

## **SUPERIOR-GREENSTONE DISTRICT SCHOOL BOARD**

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<i>Section</i>	SCHOOLS AND STUDENT	
<i>Management Guideline</i>	SUPPORTING STUDENTS WITH PREVALENT MEDICAL CONDITIONS (ANAPHYLAXIS, ASTHMA, DIABETES, AND/OR EPILEPSY) IN SCHOOLS.	
<i>Applicable Policy</i>	SUPPORTING STUDENTS WITH PREVALENT MEDICAL CONDITIONS (ANAPHYLAXIS, ASTHMA, DIABETES, AND/OR EPILEPSY) IN SCHOOLS	545

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The Superior-Greenstone District School Board believes that it is a shared responsibility to maintain a safe environment for every student. Supporting students with prevalent medical conditions is one aspect of keeping our students well- being a priority.

### **DEFINITIONS**

**“Anaphylaxis”** - is a sudden and severe allergic reaction, which can be fatal, requiring medical emergency measures be taken.

**“Asthma”** - is a chronic, inflammatory disease of the airways in the lungs.

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

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

**“Healthcare Professional”** - is a member of a College under the Regulated Health Professions Act, 1991 (e.g., medical doctor, nurse practitioner, registered nurse, pharmacist).

**“Healthcare Provider”** - may be a Physician, Nurse Practitioner, Registered Nurse, Pharmacist, Respiratory Therapist, Certified Respiratory Educator, or Certified Asthma Educator.

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

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

**“Plan of Care”** - is a form that contains individualized information on a student with a prevalent medical condition. The Plan of Care for a student with a prevalent medical condition should be co-created, reviewed and/or updated by the parents and/or guardians in consultation with the principal or the principal’s designate, designated staff (as appropriate), and the student (as appropriate), during the school year.

**“Parents”**- have the authority to designate who is provided access to the Plan of Care. With authorization from parents and/or guardians, the principal or the principal’s designate should

share the Plan of Care with school staff who are in direct contact with students with prevalent medical conditions and, as appropriate, others who are in direct contact with students with prevalent medical conditions (e.g. food service providers, transportation providers, volunteers).

**“Prevalent Medical Condition”** - for the purpose of this document, includes anaphylaxis, asthma, diabetes, and epilepsy.

**“Self-Management”** - is a continuum where a student’s cognitive, emotional, social and physical capacity and stage of development are determinants of their ability to confidently and independently manage their medical condition(s). The students’ journey to reach their full potential along the self-management continuum is not linear and can require varying levels of support over time. A student’s capacity for self- management may be compromised during certain medical incidents, and additional support will be required.

**“Students”** - are children in Kindergarten and students in Grades 1 to 12.

**“Principal’s Designate”** - in this policy is a person who is designated by the Board to be in charge of the school in the principal’s absence.

## **GUIDELINES**

### **1.0 Roles and Responsibilities**

#### **1.1 Parents and/or Guardians of Children with Prevalent Medical Conditions:**

- 1.1.1 As primary caregivers of their child, parents and/or guardians are expected to be active participants in supporting the management of their child’s medical condition(s) while the child is in school. Parents and/or guardians should:
  - a. Educate their child about their medical condition(s) with support from their child’s health care professional, as needed and as appropriate.
  - 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 the Plan of Care for their child with the principal or the principal’s designate.
  - d. Communicate changes to the 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.
  - e. Confirm annually to the principal or the principal’s designate that their child’s medical status is unchanged.
  - f. Initiate and participate in annual meetings to review their child’s Plan of Care.
  - g. Supply their child and/or 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

track the expiration dates if they are supplied.

- h. Seek medical advice from a medical doctor, nurse practitioner, or pharmacist, where appropriate. In addition, the following roles and responsibilities may be included in policies on prevalent medical conditions.
- i. Provide the school with copies of any medical reports or instructions from the student's health care provider.
- j. Review all school and board policies related to the management of their child's medical condition(s).

1.2 Students with Prevalent Medical Conditions:

- 1.2.1 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 Plan of Care. Students should:
  - 1.2.2 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.
  - 1.2.3 Participate in the development of their Plan of Care.
  - 1.2.4 Participate in meetings to review their Plan of Care.
  - 1.2.5 Carry out daily or routine self-management of their medical condition to their full potential, as described in their Plan of Care (e.g. carry their medication and medical supplies; follow school board policies on disposal of medication and medical supplies).
  - 1.2.6 Get goals on an ongoing basis, for self-management of their medical condition, in conjunction with their parent(s) and health care professional(s).
  - 1.2.7 Communicate with their parent(s) and/or guardian(s) and school staff if they are facing challenges related to their medical conditions(s) at school.
  - 1.2.8 Wear medical alert identification that they and parent(s) and/or guardians deem appropriate.
  - 1.2.9 If possible, inform school staff and/or their peers if a medical incident or a medical emergency occurs.

1.3 School Staff:

- 1.3.1 School staff should follow the school board's policies and the provisions in their collective agreements related to supporting students with prevalent medical conditions in schools. School staff should:
  - 1.3.2 Review the contents of the Plan of Care for any student with whom they have direct contact.

- 1.3.3 Participate in training, during the instructional day, on prevalent medical conditions, at a minimum annually, as required by the school board.
  - 1.3.4 Share information on a student's signs and symptoms with other students, if the parents give consent to do so and as outlined in the Plan of Care and authorized by the principal in writing.
  - 1.3.5 Follow school board 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 Plan of Care.
  - 1.3.6 Support a student's daily or routine management, and respond to medical incidents and medical emergencies that occur during school, as outlined in board policies and procedures.
  - 1.3.7 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 Plan of Care, while being aware of confidentiality and the dignity of the student.
  - 1.3.8 Enable students with prevalent medical conditions to participate in school to their full potential, as outlined in their Plan of Care.
- 1.4 In addition, the following roles and responsibilities may be included in policies on prevalent medical conditions:
- 1.4.1 Collaborate with parent(s) and/or guardians in developing transition plans for students with Prevalent Medical Conditions, as appropriate.
  - 1.4.2 Maintain log of administration of medication.
  - 1.4.3 Notify the principal or principal's designate if they become aware of the expiry date on medication(s) has been reached.
- 1.5 Principal or Principal's Designate, in addition to the responsibilities outlined under "School Staff", the principal and/or designate will:
- 1.5.1 Clearly communicate to parents and appropriate staff the process for parents to notify the school of their child's medical condition(s), as well as the expectation for parents and/or guardians to co-create, review, and update a Plan of Care with the principal or the principal's designate. This process should be communicated to parents and/or guardians at a minimum:
    - a) during the time of registration
    - b) each year during the first week of school
    - c) when a child is diagnosed and/or returns to school following a diagnosis;
  - 1.5.2 Co-create, review or update the Plan of Care for a student with a prevalent medical condition with the parent(s) and/or guardians, in consultation with the school staff (as appropriate) and with the student (as appropriate).
  - 1.5.3 Maintain a file with the Plan of Care and supporting documentation for each student with a prevalent medical condition.

- 1.5.4 Provide relevant information from the student's Plan of Care to school staff and others who are identified in the Plan of Care (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.
  - 1.5.5 Communicate with parents and/or guardians in medical emergencies, as outlined in the Plan of Care.
  - 1.5.6 Encourage the identification of staff who can support the daily or routine management needs of students in the school with prevalent medical conditions, while honoring the provisions within their collective agreements
- 1.6 Superior Greenstone District School Board
- 1.6.1 The Superior Greenstone District School Board is expected to communicate, on an annual basis, its policies on supporting students with prevalent medical conditions to parents and/or guardians, school board staff, and others in the school community who are in direct contact with students (e.g. food service providers, transportation providers, volunteers). At a minimum, the Board is expected to make their policies and their Plan of Care templates available on their public website in the language of instruction.
  - 1.6.2 In addition, the following are expected:
    - a) provide training and resources on prevalent medical conditions on an annual basis.
    - b) develop strategies that reduce the risk of student exposure to triggers or causative agents in classrooms and common school areas.
    - c) 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.
    - d) 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.
    - e) consider PPM 161 and related board policies when entering into contracts with transportation, food service and other providers.
    - f) ensure at the time of registration there is a process for identifying students with prevalent medication conditions.
  - 1.6.3 Where appropriate, the support and advice of community partners and health care providers should be sought for the purpose of ensuring the safety and well-being of students with a prevalent medical condition.

## **2.0 Communication Strategies/Privacy and Confidentiality**

- 2.1 Due to the nature and severity of prevalent medical conditions, the school principal will establish a communication plan at the start of the school year to share information about students with prevalent medical conditions with parents and/or guardians, students, employees, volunteers, coaches, and where

appropriate, food service providers, transportation providers and child care providers.

- 2.2 General communication about the prevalent medical conditions can be handled through board/school communication vehicles such as letters home to all parents, or through the school newsletter, board/school website, parent and/or guardian information nights and other school presentations.
- 2.3 The student's Plan of Care will identify those individuals in direct contact with the student during the course of their educational experience (including occasional teachers and volunteers) who will need training and/or information on the student's prevalent medical condition.

### **3.0 *Responding to Medical Emergencies***

- 3.1 The Board will determine and outline staff responses to medical incidents and/or medical emergencies at school that involve students with prevalent medical conditions which should align with existing school board medical emergency procedures (e.g. immediate response, including use of emergency medication and monitoring and/or calling Emergency).

### **4.0 *Awareness Training/Resources***

- 4.1 The Board will raise staff and student awareness of their policies on prevalent medical conditions. This should include triggers or causative agents, signs and symptoms of medical incidents and medical emergencies, and school board emergency procedures.
- 4.2 Schools, also, should raise awareness of prevalent medical conditions that affect students. They can do so, for example, through curriculum content in classroom, instruction, other related learning experiences, and classroom leadership opportunities. Awareness is especially important at times of transition (e.g. the move to a new school, the move from elementary to secondary school), when students have to face social, physiological and environmental changes.

### **5.0 *Liability***

- 5.1 The Good Samaritan Act, passed in 2001, protects 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:
  - 5.1.1 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.
  - 5.1.2 (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.

5.2 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:

5.2.1 Section 3(4) of Sabrina's Law:

- a) 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.

5.2.2 Section 4(4) of Ryan's Law:

- a) 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.

## ***APPENDICES***

APPENDIX A – Plan of Care Anaphylaxis

APPENDIX B – Plan of Care Epilepsy

APPENDIX C – Plan of Care Asthma

APPENDIX D – Plan of Care Diabetes

APPENDIX E – Administration of Medication Parent Consent Form