate, and with parent permission/consent, and authorized by the principal via his/her signature on the Individual Medical Management Plan of Care;
- participate in the co-creation and/or review of the Individual Medical Management Plan of Care and the Transportation Medical Management Plan when directed;
- participate in a debrief/review following a medical incident or emergency;

- follow Avon Maitland District School Board or School procedures/strategies that reduce the risk of student exposure to triggers or causative agents in classrooms, common school areas, and extra-curricular activities in accordance with the student's Individual Medical Management Plan of Care;
- support a student's daily or routine management, and respond to medical incidents and medical emergencies that occur during school, as outlined in this board procedure and other applicable procedures;
- 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 Individual Medical Management Plan of Care, while being aware of confidentiality and the dignity of the student;
- enable students with prevalent medical conditions to participate in school and related activities to their full potential, as outlined in their Individual Medical Management Plan of Care and their Transportation Individual Medical Management Plan;
- follow Administrative Procedure 315 Medication: Administration, Storage and Disposal when an Individual Medical Management Plan of Care includes the use of medication and complete the log of administration of medication as required (form 315D);
- notify the principal/designate when they become aware that the expiry date on medication(s) has been reached;
- follow the established Individual Medical Management Plan of Care to support students with prevalent medical conditions in the event of a school emergency (e.g., bomb threats, lockdown, hold/secure, evacuation, fire, severe weather, medical), or for activities off school property;
- carry the Individual Medical Management Plan of Care and Form 315A, 315B, or 315C from AP 315: Medication: Administration, Storage and Disposal on appropriately authorized, out-of-school excursions. Staff should also know the location of the closest medical facility and how to notify/contact the nearest medical facility;
- report medical incidents and emergencies as per the directions in Administrative Procedure 175: Accidents, Incidents, and Occupational Illness;
- **follow the additional responsibilities listed in the associated appendices, and consider carefully the information therein, for diabetes (Appendix D), epilepsy (Appendix E), asthma (Appendix B) and anaphylaxis (Appendix C) when co-creating, developing and/or reviewing the Individual Medical Management Plan of Care; and**
- follow risk reduction strategies in respect of factors (e.g., nut, latex, and scent sensitive) that may contribute to prevalent medical conditions.

### 3.4 Principal/Designate

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

- complete an annual review of this procedure;
- promote a supportive inclusive learning environment recognizing the need for an accepting social climate for students with prevalent medical conditions;
- clearly communicate to parents and 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 an Individual Medical Management Plan of Care with the principal or the principal's designate. This **process** should be communicated to parents at a minimum:
  - I. during the time of registration; and

II. each year during the first week of school (e.g., elementary: school website, newsletter, planners, school messenger; secondary – planners, school website, school messenger – See Appendix K); and

III. when a child is diagnosed and/or returns to school following a diagnosis;

- co-create, review or update the Individual Medical Management Plan of Care for a student with a prevalent medical condition with the parent(s), in consultation with school staff (with direct contact) and with the student (as appropriate);
- co-create, review or update a Transportation Individual Medical Management Plan for a student with a prevalent medical condition with the parent(s), in consultation with school staff (as appropriate), transportation staff, as required, and with the student (as appropriate) who is bused;
- develop an Individual Medical Management Plan of Care for all students that have been identified as having asthma, diabetes, and/or epilepsy, and/or at risk of anaphylaxis (prevalent medical conditions);
- clearly communicate the roles and responsibilities listed within this procedure to students (with prevalent medical conditions), parents, and to staff during creation or review of the Individual Medical Management Plan of Care;
- inform parents about relevant board and school procedures and encourage them to review them;
- inform parents and school staff of the measures to protect the confidentiality of students' medical records and information (e.g., OSR guidelines, Individual Medical Management Plan of Care permissions, access to student information systems: clevr, Maplewood, etc.);
- consult with the health care provider/partners, with consent from the parent/guardian, in order to create or review the Individual Medical Management Plan of Care, in the event that such a consultation is deemed appropriate;
- require the parent to obtain and provide supporting medical documentation in the event that additional medical direction/information is required for the creation of the Individual Medical Management Plan of Care;
- communicate and obtain informed consent from parents at the time of the creation of the Individual Medical Management Plan of Care and during the annual review that prevalent medical/information will be shared with staff, students, and others, as deemed appropriate, to support the safety of the student;
- provide access to the Individual Medical Management Plan of Care to school staff, with direct contact, and for which you have received consent to do so;
- provide relevant information (i.e., Medical Poster and/or Cards) from the student's Individual Medical Management Plan of Care to others, with indirect contact, as deemed appropriate, and for which consent has been provided;
- ensure occasional teachers have a list of students with a prevalent medical conditions (formerly medically-at-risk) as required by the Collective Agreement (Occasional Teacher Package);
- identify 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;
- maintain a file including the Individual Medical Management Plan of Care, Transportation Individual Medical Management Plan and all relevant supporting documentation in the documentation folder in the Ontario Student Record (OSR);

- ensure staff complete the required training and are provided time to complete the training requirements, within the instructional day, see Training and Resources Section 4;
- facilitate a medical incident or emergency debriefing, and notify school and transportation staff, as deemed appropriate, and parents of the results of the debrief;
- follow the procedure related to reporting and documenting a medical incident or medical emergency – AP 175: Accidents, Incidents, and Occupational Illness;
- communicate with parents/guardians and other contacts, as needed, in medical incidents or emergencies, as outlined in the Individual Medical Management Plan of Care;
- make arrangements to support students with prevalent medical conditions in the event of a school emergency (e.g., bomb threats, lockdown, hold/secure, evacuation, fire, severe weather, etc.). Follow Administrative Procedure 170: School Emergency Procedures;
- include the Individual Medical Management Plan of Care for each student with a prevalent medical condition in the Emergency Response Bag. Follow Administrative Procedure 170: School Emergency Procedures;
- make arrangements/plan to support students with prevalent medical conditions on school trips and excursions off school property. Follow Administrative Procedure 266: Field Trips and Excursions;
- ensure an updated photo with key emergency information is placed in a school location (Medical Information Board/Binder) for staff (and others) to see and review on a regular basis; and follow in an emergency;
- maintain a list of school personnel who have received First Aid training and have volunteered to be an Emergency Response Team member (follow Administrative Procedure 180: First Aid and Medical Emergencies and Administrative Procedure 170: School Emergency Procedures);
- review with staff the names of the members of the Emergency Response Team at the beginning of each school year. Follow the requirements of Administrative Procedure 180: First Aid and Medical Emergencies;
- follow Administrative Procedure 315: Medication: Administration, Storage and Disposal when an Individual Medical Management Plan of Care includes use of medication and complete the log of administration of medication as directed; including maintaining appropriate storage of medications or medical supplies, and ensuring appropriate disposal of medicine and medical supplies;
- store the Individual Medical Management Plan of Care with a copy of Form 315 A, B or C (AP 315) attached in cases where medication is prescribed, in the document folder of the OSR;
- designate staff to assist with the hands-on practice in the use of the EpiPen auto-injector when requested by Occasional Staff; and ensure the Occasional Staff sign the staff sheet: Confirmation of EpiPen (Appendix L);
- ensure, when hired, that long term occasional staff receive the required in-school portion of the training, see Section 4 Training and Resources;
- consult with the School Council to determine and implement risk management procedures (e.g., nut, latex, and scent sensitive);
- **follow the additional responsibilities listed in the associated appendices, and consider carefully the information therein, for diabetes (Appendix D), epilepsy (Appendix E), asthma (Appendix B) and anaphylaxis (Appendix C) when co-creating, developing and/or reviewing the Individual Medical Management Plan of Care; and**

- follow risk reduction strategies in respect of factors (e.g., nut, latex, and scent sensitive) that may contribute to prevalent medical conditions.

### 3.5 School Board

The AMDSB will communicate, on an annual basis, the procedures on supporting students with prevalent medical conditions to parents, school board staff, and others in the school community who are in direct/indirect contact with students (e.g., cafeteria service contractors, transportation staff, volunteers, occasional staff, etc.). AMDSB will post this AP 314 on the board website and each school website. AMDSB has provided sample communique to parents in Appendix H, I, and K.

The Board will also:

- provide training materials and resources on the four prevalent medical conditions: epilepsy, asthma, diabetes, and anaphylaxis on an annual basis;
- implement strategies that reduce the risk of student exposure to triggers or causative agents in classrooms and common school areas;
- implement 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 (follow Administrative Procedure 315: Medication: Administration, Storage and Disposal);
- provide schools with appropriate supplies to support the safe disposal of medication and medical supplies, in accordance with Administrative Procedure 315: Medication: Administration, Storage and Disposal;
- communicate expectations that AMDSB students are encouraged and allowed to carry their medication and supplies to support the management of their medical condition, as outlined in their Individual Medical Management Plan of Care and Transportation Individual Medical Management Plan;
- consider Policy and Program Memorandum (PPM) 161 and related board procedures when entering into contracts with transportation, cafeteria service contractors, and other providers;
- require that parents provide information about prevalent medical conditions at the time of registration;
- follow risk reduction strategies in respect of factors (e.g., nut, latex, and scent sensitive) that may contribute to prevalent medical conditions.

## 4.0 Training and Resources

The Principal must ensure training related to students with prevalent medical conditions (asthma, epilepsy, anaphylaxis, diabetes) is completed, at a minimum annually, by all school staff and others as stated below.

Upon the arrival of a new student, or being informed about an enrolled student with a prevalent medical condition, the principal/designate must ensure that an Individual Medical Management Plan of Care is developed and training is provided to school staff within the first (30) school days of being made aware of the student's medical condition.

4.1 Scope of the training:

Online Training - Safe Schools Training System		How Often
All school staff	<ul style="list-style-type: none"> <li>• View Prevalent Medical Conditions Overview (Video)</li> <li>• View How to Use an EpiPen (Video)</li> <li>• Read AP 314: Supporting Students with Prevalent Medical Conditions and Appendices: asthma, diabetes, anaphylaxis and epilepsy</li> </ul>	<ul style="list-style-type: none"> <li>• Within the first 30 school days</li> </ul>
In School Training - Principal/Designate Facilitated		How Often
All School Staff	<ul style="list-style-type: none"> <li>• Hands-on Practice Using the EpiPen auto-injector. School Staff must sign the <i>Confirmation of Training</i> (Appendix L) and the principal/vice-principal is to initial as a witness of completion. This Appendix L must be maintained at the school and available upon request.</li> <li>• Review the requirements of the procedure related to reporting and documenting a medical incident or medical emergency – AP 175: Accidents, Incidents, and Occupational Illness.</li> <li>• Review school location of First Aid kits, stored medications, Medical Information Boards/Binders; and location and compliance requirements (Form 315 D) <i>administration of medication</i> log for students.</li> <li>• Review the requirements of AP 266: Field Trips and Excursions as it relates to supporting students with prevalent medical conditions.</li> <li>• Review AP 315: Medication: Administration, Storage and Disposal.</li> <li>• Review measures enacted to protect the confidentiality of students' medical records and information (e.g., OSR guidelines, Individual Medical Management Plan of Care permissions, access to clevr and Maplewood, etc.) Review Administrative Procedure 103: Management of Personal Information – Student.</li> </ul>	<ul style="list-style-type: none"> <li>• Within the first 30 school days</li> </ul>
School Staff having <b>direct contact</b> with student	<ul style="list-style-type: none"> <li>• In addition to the above mentioned training requirements, school staff in direct contact with students with a prevalent medical condition are granted direct access to review the Individual Medical Management Plan(s) of Care, given parent permission.</li> </ul>	<ul style="list-style-type: none"> <li>• As requested</li> </ul>

All Occasional Staff	<p>On-line Training: Safe Schools Training System</p> <ul style="list-style-type: none"> <li>• View Prevalent Medical Conditions Overview (Video)</li> <li>• View How to Use an EpiPen (Video)</li> <li>• Read AP 314: Supporting Students with Prevalent Medical Conditions and the four Appendices: asthma, diabetes, anaphylaxis and epilepsy</li> </ul>	<ul style="list-style-type: none"> <li>• Within the first 30 school days</li> </ul>
Occasional staff in direct contact	<ul style="list-style-type: none"> <li>• Ensure occasional staff (teachers, educational assistants, designated early childhood educators, TRAs, librarians, etc.) have the opportunity to have hands-on practice using an EpiPen; Annual practice is required.</li> <li>• Occasional staff are to sign a Confirmation of EpiPen Training (Appendix L) annually.</li> </ul>	<ul style="list-style-type: none"> <li>• Occasional Staff are to request hands-on practice on the use of the EpiPen annually.</li> <li>• Principal/Designate makes available auto-injector.</li> </ul>
Occasional Staff hired for a long term assignment	<ul style="list-style-type: none"> <li>• Must complete the additional <i>in-school training</i> listed above for school staff</li> </ul>	<ul style="list-style-type: none"> <li>• Within 30 school days of hire</li> </ul>
School staff and others having direct and <b>indirect contact</b> with student	<ul style="list-style-type: none"> <li>• Review of Individual Medical Plan of Care Posters and/or Cards for all students with prevalent medical conditions in the school (i.e., Medical Information Board or Binder).</li> <li>• Review Administrative Procedure 103: Management of Personal Information – Student.</li> </ul>	<ul style="list-style-type: none"> <li>• Within the first 30 school days</li> <li>• Whenever plan of care has been revised</li> <li>• Within the first 30 school days of a student with a prevalent medical condition enrolling</li> </ul>
Emergency Response Team  Or  School staff requesting additional training	<ul style="list-style-type: none"> <li>• If requested, additional training on prevalent medical conditions can be sought from local health organizations and professionals.</li> </ul>	<ul style="list-style-type: none"> <li>• As requested</li> </ul>
<ol style="list-style-type: none"> <li>1. <b>School staff</b> includes all board staff working in a school setting.</li> <li>2. <b>Direct contact</b> means school staff who are direct supervisors of a student who has a prevalent medical condition.</li> <li>3. <b>Indirect contact</b> means staff, volunteers and others who may come in contact with the student who has prevalent medical condition during the course of carrying out their duties.</li> </ol>		

4.2 Food Providers

<b>Food Providers</b>		<b>Responsibility</b>
<p>Cafeteria Service Provider (on-site food sales)</p>	<p>The cafeteria service provider must train their staff in how to recognize the symptoms of an anaphylactic attack and how to respond to life-threatening allergic reactions in accordance with the laws of the government, policies and the procedures of the School/Board. The cafeteria service provider must train all personnel to reduce the risk of cross-contamination through the purchasing, handling, preparation and serving.</p> <p>Cafeteria Service providers, with parent permission, will be provided with the Individual Medical Plan of Care Posters and/or Cards for all students with prevalent medical conditions in the school.</p>	<p>Contractual Obligation</p> <p>Principal/Designate</p>
<p>Food Service Providers</p>	<p>Food Service Providers (e.g., pizza days, sub days, etc.) must be prepared to provide a list of ingredients to the school and parents upon request.</p>	<ul style="list-style-type: none"> <li>• Principal to inform provider before entering into an agreement with a food service provider.</li> </ul>
<p>Culinary Arts Programs and Curriculum-based Cooking Courses</p>	<p>In addition to the school staff training required above, these staff must follow the requirements in Administrative Procedure 218: Food, Beverage and Nutrition.</p> <p>A list of ingredients must be made available to parents upon request.</p>	<p>Principal and Teachers/Staff of Programs/Courses</p>
<p>Parent Prepared Food Days or -snack programs/breakfast programs/food days</p>	<p>Volunteers often prepare food (e.g., hotdog days) for the school population. These volunteers may, with parent permission, be provided with the Medical Information Posters and/or cards.</p> <p>A list of ingredients must be made available to parents upon request.</p>	<p>Principal/Designate</p>

#### 4.3 Training objectives:

- understand the 4 most common prevalent medical conditions;
- become knowledgeable about the contents of the Individual Medical Management Plan of Care;
- become knowledgeable of and apply strategies to eliminate and/or minimize the risk of student exposure to triggers and causative agents;
- recognize the signs and symptoms of a medical incident or emergency;
- know how to respond to a medical incident or emergency;
- hands-on practice using an EpiPen;
- implement strategies to support inclusion and participation in school;
- become familiar with available school staff supports (i.e., Emergency kits, additional resources);
- understand and be able to report and document a medical incident or emergency;
- understand confidentiality requirements of student information;
- understand the requirements under the related Board Administrative Procedures; and
- be knowledgeable of the location of: First Aid Kits, Medical Information Board/Binders, Medications and the log for recording administration.

#### 4.4 Resources

Evidence-based resources are available within the school:

- Anaphylaxis Resource Kit – Anaphylaxis 101 Presentation for Ontario School Personnel
- OPHEA - Managing Asthma in Our Schools

As well, resources are available online through the Ministry of Education's website and the prevalent medical conditions page on the EduGAINS portal. These resources have been developed by the following health and education partners:

- Asthma Canada – [www.asthma.ca](http://www.asthma.ca)
- Diabetes Canada – [www.diabetes.ca](http://www.diabetes.ca)
- Canadian Pediatric Society - [www.cps.ca](http://www.cps.ca)
- Epilepsy Ontario – <http://epilepsyontario.org/>
- Food Allergy Canada – [www.foodallergycanada.ca](http://www.foodallergycanada.ca)
- The Lung Association – Ontario – [www.onlung.ca](http://www.onlung.ca)
- OPHEA – [www.ophea.net](http://www.ophea.net)
- Ontario Education Services Corporation – [www.oesc-cseo.org](http://www.oesc-cseo.org)

Training includes the review of this Administrative Procedure 314: Supporting Students with Prevalent Medical Conditions and includes a review of the appendices:

- Appendix A: Definitions
- Appendix B: Asthma
- Appendix C: Anaphylaxis
- Appendix D: Diabetes
- Appendix E: Epilepsy
- Appendix F: Individual Medical Management Plan of Care Form
- Appendix G: Consultation Record
- Appendix H: Parent Sample Letter: Notification of Process to Identify a Prevalent Medical Condition or Other Health Condition
- Appendix I: Sample Letter to Community: Risk Management
- Appendix J: Individual Medical Management Plan of Care Poster/Card
- Appendix K: Sample School Messenger and/or Newsletter Note – September
- Appendix L: Sample “Confirmation of Training” for Staff EpiPen Training

## **5.0 Safety Considerations**

- 5.1 It is the preference of the Avon Maitland DSB that students carry their own medication, equipment and/or materials for their prevalent medical condition, e.g., EpiPen, inhaler, where deemed appropriate and with parent permission, given the student's emotional, social, cognitive, and physical stage of development, and his/her capacity for self-management. This will be determined during the development of the Individual Medical Management Plan of Care and Transportation Individual Medical Management Plan, and will be reviewed during the annual review.
- 5.2 Schools will be provided with two EpiPens each year by the Learning Services Department and all staff must be trained on its use and aware of where they are stored.
- 5.3 The administration, storage and safe disposal of medication and medical supplies shall be in accordance with the Avon Maitland DSB Administrative Procedure 315: Medication: Administration, Storage and Disposal.
- 5.4 Processes and resources to support students with prevalent medical conditions in the event of a school emergency (e.g. bomb threats, lockdown, hold/secure, evacuation, fire, severe weather, medical, etc.) shall be in compliance with Administrative Procedure 170: School Emergency Procedures.
- 5.5 Processes and resources to support students with prevalent medical conditions for activities off school property (e.g. field trip, sporting event) shall be in compliance with Administrative Procedure 266: Field Trips and Excursions.
- 5.6 In accordance with the requirement of the Child, Youth and Family Services Act 2017, SO 2017, c. 14, Schedule 1, where board employees have reason to believe that a child may be need of protection, board employees must call Children's Aid Society and file a formal report. See Administrative Procedure 346: Children in Need of Protection.

## **6.0 Privacy and Confidentiality**

- 6.1 The Avon Maitland DSB staff are required to follow Administrative Procedure 195: Freedom of Information and Protection of Privacy and Administrative Procedure 103: Management of Personal Information – Student, as it pertains to maintaining privacy and confidentiality.
- 6.2 Parent/guardian consent is required before sharing student medical information with school staff, students, or others, as deemed appropriate (e.g., food service providers, transportation staff, volunteers, occasional staff who will be in direct or indirect contact with the student). It is imperative that the principal/designate stresses the need to be able to share this information during the creation of the Individual Medical Management Plan of Care and Transportation Individual Medical Management Plan, and during the annual review in order to maintain the highest possible level of care and safety for the student.
- 6.3 Parents and school staff should be informed of the measures to protect the confidentiality of students' medical records and information (e.g., OSR guidelines, Individual Medical Management Plan of Care and Transportation Individual Medical Management Plan permissions, access to clevr and Maplewood, etc.).
- 6.4 It is expected that student's personal health information is secure and protected at all times therefore records of personal health information must be retained,

transferred and disposed of in a secure manner. Staff must ensure that any personal health information stored on any mobile devices or laptops or attached to an email be encrypted. The Administrative Guideline 12: Guideline for Encrypting Data Files (found on the Core) outlines the steps for encrypting files.

- 6.5 Individual Medical Management Plans should never be stored on a Google drive or any other cloud based service.
- 6.6 If staff suspect a privacy breach has occurred, personal health information is stolen, lost or accessed by unauthorized persons, whether through an inappropriate disclosure or technical error, they must notify their Supervisor immediately to ensure Administrative Procedure 194 Privacy Breach Protocol is followed.
- 6.7 Board owned laptops with Personal Health Information and highly sensitive data must be secured with a BIOS password controlled and encryption software. Employees should contact their Information Technology Team Member for assistance with encryption installations and updates.
- 6.8 Email messages whenever possible should not contain sensitive personal information about an identifiable individual unless absolutely necessary. Where it is necessary to include such information in an email, consider using the individual's initials, symbols or a code rather than a full name to help maintain anonymity of the individual.

## **7.0 Reporting/Documenting**

- 7.1 Subject to privacy legislation, the Avon Maitland District School Board will collect data regularly, including, but not limited to, data on the number of students with prevalent medical conditions at their schools (collected through Maplewood).
- 7.2 Board staff will also monitor the number of occurrences of medical incidents and medical emergencies, as well as circumstances surrounding these events. For example, the number of students admitted to the hospital and the reasons surrounding the admission will be collected through the Ontario School Boards' Insurance Exchange OSBIE as per the requirement of Administrative Procedure 175 Accidents, Incidents and Occupational Illness.
- 7.3 Principals and/or designates shall complete and print a copy of each medical incident or medical emergency OSBIE report (AP 175) related to the prevalent medical condition with the Individual Medical Management Plan of Care (OSR – documentation folder) to assist with the review process. This OSBIE report must be stored in the document folder of the OSR, with the Individual Medical Management Plan, so that it is available for debriefing at the next annual review.
- 7.4 School staff are required to report all medical incidents and emergencies according to the requirements of Administrative Procedure 175: Accidents, Incidents and Occupational Illness.
- 7.5 Data may be provided to the Ministry of Education without personal identifiers, upon request.

## 8.0 Liability

- 8.1. In 2001, the Ontario government passed The Good Samaritan Act, to protect individuals from liability with respect to voluntary emergency medical or first aid services. Subsections 2(1) and (2) of this act state the following with regard to individuals:

2(1) Despite the rules of common law, a person described in subsection (2) who voluntarily and without reasonable expectation of compensation or reward provides the services described in that subsection is not liable for damages that result from the person's negligence in acting or failing to act while providing the services, unless it is established that the damages were caused by the gross negligence of the person.

2(2) Subsection (1) applies to,  
...(b) an individual... who provides emergency first aid to a person who is ill, injured or unconscious as a result of an accident or other emergency, if the individual provides the assistance at the immediate scene of the accident or emergency.

- 8.2. In addition, in the cases of anaphylaxis and asthma, both *Sabrina's Law* (2005) and *Ryan's Law* (2015) include provisions limiting the liability of individuals who respond to an emergency relating to these conditions, as cited below:

Subsection 3(3) of *Sabrina's Law*

"Employees of a board may be preauthorized to administer medication or supervise a pupil while the pupil takes medication, in response to an anaphylactic reaction, if the school has up-to-date treatment information and the consent of the parent, guardian or pupil. If an employee has reason to believe that a pupil is experiencing an anaphylactic reaction, the employee may administer an epinephrine auto-injector or other medication that is prescribed, even if there is no pre-authorization to do so".

Subsection 3(4) of *Sabrina's Law*:

"No action for damages shall be instituted respecting any act done in good faith or for any neglect or default in good faith in response to an anaphylactic reaction in accordance with this Act, unless the damages are the result of an employee's gross negligence".

Subsection 4(4) of *Ryan's Law (An Act to Protect Pupils with Asthma)*:

"No action or other proceeding for damages shall be commenced against an employee for an act or omission done or omitted by the employee in good faith in the execution or intended execution of any duty or power under this Act".

## 9.0 Identification and Individual Management Plan of Care Process

### 9.1. Identification

- At the time of registration at school, all parents/guardians are required to file a registration form (including medical information). This student information form is kept on file and updated (verified or amended) annually, usually at the beginning of each school year, and includes a section to identify a prevalent medical or health condition.

- Once a child has been identified with a prevalent medical conditions the principal or designate should clearly communicate the roles and responsibilities listed within this procedure to the parent/guardian and student.
- The principal shall inform parents about relevant board and school procedures related to managing prevalent medical conditions, provide them if requested, and encourage them to review them.
- When a student is identified with a prevalent medical condition, the student's Maplewood record must be identified with the prevalent medical condition red flag.
- The Emergency Notes Section on Maplewood should follow the outline below:
  - Medical Condition: Epilepsy, Asthma, Anaphylaxis, Diabetes, Heart Condition, etc.
  - EpiPen: Peanuts, Bees Stings, etc.
  - Inhaler: Asthma, Bronchitis, etc.
  - Allergy: Penicillin, Dust, Mold, Sulpha Drugs, etc.
  - Individual Medical Management Plan of Care: Yes/No
  - Prone to: Headaches
  - Medication: Insulin, Ritalin, etc.
- Parents/guardians with children with a prevalent medical condition shall advise the school principal and provide information for the completion of the Individual Medical Management Plan of Care and Transportation Individual Medical Management Plan (as required).
- Parents are to be notified that the information collected from the Individual Medical Management Plan of Care will be stored in the Ontario Student Record, included on Board information management systems (i.e., Maplewood and clevr), posted on the Medical Information Board with the student picture (e.g., staffroom), and if the student is bused, in the Transportation Individual Medical Management Plan Poster and Cards which are completed in clevr, if consent is provided.
- Local health agencies (i.e., Health Units, Southwest Local Integration Network (LHIN), Public Health Nurse, Family Physician, Nurse Practitioner, Pharmacist, etc.) may, upon request from the school or parent/guardian, assist in the determination of those students requiring the prevalent medical condition designation, as well as in the interpretation of any medical documentation.
- The school will maintain a file including an Individual Medical Management Plan of Care, OSBIE incident reports and other relevant documentation in the Ontario Student Record (documentation folder) of students with a prevalent medical condition.
- A "Prevalent Medical Condition (formerly Medically-at-Risk)" symbol (red circle with MAR), provided annually by the Executive Assistant of Learning Services, shall be affixed to the top right corner of the student's OSR in order to facilitate access to the Individual Medical Management Plan of Care and to provide a foundation for the annual verification/review by the parents/guardians. These symbols can be requested from the Executive Assistant of Learning Services throughout the school year.
- A clearly visible display area (or binder) must be maintained in the school office and/or staff room (or other important location) displaying the Individual Medical Management Plan of Care Posters.
- Medical Supplies for implementing the Individual Medical Management Plan of Care shall be kept in a clearly identified and secured area(s) for quick access, and may also be carried directly on the student. Lock-downs, evacuations, and other emergency situations should be considered during the location identification process.

## 9.2. Individual Medical Management Plan of Care

An Individual Medical Management Plan of Care is a form that is required for students designated with a prevalent medical condition.

- The completion of the Individual Medical Management Plan of Care must consider the age, capacity and maturity of the student, the nature and severity of the life-threatening condition, specialized equipment needed, and the physical properties of the school.
- It is recommended that the medical order, or a copy of any notes or instructions that were given to the parents by a physician or health care professional, as it pertains to managing and supporting their child with a prevalent medical condition be reviewed and incorporated into the plan of care, where needed.
- The Individual Medical Management Plan of Care is developed through a collaborative process, involving the student where appropriate, parent(s)/ guardian(s) of the pupil, the principal, school staff, and community health care partners, where appropriate and requested by parent, during the first 30 days of school for new registrations with a prevalent medical condition, or during the school year when a student has been diagnosed with a prevalent medical condition.
- Prior to completing the Individual Medical Management Plan of Care, the resource appendix, listed below, for the specific prevalent medical condition, must be reviewed by the principal and/or designate, and can be shared with the parent. Additional responsibilities, specific to each prevalent medical condition are stated on each appendix.
  - Appendix B: Asthma
  - Appendix C: Anaphylaxis
  - Appendix D: Diabetes
  - Appendix E: Epilepsy

## 9.3 Emergency Response

- School staff are expected to respond to medical incidents and emergencies according to the directions laid out in the Individual Medical Management Plan of Care(s), board procedures, and their collective agreements.

## 9.4 Review of the Individual Medical Management Plan of Care

- The Individual Medical Management Plan of Care for each student with a prevalent medical condition shall be reviewed annually within the first 30 days of school, when the plan of care changes, during transition and/or at times deemed appropriate by the principal and parent.
- In the event of an incident or emergency, an evaluation of the school procedure or protocol shall be undertaken, responsive changes made if required, and the staff, parents and others, as necessary, be notified of the changes. In the event that revisions are made to the Individual Medical Management Plan of Care, due diligence should be taken to update and revise the Transportation Individual Medical Management Plan, and the Plan of Care Poster Cards. Parents must sign a new consultation record.
- When the student with a prevalent medical condition changes schools, or moves from the elementary to secondary panel, the Individual Medical Management Plan of Care shall be transferred with the OSR. Notification and review of the plan will take place as

part of the Transition Meeting prior to the student's first day of attendance of the student. The new school will then commence the training requirements within the first 30 days.

- During the annual review, and if no changes are required to the Individual Medical Management Plan of Care, it is sufficient for the parents and school team to sign the Consultation Record only (see Appendix G).

## **10.0 Medical Emergency Drills**

As detailed in Administrative Procedure 170 School Emergency Procedures: 3.4, every principal shall conduct at least one Medical Emergency drill each year.

## **11.0 Appendices and References to Support Prevalent Medical Conditions**

- Appendix A: Definitions
- Appendix B: Asthma
- Appendix C: Anaphylaxis
- Appendix D: Diabetes
- Appendix E: Epilepsy
- Appendix F: Individual Medical Management Plan of Care Form
- Appendix G: Consultation Record
- Appendix H: Parent Sample Letter: Notification of Process to Identify a Prevalent Medical Condition or Other Health Condition
- Appendix I: Sample letter to School Community regarding Student with a Prevalent Medical Condition
- Appendix J: Individual Medical Management Plan of Care Poster/Card
- Appendix K: Sample School Messenger and/or Newsletter Note – September
- Appendix L: Sample “Confirmation of Training” for Staff Epipen Training

## **12.0 Other Health Conditions that Place the Student Medically-at-Risk**

### **12.1. Identification**

- Some students have other diagnoses 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.
- The principal/designate will communicate the process for identifying medically-at-risk students:
  - during the time of registration; and
  - each year during the first week of school (e.g., elementary: school website, newsletter, planners, school messenger; secondary – planners, school website, school messenger – See Appendix K); and
  - when a child is diagnosed and/or returns to school following a diagnosis;

This procedure applies, with necessary modifications, to the creation of an Individual Management Plan of Care for students with these other health conditions. For greater certainty the following applies:

#### 12.2. Development

- Each school principal shall ensure that an Individual Medical Management Plan of Care is co-created with parents, staff and students (where appropriate) and/or reviewed annually for students who are medically-at-risk;
- The principal/designate shall review this procedure with the parent and/or student (as appropriate), including in respect of roles and responsibilities of parents and students;
- The principal/designate will use the Individual Medical Management Plan of Care Form, Posters and Cards protocols (e.g., creation, sharing, confidentiality, OSR processes, Medical Information Board, etc.) to support the development, review and sharing of the student's medical information as set out earlier in this procedure, including with staff and others in direct and/or indirect contact with the students.
- The Principal may request medical documentation from the parent to support the development of the Individual Medical Management Plan of Care if needed.

#### 12.3 Review

- The Individual Medical Management Plan of Care is to be reviewed annually, when changes are recommended and after medical emergency situations.

#### 12.4 Reporting and Documenting

- Staff are to follow AP 175: Administrative Procedure 175, Accidents, Incidents and Occupational Illness.

#### 12.5 Medication

- Staff are to follow AP 315: Medication: Administration, Storage and Disposal

#### 12.5 Prevention

- 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.

#### 12.6 Resources and Training

- The principal will seek information, resources and/or training from local health care professionals, parents/guardians and/or the Superintendent of Education: Learning Services, if deemed necessary to understand and support other medically-at-risk students.

#### 12.7 Privacy and Confidentiality

- Staff and other with direct and indirect contact are to maintain confidentiality of medical information of students of the board
- Staff are to follow AP 103 Management of Personal Information.