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1. Policy Statement

It is the policy of Lakehead District School Board that staff, students and parents/guardians/ caregivers collaborate to ensure the safety of students with prevalent medical conditions in compliance with Sabrina's Law, Ryan's Law and all other relevant legislation.

2. Definitions

- 2.1 Allergies - Allergies occur when the immune system becomes unusually sensitive and overreacts to substances that are normally harmless, e.g., pollens, dust, foods, etc. These substances are called allergens.
- 2.2 Asthma - Asthma is described as a chronic inflammatory disease of the airway. When in the presence of triggers, the airways react by narrowing or obstructing which can make breathing difficult.
- 2.3 Asthma Inhaler - Commonly known as a puffer. A hand held portable device that delivers medication to the lungs. Available types include a dry powder tube inhaler, a powder disk inhaler and a single dose powder disk inhaler.
- 2.4 Anaphylaxis - As defined by Sabrina's Law, 2005, anaphylaxis means a severe systemic allergic reaction that can be fatal, resulting in circulatory collapse or shock, and "anaphylactic" has a corresponding meaning.
- 2.5 Consent - Means consent given by an individual with the capacity to provide consent to treatment for the purposes of the Health Care Consent Act, 1996.
- 2.6 Diabetes - Diabetes is a chronic, often debilitating and sometimes fatal disease, in which the body either cannot produce insulin or cannot properly use the insulin it produces. Insulin is a hormone that controls the amount of glucose (sugar) in the blood.
- 2.7 Emergency - Emergency refers to those medical related issues that require an immediate response such as, but not limited to, anaphylaxis, asthma, diabetes, seizures and may be life threatening.
- 2.8 Epilepsy - Epilepsy is a condition of the brain causing seizures. A seizure is a disruption of the electrical communication between neurons.
- 2.9 Epinephrine - The medication that treats anaphylaxis. It is available in a preloaded syringe or auto-injector more commonly known as the EpiPen®.

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- 2.10 In Loco Parentis - A legal term, meaning in the place of a parent or with a parent's rights, duties and responsibilities.
- 2.11 Medication - Refers to medications that are prescribed by a health care provider and, by necessity, may be administered to a student, or taken by the student during school hours or school related activities. A number of safe and effective medicines are available to help control prevalent medical conditions. These medications are prescribed and typically involve a personalized medical management plan.
- 2.12 Seizure - A seizure is a brief episode caused by a transient disruption in brain activity that interferes with one or more brain functions.

3. Identification and Medical Management Plans/Emergency Action Plans

- 3.1 At the time of registration, or upon diagnosis, all parents/guardians/caregivers are required to inform the school administration of the student's prevalent medical condition.
- 3.2 Procedures related to medical/health needs of individual students will include physician or health care professional prescribed plans of care.
- 3.3 Detailed information must be provided with regard to the student's prevalent medical condition (i.e., signs/symptoms, triggers, prevention/avoidance strategies, treatment, staff responsibilities, changes to the student's condition, authorized medical intervention, storage of medication or equipment, record of administration of medication, relevant consents of parents/guardians/caregivers). Emergency contact information must always be kept up to date.
- 3.4 The school will maintain a file including a Medical Management Plan/Emergency Action Plan and relevant correspondence in the Ontario Student Record (OSR) of the student with the prevalent medical condition. Educators and/or support staff of the student will also retain a copy of the Medical Management Plan/Emergency Action Plan. In order to keep supply staff informed, educators and/or support staff will leave detailed information about the management care of students who have prevalent medical conditions in their day books.
- 3.5 A clearly visible display area or a binder system must be maintained in the school office, cafeteria and/or staff room showing students with prevalent medical conditions attending the school. Materials for implementing the Medical Management Plan shall be kept in a clearly identified and secured area for quick access. Students should carry their own equipment/materials.

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- 3.6 Parents/guardians/caregivers are responsible to provide an up-to-date supply of necessary materials. Unused medications/materials must be returned at year's end to the student with the prevalent medical condition or their parent/guardian/caregivers as per Policy and Procedures 6061 Administration of Oral Medication, Med Form 6 (Appendix A).
- 3.7 Physical properties of the school, class schedules, exam/EQAO schedules, extra-curricular activities, field trips and transportation must be taken into consideration when creating the Medical Management Plan.
- 3.8 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.
- 3.9 The original Medical Management Plan must be created in consultation with and signed by the physician or health care professional. 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.

4. Administration of Medication

- 4.1 In exceptional cases in which a student must have prescribed medication administered during school hours, the principal will arrange to have the medication administered at school as per Policy and Procedures 6061 Administration of Oral Medication.
- 4.2 Parents/guardians/caregivers must provide the school with the prescribed health supports, including but not limited to, epinephrine auto-injectors, asthma medications (i.e., relievers, inhalers), diabetes medications and supplies (i.e., insulin, fast acting glucose, glucometer) etc. Medication expiry dates must be monitored appropriately.
- 4.3 Written notification will be provided in Med Forms 1 and 2 (Appendix A) which must be completed by the student's physician and parent/guardian/caregiver.
- 4.4 Med Forms 1, 2, and 5 (Appendix A) must be completed in order to release medical information in an emergency.
- 4.5 Med Forms 1, 2, and 5 (Appendix A) will be placed in the student's Ontario Student Record (O.S.R.)
- 4.6 Services and supports as described in the guidelines contained within this policy and procedures shall be rendered by authorized personnel only (i.e., health care professionals and Board staff who have received pertinent information and training). Classmates/peers and volunteers are not considered authorized personnel.

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- 4.7 The injection of medication in non-emergency situations will be administered only by a health care professional or by the parent/guardian/caregiver or student as per authorization. Board staff do not administer medication via rectal suppository or syringe injection.
- 4.8 In order to best support the possible emergency medical needs of a student with asthma, students will be allowed to carry their asthma inhalers/medication with them if they have their parent/guardian/caregiver's permission to do so if they are under 16. Students over 16 are not required to have their parent/guardian/caregiver's permission to carry their inhalers/medication with them.
- 4.9 In the case of anaphylaxis, the parent/guardian/caregiver will provide an epinephrine auto-injector as soon as possible. One single-dose is essential; however, two doses is highly recommended. Devices must be clearly labelled with the student's full name. Consideration for the age, maturity and responsibility level of students with potential anaphylaxis must be taken into account. Students should be responsible for carrying/having immediate access to an epinephrine auto-injector at all times.
- 4.10 The principal of a school will ensure that all staff and students will have easy access to their prescribed reliever inhaler(s), medications, epinephrine auto-injectors, blood glucose testing equipment, insulin etc.
- 4.11 In any emergency situation and in the absence of a signed consent form, staff shall proceed "in loco parentis" in administering prescribed medication in order to reduce risk to the student.
- 4.12 In that schools are not equipped to deal safely with the storage and administration of a variety of medicines and staff usually do not have medical training, each situation shall be dealt with individually in order to minimize risk in transportation, storage, and administration of medication.
- 4.13 The principal of a school is required to ensure that a record of administering medication as per Policy and Procedures 6061 Administration of Oral Medication, Med Form 4 (Appendix A) whenever a student with asthma, diabetes, anaphylaxis, **epilepsy** or another prevalent medical condition is administered emergency medication at school or a school-related event. The staff person or health care professional who administered the emergency medication is required to fill out the appropriate form.

5. Prevention and Minimizing Risk

- 5.1 All reasonable precautions shall be taken to provide a safe environment for students with prevalent medical conditions, with consideration that it is not possible to provide an absolute guarantee or elimination of all risks.

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- 5.2 With respect to anaphylaxis and severe allergies, the school administration, in consultation with health care professionals and their school council, shall determine and implement safe school policies.
- 5.3 Students who are formally identified to the school by a physician as being at risk of severe life threatening anaphylaxis or other risks as a result of the ingestion of or exposure to certain foods or allergens, will not be provided or exposed to such known foods or allergens by Lakehead District School Board staff.
- 5.4 Each school shall implement the Diabetes Management Plan, for students with diabetes in order to provide for the needs of students with this condition.
- 5.5 Each school shall implement the Epilepsy/Seizure Management Plan, for students with Epilepsy/Seizure Disorder, in order to provide for the needs of students with this condition.
- 5.6 Each school shall develop and implement strategies to reduce the risk of exposure to known common asthma triggers in classrooms and common school areas.

6. Training

- 6.1 It is the responsibility of the principal, on an annual basis, to notify the student, parents/guardians/caregivers and staff within the school of their responsibilities under this policy.
- 6.2 It is the responsibility of the teacher to educate their students regarding the relevant components of a classmate's Medical Management Plan in case of an emergency.
- 6.3 At the start of the school year, all students with prevalent medical conditions attending the school shall be identified to all appropriate staff members including the location of the prevalent medical condition student information board or binder and the location of necessary equipment.
- 6.4 The Board shall provide regular training on how to recognize symptoms i.e., anaphylaxis, asthma exacerbations, hyperglycemia/hypoglycemia, etc., for all employees, including supply staff and others who are in direct contact with students. Additional training will be provided on an as needed basis, where appropriate.
- 6.5 The principal will coordinate training for all staff. Training will be available to all individuals in the school; for example, but not limited to, administrators, teachers, coaches, lunchroom supervisors, cafeteria staff, custodians, secretaries, student support professionals, and designated early childhood educators. Training shall occur annually at or around the beginning of the school year.

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- 6.6 For any specific medical procedure, a minimum of two staff members should be trained, i.e., first aid.
- 6.7 The principal will co-ordinate with local health agencies, the development, management and delivery of in-service concerning specific health conditions. Parents/guardians/caregivers of students with prevalent medical conditions may wish to be involved in training staff members in the appropriate emergency procedures.

7. Non-Routine Events/Field Trips

- 7.1 The principal, in co-operation with the school staff, parents/guardians/caregivers and the student, will develop the necessary accommodations for when a student with a prevalent medical condition is expected to participate in special events within or outside of the classroom or excursions that are off school premises or out of town, province or the country.
- 7.2 When planning extended field trips, more than one emergency medication must be available (i.e., two epi-pens) and hospital, police, fire or ambulance services must be accessible.
- 7.3 Where excursions are out of cell phone range and no land line is available, consideration for the age, maturity and responsibility level of the student, the severity of the prevalent medical condition, the level of support through a trained supervisor and the overall safety of the student will be taken into account before a parent/guardian/caregiver is requested to accompany the student.

8. Transportation

- 8.1 It is required that each bus company is to direct its drivers to respond to a medical emergency with respect to a student with a prevalent medical condition riding its vehicles and take reasonable steps to prevent a medical emergency.
- 8.2 The principal, with the cooperation of Student Transportation Services Thunder Bay, will ensure that the bus drivers are informed of students with prevalent medical conditions and will provide a copy of the relevant components of the students' Medical Management Plans to bus drivers in case of an emergency. It is the responsibility of the bus companies to provide appropriate training for their employees.
- 8.3 The principal, with the cooperation of Student Transportation Services Thunder Bay will ensure that the bus drivers are aware of the location (i.e., backpack, lunch kit) of medication/equipment of each student with a prevalent medical condition. Students with prevalent medical conditions must have their medication or equipment with them while riding the bus.

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8.4 The principal, with the cooperation of Student Transportation Services Thunder Bay, will ensure that bus drivers are reminded that students identified with diabetes will need permission to eat or drink juice while riding the bus, when needed.

9. Review

These procedures shall be reviewed in accordance with 2010 Policy Development and Review Policy.

<u>Cross Reference</u>	<u>Date Approved</u>	<u>Legal Reference</u>
Ministry of Education Policy Memorandum No. 161, Supporting Children and Students with Prevalent Medical Conditions (anaphylaxis, asthma, diabetes, and/or epilepsy) in Schools	June 27, 2017	Bill 3 Sabrina's Law, 2005 – An act to protect anaphylactic pupils
6061 Administration of Oral Medication Policy and Procedures	<u>Date Revised</u> April 23, 2019	Bill 20 Ryan's Law, 2015 – Ensuring Asthma Friendly Schools
Ministry of Education Policy & Program Memorandum No. 81, Provision of Health Support Services in School Settings, July, 1984		