



KAWARTHA PINE RIDGE DISTRICT SCHOOL BOARD

ADMINISTRATIVE REGULATIONS

Section: Educational Services

- Student Welfare

Regulation: HEALTH AND MEDICAL NEEDS

Regulation Code: ES-1.5.1

Policy Code Reference: ES.5

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This administrative regulation is written in accordance with the guiding principles in Board Policy No. ES-1.5 Health and Medical Needs, reflects current provincial legislation, Policy/Program Memorandum (PPM) No. 161, Supporting Children and Students with Prevalent Medical Conditions (Anaphylaxis, Asthma, Diabetes, and Epilepsy) in Schools, and has been developed utilizing directives from the Ministry of Education.

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 Pediatric Society, Epilepsy Ontario, Food Allergy Canada, The Lung Association – Ontario, Ophea and Ontario Education Services Corporation).

The regulation establishes procedures for:

- response to injury or illness;
- response to communicable diseases;
- partnerships with School Health Support Services for students with health needs;
- the administration of medication
- supporting children and students with prevalent medical conditions (anaphylaxis, asthma, diabetes, and/or epilepsy) in schools
- supporting children and students with all other health needs.

Appendices included in this administrative regulation include:

- Appendix A – Plan of Care (Anaphylaxis, Asthma, Diabetes, Epilepsy, General Health Concerns), Administration of Medication Log
- Appendix B – Program Safety Guidelines for Concussions
- Appendix C – Diabetes Management Protocol

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2.1 Preparations and Precautions for Injury or Illness

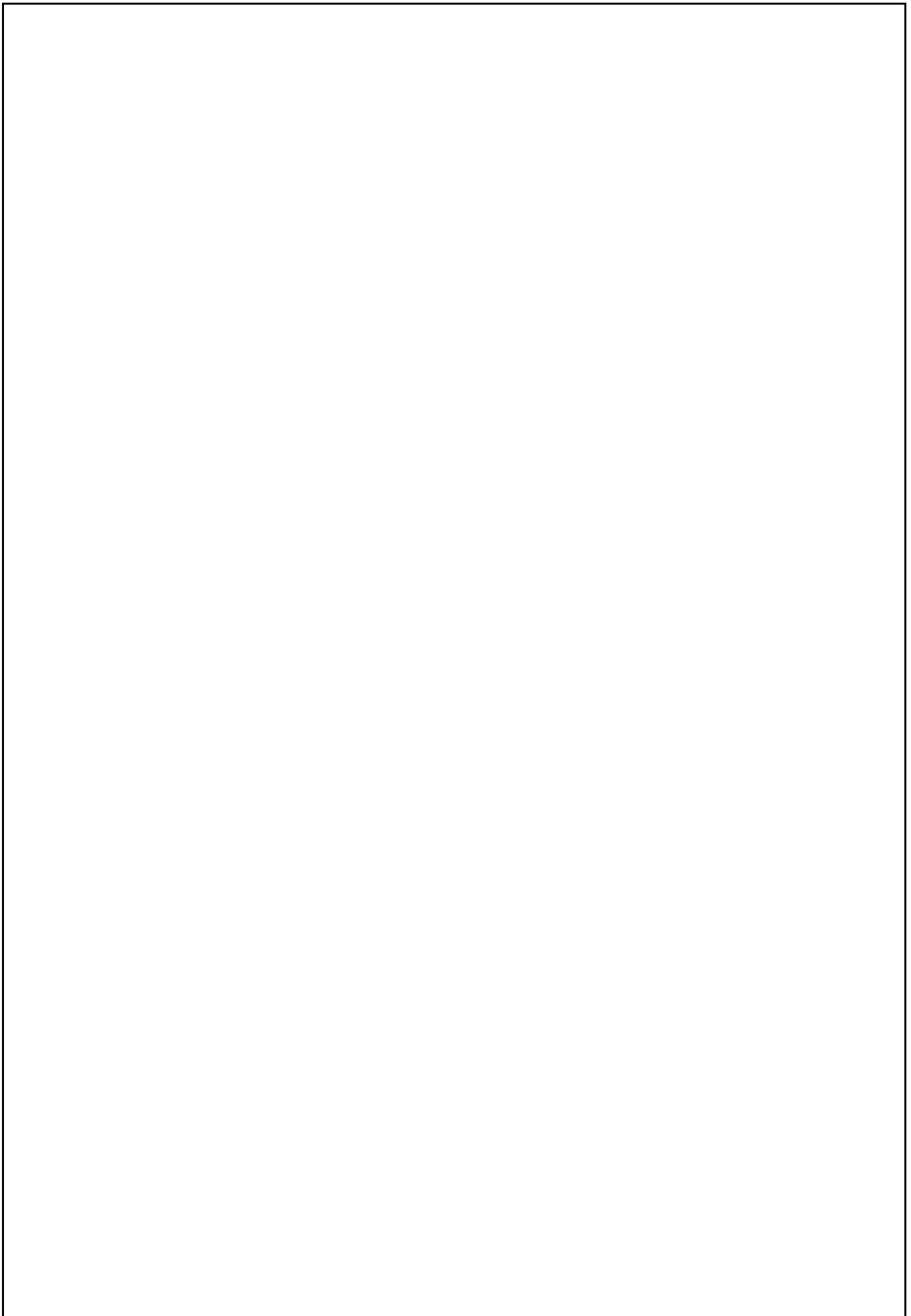
The principal shall:

- 2.1.1 identify staff members at the school who are certified to provide First Aid, Cardio Pulmonary Resuscitation (CPR) and Automated Electronic Defibrillator (where available) and/or arrange for training as necessary, and communicate the names of certified staff to other staff members through postings and regular updates;
- 2.1.2 ensure that first aid supplies are maintained and accessible in all schools;
- 2.1.3 arrange for staff in service (e.g. Critical Incidents, Universal Precautions – the safe handling of body fluids, anaphylactic reactions, first aid) through health professionals, Board staff, as appropriate;
- 2.1.4 ensure that all staff (including transportation personnel) and others, as appropriate, are informed of students' emergency procedures as outlined in the individualized Plan of Care; and
- 2.1.5 advise staff to prepare for excursions or extracurricular events by reviewing and checking response procedures to injury and/or illness, student Plan of Care, first aid kits, and accessibility to a phone, in accordance with Board direction.

2.2 Minor Injury or Illness

The principal, or designate, shall:

- 2.2.1 administer appropriate first aid in the event of a minor injury or illness;
- 2.2.2 ensure that the parent/guardian is notified that first aid has been administered to the student;
- 2.2.3 confer with the parent/guardian (or the student's emergency contact person) if it is deemed necessary or precautionary to send the student home; and



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2.4.4 notify the parent/guardian or emergency contact person immediately

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3.1 Roles and Responsibilities

Roles and responsibilities for stakeholders must be clearly articulated to ensure the best care for our students.

3.1.1 Parents/Guardians

As primary care givers of their child, parents/guardians are expected and encouraged to be active participants in supporting the management of their child's medical condition(s) while the child is in school. Parents/guardians are expected and encouraged to

- 3.1.1.1 educate their child about their medical condition(s) with support from their child's health care professional, as needed
- 3.1.1.2 guide and encourage their child to reach their full potential for self-management and self-advocacy;
- 3.1.1.3 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 designate;
- 3.1.1.4 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;
- 3.1.1.5 confirm annually to the principal or the principal's designate that their child's medical status is unchanged;
- 3.1.1.6 initiate and participate in meetings to review their child's Plan of Care;
- 3.1.1.7 supply their child and/or the 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; and
- 3.1.1.8 seek medical advice from a medical doctor, nurse practitioner, or pharmacist, where appropriate.

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3.1.2 Students

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:

- 3.1.2.1 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;

3.1.2.2

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Care with the principal or the principal's designate. This process should be communicated to parent(s)/guardian(s), 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;

3.1.4.2 co-create, review, or update the Plan of Care for a student with a prevalent medical condition with the parent(s)/guardian(s), in consultation with school staff (as appropriate) and with the student (as appropriate);

3.1.4.3 maintain a file with the Plan of Care and supporting documentation for each student with a prevalent medical condition;

3.1.4.4 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;

3.1.4.5 comm

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- 3.2.3 identification of routine or daily management activities that will be performed by the student, parent(s)/guardian(s), or staff volunteer(s), as outlined in Board policy, or by an individual authorized by the parent(s)/guardian(s);

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The Plan of Care for a student with a prevalent medical condition should be created, reviewed, and/or updated by the parent(s)/guardian(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).

It is understood that schools will support students in facilitating and supporting daily or routine management. This ensures, but is not limited to, supporting inclusion by allowing students with 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.

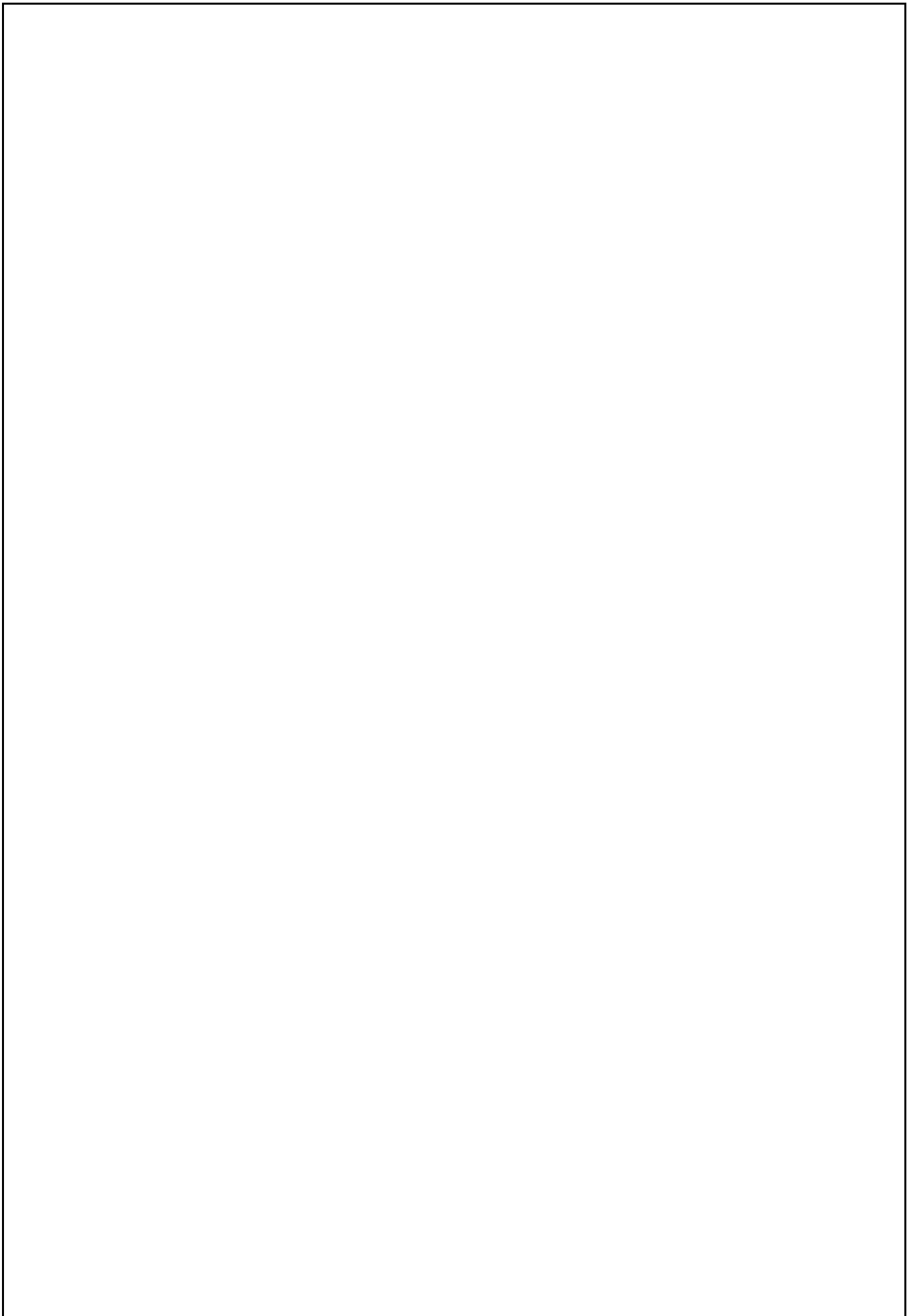
Parents/guardians have the authority to designate who is provided access to the Plan of Care. With authorization from the parent(s)/guardian(s), the principal or the principal's designate should share the Plan of Care with school staff who are in direct contact with students with prevalent medical conditions and, as appropriate, others who are in direct contact with students with prevalent medical conditions (e.g., food service providers, transportation providers, volunteers).

3.3 Training

KPRDSB believes in supporting students by providing training related to prevalent medical conditions, at a minimum annually, for school staff who have direct contact with students with medical condition(s). Particular consideration will be given to the training needs of occasional staff. Training will take place within the student's first thirty days of school, where possible, to ensure the safety and wellbeing of the student, and should be reviewed as appropriate. The scope of training will include the following:

3.3.1 strategies for preventing risk of student exposure to triggers and causative agents

3.3.2 strategies for supporting inclusion and participation in school;



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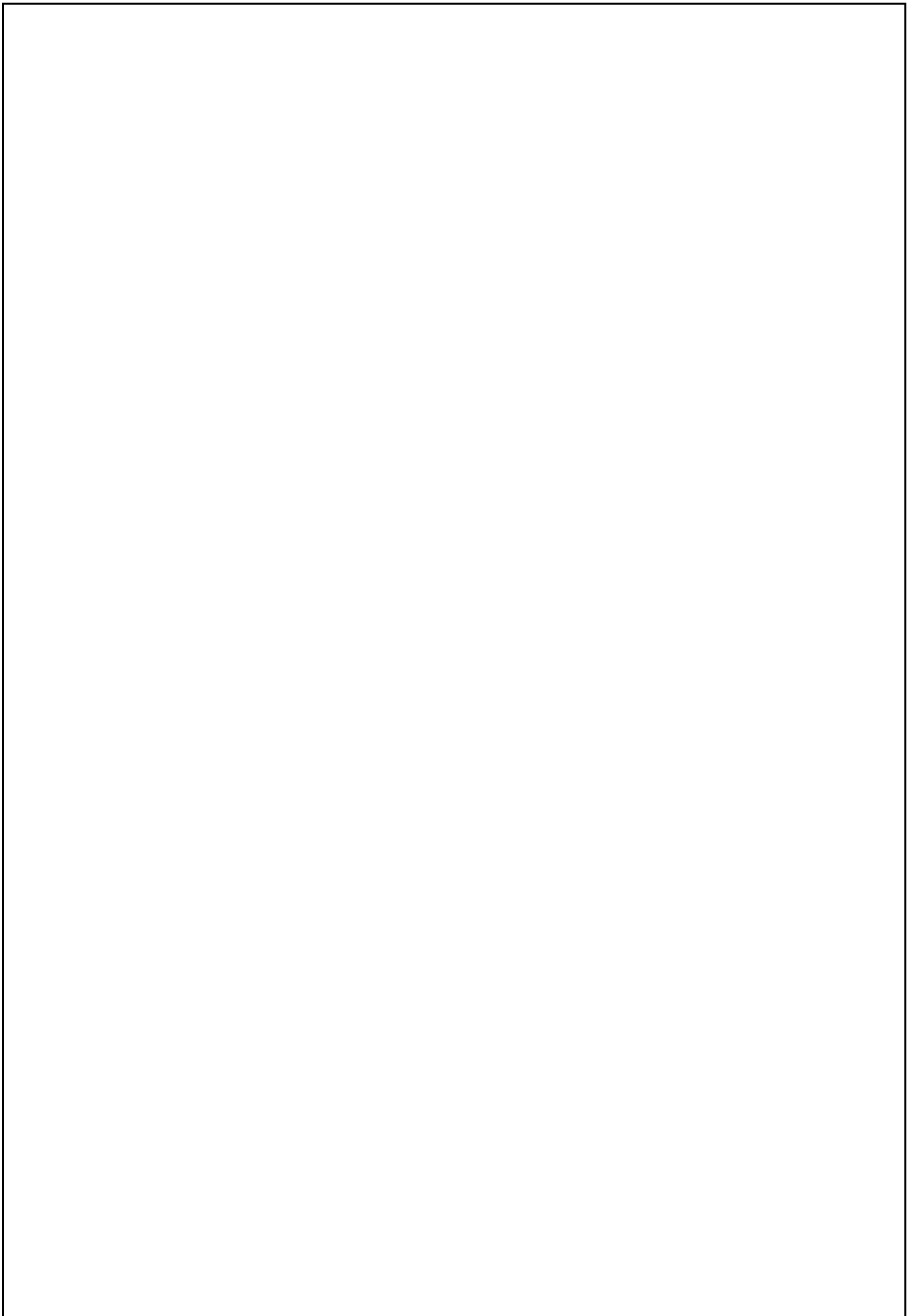
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5.1.4 With staff supervision, students shall assume responsibility for taking prescribed medication whenever possible, and as appropriate, based on the clear direction from a medical practitioner.

5.1.5



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Note: (Principals should refer to their local public health unit for the list of reportable diseases.)

6.3 The Role of the Medical Officer of Health

It is the role of the medical officer of health to

- 6.3.1 notify the principal of a suspected or confirmed communicable disease or other health hazard;
- 6.3.2 investigate when there is a suspected or confirmed communicable disease or health hazard, including follow-up of contacts to identify or prevent additional cases;
- 6.3.3 advise the principal when support from the school community is required to prevent or control the spread of the disease;
- 6.3.4 provide the principal with a letter or fact sheet to be distributed to students, parent(s)/guardian(s) and staff, which contains information and directions regarding the communicable disease; and
- 6.3.5 request, if necessary, emergency contact numbers in order to initiate an emergency response outside of school hours.

6.4 Response to Confirmed Cases of Communicable Diseases

The principal, in consultation with the medical officer of health, shall:

- 6.4.1 develop appropriate written and/or other media communications based on information provided by the local medical officer of health, in consultation with the appropriate Superintendent of Education: Student Achievement and the Communications Officer – School Liaison, for students, parent(s)/guardian(s), staff and the school community;
- 6.4.2 ensure that a consultation meeting, involving all appropriate stakeholders, provides decisions that will:
 - 6.4.2.1 meet the health and educational needs of the student who has a communicable disease,
 - 6.4.2.2 respect the confidentiality and the dignity of the individual, and

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6.4.2.3 provide in-service for staff as required, to promote awareness and sensitivity and recommend appropriate instructional accommodations; and

Note: The principal, if unable to have all appropriate stakeholders present at the consultation meeting, with written parent(s)/guardian(s) consent, may consult other professionals to obtain additional information and/or advice relative to the situation/student.

6.4.3 support the local medical officer of health, or designate, if any assistance is required of the school for further interventions, for example, follow-up clinics.

7. School Health Support Services

7.1 The provision of school health support services for students shall be offered in partnership with community health support services, as outlined in the Ministry of Education's Policy and Program Memorandum No. 81, Provision of Health Support Services in School Settings.

7.2 When staff are available to do so, general maintenance exercise program(s) may be provided during school hours following the direction of a qualified physio/occupational therapist and/or speech/language pathologist.

7.3 The principal or designates shall complete the appropriate referral, in consultation with the parent(s)/guardian(s), for School Health Support Services for occupational, physical and/or speech/language therapy and forward that referral to the designated person for review and approval. (4)