


Windsor-Essex Catholic District School Board



Section: Students

POLICY
ST: 11 Student Health Support
(Including Medication
Administration at School)

NUMBER:	ST: 11
EFFECTIVE:	Oct. 26, 1999 Sept.26/18
AMENDED:	Oct. 24, 2000 June 12, 2007 Sept. 25, 2007 April 26, 2011 Sept.25/18
RELATED POLICIES:	See References
REPEALS:	
REVIEW DATE:	2023-2024

PLEASE REFER TO:

- **POLICY/PROCEDURE ST: 11A ANAPHYLAXIS for the development of a plan for a Student with a Life-Threatening Allergy.**
- **POLICY/PROCEDURE ST: 11B ENSURING ASTHMA FRIENDLY SCHOOLS RYAN’S LAW for the development of a plan for a student with asthma.**

1.0 OBJECTIVE:

- 1.1 It is the Board’s objective to support students with serious medical conditions to fully access school in a safe, accepting, and healthy learning environment that supports well-being; and to empower students, as confident and capable learners, to reach their full potential for self management of their medical condition(s), according to their Plan of Care.

2.0 GUIDING PRINCIPLES:

- 2.1 The Windsor-Essex Catholic District School Board (the Board) believes that parents/guardians are primarily responsible for the administration of medication to their children.
- 2.2 The Board recognizes that a designated staff member(s) appointed by the Principal, shall be entitled to administer prescription medication when necessary and on an on-going basis according to applicable administrative procedures.
- 2.3 The Board believes that parents/guardians of a student, in conjunction with trained medical personnel, have the primary responsibility for the administration of health support procedures.
- 2.4 The Board recognizes that there are students with serious medical conditions (including, but not limited to, diabetes (i.e., Type 1, Type 2 and Gestational), asthma, epilepsy, anaphylaxis, haemophilia, heart conditions) who are at high risk with respect to life-threatening situations and is committed to supporting those students through the development of health support accommodations that consider their well-being and dignity.

- 2.5 The Board recognizes that each student diagnosed with a medical condition is unique and requires an individual plan of care.
- 2.6 This Policy shall be administered in conjunction with the objectives and guiding principles of A: 14 Promoting and Supporting Equity & Inclusion Within a Catholic Community.
- 2.7 The Windsor-Essex Catholic District School Board is committed to the principles of equity and inclusive education, consistent with our Catholic teachings, which value and promote human rights and social justice in all Board policies, programs, guidelines, operations and practices.

3.0 SPECIFIC DIRECTIVES:

- 3.1 Administration shall establish procedures to be followed by Principals in the development of individual plans of care for students with diagnosed conditions who require health support. The procedures shall include provision for the updating of the plans and for communication of information to the appropriate staff as necessary.
- 3.2 Administration shall maintain a section on the Board's public website containing links to various health care organizations/associations that may provide up-to-date and relevant information on various health conditions affecting students.
- 3.3 Administration shall establish procedures to be followed for administration of prescribed medication to students where it is necessary during the school day. A designated staff member appointed by the Principal may administer prescription medication to students provided all Board policies, procedures and regulations are followed.

4.0 RESPONSIBILITY :

- 4.1 Parents/guardians have the primary responsibility for administration of medication to their children.
- 4.2 Parents/guardians of a student, in conjunction with trained medical personnel, have the primary responsibility for the administration of health support procedures.
- 4.3 As primary caregivers of their child, parents are expected to be active participants in supporting the management of their child's medical condition(s) while the child is in school. At a minimum, parents should:
 - i. educate their child about their medical condition(s) with support from their child's health care professional, as needed;

- ii. guide and encourage their child to reach their full potential for self-management and self-advocacy;
- iii. inform the school of their child's medical condition(s) and co-create the individual Student Health Plan or Plan of Care for their child with the Principal or the Principal's designate;
- iv. supply their child and/or the school with sufficient quantities of medication and supplies in their original, clearly labelled containers, as directed by a health care professional and as outlined in the Plan of Care, and track the expiration dates if they are supplied;
- v. 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 ability to manage the medical condition(s), to the Principal or the Principal's designate;
- vi. confirm annually to the principal or the Principal's designate that their child's medical status is unchanged;
- vii. initiate and participate in annual meetings to review their child's Plan of Care; and
- viii. seek medical advice from a medical doctor, nurse practitioner, or pharmacist, where appropriate.

4.4 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. Students should:

- i. take responsibility for advocating for their personal safety and well-being consistent with their cognitive, emotional, social, and physical stage of development and their capacity for self-management;
- ii. participate in the development of their Plan of Care;
- iii. participate in meetings to review their Plan of Care;
- iv. 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);
- v. set goals on an ongoing basis for self-management of their medical condition, in conjunction with their parent(s) and health care professional(s);
- vi. communicate with their parent(s) and school staff if they are facing challenges related to their medical condition(s) at school;
- vii. wear medical alert identification that they and/or their parent(s) deem appropriate;
- viii. if possible, inform school staff and/or their peers if a medical incident or a medical emergency occurs.

4.5 It is the responsibility of school staff to:

- i. review the contents of the Plan of Care for any student with whom they have direct contact;

- ii. participate in training, during the instructional day, on serious medical conditions, at a minimum annually, as required by the school board;
- iii. share information on a student's signs and symptoms with other students, if the parents give consent to do so and as outlined in the Plan of Care and authorized by the Principal in writing;
- iv. 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;
- v. support a student's daily or routine management, and respond to medical incidents and medical emergencies that occur during school, as outlined in Board policy/procedure and within the Plan of Care;
- vi. 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; and
- vii. enable students with prevalent medical conditions to participate in school to their full potential, as outlined in their Plan of Care.

4.6 In addition to the responsibilities outlined above for school staff, the Principal is also responsible for the following:

- i. clearly communicate to parents and appropriate staff the process for parents to notify the school of their child's medical condition(s), as well as the expectation for parents to co-create, review, and update a Plan of Care with the Principal or the Principal's designate. This process should be communicated to parents, at a minimum:
 - during the time of registration;
 - each year during the first week of school;
 - when a child is diagnosed and/or returns to school following a diagnosis;
- ii. co-create, review, or update the Plan of Care for a student with a serious medical condition with the parent(s), in consultation with school staff (as appropriate) and with the student (as appropriate);
- iii. maintain a file with the Plan of Care and supporting documentation for each student with a serious medical condition;
- iv. 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 who will be in direct contact with the student), including any revisions that are made to the plan;
- v. communicate with parent(s) in medical emergencies, as outlined in the Plan of Care;
- vi. 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.

- 4.7 The Director of Education shall ensure that:
- i. training and resources are provided on an annual basis to support students with serious medical conditions and staff who are working with them;
 - ii. strategies are developed that reduce the risk of student exposure to triggers or causative agents in classrooms and common school areas;
 - iii. expectations are established for schools to support the safe storage and disposal of medication and medical supplies; that these expectations are communicated to schools; and that schools are supported in the implementation of the expectations;
 - iv. expectations that students are allowed to carry their medication and supplies to support the management of their medical condition, as outlined in their Plan of Care are communicated;
 - v. this policy, related Board policies, and Ministry of Education *Memorandum 161 Supporting Students with Prevalent Medical Conditions* are considered when entering into contracts with transportation, food service, and other providers.

5.0 REVIEW AND EVALUATION:

- 5.1 The effectiveness of this policy shall be assessed through trustee, staff and community satisfaction measures.
- 5.2 This policy will be reviewed during the policy review cycle 2023-2024.

6.0 REFERENCES:

Sabrina's Law, 2005
Ryan's Law, 2015, Ensuring Asthma Friendly Schools
Education Act and its Regulations
PPM 161 Supporting Children and Students with Prevalent Medical Conditions (Anaphylaxis, Asthma, Diabetes, and/or Epilepsy) in Schools

Ministry of Education PPM 81 Provision of Health Support Services in School Settings
PPM 149 Protocol for Partnerships with External Agencies
Municipal Freedom of Information and Protection of Privacy Act (MFIPPA)
Personal Health Information Protection Act (PHIPA)
Ontario Student Record (OSR) Guidelines

Procedure ST:11 Student Health Support (Including Medication Administration at School)
Policy A:14 Promoting and Supporting Equity & Inclusion Within a Catholic Community

POLICY ST: 11 Student Health Support (Including Medication Administration at School)

Policy A:30 Privacy

Procedure PR H06A Procedure for the Disposal of Sharps

Policy SC:04 Field Trips

Policy SC:13 Release of Student Information

Policy ST: 11A Anaphylaxis Policy

Procedure ST:11A Anaphylaxis Procedure (Including Administration of Emergency Medication)

Policy ST:11B Ensuring Asthma Friendly Schools – Ryan’s Law

Procedure Pr ST:11B Ensuring Asthma Friendly Schools – Ryan’s Law

Policy ST:15 Accidents/Students

Policy ST:20 Collection of Personal Information