

# Toronto District School Board

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Policy P092

Title: **STUDENT HEALTH SUPPORT**  
Adopted: October 24, 2018  
Effected: October 24, 2018  
Revised: N/A  
Reviewed: N/A  
Authorization: Board of Trustees

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## 1.0 RATIONALE

This Student Health Support Policy ("the Policy") has been developed in response to decision of the Board of Trustees on February 8, 2017 and the direction of the Ministry of Education stated in Policy/Program Memorandum (PPM) No. 161: Supporting Students with Prevalent Medical Conditions in Schools of February 28, 2018.

This Policy operates within the legislative environment which governs the provision of student health support services in school settings, including but not limited to the *Education Act, Immunization of School Pupils Act, the Regulated Health Professions Act, the Good Samaritan Act, Municipal Freedom of Information and Protection of Privacy Act (MFIPPA), Personal Health Information Protection Act (PHIPA), Ryan's Law, Sabrina's Law, Rowan's Law, Ontario Human Rights Code, PPMs No. 81, 149, and 161.*

## 2.0 OBJECTIVE

- To set out the framework, rules and requirements for providing effective support to students, including those with prevalent medical conditions;
- To foster a healthy and inclusive learning environment that will improve student achievement and overall well-being;
- To ensure equitable treatment of students with prevalent medical conditions that supports equal access, participation and outcomes in school and maintains a safe, accepting, and healthy learning environment;
- To empower students, as confident and capable learners, to reach their full potential for self-management of their medical condition(s).

### 3.0 DEFINITIONS

*Anaphylaxis* refers to a severe systemic allergic reaction which can be fatal, resulting in circulatory collapse or shock.

*Asthma* refers to a common, chronic (long term) lung disease that can make it hard to breathe. Asthma is a controllable disease and students with well-managed asthma should be able to participate in school events the same as anyone else. However, asthma can be fatal without proper management and access to medications.

*Board* refers to the Toronto District School Board, which is also referred to as “TDSB”.

*Diabetes* refers to a chronic disease, in which the body either cannot produce insulin or cannot properly use the insulin it produces. Without insulin, glucose builds up in the blood stream and the body begins to break down fat to be used for energy. The body creates ketones and an excess of this material can result in severe complications that can result in coma and/or death. There are three types of diabetes which require significantly different management, they include, Type 1 Diabetes; Type 2 Diabetes; and Gestational Diabetes. Type 1 Diabetes (insulin dependent) can occur at any age and cannot be prevented or cured. Students with Type 1 Diabetes must inject insulin several times every day. Type 2 Diabetes (non-insulin dependent) typically develops in late adolescent and adulthood, but can appear earlier. Individuals who are obese are at the greatest risk of developing Type 2 Diabetes. Management includes lifestyle modification emphasizing healthy eating, increased physical activity and decrease in sedentary activity. Students with Type 2 Diabetes may need to self-monitor their blood glucose and in some cases take oral medication or inject insulin. Gestational Diabetes develops in 2-5 per cent of pregnant women. This type of diabetes usually disappears after childbirth, but can result in a higher risk of future development of Type 2 Diabetes for the mother.

*Epilepsy (also known as Seizure Disorder)* refers to a neurological condition which affects the nervous system. It is a disorder of the brain characterized by an enduring predisposition to generate epileptic seizures and by the cognitive, psychological and social consequences of this condition. A seizure results from a sudden electrical discharge in the brain which interferes with brain functions and is observed as changes in sensation, movement, behaviour, or consciousness. Because the brain is responsible for a wide range of functions, there are many different kinds of seizures (source: The Hospital for Sick Children).

*Essential Routine Health Services* refers to services provided on a regular basis as part of a daily routine such as, but not limited to physical management, administration of medication, or ongoing observation of a student with certain health conditions (e.g., prevalent medical conditions) (source: York Region DSB).

*General Health Support Services* refers to services provided to students to enable them to attend school including, but not limited to, medication services, essential routine health services and medical emergency service.

*Health Care Professional* refers to a member of a College under the *Regulated Health Professions Act, 1991* (e.g., Health Care Professionals hired by the board, this includes, psychologists, occupational therapists, physiotherapists, and speech language pathologists).

*Medical Emergency* refers to an acute injury or illness that poses an immediate risk to person's life or long-term health and requires assistance from another qualified person and contact with Emergency Medical Services (source: York Region DSB).

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

*Individual Plan of Care* refers to documentation/form(s) that contains individualized information on a student with a prevalent medical condition (source: PPM 161).

*Prevalent Medical Conditions* are conditions that have the potential to result in a medical incident or a life-threatening medical emergency, which include, but are not limited to, anaphylaxis, asthma, diabetes, epilepsy, and sickle cell disorder.

*Prevalent Medical Conditions Web Portal* refers to a Ministry of Education database which supports school boards in providing evidence-based resources online related to prevalent medical condition(s). These resources have been developed by various health and education partners.

*Self-Management* refers to 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 (source: PPM 161).

*TDSB* is the Toronto District School Board, which is also referred to as the "Board".

#### **4.0 RESPONSIBILITY**

The Director of Education holds primary responsibility for this Policy.

Within the Director's Office, the responsibility for the implementation, coordination, and day-to-day management of the Policy is assigned to the Associate Director, Equity, Well-Being and School Improvement.

#### **5.0 APPLICATION AND SCOPE**

This Policy applies to all employees and Trustees of the Board.

The Policy also covers students, parents and guardians, occasional staff, volunteers, and Board employed or affiliated registered medical/health professionals.

## **6.0 POLICY**

### **6.1 MEDICAL INFORMATION**

#### *6.1.1 Collection of Medical Information*

- (a) The Board will support staff in collaborating with students, parents/guardians, and appropriate medical/health paraprofessionals to collect information related to students' medical conditions. Support to staff will be implemented in a manner that respects existing provisions of collective agreements and related memoranda of understanding among parties to such agreements.
- (b) In order to support students with prevalent medical conditions and develop their Individual Plan of Care, the Board will request new and current students and/or their parents/guardians to provide information on the students' prevalent medical condition(s) on an annual basis or once the student has been diagnosed with a new condition.
- (c) Parents and guardians of children with prevalent medical conditions are requested to inform the Board of their child's medical condition(s) and to communicate any other changes related to their child's health information on an annual basis or whenever there are changes in the child's medical condition / treatment or whenever the child has been diagnosed with a new condition.
- (d) The Board will ensure all staff are trained to recognize and respect the importance of a student's privacy, dignity, religious belief, and cultural sensitivity when collecting medical information and administering medication.
- (e) The Board recognizes its obligations under provincial and federal laws, including the *Ontario Human Rights Code* and the *Charter of Rights and Freedoms*, to deal with each student individually, with respect, dignity, equity and with due regard to privacy as provided under the law.
- (f) The TDSB will take reasonable steps to provide accommodations to individuals who demonstrate discrimination and or adverse effect of Board policies, procedures, services or requirements due to disability arising from *Prevalent Medical Conditions* and or any other prohibited grounds protected under the *Ontario Human Rights Code*.

#### *6.1.2 Immunization Records*

- (a) The Board will request students and/or their parents/guardians to provide immunization records, in accordance with the *Immunization of School Pupils Act*.
- (b) Student immunization forms or, as applicable, statements of medical exemption and statements of conscience/creed belief/practice requesting exemption from immunization shall be completed and forwarded to the City of Toronto's Medical Officer of Health and the Toronto Public Health upon a students' entrance or transfer to schools.
- (c) The Board, working with the Toronto Public Health, will assess TDSB schools for completed student immunization records on a yearly basis.

## **6.2 PARTNERSHIP WITH STAKEHOLDERS**

- (a) The health, safety, and well-being of students is a shared responsibility of the Board, the Provincial government, municipal health agencies, parents/guardians, health care providers, and community partners.
- (b) The Board, in collaboration with appropriate stakeholders (including Ministry of Education, Ministry of Children and Youth Services, Ministry of Community and Social Services, Ministry Health and Long-Term Care, Local Health Integration Network, and Toronto Public Health) shares the responsibility of providing health support services to ensure that all students can attend and participate in school regardless of their individual health needs.
- (c) The Board will continue providing health support services prescribed by the Ministry of Education in the Policy/Program Memorandum No. 81, Provision of Health Support Services in School Settings.
  - As stated in PPM No. 81, the Board is responsible for the administration of oral medication where such medication has been prescribed for use during school hours. For students with disabilities, the Board will provide services such as lifting and positioning, assistance with mobility, feeding and toileting, and general maintenance exercises.
  - The Board will also continue to be responsible for necessary speech remediation, correction and habilitation programs.
- (d) Should a need develop for a service, which has not already been designated, the matter will be referred by the Board to the Ministry of Education for its consideration in consultation with the Ministry of Health and Long-Term Care (as per PPM No. 81).

- (e) In developing, revising, implementing, and maintaining policies and procedures related to existing or new medical conditions in the TDSB health system, the Board will:
- Ensure that policies and procedures related to prevalent medical conditions are developed, reviewed and/or updated as required.
  - Assess individual school needs and circumstances (e.g., demographics and cultural considerations) as well as the availability of supports and services available to the TDSB in accordance with the Equity Policy (P037).
  - Consult with the appropriate students, parents/guardians, teachers, principals, health care professionals, union partners, school staff, volunteers working in the schools, school councils, Joint Health and Safety Committees, Board's Community Advisory Committees and other community partners.
  - Work collaboratively with TDSB staff (e.g., Professional Support Services, representative employee groups, principals, and teachers) and external stakeholders (e.g., Ministries of Education, Health and Long-Term Care, and Children and Youth Services, Toronto Public Health, Local Health Integration Network (LHIN), medical organizations, and healthcare associations) to build a knowledge base and determine best practices for supporting students with prevalent medical condition(s) in accordance with appropriate legislation, collective agreements, policies, and procedures.
  - Articulate the expected roles and responsibilities of parents/guardians of children with prevalent medical condition(s), students with prevalent medical condition(s), appropriate school staff, and the principal.
  - Implement the Policy in a manner that respects existing provisions of collective agreements and related memoranda of understanding among parties to such agreements.
- (f) In collaboration with health professionals and other relevant stakeholders (e.g., Toronto Public Health, LHINs, unions and education stakeholders), the TDSB will ensure the development and implementation of training programs offered during the instructional day for prevalent medical conditions. The training will help reduce the exposure to causative agents in school areas through recognition of triggers, signs, symptoms and risk for prevalent medical conditions (source: Hamilton-Wentworth DSB).
- (g) As per PPM No. 161 – Supporting Students with Prevalent Medical Conditions in Schools, the Board will communicate, on an annual basis, their

policies on supporting students with prevalent medical conditions to parents, school board staff, and others in the school community who are in direct contact with students (e.g., occasional staff, volunteers, food service and transportation providers).

- (h) The Board will ensure all applicable legislation, regulations, this Policy and related Board policies are considered before entering into contracts with health, transportation, food service, and other service providers.

### **6.3 SUPPORTING STUDENTS WITH PREVALENT CONDITIONS**

#### *6.3.1 Individual Plan of Care (as per PPM No. 161)*

- (a) The Board will empower students with prevalent medical conditions by prioritizing their safety, well-being, dignity, and self-management in the students' Individual Plan of Care.
- (b) The Board will ensure staff intervention is provided when a student with a prevalent medical condition is not able to self-manage their Individual Plan of Care (e.g., due to language barriers; cognitive and/or physical ability; maturity; behavioural issues; and psychosocial barriers).
- (c) The Board will ensure that the Individual Plan of Care is co-created, reviewed, and/or updated through collaboration and communicated with parents/guardians, principal (or designate), health care professionals, appropriate Board staff, and the student with the prevalent medical condition, as appropriate. This includes posting the Individual Plan of Care template on the external TDSB website for stakeholders to view, use, and modify as appropriate.
- (d) The Individual Plan of Care will contain specific information on a student with a prevalent medical condition and must include:
- emergency methods necessary to support a students' need during potential life-threatening situations;
  - process and appropriate resources available during the event of a school emergency (e.g., evacuation, fire, hold and secure/lockdown) and for activities off school property (e.g., excursions, field trips, camping, sporting events);
  - daily activities that will be performed by the student, parent(s)/guardians, and/or appropriate staff;
  - copy of notes and instructions from the student's health care professional; and

- any other pertinent medical or related information.
- (e) The Individual Plan of Care will be created, reviewed, and/or updated during the first thirty (30) school days of every school year or as needed, during the school year (e.g., when a student has been diagnosed with a prevalent medical condition).
- (f) With consent from the student and parents/guardians with the prevalent medical condition, the principal or the appropriate designate is responsible for sharing the Individual Plan of Care in confidence with school staff who are in direct contact with the student with the prevalent condition and, as appropriate others who are in direct contact with students with prevalent medical conditions (e.g., occasional staff, volunteers, food service and transportation providers).
- (g) On a case-by-case basis, and in consultation with the student and their parents/guardians, the Board may implement certain provisions and or human rights accommodations (e.g., attendance exemptions or specific school locations) in a students' Individual Plan of Care to address their medical needs.

### 6.3.2 *Facilitating and Supporting Daily or Routine Management*

- (a) The Board may engage authorized and designated staff in facilitating and supporting daily or routine management services for students with prevalent medical condition(s).
- (b) As outlined in PPM No. 161 – Supporting Students with Prevalent Medical Conditions, assistance in routine management services refers to services provided on a regular basis as a part of a daily routine such as, but not limited to physical management, administration of medication, and ongoing certain observation of a student with prevalent medical conditions as outlined in the students' Individual Plan of Care.
- (c) Students with prevalent and serious medical condition(s) will be supported in the school in which they are registered whenever possible; however, when this is not possible, students may be offered human rights accommodations within the TDSB system to address their individual needs. (e.g., home instruction). The Board will balance its decision to accommodate on several factors, such as undue hardship, including: the cost of the accommodation to the Board; health and safety risks to the person requesting accommodation and to others; and the effect of accommodation on the Board's 'bona fide' ability to fulfill its duties under Board policies, the *Education Act* and related legislation.

### 6.3.3 *Emergency Response*



- (a) In collaboration with health partners, parents/guardians, and education partners, the Board will develop emergency procedures to respond to medical incidents and/or medical emergencies that affect students with prevalent medical conditions.
- (b) These emergency response procedures will align with existing Board medical emergency procedures and the Individual Plan of Care established for the student.

#### *6.3.4 Safety Considerations*

- (a) The Board will allow students with prevalent medical conditions to carry their medications and supplies, as outlined in the Individual Plan of Care and as appropriate to the student.
- (b) The Board will ensure that a procedure is established to support students with prevalent medical conditions in the event of a school emergency (e.g., evacuation, fire, “lockdown” or for activities off school property (e.g., excursions, field trips, sporting events). This process must also include considerations for occasional staff.
- (c) The Board will support and provide training to local schools in the storage (according to the item’s recommended storage conditions) and safe disposal of medication and medical supplies.

### **6.4 TRAINING AND ADMINISTRATION OF MEDICATION**

#### *6.4.1 Prevalent Medical Conditions Training for Appropriate Staff*

- (a) In accordance with PPM No. 161 – Supporting Students with Prevalent Medical Conditions, the Board will facilitate and provide training (e.g. during instructional days; via webinars) related to prevalent medical conditions, at a minimum, annually for appropriate staff who have direct contact with students with prevalent medical condition(s).
- (b) The Board will ensure that appropriate staff are familiar with the prevalent medical conditions as outlined in the student’s Individual Plan of Care and are trained in prevention strategies to minimize risks, recognize the symptoms of a medical emergency and know the steps to follow when dealing with a medical emergency or student with a prevalent medical condition(s).
- (c) The Board will continue to ensure that procedures and policies related to prevalent medical condition(s) are developed, reviewed, and/or updated as required.

- (d) Using evidence-based resources (e.g., Prevalent Medical Conditions Web Portal) and following consultation with appropriate stakeholders, the Board will determine the scope of training required to support the implementation of prevalent medical condition procedures, as well as the mode of delivery of the training and privacy considerations.
- (e) The scope of training related to supporting students with prevalent medical conditions must include:
- strategies for preventing risk of student exposure to triggers and causative agents;
  - strategies for supporting inclusion and participation in school;
  - recognition of symptoms of a medical incident and a medical emergency;
  - information on school staff supports, in accordance with Board policy;
  - medical incident and emergency response; and
  - documentation procedures (e.g., collecting, accessing, and sharing medical information).

#### 6.4.2 *General Health Support Services Training*

- (a) The TDSB will ensure staff receive general awareness training and relevant resources to prevent and respond to medical conditions and health emergencies.
- (b) The Board will identify and provide training for relevant staff on a variety of health support services including, but not limited to, emergency procedures to deal with life-threatening medical situations; specialized training for prevalent medical conditions, and first-aid/CPR training.
- (c) In accordance with *Ontario's Workplace Safety and Insurance Act, Regulation 1101 – First Aid Requirements*, each site is required to have (1) person certified in first aid. The Board requires:
- Having two (2) staffs per site trained in first aid and in basic rescuer Cardio-Pulmonary Resuscitation (CPR). These staff will be able to respond without delay to an emergency situation that may require administering first aid and/or CPR;
  - All school personnel are made aware of staff with First-Aid training and the location of First-Aid supplies;

- Appropriate First-Aid equipment, trained staff, and supplies are available for all instructional settings and school related activities (e.g., excursions, field trips, extra-curricular events, emergency situations);
- (d) In accordance with the *Good Samaritan Act*, the Board will protect staff from liability with respect to voluntary emergency medical or first-aid services. The *Good Samaritan Act* states that any persons and/or health care professionals who voluntarily and without reasonable expectation of compensation or reward provides emergency health care services or first aid assistance are not liable for damages that result from the person’s negligence in acting or failing to act while providing the services, unless it is established that the damages were caused by the gross negligence of the person.
- (e) The Board will review applicable health-related training programs and TDSB procedures with relevant staff to ensure the presence of effective implementation strategies.

#### 6.4.3 *Administration of Medication*

- (a) The primary responsibility for the administration of medications and treatment of the medical condition(s) of a student are with parents/guardians and/or medical practitioners.
- (b) In the absence of a students’ parent/guardian or a medical practitioner; the Board may engage authorized and designated staff in the essential administration of prescribed medication under certain conditions (based on the “duty of care” as authorized under Section 265 (j) of the *Education Act*). The Board will ensure that existing provisions of collective agreements and related memoranda of understanding among parties to such agreements will be respected. It is understood that the Board does not intend to prescribe, duplicate or remove any duties already performed by staff.
- (c) Authorized staff administering prescribed medication are considered to be acting in the place of the parent/guardian of the student and not as health professionals.
- (d) Board employees administering medication and assisting students in emergency situations are covered under insurance liability clauses when acting in accordance with in the TDSB’s Medication Procedure (PR 536).

### **6.5 HEALTH SUPPORT SERVICES FOR ALL STUDENTS**

#### 6.5.1 *Mental Health and Well-being*

- (a) The Board will build the capacity of staff to support and facilitate mental health and well-being awareness and learning for the school communities they serve.

- (b) The Board will develop and implement effective mental health and well-being practices following consultation with teacher federations, employee groups and unions, with input from students, parents/guardians, staff and community partners.
- (c) The Board will raise awareness of medical conditions through classroom leadership, opportunities and other related learning programs.
  - Raising awareness for medical conditions will include sharing evidence based resources (e.g., Prevalent Medical Conditions Web Portal) on medical conditions, including triggers or causative agents of certain conditions, signs and symptoms characteristic of medical incidents and of medical emergencies, and school board emergency procedures.
- (d) The Board will develop and maintain a life promotion and suicide prevention, intervention and postvention protocol and implement a plan to support the delivery of the protocol and on-going training for all staff.
- (e) The Board will coordinate and collaborate with the Ministry of Education and Toronto Public Health to address substance abuse, addictions and related behaviours (e.g., administering Naloxone to prevent fatal overdoses and drug prevention strategies).

#### 6.5.2 *Physical Well-being*

- (a) The Board will ensure student well-being through providing a healthy physical safe and fully accessible environment in all schools.
- (b) The Board will dedicate resources and develop procedures to implement good hygiene and effective sanitation practices in schools in order to reduce the spread of infection among students.
- (c) The Board will develop best practices designed to increase student engagement in physical activities (e.g., active transportation).
- (d) The Board will implement procedures related to dental and vision screening services for selected grades at elementary schools in accordance with the *Health Protection and Promotion Act*.

#### 6.5.3 *Reporting and Collection of Data*

- (a) The Board will utilize system administrative data and relevant information (e.g. school improvement plans, student/staff census, school climate surveys, safety data, suspensions and expulsions) to ensure that the Policy's

implementation plans are aligned, systematic and intentional while addressing potential health gaps identified by key stakeholders.

- (b) To ensure effective policy review, the Board will develop processes to collect data on the number of students with prevalent medical conditions, using a critical equity lens, ensuring full accessibility, respect of individual privacy rights, inclusive demographic representation and the complexity of all identities (including intersectionality of multiple social identities) and collect and monitor the number of medical incidents/emergencies that have occurred on annual basis.

## **7.0 SPECIFIC DIRECTIVES**

The Director of Education has authority to issue operational procedures to implement this Policy.

## **8.0 EVALUATION**

This Policy is to be reviewed and updated as required but at a minimum every four (4) years.

## **9.0 APPENDICES**

Not Applicable

## **10.0 REFERENCE DOCUMENTS**

### Policies:

- Equity (P037)
- Human Rights (P031)
- Occupational Health and Safety (P048)

### Operational Procedures:

- Anaphylaxis (PR563)
- Asbestos Awareness (FAC057)
- Asthma Management (PR714)
- Clean Intermittent Catheterization and Suctioning, Lifting, Positioning, Physical Management and Activities of Daily Living (PR580)
- Concussions (PR712)
- Diabetes Management (PR607)
- Excursions (PR511)
- Home Instruction (PR554)
- Medication (PR536)
- Head Lice (Pediculosis) (PR537)

Legislative Acts and Regulations:

- *Charter of Rights and Freedom*
- *Education Act*
- *Good Samaritan Act*
- *Health Protection and Promotion Act*
- *Immunization of School Pupils Act*
- *Occupational Health and Safety Act*
- *Ontario Human Rights Code*
- *Ryan's Law (Ensuring Asthma Friendly Schools)*
- *Sabrina's Law (Anaphylaxis)*
- *Rowan's Law (Concussion)*
- *Workplace Safety and Insurance Act, Regulation 1101 – First Aid Requirements*

Other Documents:

- Policy/Program Memorandum (PPM) No.81- Provision of Health Support Services in School Settings
- Policy/Program Memorandum (PPM) No.149 - Protocol for Partnerships with External Agencies for Provision of Services by Regulated Health Professionals, Regulated Social Service Professionals, and Paraprofessionals
- Policy/Program Memorandum (PPM) No.161 - Supporting Students with Prevalent Medical Conditions in Schools.