

POLICY SECTION: **STUDENTS MISCELLANEOUS**

SUB-SECTION:

POLICY NAME: **PREVALENT MEDICAL
CONDITIONS**POLICY NO: **S.M. 17**

Date Approved:	Date of Next Review:	Dates of Amendments:
<p>Cross References:</p> <ol style="list-style-type: none"> 1. Policy/Program Memorandum No. 161, - Supporting Children and Students with Prevalent Medical Conditions (Anaphylaxis, Asthma, Diabetes, And Epilepsy) 2. Policy/Program Memorandum No. 81, July 19, 1984: Provision Of Health Support Services In School Settings 3. Policy/Program Memorandum No. 150, October 4, 2010: School Food And Beverage Policy 4. Policy/Program Memorandum No. 149, September 25, 2009: Protocol for Partnerships with External Agencies for Provision of Services by Regulated Health Professionals, Regulated Social Services Professionals, and paraprofessionals 5. Sabrina's Law, 2005, S.O. 2005, Chapter 7 - An Act to Protect Anaphylactic Pupils 6. Ryan's Law, 2015, Ensuring Asthma Friendly Schools 7. S.M. 08, Food and Beverages Sold in Schools 8. S.M. 13, Cafeteria's-Secondary Schools 9. B.B. 04, Smoke Free Space 10.B.G. 03, Weed Control 11.B.P. 01, Carpet 12.TCDSB Safety Manual 13.TCDSB Excursion Handbook 14.Education Act Part X, Section 265 - Duties of Principal: care of pupils and property – to give assiduous attention to the health and comfort of the pupils, 15.Education Act Regulation 298, Section 20 - Duties of Teachers: ensure that all reasonable safety procedures are carried out in courses and activities for which the teacher is responsible. 		



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- 16.Guidelines for the Care of Students Living with Diabetes at School, 2014: Canadian Diabetes Association (PDF)
- 17.Canadian Paediatric Society Positioning Statement, 2015: Managing type 1 diabetes in school-Recommendations for policy and practice:
<http://www.cps.ca/en/documents/position/type-1-diabetes-in-school>
- 18.<http://epilepsyontario.org/at-work-school/epilepsy-and-education/for-educators>
- 19.Canadian Paediatric Society Positioning Statement, 2015: Managing type 1 diabetes in school-Recommendations for policy and practice:
<http://www.cps.ca/en/documents/position/type-1-diabetes-in-school>
- 20.<https://www.diabetesatschool.ca/> (Diabetes at School is a resource for families, schools and caregivers to help school-aged children with type 1 diabetes. 2016 by Canadian Paediatric Society, Canadian Paediatric Endocrine Group, Diabetes Canada)
- 21.Ontario Human Rights Code, Part I, Freedom from Discrimination - Services: Every person has a right to equal treatment with respect to services, goods and facilities, without discrimination because of disability.
- 22.Ontario Human Rights Code, Accommodating Students with Disabilities - Roles and Responsibilities (Fact sheet): Education providers have a duty to accommodate students with disabilities up to the point of undue hardship.
- 23.<http://epilepsyontario.org/at-work-school/epilepsy-and-education/for-educators>

Appendix

Protocols for Prevalent Medical Conditions

Purpose:

This policy replaces the Anaphylaxis Policy (S.M. 15) last updated in 2013 and the Asthma Policy (S.M. 16) last updated August 2015. According to Program/Policy Memorandum 161, there is a need to implement processes to address the needs of students with prevalent medical conditions (specifically, Anaphylaxis, Asthma, Diabetes and Epilepsy).



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Scope and Responsibility:

This policy and its protocols must be implemented by September 1, 2018. It is the responsibility of the School Principal to ensure that all relevant medical information is collected and disseminated to the appropriate staff as per the Student Plan of Care.

Alignment with MYSP:

Living Our Catholic values

Strengthening Public Confidence

Fostering Student Achievement and Well-Being

Providing Stewardship of Resources

Policy:

A significant number of students are coming to the school system with various medical conditions. This policy addresses four prevalent medical conditions as outlined in PPM 161- Supporting Children and Students with Prevalent Medical Conditions (Anaphylaxis, Asthma, Diabetes, And Epilepsy) in Schools.

The Toronto Catholic District School Board (TCDSB) endeavours:

- To support students with prevalent medical conditions and other 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-management of their medical condition(s), according to their Student Plan of Care



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Regulations:

The procedures and guidelines for the implementation of this policy shall include the following:

1. A specific Student Plan of Care for students with prevalent medical conditions as outlined in PPM 161 (Anaphylaxis, Asthma, Diabetes, and Epilepsy).
2. A generic Student Plan of Care for students with medical conditions other than those outlined in PPM 161.
3. A communication plan for the dissemination of information on prevalent medical conditions to parents, pupils and employees.
4. Regular training on dealing with prevalent medical conditions for all employees and others who are in direct contact with pupils on a regular basis.
5. A requirement that every school principal develop a Student Plan of Care for each student who has an anaphylaxis, asthma, diabetes and/or epilepsy/seizure disorders.
6. A requirement that every school principal maintain a file for each anaphylactic pupil with a prevalent medical condition, of current treatment and other information, including any/all appropriate medical forms and instructions from the pupil's physician or nurse as needed.
7. A requirement that every school principal review the current TCDSB Policy on Medical Conditions with school staff upon appointment and regularly as recommended in the document.
8. A requirement that every school principal keep a record of training sessions and participants in a location within the school.



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Definitions:

1. 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).
2. School Staff refers to all school employees, including occasional staff.
3. “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 Student Plan of Care would need to be adjusted accordingly.
4. A Student Plan of Care refers to a form that contains individualized information on a student with a prevalent medical condition.
5. 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.

Evaluation and Metrics:

The effectiveness of the policy will be determined by measuring the following:

1. Ongoing consultation with stakeholders during the implementation year.
2. Tracking of the number of students with a medical condition as identified through the student information system.



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3. Once the online versions of the Student Plan of Care are in effect, track the incidence of each condition board wide and in each school.