Northeastern Catholic District School Board

PREVALENT MEDICAL CONDITIONS (Anaphylaxis, Asthma, Diabetes, and/or Epilepsy)

Administrative Procedure Number: APE002

POLICY STATEMENT

The Northeastern Catholic District School Board (NCDSB) is committed to supporting students with prevalent medical conditions to fully access Catholic education in a safe, accepting, and healthy learning environment that supports well-being. The NCDSB further supports the notion of empowering students to be confident and capable learners, able to reach their full potential for self-management of their medical condition. The NCDSB will endeavour to provide the necessary supports to students with prevalent medical conditions and/or other general medical conditions to ensure their full participation and active engagement throughout their academic experience.

REFERENCES

Education Act
Child and Family Services Act, 1990
The Good Samaritan Act, 2001
Ryan's Law, 2015
Sabrina's Law, 2005
Policy Program Memorandum (PPM)
- 161 Supporting Children and Students with Prevalent Medical Conditions (Anaphylaxis, Asthma, Diabetes, and/or Epilepsy) in Schools
- 81 Provision of Health Support Services in School Settings

NCDSB Board Policy
- E-2 Prevalent Medical Conditions (Anaphylaxis, Asthma, Diabetes, and/or Epilepsy)
- E-6 Provision of Health Support Services in Schools
- E-24 Personal Information Management

DEFINITIONS

Anaphylaxis
A sudden and severe allergic reaction, which can be fatal, requiring medical emergency measures be taken.

Asthma
A chronic, inflammatory disease of the airways in the lungs.

Diabetes
A chronic disease, in which the body either cannot produce insulin or cannot properly use the insulin it produces.

Epilepsy
A neurological condition which affects the nervous system.

General Medical Condition
A medical condition other than those outlined in PPM 161, when diagnosed for a student by a medical doctor or nurse practitioner.

Medical Emergency
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
A circumstance that requires and immediate response and monitoring, as the incident may progress to an emergency requiring contact with Emergency Medical Services.

Plan of Care
A form that contains individualized information on a student with a prevalent medical condition and/or other medical condition not identified in this policy.

Prevalent Medical Conditions
Limited to asthma, diabetes, epilepsy, and anaphylaxis, when diagnosed for a student by a medical doctor or nurse practitioner.

Other
There may be situations where medical conditions beyond those listed in PPM 161 may require a school response. For convenience, this protocol includes a Plan of Care-Other (Appendix J) to support schools who are working with a student who requires support for an alternate medical condition. It is important to ensure that the appropriate medical practitioners are consulted for medical conditions beyond the scope of this protocol.

PROCEDURES

1.0 ROLES AND RESPONSIBILITIES

1.1 Parents/Guardians of Children with Prevalent Medical Conditions and/or General Medical Conditions

As primary caregivers of their child, parents/guardians are expected to be active participants in supporting the management of their child's medical condition(s) while the child is in school. At a minimum parents/guardians should:

i) educate their child about their medical condition(s) with support from their child's health care professional, as needed;
ii) guide and encourage their child to reach their full potential for self-management and self-advocacy;
iii) 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 (*Letter to Parents/Guardians*);

iv) 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;
v) confirm annually to the principal or the principal's designate that their child's medical status is unchanged;
vi) initiate and participate in annual meetings to review their child's Plan of Care;
vii) 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;
viii) seek medical advice from a medical doctor, nurse practitioner, or pharmacist, where appropriate;
ix) provide the school with copies of any medical reports or instructions from the student's health care provider, as required;
x) review school board policies and procedures and complete requirements as needed; and
xi) complete appropriate consent forms as it relates to the administration of medication (*Consent to Administer Medication*).

1.2 Students with Prevalent Medication 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 Plan of Care. Students should:

i) 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;
ii) participate in the development of the Plan of Care;
iii) participate in meetings to review the Plan of Care;
iv) carry out daily or routine self-management of their medical condition to their full potential, as described in their Plan of Care including, but not limited to carrying their medication and medical supplies; following school board policies on disposal of medication and medical supplies;
v) set goals on an ongoing basis, for self-management of their medical condition, in conjunction with their parents/guardians and health care professionals;
vi) communicate with their parents/guardians and school staff if they are facing challenges related to their medical conditions at school;
vii) wear medical alert identification that they and/or parent(s) deem appropriate; and
viii) if possible, inform school staff and/or their peers if a medical incident or a medical emergency occurs.

1.3 School Staff

School staff should follow their school board's policies and the provisions in their collective agreements relating to supporting students with prevalent medical conditions in schools. School staff should:

i) review the contents of the Plan of Care for any student with whom they have direct contact;

ii) participate in training, during the instructional day, on prevalent medical conditions, at a minimum annually, as required by the school board;
iii) 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;
iv) 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;
v) 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;
vi) support inclusion by allowing students with prevalent medical conditions to perform daily or routine management activities in a school location, as outlined in their Plan of Care, while being aware of confidentiality and the dignity of the student;
vii) enable students with prevalent medical conditions to participate in school to their full potential, as outlined in their Plan of Care; and
viii) collaborate with parents/guardians in developing transition plans for students with prevalent medical conditions, as appropriate.

1.4 Principals

In addition to the responsibilities outlined under section 1.3 above, the principal should:

i) clearly communicate to parents/guardians and appropriate staff the process for parents/guardians to notify the school of their child's medical condition(s), as well as the expectation for parents/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/guardians at a minimum:
    i-i) during the time of registration;
    i-ii) each year during the first week of school;
    i-iii) when a child is diagnosed and/or returns to school following a diagnosis;
ii) co-create, review or update the Plan of Care for a student with a prevalent medical condition with the parents/guardians, in consultation with the school staff (as appropriate) and with the student (as appropriate);
iii) maintain a file with the Plan of Care and supporting documentation for each student with a prevalent medical condition;
iv) provide relevant information from the student's Plan of Care to school staff and others who are identified in the Plan of Care, including but not limited to: food service providers, transportation providers, volunteers, occasional staff who will be in direct contact with the students, including any revisions that are made to the plan over the course of the school year;
v) communicate with parents/guardians in medical emergencies, as outlined in the Plan of Care;
vi) encourage the identification of staff who can support the daily or routine management needs of students in the school with prevalent medical conditions, while honouring the provisions of collective agreements;

vii) maintain appropriate storage of medications or medical devices for students with prevalent medical conditions;
viii) ensure, with consent, an updated photo with key emergency information is placed in a school location for all staff to see on a regular basis;
ix) ensure occasional staff have access to the student's Plan of Care and are familiar with the emergency procedures;
x) ensure all staff have received training annually, including training about any prevention strategies, recognition of life-threatening situations, emergency protocols and the use of emergency medical interventions; and
xi) promote a supportive learning environment recognizing the need for an accepting school climate for students with prevalent medical conditions.

1.5 School Board

i) Communicate, on an annual basis, the policies on supporting students with prevalent medical conditions to all stakeholders;
ii) provide training and resources on prevalent medical conditions on an annual basis;
iii) develop strategies that reduce the risk of student exposure to triggers or causative agents in classrooms and common school areas;
iv) develop expectations for schools to support the safe storage and disposal of medication and medical supplies, and communicate these expectations;
v) 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.
vi) consider PPM 161 and related board policies when entering into contracts with transportation, food service, and other providers; and
vii) ensure at the time of registration there is a process for identifying students with prevalent medical conditions.

2.0 PLAN OF CARE

2.1 Plans of care should be co-created, reviewed and/or updated by the parents/guardians in consultation with the principal or the principal's designate, designated staff (as appropriate), and the student (as appropriate).

2.2 Parents/Guardians have the authority to designate who is provided access to the Plan of Care. With authorization, the principal or 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.

2.3 Templates will be provided by the school board that meet the minimum elements as defined within PPM 161, for each prevalent medical condition therein.

2.4 A general plan of care will be used for students with medical conditions other than those outlined in PPM 161.

3.0 COMMUNICATION STRATEGIES / PRIVACY AND CONFIDENTIALITY

3.1 Communication strategies must be clear and widely distributed across the school board.

3.2 School principals or designates will establish a communication plan at the start of the school year to share information about students with prevalent medical conditions.

3.3 Adhere to policy and procedures regarding the confidentiality of the student's medical condition within the school environment, including practices for accessing, sharing and documenting information.

3.4 Members of the NCDSB must comply with applicable privacy legislation and obtain parental consents to share student health information.

4.0 FACILITATING AND SUPPORTING DAILY / ROUTINE MANAGEMENT

4.1 As much as possible and as aligned with the Plan of Care, staff will provide supports to students with prevalent medical conditions in order to facilitate their routine or daily management of activities in school.

4.2 Ensure appropriate planning is completed in advance of school activities or out of class excursions to support inclusion of students with prevalent medical conditions, in accordance with the Plan of Care.

5.0 RESPONSE PROTOCOLS AND PRACTICES FOR RESPONDING TO MEDICAL EMERGENCIES

5.1 Principals or designates will review response protocols with staff, according to the Plan of Care and related prevalent medical condition. Use of a response protocol for emergency services may be practiced and used, as needed (*EMS School Communication Protocol*).

5.2 The NCDSB will review medical emergency procedures, in consultation with evidence-based materials that have been developed by health and education partners.

6.0 AWARENESS TRAINING AND RESOURCES

6.1 Information will be shared with staff members on a regular basis to ensure that resources are current in order to support students with prevalent medical conditions.

6.2 Educators will work together in the school setting to raise awareness of prevalent medical conditions.

6.3 Staff shall participate in training activities at least once annually, relating to prevalent medical conditions.

7.0 SAFETY CONSIDERATION

7.1 Students are permitted, and encouraged where appropriate, to carry their medication(s) (including controlled substances) and supplies as outlined in the Plan of Care.

7.2 Schools, under the direction of the principal or designate, must set expectations and processes to support the storage and safe disposal of medication and medical supplies.

7.3 Schools, under the direction of the principal or designate, must establish a process and appropriate resources to support students with prevalent medical conditions in the event of a school emergency. This plan should be communicated with all staff, including occasional staff who have direct contact with students with prevalent medical conditions.

7.4 The NCDSB, under the direction of a supervisory officer, will provide schools with appropriate supplies to support the safe disposal of medication and medical supplies.

7.5 The requirements of the *Child and Family Services Act*, 1990 shall apply, where board employees have reason to believe that a child may be in need of protection.

8.0 REPORTING AND DOCUMENTATION

8.1 Principals or the designates shall maintain data on the number of students with prevalent medical conditions at their schools, and should monitor the number of occurrences of medical incidents and medical emergencies, as well as the circumstances surrounding the incidents (*Medical Incident Record* form).

8.2 The data received will be used as part of the policy and procedure review cycle to ensure that practices and expectations are aligned with the needs of students with prevalent medical conditions.

8.3 Adhere to policy and procedures relating to the administration of medication, in accordance with NCDSB Policy E-6 *Provisions of Health Support Services in Schools* and its related procedures.

9.0 LIABILITY

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:

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) 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.

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:

Section 3(4) *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.

Section 4(4) *Ryan's Law*
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.

10.0 RESOURCES

The following websites are excellent sources of information for matters relating to Prevalent Medical Conditions.
www.asthma.ca
www.diabetes.ca
www.cps.ca
www.foodallergycanada.ca
www.onlung.ca
www.ophea.net

11.0 RELATED FORMS AND DOCUMENTS

LETTER: Letter Inviting Parent/Guardian to Meeting to Develop Plan of Care
FORM: Consent (Self and/or Employee Administer)
FORM: EMS School Communication Protocol
FORM: Medical Incident Record
FORM: Plan of Care - Anaphylaxis
FORM: Plan of Care - Asthma
FORM: Plan of Care - Type 1 Diabetes
FORM: Plan of Care - Epilepsy
FORM: Plan of Care - Other

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Date: June 2024