

Toronto District School Board

Operational Procedure PR.580 SCH

Title: **CLEAN INTERMITTENT CATHETERIZATION AND SUCTIONING, LIFTING, POSITIONING, PHYSICAL MANAGEMENT AND ACTIVITIES OF DAILY LIVING**

Adopted: December 19, 2006

Revised:

Authorization: Executive Planning and Priorities

1.0 OBJECTIVE

To establish the responsibilities for school health support services shared between the Board and the Community Care Access Centre to ensure that no school-aged child is denied access to education because of special health support needs

2.0 DEFINITIONS AND ACRONYMS

CCAC Community Care Access Centre

CIC Clean intermittent catheterization

IEP Individual Education Plan

OT/PT Occupational/Physiotherapy

PPM Ministry of Education's Policy/Procedure Memorandum

SHSS School Health Support Services

School staff School support staff whose job descriptions identify an expectation that they deliver the health support services, e.g. educational assistant (Level J, K), SNA or ISSA
SIP

3.0 RESPONSIBILITY

Executive Superintendent, Employee Services

Executive Superintendent, School Services – Special Education and Support Services

4.0 PROCEDURES

3.1 The Board's Responsibilities for Provision of Health Support Services

- (a) The principal/vice-principal, in consultation with appropriate staff from Special Education and Support Services, will determine whether a particular health support service can be provided through the current resources of the school

(See PPM 81, Provision of Health Support Services in a School Setting (Appendix A) and memorandum dated August 14, 1989, Catheterization and Suctioning: Clarification of Policy/Program Memorandum No. 81, Model for Provision of School Health Support Services, Group III (Appendix B).

These procedures apply where a request is made by the parent/guardian of a student that a health support service that has been prescribed by physician or other health professional, be carried out by staff member during school hours

- (b) School staff whose job descriptions (e.g. EA(level J, K), SNA, or ISSA SIP) identify an expectation that they will deliver health support services (e.g. CIC) should be given the appropriate/necessary training, direction /or consultation required to permit the health support service to be delivered in a safe manner, having regard to the usual circumstances in which the health support services are expected to be delivered
- (c) Yearly appropriate generalized/theoretical training e.g. CIC. will be arranged for school staff administering school health support services to students with healthcare issues as part of the ongoing education and skill development provided to such school staff. The principal/vice-principal is responsible for making a request to the Special Education and Support Services central office to arrange such training.
- (d) Health support services should be provided in such a way as to train and support students in learning the self-performance of any of the health-related activities, as is practicable. Training, direction and consultation are available from the CCAC to support the independence of the student. The parent is also encouraged to take part in this process where possible. Refer to Clean Intermittent Catheterization Process chart (Appendix C).
- (e) For all services which the principal/vice-principal determines can be provided by the staff of the school to support students in attendance, the following shall occur:
 - (i) The Principal/Vice-Principal convenes a meeting of all appropriate staff to develop a medical care plan (using Form 536B, Management of Emergency Medical Concerns) to meet the student's needs. Such a meeting could include the Principal/Vice Principal, teacher, appropriate Special Educational staff, and a representative of the Community Care Access Centre (CCAC) and parent (when possible). In the case of special needs and complex arrangements, the Principal/Vice Principal will ensure that the plan is included in the student's IEP/program plan and also included in the student's OSR.
 - (ii) The Principal/Vice-Principal may request, through an Application for School Health Support Service, training/direction/consultation from the

Community Care Access Centre (CCAC), where required. Instructions/Guidelines forms are available from CCAC.

- The principal/vice-principal sets up a review process as part of the written plan.
 - The principal/vice-principal monitors, on an ongoing basis, the appropriateness of the procedures, altering them as required.
- (f) The Principal/Vice-Principal is responsible for assigning and ensuring that training is provided to the appropriate Board staff on the safe administration of prescribed medicines. This includes - oral medication, epi-pen injection and inhalants, which must be administered during the school day at the request of a parent.. See PPM 81 Clarification. The Administration of Medication form must also be completed and added to the OSR (Form 536A) and recorded on the Monthly Administration of Medication Record (Form 536D or E).
- (g) Shallow Surface Suctioning is considered to be part of a child's normal oral hygiene needs. It is the responsibility of the Principal/Vice-Principal to assign and ensure that training is provided to the appropriate Board staff who may be required to work with the child in meeting this need. See PPM 81.
- (h) When OT/PT staff recommends that activities such as, lifting, positioning, assistance with mobility, sensory, fine motor, gross motor, feeding, toileting and /or general maintenance exercises be administered by school or board staff during the school day the following conditions should be put into place:
- (i) Principal/Vice-Principal will consult with Board OT/PT staff or CCAC staff, as appropriate, to assist in initial screening.
 - (ii) Principal/Vice-Principal will collaborate with the physiotherapy and/or occupational therapy staff and parent/guardian to make recommendations to establish a general maintenance program within the school setting. This general maintenance program will be developed in consultation with and administered by the appropriate trained board/school staff..
- OR
- (iii) If more intensive clinical treatment is required, the OT/PT staff will facilitate a referral to other agencies as appropriate.
 - (iv) Board and/or CCAC OT/PT staff, as appropriate, will consult with the teacher and provide training to the educational assistant and/or other appropriate school staff as identified by the Principal/Vice-Principal.
 - (v) Board OT/PT staff will collaborate with personnel from the CCAC in the training of identified personnel, if training is needed.

- (i) All health support services must be administered in a manner that respects, to the degree possible in the circumstances, the student's right to privacy, dignity, and cultural sensitivity.
- (j) Universal Precautions will be encouraged whenever possible to prevent the spread of germs and infection. In the case of CIC, a non-sterile procedure the single most important method to prevent infection is ***hand washing with soap and water*** and this cannot be stressed enough.
- (k) Where possible, students should be encouraged to take responsibility and work towards independence with respect to his or her care.
- (l) For any service requests of a health-related nature that do not appear in the model or for questions of clarification, the Principal should contact his/her Family of Schools Consultant (FOS) or Chief of Occupational Therapy/Physiotherapy (OT/PT).

3.2 CCAC and School Health Support Services

When a parent/guardian requests health support service(s), beyond the competence, capacity, resources and/or requirements of the school and/or Board, to directly support the student or to train, support and consult with the assigned school staff, an application to the CCAC for School Health Support Services is required. Applications for School Health Support Services can be directed to the Manager of Child and Family Services at the appropriate CCAC offices.

3.3 Community Care Access Centres

(a) Locations

East York Phone (416) 422-7002 Fax (416) 423-6699

Etobicoke and York Phone (416) 626-2222 Fax (416) 626-9683

North York Phone (416) 222-2241 Fax (416) 229-6478

Toronto Phone (416) 217-3802 Fax (416) 506-1857

Scarborough Phone (416) 701-4803 Fax (416) 750-76 52

(b) CCAC Services

- Speech Language Pathology – Articulation , Fluency
- Occupational Therapy and Physiotherapy Services- Where Board OT/PT services are limited to identified Special Programs or do not exist.
- Nursing Care
- Nutrition

- (i) The principal/vice-principal, in consultation with the parent(s) as to the purpose of the application, will complete the application.
 - (i) The principal/vice-principal will forward the application directly to the appropriate CCAC office
 - (ii) The CCAC case manager will contact the parent/guardian to verify the application and information on the form and to acquire the parents' informed consent to continue to process the application.
 - (iii) The CCAC case manager will decide the student's eligibility for CCAC, identify the services required to meet the student's needs in a school setting and arrange the necessary services. CCAC will then communicate the Service Plan to the Principal/ Vice Principal and the parent/guardian as appropriate.
 - (iv) In consultation with the principal/vice-principal, the CCAC case manager will determine the need for a case conference/intake to include the parent/guardian, appropriate school staff, Special Education and Support Services staff (as appropriate) and service providers, to review the students health care needs and develop a Service Care Plan. (using Form 536B, Management of Emergency Medical Concerns)
 - (v) The CCAC will obtain consent (verbal and/or written) from parent/guardian to share information with the school and service providers.
 - (vi) The principal/vice-principal will arrange for the appropriate working space for provision of the service when required by the service provider.
 - (vii) The service providers will normally provide the school and the parent/guardian with a first visit report that includes dates and times of scheduled visits.
 - (viii) The CCAC case manager will monitor the appropriateness of the service, and in collaboration with the school staff, service providers and parents, modify the plan of service dependent on the needs of the student, the needs of the school staff and available resources.

- (ix) The CCAC case manager will review and reassess the plan of services regularly.
- (x) The CCAC case manager is responsible to the principal/vice-principal for all health services provided by the CCAC in the school setting. At any time the principal/vice-principal may call the CCAC case manager to clarify /review or request a case conference regarding the existing service plan.

5.0 APPENDICES

Appendix A: PPM 81, Provision of Health Support Services in a School Setting

Appendix B: Ministry memorandum dated August 14, 1989, Catheterization and Suctioning: Clarification of Policy/Program Memorandum No. 81, Model for Provision of School Health Support Services, Group III

Appendix C: Clean Intermittent Catheterization Process

Appendix D: Sample of completed form 580A, Monthly Clean Intermittent Catheterization Record

6.0 REFERENCE DOCUMENTS

Form 580A: Monthly Clean Intermittent Catheterization Record

Form 536A: Administration of Prescribed Medication

Form 536B: Management of Emergency Medical Concerns

Form 536C: Student Medical Alert (optional)

Other Documents:

CCAC-SHSS Guideline

CCAC-SHSS Referral Form

Ministry of EducationPolicy/Program Memorandum No. 81

Issued under the authority of the Deputy Minister of Education

Date of Issue: July 19, 1984

Effective: Until revoked or modified

Subject: PROVISION OF HEALTH SUPPORT SERVICES IN SCHOOL SETTINGS

Application: Directors of Education
Superintendents of Schools
Principals of Schools

School boards, parents and local agencies have raised a concern regarding the provision of health support services to school-age children. This concern involves services that extend beyond educational services and are not included in the normal preventive health programs already provided by boards of health to school children.

As a result of a study of this matter, the Ontario Government has decided that the responsibility for ensuring the provision of such health support services will be shared among the Ministries of Education, Health, and Community and Social Services. Responsibility for the direct provision of these services at the local level will be shared by the school boards, the Home Care Program of the Ministry of Health, and agencies operating under the Ministry of Community and Social Services.

The attached chart, developed jointly by staff of the three ministries, summarizes the respective responsibilities.

The Home Care Program of the Ministry of Health, at the request of a school board, will be responsible for assessing pupil needs, and for providing such services as injection of medication, catheterization, manual expression of the bladder, stoma care, postural drainage, suctioning and tube feeding. The Ministry of Health will also be responsible for intensive physio-occupational and speech therapy, and for assisting school boards in the training and direction of school board staff performing certain other support services.

The Ministry of Community and Social Services will continue to be responsible for ensuring the provision of health support services in children's residential care and treatment facilities.

The school boards will be responsible for the administration of oral medication where such medication has been prescribed for use during school hours. For physically disabled pupils, the school boards will provide such services as lifting and positioning, assistance with mobility, feeding and toileting, and general maintenance exercises. Boards will also continue to be responsible for necessary speech remediation, correction and habilitation programs.

School boards should establish or update their policies for the provision of these support services. Such policies should define administrative procedures, personnel roles, and routine safeguards. The local boards of health, local Home Care Program administrators, and local medical societies can provide valuable assistance in the development of such policies. The procedures for the administering of oral medication, in particular, should provide:

1. That such procedures be applied only to those services, requested by the parent and prescribed by a physician or other health care professional, which must be provided during school hours.
2. That a request for the service and the authorization to provide such service be made in writing by the parent and the physician, specifying the medication, the dosage, the frequency and method of administration, the dates for which the authorization applies, and the possible side effects, if any.
3. That the storage and safekeeping requirements for any labelled medication be stated.
4. That a record of administration be maintained which includes the pupil's name, date, time of provision, dosage given, name of person administering, etc.
5. That the telephone numbers of the parent and physician be readily accessible in the school.
6. That the medication be administered in a manner which allows for sensitivity and privacy and which encourages the pupil to take an appropriate level of responsibility for his or her medication.

The assignment of these responsibilities is not intended to replace the provision of services which some school boards have already established and may choose to continue. The implementation of this policy, however, does ensure that, by 1985, no school-aged child should be denied access to education because of special health support needs during school hours.

Implementation of these services is expected to begin September 1, 1984, with full provision of services by September 1, 1985.

The designation of roles and responsibilities for health support services in school settings does not preclude, in emergency situations, the provision of a health service by designated school board personnel, administered in accordance with section 52(2a) of the Health Disciplines Act and section 10(c) of the Drugless Practitioners Act, and under the policies and procedures of the school board concerned.

Should a need develop for a service which has not already been designated, the matter should be referred by the school board to the Ministry of Education for its consideration in consultation with the Ministry of Health.

School boards will be informed as soon as possible of the procedures to be followed in obtaining the designated health support services from the Home Care Program of the Ministry of Health.

MODEL FOR PROVISION OF SCHOOL HEALTH SUPPORT SERVICES				Policy/Program No. 81
Support Service	Administered by	Provided by	Training and Direction	Consultation
I. Oral Medication	Pupil as authorized or	Pupil	Attending Physician	local Board of Health
	Parent as authorized or	Parent	Attending Physician	local Board of Health
	Aide or other personnel	School Board	School Board/Physician	local Board of Health
II. Injection of Medication	Pupil as authorized	Pupil	Attending Physician	local Board of Health
	Parent as authorized	Parent	Attending Physician	local Board of Health
	Health Professional	Ministry of Health	Ministry of Health	School Board
III. Catheterization Manual expression of bladder/stoma Postural drainage/suctioning Tube feeding	Health Professional	Ministry of Health	Ministry of Health	School Board
IV. Lifting and positioning Assistance with mobility	Aide or other personnel	School Board	School Board and Ministry of Health	Ministry of Health

Feeding				
Toileting				
V. Therapies:				
Physio/Occupational:				
Intensive clinical (treatment)	Qualified therapist	Ministry of Health	Ministry of Health	Ministry of Health
General maintenance exercises	Aide	School Board	Ministry of Health	Ministry of Health
Speech: Speech pathology (treatment)	Speech Therapists/Pathologists	Ministry of Health	Ministry of Health	Ministry of Health
Speech correction and remediation	Speech and Language Teachers	School Board	School Board	Ministry of Health
VI. All Services in Children's Residential Care/Treatment Facilities	Aides/Health Professionals	Ministry of Community and Social Services	Ministry of Community and Social Services	Ministry of Health

Ministry of Education
and Training

Mowat Block
Queen's Park
Toronto ON M7A 1L2

Ministère de l'Éducation
et de la Formation

Édifice Mowat
Queen's Park
Toronto ON M7A 1L2



MEMORANDUM TO: Regional Directors of Education

FROM: Roy Houghton

DATE: August 14, 1989

SUBJECT: Catheterization and Suctioning:
Clarification of Policy/Program
Memorandum No. 81, Model for Provision of
School Health Support Services, Group III

Since the implementation of Policy/Program Memorandum 81, July 19, 1984, school board and Home Care Program personnel have been requesting clarification regarding the administration of catheterization and suctioning procedures.

The original memorandum referred to catheterization and suctioning without reference to differentiating the basic types of procedures, e.g., those that may be performed by the pupil, the parent, or other trained personnel as compared with those procedures requiring the services of a qualified health care professional.

Clean catheterization and shallow surface suctioning are recognized as part of a child's normal toileting and oral hygiene needs. The attached chart describes the types of procedures and identifies the responsibility for administration, service delivery, training and consultation for each procedure.

School board administrators are encouraged to meet with local Home Care Program directors to review and where necessary make any appropriate modification to current practices.

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Regional offices are requested to forward this information to school boards, along with any additional clarification that may be required. Draft letters, both in English and French, are attached for your reference. Regional offices are also requested to forward any issues and concerns to my attention.

Roy Houghton
Assistant Deputy Minister
Learning Services

Attachment

**CATHETERIZATION AND SUCTIONING: CLARIFICATION OF POLICY/PROGRAM MEMORANDUM
No 81, MODEL FOR PROVISION OF SCHOOL HEALTH SUPPORT, GROUP III**

CATHETERIZATION

TYPE	ADMINISTERED BY	PROVIDED BY	TRAINING & DIRECTION	CONSULTATION
i) Clean Intermittent	<ul style="list-style-type: none"> Child Aide or Other Personnel 	<ul style="list-style-type: none"> School Board 	<ul style="list-style-type: none"> Parent Ministry of Health 	<ul style="list-style-type: none"> Ministry of Health
ii) Sterile Intermittent	<ul style="list-style-type: none"> Health Care Professional 	<ul style="list-style-type: none"> Ministry of Health 	<ul style="list-style-type: none"> Ministry of Health 	<ul style="list-style-type: none"> Ministry of Health

* Indwelling Care of an indwelling catheter is usually performed by the parent and not required in the school setting. School board personnel should make arrangements with respect to emergency needs.

SUCTIONING

TYPE	ADMINISTERED BY	PROVIDED BY	TRAINING & DIRECTION	CONSULTATION
i) Shallow Surface (e.g. oral or nasal suction)	<ul style="list-style-type: none"> Aide or Other 	<ul style="list-style-type: none"> School Board 	<ul style="list-style-type: none"> Parent Ministry of Health 	<ul style="list-style-type: none"> Ministry of Health
ii) Deep (e.g. Throat &/or Chest Suction or Drainage)	<ul style="list-style-type: none"> Health Professional 	<ul style="list-style-type: none"> Ministry of Health 	<ul style="list-style-type: none"> Ministry of Health 	<ul style="list-style-type: none"> Ministry of Health

Where a child is admitted to a treatment program operated and/or funded by the Ministry of Health or the Ministry of Community and Social Services and attends an educational program offered by a school board in the treatment facility, it is expected that the present policies under Policy/Program No. 81 will continue.

SEPTEMBER 1989

CLEAN INTERMITTENT CATHETERIZATION PROCESS

Clean Intermittent Catheterization (CIC) is recognized as a part of a child's normal toileting needs. (Taken from Clarification of Policy / Program Memorandum No 8I, Model for Provision of School Health Support Service Group 111 [Aug. 1989]) Appendix B.

What/Who	Who Trains	Access to Training	Equipment	Access Additional Training	Medical Care Plan	Other
<p>Provided by:</p> <ul style="list-style-type: none"> ➤ EA (J,K), SNA, ISSA SIP ➤ Back up staff person assigned, named and included in a Medical Care Plan ➤ Parent will act as additional back up ➤ Student independence is encouraged <p>Documentation:</p> <ul style="list-style-type: none"> ➤ Recorded on * Management of Emergency Medical Concerns (Form 536B) <u>Appendix C</u> ➤ Monthly Tracking form filled in daily <u>Appendix D and D1</u> ➤ Can also be added to Student Medical Alert as required (FR:536C) <u>Appendix E</u> 	<p>General Theory Provided by:</p> <ul style="list-style-type: none"> ➤ Hospital for Sick Children (HSC) ➤ Bloorview Kids Rehab (BKR) <p>Follow Up;</p> <ul style="list-style-type: none"> ➤ Yearly review <p>Individualized training by:</p> <ul style="list-style-type: none"> ➤ Community Care Access Centre (CCAC) main provider ➤ BKR may provide service for BKR clients only ➤ Parent may assist ➤ CCAC will decide length of training required ➤ CCAC/Parent will review as required on request ➤ Train the Trainer Model is encouraged <p>Follow Up;</p> <ul style="list-style-type: none"> ➤ Principal ensures that Medical Care Plan is complete and re-viewed yearly at school level 	<ul style="list-style-type: none"> ➤ Principal calls case conference/intake with CCAC, parent FOS consultant, teacher, EA (J,K) /SNA/ ISSA SIP and back up ➤ CCAC authorizes visit ➤ CCAC/Parent provides Doctors orders for Medical Care Plan 	<ul style="list-style-type: none"> ➤ Parent to provide equipment for CIC (catheter tubes, lubricant) ➤ Principal should also keep reserve on hand and make latex free gloves available 	<ul style="list-style-type: none"> ➤ All existing, occasional and new staff on request to CCAC for individualized training ➤ When there is a change in student's condition <p>*Note: CCAC/Parent must be contacted to obtain new orders from doctor and added to Medical Care Plan</p> <p><u>Procedure outlined in Plan should not be changed by school personnel</u> until new orders are received</p>	<ul style="list-style-type: none"> ➤ Medical Care Plan should be referred to in IEP ➤ Notes and procedure for back up set up at school level ➤ Include doctors orders on Medical Care Plan (for daily procedure and back up person) ➤ Yearly review ➤ Central copy should be kept as emergency reference <p>Back Up Plan</p> <ul style="list-style-type: none"> ➤ Name Backup person on Plan, if EA is away. ➤ Back up to participate regularly in procedure to maintain competency ➤ Call Parent to catheterize if back up unavailable ➤ Call CCAC if longer term support <p>*Note-CCAC is not an emergency service –may be able to provide next day service</p> <p>*Last call 911 in an emergency</p>	<p>Exceptions:</p> <ul style="list-style-type: none"> ➤ CCAC <u>may</u> provide service for short term post –operatively ➤ CCAC provides support if nurse is assigned to student for health reasons regularly

* Management of Emergency Medical Concerns Form is referred to as “Medical Care Plan” in this document

To access forms, go to TDSB web, click on Special Education on the drop down menu under Services, click on Administrators’ Handbook, click on F. Programs and Services, and forms are under F-6 School Health Support Services.

SAMPLE
MONTHLY CLEAN INTERMITTENT CATHETERIZATION RECORD



Student Name: Betty Boop		D.O.B.: 10-Nov-99		School Name: ABC School																													
Person Designated for CIC: Anne Ricci		Initial on completion of each CIC														Instructions/Comments:																	
Backup: Billy Bop		Initial on completion of each CIC																															
Month/Year	Time	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
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	2:00 pm	BB	AR	AR	BB																												
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