



REPORT TO

REGULAR BOARD

PROTOCOL ON PREVALENT MEDICAL CONDITIONS

Great crowds came to him, bringing with them the lame, the maimed, the blind, the mute, and many others. They put them at his feet, and he cured them. – Matthew 15:30

1. Created, Draft	2. First Tabling	3. Review
May 14, 2018	June 14, 2018	Click here to enter a date.
Cristina Fernandes, Superintendent of Special Services Rachelina Macchia, Chief of IPRC		
RECOMMENDATION REPORT		

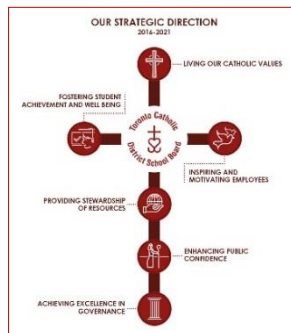
Vision:

At Toronto Catholic we transform the world through witness, faith, innovation and action.

Mission:

The Toronto Catholic District School Board is an inclusive learning community uniting home, parish and school and rooted in the love of Christ.

We educate students to grow in grace and knowledge to lead lives of faith, hope and charity.



Rory McGuckin
Director of Education

D. Koenig
Associate Director
of Academic Affairs

T.B.D.
Associate Director
of Planning and Facilities

L. Noronha
Executive Superintendent
of Business Services and
Chief Financial Officer

A. EXECUTIVE SUMMARY

This report replaces the Anaphylaxis S.M.15 and expands on the content to include four prevalent medical conditions: Anaphylaxis, Asthma, Diabetes and Seizures as per Policy and Program Memorandum 161-Supporting Children and Students with Prevalent Medical Conditions (Anaphylaxis, Asthma, Diabetes, and Epilepsy) in Schools.

Each medical condition has its own set of circumstances and is outlined in the revised policy with its own section.

The cumulative staff time required to prepare this report was 125 hours

B. PURPOSE

1. This report serves three purposes:
 - a. Arising from a **trustee motion** on November 2, 2017 was a request that the report from the Governance and Policy Committee on the updated Anaphylaxis policy be brought with the response to the delegation of September 7, 2017, and a copy of the presentation at the same time (Appendix A).
 - b. Coinciding with the trustee request was also the need to **update the Anaphylaxis Policy and Protocol**, which was last updated in 2013.
 - c. **Legislative requirements** arising from the Ministry of Education, through *PPM 161- Supporting Children and Students with Prevalent Medical Conditions (Anaphylaxis, Asthma, Diabetes, and Epilepsy) in Schools* (Appendix C) have led to the development of a protocol for prevalent medical conditions beginning on September 1st, 2018.

C. BACKGROUND

1. On September 7, 2018 a parent and her child delegated with respect to a need to review procedures with respect to Anaphylaxis (Appendix A). Staff

responded to the delegate's information by offering existing procedures and board requested a review of the Anaphylaxis Policy, Protocols and Guideline.

2. On November, 2nd, 2018, a report was brought to the Student Achievement and Well Being Committee with recommendations to revise the Anaphylaxis Policy.
3. Since staff were already going to be engaged in reviewing the policy, special services staff began to investigate the need for a broader meta-policy and an implementation protocol.
4. In February 2018, the Ministry of Education released the updated ***PPM 161- Supporting Children and Students with Prevalent Medical Conditions (Anaphylaxis, Asthma, Diabetes, and Epilepsy) in Schools*** (Appendix C) with new revisions, mandating boards to have prescribed protocols for September 2018.
5. PPM 161 (February 2018) requires boards to develop a meta-policy to address four prevalent medical conditions: Anaphylaxis, Asthma, Diabetes and Epilepsy/Seizures and requires the development of protocols to address each of these very different conditions.
6. Included in the accompanying protocol is the **TCDSB Prevalent Medical Conditions Protocol** (Appendix B). The protocol outlines procedures to address each of the four medical conditions as well as a general outline to assist staff in preparing for students who have these conditions.
7. For students with medical conditions other than the four listed in PPM 161, the protocol provides a generic Student Plan of Care to address medical conditions, which are not mentioned in PPM 161, but require attention at the school level.

D. EVIDENCE/RESEARCH/ANALYSIS

1. Based on a need to review the existing Anaphylaxis Policy, Protocol and Guidelines, the **TCDSB Prevalent Medical Conditions Protocol** was created to support the implementation of ***PPM 161- Supporting Children and***

Students with Prevalent Medical Conditions (Anaphylaxis, Asthma, Diabetes, and Epilepsy) in Schools in TCDSB schools.

2. The protocol as defined in PPM 161 mandates and reflects best practices as suggested in the resources included for each medical condition.
3. Resources are outlined in each section of the protocol for each of the four medical conditions. These resources will also be used by the principal/vice-principal to train staff to work with students with medical conditions.
4. Each student's medical condition is unique to the individual student. As a result, each student with a prevalent medical condition will require the development of Student Plan of Care.
5. Each Student Plan of Care outlines the following areas:
 - a. Student Information
 - b. Emergency Contacts
 - c. Supports for the Medical Condition
 - d. Triggers (where appropriate)
 - e. Daily Routine and Management
 - f. Basic First Aid
 - g. Emergency Procedures
 - h. Parent notification
 - i. Impact on Excursion Protocols
 - j. Health Care Provider Information
 - k. Authorization and Plan review
6. Student Plans of Care will vary according to a specific medical condition and the individual student need.
7. The appendices of the protocol provide schools with various supports that assist schools in creating and managing Student Plans of Care.

E. METRICS AND ACCOUNTABILITY

1. The board will develop a new policy for medical conditions in September 2018 to support the implementation of the TCDSB Prevalent Medical Conditions Protocol.

2. Implementation of the TCDSB Prevalent Medical Conditions will need to be monitored during the first year of implementation both from a school implementation perspective and from a stakeholder perspective in order to accommodate emergent needs.
3. Staff will use the student information system to track reported incidence of prevalent medical conditions across the board.

F. IMPLEMENTATION, STRATEGIC COMMUNICATIONS AND STAKEHOLDER ENGAGEMENT PLAN

1. In response to the board motion on November 2, 2017, the delegate that attended the September 7, 2017 Student Achievement and Well Being Committee meeting was consulted on the new protocol and offered input that was considered and applied where appropriate.
2. The new protocol includes the transfer of information between elementary and secondary schools as well as appropriate communication with staff and students.
3. Additionally, any new students with medical conditions would be captured through school registrations processes and through SOAR (Student Online Admissions & Registration).
4. Consistent with PPM161, consultation has taken place with parents of students with medical conditions, students through ECSLIT (elementary student leaders) and CSLIT (secondary school student leaders), delegates to the Student Achievement and Well Being Committee and/or SEAC (Special Education Advisory Committee), federations, administrators of schools, and senior staff. All feedback was considered and incorporated, where feasible or appropriate, into the protocol. We are in the process of having the protocol reviewed by staff from public health.
5. Additionally, the protocol has also been reviewed by the TCDSB legal department.

6. The special education department will begin the process of communicating this information and implementation for a September 1st implementation as outlined below.
 - a. Administrators and senior leaders will receive communication of the changes in June 2017. Special education staff who support schools in the development of Student Plans of Care will be inserviced through department meetings.
 - b. Principals will be inserviced through presentations at principal meetings in September 2017.
 - c. Vice-Principals will be inserviced through training at the vice-principal meetings.
 - d. Additionally, new administrators will be offered a special services/medical conditions training in the fall of 2017.
 - e. The document will be posted on the TCDSB public site to support parents that may have students with medical conditions.
 - f. Editable documents will be made available to school and board staff for use with students beginning September 1st, 2018.
7. The Anaphylaxis Policy S.M.15 (2013) and Asthma policy S.M. 16 will need to go to the Governance and Policy Committee to rescind the existing policies and to replace them with an updated meta-policy on prevalent medical condition(s) as per PPM 161.

G. STAFF RECOMMENDATION

1. Staff recommends that the Anaphylaxis Policy S.M. 15 and Asthma Policy S.M. 16 be rescinded and replaced with a new Meta-Policy on Prevalent Medical Conditions, replacing existing policies as early as possible in the 2018-19 school year.
2. Staff recommends the implementation of the Protocol on Prevalent Medical Conditions (Draft) and the Student Plans of Care for September 1, 2018.
3. Staff recommends an interim consultation midway through the implementation year to assess if any adjustments are required.