

Date of Issue: DRAFT: October 24, 2017

Effective: September 1, 2018

Subject: SUPPORTING CHILDREN AND STUDENTS WITH PREVALENT MEDICAL CONDITIONS (ANAPHYLAXIS, ASTHMA, DIABETES, AND/OR EPILEPSY) IN SCHOOLS

Application: Directors of Education
Supervisory Officers and Secretary-Treasurers of School Authorities
Principals of Elementary Schools
Principals of Secondary Schools
Principals of Provincial and Demonstration Schools

INTRODUCTION

To promote the safety and well-being of students,¹ the Ministry of Education expects all school boards² in Ontario to develop and maintain a policy or policies to support students in schools³ who have asthma, diabetes, and/or epilepsy, and/or are at risk for anaphylaxis. These medical conditions, hereafter referred to as prevalent medical conditions,⁴ have the potential to result in a medical incident⁵ or a life-threatening medical emergency.

The purpose of this memorandum is to provide direction to school boards about the components that should be included in their policy or policies to support students with prevalent medical conditions in schools. This memorandum must not be implemented in a manner that violates existing provisions of collective agreements and related memoranda of understanding among parties to such agreements.

School board policies should be implemented as soon as possible, but no later than September 1, 2018.

As stipulated in Sabrina's Law, 2005, and Ryan's Law, 2015, all school boards must have policies to support students at risk for anaphylaxis and students with asthma. School boards should review their policies on anaphylaxis and asthma and ensure that their policies, at a minimum, meet the expectations outlined in this memorandum.

If school boards currently have policies to support students with diabetes or epilepsy, boards should ensure that their policies, at a minimum, meet the expectations outlined in this memorandum.

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1. In this memorandum, unless otherwise stated, *student(s)* includes children in Kindergarten and students in Grades 1 to 12.
 2. In this memorandum, *school board(s)* and *board(s)* refer to district school boards and school authorities.
 3. In this memorandum, *school* refers to all school and school-board activities, including field trips, overnight excursions, board-sponsored sporting events, and board-operated before- and after-school programs for children aged 4 to 12 years.
 4. In this memorandum, unless otherwise stated, *prevalent medical conditions* are limited to asthma, diabetes, epilepsy, and anaphylaxis, when diagnosed for a student by a medical doctor or a nurse practitioner.
 5. A *medical incident* is a circumstance that requires an immediate response and monitoring, since the incident may progress to an emergency requiring contact with Emergency Medical Services. See also "Emergency Response" on page 8.

This memorandum complements other Ministry of Education policies and programs, including those that serve students with special education needs. Its implementation should be aligned with that of other memoranda, including Policy/Program Memoranda Nos. 81 and 149.⁶

ROLES AND COLLECTIVE RESPONSIBILITIES

Supporting students with prevalent medical conditions in schools is complex. A whole-school approach is needed where education and community partners, including health care professionals,⁷ have important roles to play in promoting student health and safety and in fostering and maintaining healthy and safe environments in which students can learn.

To support school boards, the Ministry of Education is providing evidence-based resources online, on the ministry's Prevalent Medical Conditions web portal. These resources have been developed by various health and education partners (Asthma Canada, Diabetes Canada, Canadian Paediatric Society, Epilepsy Ontario, Food Allergy Canada, The Lung Association – Ontario, Ophea, and Ontario Education Services Corporation).

The ministry will continue to engage in dialogue with school boards and education partners, sharing information and best practices, to ensure successful implementation of board policies.

SCHOOL BOARD POLICIES ON PREVALENT MEDICAL CONDITIONS

In developing, revising, implementing, and maintaining their policies to support students with prevalent medical conditions, school boards must respect their obligations under all applicable legislation, policies, and collective agreements. School boards should also take into account local needs and circumstances, such as geographical considerations, demographics, and cultural considerations, as well as the availability of supports and resources, including school staff,⁸ within the school board and the community.

A culture of collaborative professionalism is grounded in a trusting environment where schools, school boards, federations, unions, and the ministry create the necessary conditions, including consideration of time and resources, that enable education stakeholders to learn with, and from, each other.

In developing or revising their policies, school boards should consult with students, parents,⁹ principals' associations, teachers' federations, education workers' unions, school staff, volunteers working in the schools, their school councils, Joint Health and Safety Committees, and community health care

6. Policy/Program Memorandum No. 81, "Provision of Health Support Services in School Settings", July 19, 1984, and Policy/Program Memorandum No. 149, "Protocol for Partnerships with External Agencies for Provision of Services by Regulated Health Professionals, Regulated Social Service Professionals, and Paraprofessionals", September 25, 2009.

7. In this memorandum, *health care professional* refers to a member of a College under the Regulated Health Professions Act, 1991 (e.g., medical doctor, nurse practitioner, registered nurse, pharmacist).

8. In this memorandum, unless otherwise noted, *school staff* refers to all school staff, including occasional staff. This memorandum does not intend to prescribe, duplicate, or remove any duties already performed by these staff.

9. In this memorandum, *parent(s)* refers to parent(s) and guardian(s).

professionals. This consultation should also include Parent Involvement Committees¹⁰ and Special Education Advisory Committees.

Components of School Board Policies

All school board policies on supporting students with prevalent medical conditions are expected to contain, at a minimum, the following components.

1. Policy Statement

The school board policy statement on supporting students with prevalent medical conditions should, at a minimum, include the following goals:

- 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-management¹¹ of their medical condition(s), according to their Plan of Care¹²

2. Roles and Responsibilities

School board policies should clearly articulate the expected roles and responsibilities of parents and school staff in supporting students with prevalent medical conditions, as well as the roles and responsibilities of the students themselves. School board policies should also contain a requirement that schools communicate the roles and responsibilities clearly to parents, students, and school staff.

a) Parents of Children with Prevalent Medical Conditions

As primary caregivers of their child, parents 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 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 Plan of Care for their child with the principal or the principal's designate;

10. Parent Involvement Committees are established under O. Reg. 612/00.

11. "Self-management" of medical conditions can be understood to exist along a continuum where students' 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. As a student's needs change, the Plan of Care would need to be adjusted accordingly.

12. A Plan of Care is a form that contains individualized information on a student with a prevalent medical condition. See section 3 for details.

- 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 the 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 is unchanged;
- initiate and participate in meetings to review their child's Plan of Care;
- supply their child and/or the school with sufficient quantities of medication and supplies in their original, clearly labelled¹³ 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;
- seek medical advice from a medical doctor, nurse practitioner, or pharmacist, where appropriate.

b) 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 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 Plan of Care;
- participate in meetings to review their Plan of Care;
- 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);
- set goals on an ongoing 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(s) at school;
- wear medical alert identification that they and/or their parent(s) deem appropriate;
- if possible, inform school staff and/or their peers if a medical incident or a medical emergency occurs.

c) School Staff

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

- review the contents of the Plan of Care for any student with whom they have direct contact;
- participate in training, during the instructional day, on prevalent medical conditions, at a minimum annually, as required by the school board;

13. In Ontario, the labelling requirements, i.e., identification markings on a container in which a drug is dispensed, are set out in section 156(3) of the Drug and Pharmacies Regulation Act, R.S.O. 1990, c. H.4.

- share information on a student's signs and symptoms with other students, as outlined in the Plan of Care and authorized by the principal in writing;
- follow school board strategies that reduce the risk of student exposure to triggers or causative agents in classrooms, common school areas, and extracurricular activities, in accordance with the student's 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 board policies and procedures (in situations where school board staff already provide supports to students with prevalent medical conditions, and are already trained appropriately, this memorandum does not intend to prescribe, duplicate, or remove those duties or training);
- 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;
- enable students with prevalent medical conditions to participate in school to their full potential, as outlined in their Plan of Care.

d) Principal

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

- 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 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, at a minimum:
 - during the time of registration;
 - each year during the first week of school;
 - when a child is diagnosed and/or returns to school following a diagnosis;
- co-create, review, or update the Plan of Care for a student with a prevalent medical condition with the parent(s), in consultation with school staff (as appropriate) and with the student (as appropriate);
- maintain a file with the Plan of Care and supporting documentation for each student with a prevalent medical condition;
- 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;
- communicate with parent(s) in medical emergencies, as outlined in the Plan of Care;
- 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 within their collective agreements.

e) School Board

School boards are expected to communicate, on an annual basis, their policies on supporting students with prevalent medical conditions to parents, 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, school boards are expected to make their policies and their Plan of Care templates available on their public website in the language of instruction.

School boards are also expected to:

- provide training and resources on prevalent medical conditions on an annual basis;
- develop strategies that reduce the risk of student exposure to triggers or causative agents in classrooms and common school areas;
- develop expectations for schools to support the safe storage¹⁴ and disposal of medication and medical supplies, and communicate these expectations to schools and support schools in the implementation of the expectations;
- 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;
- consider this memorandum and related board policies when entering into contracts with transportation, food service, and other providers.

3. Plan of Care

A Plan of Care is a form that contains individualized information on a student with a prevalent medical condition. School board policies and procedures must include a Plan of Care form. The ministry is providing school boards with a sample Plan of Care, which is available online through the ministry's Prevalent Medical Conditions web portal. This sample has been developed in consultation with health and education partners.

If they are adapting the sample Plan of Care, school boards should include, at a minimum, all of the following elements:

- preventative strategies to be undertaken by the school to reduce the risk of medical incidents and exposure to triggers or causative agents in classrooms and common school areas
- identification of school staff who will have access to the Plan of Care
- identification of routine or daily management activities that will be performed by the student, parent(s), or staff volunteer(s), as outlined in school board policy, or by an individual authorized by the parent(s)
- a copy of notes and instructions from the student's health care professional, where applicable
- information on daily or routine management accommodation needs of the student (e.g., space, access to food) (where possible, a student should not be excluded from the classroom during daily or

14. Safe storage includes the recommended storage condition(s) for medication and medical supplies. Part of the purpose of safe storage is to enable students to have ready access to their medication and medical supplies when they are not carrying the medication and supplies with them. Safe storage should also include storage considerations when the student is attending board-sponsored activities and travelling to and from such activities.

- routine management activities, unless the student or the parent(s) indicate they prefer exclusion)
- information on how to support or accommodate the student to enable participation to their full potential in all school and school board activities (e.g., field trips, overnight excursions, board-sponsored sporting events)
 - identification of symptoms (emergency and other) and response
 - emergency contact information for the student
 - clear information on the school board's emergency policy and procedures
 - details related to storage and disposal of the student's prescribed medication(s) and medical supplies, such as:
 - parental permission for the student to carry medication and/or medical supplies
 - location of spare medication and supplies stored in the school, where applicable
 - information on the safe disposal of medication and medical supplies
 - requirements for communication between the parent(s) and the principal (or the principal's designate) and/or school staff, as appropriate, including format and frequency
 - parental consent to share information on signs and symptoms with other students

The Plan of Care for a student with a prevalent medical condition should be co-created, reviewed, and/or updated by the parent(s) in consultation with the principal or the principal's designate, designated staff (as appropriate), and the student (as appropriate), during the first thirty school days of every school year and, as appropriate, during the school year (e.g., when a student has been diagnosed with a prevalent medical condition).

Parents have the authority to designate who is provided access to the Plan of Care. With authorization from the parents, 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).

4. Facilitating and Supporting Daily or Routine Management

In their policies, school boards should outline board expectations for providing supports¹⁵ to students with prevalent medical conditions in order to facilitate their daily or routine management activities in school.

Where possible, facilitating and supporting daily or routine management involves, but is not limited to, supporting inclusion by allowing students with prevalent medical conditions to perform daily or routine management activities in a school location (e.g., within the classroom), as outlined in their Plan of Care.

15. In situations where school board staff already provide supports (daily or routine management or other support) to students with diabetes and/or epilepsy, and are already trained appropriately, this memorandum does not intend to prescribe, duplicate, or remove those duties or training.

5. Emergency Response

In their policies, school boards should outline board expectations for school staff responses to medical incidents and/or medical emergencies at school that involve students with prevalent medical conditions. At a minimum, the response should align with existing school board medical emergency procedures (e.g., immediate response, including use of emergency medication, and monitoring and/or calling Emergency Medical Services). The response should also align with the Plan of Care established for the student.

School boards should review their medical emergency procedures, consulting evidence-based materials that have been developed by health and education partners. See the resources available online through the ministry's Prevalent Medical Conditions web portal, referred to on page 2 of this memorandum.

6. Raising Awareness of Board Policy and of Evidence-Based Resources

School boards should raise awareness of their policies on prevalent medical conditions. They should also raise awareness of the range of evidence-based resources that provide information on various aspects of prevalent medical conditions, including triggers or causative agents, signs and symptoms characteristic of medical incidents and of medical emergencies, and school board emergency procedures. As stated above, such resources have been developed by health and education partners, and are available through the ministry's Prevalent Medical Conditions web portal.

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.

School boards should also make appropriate resources available to occasional staff and service providers, such as food service and transportation providers.

7. Training

School board policies should include strategies for providing training related to prevalent medical conditions,¹⁶ at a minimum annually, for school staff who have direct contact with students with medical condition(s). Particular consideration should be given to the training needs of occasional staff. Training should take place within the student's first thirty days of school, where possible, to ensure the safety and well-being of the student, and should be reviewed as appropriate.

The scope of training should include the following:

- strategies for preventing risk of student exposure to triggers and causative agents
- strategies for supporting inclusion and participation in school
- recognition of symptoms of a medical incident and a medical emergency
- information on school staff supports, in accordance with board policy

16. As set out in Sabrina's Law, 2005, and Ryan's Law, 2015.

- medical incident response and medical emergency response
- documentation procedures

It is expected that school boards, in consultation with teachers' federations, principals' associations, and education workers' unions, will determine the scope of training required to support implementation of their policies, as well as the mode of delivery of the training and any privacy implications that may arise. The scope of training should be consistent with expected duties of school board staff, as outlined in school board policy.

To support school board training needs, evidence-based materials are available online through the ministry's Prevalent Medical Conditions web portal.

8. Safety Considerations

School board policies should:

- allow for students to carry their medication(s) (including controlled substances¹⁷) and supplies, as outlined in the Plan of Care;
- set expectations for schools to support the storage (according to the item's recommended storage conditions) and safe disposal of medication and medical supplies;
- include a process and appropriate resources to support students with prevalent medical conditions in the event of a school emergency (e.g., bomb threats, evacuation, fire, "hold and secure", lockdown)¹⁸ or for activities off school property (e.g., field trip, sporting event) (this process should also include considerations for occasional staff).

School boards are expected to provide schools with appropriate supplies to support safe disposal of medication and medical supplies.

In accordance with the requirement of the Child and Family Services Act, 1990, where board employees have reason to believe that a child may be in need of protection, board employees must call the Children's Aid Society and file a formal report.

9. Privacy and Confidentiality

School boards should have a policy in place regarding the confidentiality of students' medical information within the school environment, including practices for accessing, sharing, and documenting information. School boards must comply with applicable privacy legislation and obtain parental consent in the individual Plan of Care prior to sharing student health information with school staff or other students. Parents and school staff should be informed of the measures to protect the confidentiality of students' medical records and information.

17. A *controlled substance* is a drug or narcotic, as set out under the federal Controlled Drugs and Substances Act.

18. The process should be aligned with the requirements set out in "Appendix B: Provincial Policy for Developing and Maintaining Lockdown Procedures for Elementary and Secondary Schools in Ontario" of the ministry document *Provincial Model for a Local Police/School Board Protocol*, revised 2015.

10. Reporting

Subject to relevant privacy legislation, school boards should develop a process to collect data regularly, including, but not limited to, 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 these events. School boards should use these data as part of their cyclical policy reviews.

Under the authority of paragraph 27.1 of subsection 8(1) of the Education Act, school boards will be required to report to the Minister of Education upon implementation and, upon request thereafter, on their activities to achieve the expectations outlined in this memorandum.

11. Liability

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) Subsection (1) applies to,
... (b) an individual ... who provides emergency first aid assistance 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.

As well, Sabrina's Law and Ryan's Law each include provisions limiting the liability of individuals who respond to an emergency relating to anaphylaxis or asthma, respectively, as cited below.

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

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 states:

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.