



POLICY – PO601

Supporting Children and Students with Prevalent Medical Conditions (Anaphylaxis, Asthma, Diabetes, and/or Epilepsy) in Schools

Area: Student Conduct and Safety
Source: Superintendent of Education – Safe Schools

Approved: June 11, 2018
Revised:

1. Introduction

The Durham Catholic District School Board strives to create safe and accepting learning environments for all students. The Board believes in providing the necessary supports to allow students with prevalent medical conditions to fully participate in all aspects of the school day. The Board believes in the importance of empowering students with prevalent medical conditions to be confident and capable learners who can reach their full potential for self-management of their medical conditions, according to their plan of care.

2. Definitions

Adult student – a student who is eighteen years of age or over.

Anaphylactic Symptoms – symptoms can vary from person to person and may include:

- **Skin:** hives, swelling (face, lips and tongue), itching, warmth, redness
- **Respiratory:** coughing, wheezing shortness of breath, chest pain/tightness, throat tightness, hoarse voice, nasal congestion, or hay fever-like symptoms (runny, itchy nose and watery eyes, sneezing), trouble swallowing
- **Gastrointestinal:** nausea, pain/cramps, vomiting, diarrhea
- **Cardiovascular:** paler than normal/blue skin colour, weak pulse, passing out, dizziness or light-headedness, shock
- **Other:** anxiety, sense of “doom” (the feeling that something bad is about to happen), headache, uterine cramps, metallic taste

Anaphylaxis – a serious allergic reaction that is rapid in onset and may cause death; it typically causes more than one of the following: itchy rash, throat or tongue swelling, shortness of breath, vomiting, light-headedness and/or low blood pressure. The symptoms typically come on over minutes to hours.

Anaphylaxis Plan of Care – an individualized written plan for a student with a diagnosed anaphylactic reaction.

Asthma – a lung condition in which the airways narrow and swell and produce extra mucus. This can make breathing difficult and trigger coughing, wheezing, and shortness of breath. Triggers can include poor air quality, mold, dust, pollen, viral infections, animals, smoke and cold air. The symptoms can cause mild to severe reactions and can be fatal.

Asthma Plan of Care – an individualized written plan for a student with a diagnosis of asthma.

Diabetes – Type 1 – a chronic condition where the pancreas stops producing insulin, a hormone that helps the body control the level of glucose (sugar) in the blood. The body produces glucose, and gets it from foods that contain carbohydrates. Without insulin, glucose builds up in the blood instead of being used by the cells for energy. A lack of insulin can cause both short-term and long-term health problems.

Diabetes – Type 2 – can affect children and youth, but is more common with adults. With type 2 diabetes, the body does not respond well to insulin, and the pancreas cannot produce enough insulin to compensate. Type 2 diabetes can often be managed through changes to diet and lifestyle, as well as with oral medications (pills). Some children with type 2 diabetes may need insulin injections.

Diabetes Plan of Care – an individualized written plan for a student with a diagnosis of diabetes.

Employee – any person who is on the Board payroll, except for a Trustee of the Board.

Epilepsy – a central nervous system (neurological) disorder in which brain activity becomes abnormal causing seizures or periods of unusual behaviour, sensations and sometimes loss of awareness. Epilepsy is the diagnosis and seizures are the symptom. If a person has two (2) or more seizures that are not related to another condition, that person will be diagnosed as having epilepsy.

Epilepsy Plan of Care – an individualized written plan for a student with a diagnosis of asthma.

Epinephrine Auto-Injector – a medical device for injecting a pre-measured dose or doses of epinephrine (adrenaline) by means of a spring-activated, concealed needle (e.g., EpiPen, Allerject). It is designed for emergency self-administration or for

administration by an adult to a child to provide rapid, temporary, convenient first-aid to individuals sensitive to a potentially fatal allergic reaction.

Epinephrine – or adrenaline is the drug used in an Auto-Injector to counteract an anaphylactic reaction.

Good Samaritan Act, 2017 – Ontario legislation that protects a rescuer from any liability should they try to help a victim in distress. It ensures that the fear of legal repercussion should never stop someone from helping in an emergency.

Immunity – in relation to the Act (Sabrina’s Law) to protect students diagnosed with

Medical Incident – a circumstance that requires an immediate response and monitoring, since the incident may progress to an emergency requiring contact with Emergency Medical Services.

Plan of Care - General – a form that contains individualized information on a student with a prevalent medical condition other than asthma, diabetes, epilepsy, and/or anaphylaxis.

Prevalent Medical Conditions – for the purposes of this policy Prevalent Medical Conditions refer to the medical conditions of students in schools who have asthma, diabetes, epilepsy, and/or anaphylaxis as diagnosed by a medical doctor or nurse practitioner.

3. Purpose

The purpose of this policy is to provide a framework and direction to align administrative procedures that support students with prevalent medical conditions who have been diagnosed with asthma, diabetes, epilepsy and/or anaphylaxis.

4. Application / Scope

This policy applies to all staff, students and their parent(s)/guardian(s) within the Durham Catholic District School Board.

5. Principles

5.1 The Board believes:

5.1.1 a whole-school approach is required to support students with prevalent medical conditions. Education and community partners, including health care

professionals, have important roles to play in promoting and maintaining safe and healthy learning environments.

- 5.1.2 that supporting students with prevalent medical conditions, requires a culture of collaborative professionalism, grounded in a trusting environment where schools and Board staff, the Ministry of Education and parent(s)/guardian(s) create the necessary conditions to learn with, and from, each other.
- 5.1.3 that all students have the right to be educated in an environment that is as safe as possible and that students who require life-saving medication should have ready access to it.
- 5.1.4 that parents and school staff must work together within the scope and mandate of this policy to implement strategies to minimize the occurrence of a life-threatening medical condition.
- 5.1.5 that while allergy-free environments cannot be guaranteed, preventative strategies including, but not limited to imposed restrictions can greatly minimize the occurrence of a life-threatening allergic reaction.
- 5.1.6 that current and up-to-date information shared by parents, guardians and students is critical to developing student-specific emergency response plans to life-threatening incidents.
- 5.1.7 that staff have a duty and responsibility to respond to life-threatening medical emergencies, including but not limited to, the administration of medication and the engagement of paramedical services.

6. Requirements

- 6.1 The Director of Education shall issue administrative procedures to support this policy and amend them thereafter as the need arises.
- 6.2 The Board shall:
 - a) support students with prevalent medical conditions by ensuring that this policy and its attendant administrative procedures clearly articulate the roles and responsibilities of parent(s)/guardian(s), school staff and of the students themselves;
 - b) establish a communication plan to share information about anaphylaxis, diabetes, epilepsy and asthma to parents/guardians, students, employees and include any other person who has direct contact with a student who has one or more of these diagnoses;
 - c) provide training and resources on prevalent medical conditions on an annual basis and maintain a log of completed training;

- d) develop and implement strategies that reduce the risk of exposure to anaphylactic causative agents in classrooms, common school areas and on approved excursions and activities.

6.3 The Principal shall:

- a) maintain a Plan of Care that includes current treatment and/or any prescriptions, instructions from the pupil's physician or nurse and a current emergency contact list for students with a diagnosis of a prevalent medical condition;
- b) communicate with 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 parent(s)/guardian(s) to co-create, review and update a Plan of Care with the principal or designate. This process should be communicated to parents/guardians, at a minimum:
 - i. At the time of registration
 - ii. At the start of each school year
 - iii. At the time of the original diagnosis
- c) 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);
- d) maintain a file with the Plan of Care and supporting documentation for each student with a prevalent medical condition;
- e) 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, coaches, and facilitators of co-curricular and extra-curricular activities, who will be in direct contact with the student), including any revisions that are made to the plan;
- f) communicate with parents/guardians in medical emergencies, as outlined in the Plan of Care;
- g) 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;
- h) co-operate with school staff when requests are made for information related to storage of medication, administration of medication and updated medical information;

- i) participate in training on prevalent medical conditions, at a minimum annually, as required by the school board;
- j) have processes in place to share information about prevalent medical conditions for student transitions between grades, new schools and in cooperative education placements.

6.4 School staff shall:

- a) follow Board policies and provisions in their collective agreements related to supporting students with prevalent medical conditions in schools;
- b) participate in training on prevalent medical conditions, at a minimum annually, as required by the school board;
- c) 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;
- d) 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;
- e) support a student's daily or routine management, and respond to medical incidents and emergencies per board policies and school protocols;
- f) 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.

6.5 Parent(s)/Guardian(s) shall:

- a) be active participants in supporting the management of their child's medical condition(s) while their child is in school by completing a Plan of Care upon enrolment or as soon as the diagnosis is known;
- b) educate their child about their medical condition(s) with support from their child's health care professional, as needed;
- c) guide and encourage their child to reach their full potential for self-management and self-advocacy of their medical condition;
- d) inform the school in a timely manner upon diagnoses 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;

- e) 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 medical condition(s) or changes to their child's ability to manage the medical condition(s), to the principal or principal's designate upon learning of the change from the medical practitioner;
- f) confirm annually to the principal or the principal's designate that their child's medical status is unchanged;
- g) initiate and participate in meetings to review their child's Plan of Care;
- h) supply their child and/or the school with sufficient quantities of medication and supplies in their original, clearly labelled prescription containers, as directed by a health care professional and as outline in the Plan of Care, and track the expiration dates if they are supplied;
- i) seek medical advice from a medical doctor, nurse practitioner, or pharmacist, where appropriate.

6.6 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 (to the extent possible depending upon their development stage). Students should:

- a) take responsibility for advocating for their personal safety and well-being;
- b) participate in the development of their Plan of Care;
- c) participate in meetings to review their Plan of Care;
- d) 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);
- e) set goals on an ongoing basis for self-management of their medical condition(s), in conjunction with their parent(s)/guardian(s) and health care professional(s);
- f) communicate with their parent(s)/guardian(s) and school staff if they are facing challenges related to their medical condition(s) at school;
- g) wear medical alert identification that they and/or their parent(s)/guardian(s) deem appropriate;
- h) if possible, inform school staff and/or their peers if a medical incident or a medical emergency occurs.

7. Sources

- 7.1 Education Act, RSO 1990
- 7.2 PPM 161 Supporting Children and Students with prevalent medical conditions (anaphylaxis, asthma, diabetes and/or epilepsy) in Schools, 2017
- 7.3 PPM 81 Provision of Health Support Services in School Settings
- 7.4 Food Allergy Canada: <http://foodallergycanada.ca/resources/print-materials/>
- 7.5 Allergy Aware: www.allergyaware.ca
- 7.6 Sabrina's Law: <https://www.ontario.ca/laws/statute/05s07>
- 7.7 Asthma Canada: <http://www.asthma.ca>
- 7.8 The Lung Association – Ontario: www.lungontario.ca/resources
- 7.9 Ryan's Law: <https://www.ontario.ca/laws/statute/15r03>; and www.ryanslaw.ca
- 7.10 Diabetes at School: <http://www.diabetesatschool.ca/>
- 7.11 Epilepsy Ontario: <http://epilepsyontario.org/>

8. Related Policies and Administrative Procedures

- 8.1 Anaphylactic Students (Protection of) Administrative Procedure (AP608-1)
- 8.2 Asthma Friendly Schools Administrative Procedure (AP615-1)