

Health Support Services

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PROVISION OF HEALTH SUPPORT SERVICES IN SCHOOL SETTINGS

Policy Program Memorandum No. 81

Shared Responsibility of:

- Ministry of Education
- Ministry of Health
- Ministry of Community and Social Services

Direct Provision of Services at the Local Level: Shared Responsibility

School Boards

- administration of oral medication
- lifting and positioning
- clean intermittent catheterization,
- mobility, feeding, toileting, general maintenance exercises
- Language Delay Disorder

Home Care (Community Care and Access Centres)

- assess student needs at the request of school board
- injection of medication, sterile intermittent catheterization, manual expression of the bladder, stoma care, postural drainage, shallow surface and deep suctioning
- intensive physio-occupational
- direct speech therapy for articulation, voice and fluency

Agencies: MCSS

- provision of health support services in children's residential care and treatment facilities

**INFORMATION TO SCHOOL PRINCIPALS TO OBTAIN
SCHOOL CARE SERVICES FROM COMMUNITY CASE ACCESS CENTRE**

The principal is made aware of student's need for active treatment.

The responsibilities of the *principal* are:

- contact appropriate Board personnel – speech/language or physical management to begin the referral process
- sign referral form to CCAC at the request of Speech/Language Pathologist or Physical Management and return to them
- assure that appropriate treatment facilities are available
- co-ordinate a meeting with principal, teacher representative, case manager, parent and appropriate Board staff, as needed

The responsibilities of the *Physical Management Staff Person or Speech/Language Pathologist* are:

- to determine if referral is appropriate and discuss with principal and parents
- to fill out Consultation Memo/Referral, once parent and principal signature is obtained, send to CCAC
- to attend appropriate case conference if initiated by school principal
- to act as a resource to school staff and CCAC therapist

SPEECH LANGUAGE PATHOLOGY REFERRAL

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|-----------------------|---------------|
| STUDENT'S NAME: _____ | SCHOOL: _____ |
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ADMISSION CRITERIA:

A referral to the Central Community Care Access Centre will be accepted provided the student meets all the criteria in Section 1 and requires assessment and intervention/consultation in one or more of the identified areas in Section 2, as per Interministerial Guidelines for the Provision of Speech and Language Services, September 1988.

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| <p>SECTION 1</p> <p><i>The student displays:</i></p> <p>a) Appropriate motivation, attention, language, behaviour and cognitive ability to participate in an individual speech therapy session of a minimum of 30 minutes in length. (Refer to the Guidelines & Parameters for Speech Therapy Referrals to the CCCAC/Child & Youth).</p> <p>b) Demonstrated communication skills and/or development level are commensurate or greater than speech production/phonology skills.</p> |
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| <p>SECTION 2 (Please Print Clearly)</p> <p><input type="checkbox"/> Articulation/phonology/motor speech delay/disorder: <input type="checkbox"/> Moderate <input type="checkbox"/> Severe</p> <p><i>The Following Sounds Are In Error:</i></p> <table border="1" style="width: 100%; border-collapse: collapse; margin: 5px 0;"> <thead> <tr> <th style="text-align: center; padding: 2px;">Sound(s)/Phonological Process</th> </tr> </thead> <tbody> <tr> <td style="height: 40px;"> </td> </tr> </tbody> </table> <p>Oral-motor involvement (please comment): _____</p> <p><input type="checkbox"/> Fluency disorder: <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe</p> <p><input type="checkbox"/> Resonance disorder: <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe</p> <p><input type="checkbox"/> Voice disorder (please comment): _____</p> <p style="margin-left: 20px;">Is there an ENT report available? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Additional information / concerns, (e.g. previous speech therapy, learning difficulties, psychosocial impact, stimulability):</p> <p>_____</p> <p>_____</p> <p>Written SLP report is attached. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><u>Other:</u></p> <p><input type="checkbox"/> Referral initiated at parent request. Parents have been informed that the child may not meet the referral criteria for this program.</p> | Sound(s)/Phonological Process | |
|---|-------------------------------|--|
| Sound(s)/Phonological Process | | |
| | | |

Speech Language Pathologist's Signature: _____ Date: _____

Central Community Care Access Centre:

Fax completed forms to: Fax (905) 952-2423 or (905) 707-2423

Local Phone #: Stouffville (905) 640-2662 Richmond Hill (905) 763-9928 Newmarket/Alliston (905) 895-1240

OCCUPATIONAL THERAPY AND PHYSIOTHERAPY REFERRALS

Occupational Therapy Physiotherapy

| | |
|-----------------------|---------------|
| STUDENT'S NAME: _____ | SCHOOL: _____ |
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ADMISSION CRITERIA:

A referral to the Central Community Care Access Centre will be processed provided the student meets the eligibility criteria. (Refer to the Guidelines for OT and PT referral to the CCAC SHSS.)

| SECTION 1 - OCCUPATIONAL THERAPY (OT) (Please Print Clearly) | |
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| <i>Focus for referral met in the following area(s):</i> <input type="checkbox"/> Fine motor and visual perceptual difficulties <input type="checkbox"/> Activities of daily living needs <input type="checkbox"/> Sensory motor needs <input type="checkbox"/> Lifelong disability needs | <i>Background Information / Comments</i> <hr/> <hr/> <hr/> <hr/> |

| SECTION 2 - PHYSIOTHERAPY (PT) (Please Print Clearly) | |
|---|--|
| <i>Focus for referral met in the following area(s):</i> <input type="checkbox"/> Gross motor/physical functioning difficulties <input type="checkbox"/> Medical conditions <input type="checkbox"/> Lifelong disability | <i>Background Information / Comments</i> <hr/> <hr/> <hr/> <hr/> |

| SECTION 3 - OTHER RELEVANT INFORMATION (Please Print Clearly) | |
|--|--|
| Other relevant information (i.e., previous or current therapy, medical assessment/interventions): | |
| <input type="checkbox"/> Parents have been informed that the student may not meet the referral criteria. Referral initiated at parent request. | |
| Written report is attached. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

School Board Therapist's Signature: _____ Date: _____

Central Community Care Access Centre:

Fax completed forms to: Fax (905) 952-2423 or (905) 707-2423
 Local Phone #: Stouffville (905) 640-2662 Richmond Hill (905) 763-9928 Newmarket/Alliston (905) 895-1240

SPECIALIZED HEALTH SUPPORT SERVICES

Procedures for resolving disputes about eligibility and level of support (if available):
 Policy developed by CCAC (Community Care and Access Centre) and The York Catholic District School Board

| Specialized Health Support Service | Agency or position of person who performs the service | Eligibility criteria for students to receive the service | Position of person who determines eligibility to receive the service and the level of support | Criteria for determining when the service is no longer required |
|-------------------------------------|--|--|---|---|
| Nursing | CCAC, if RN required | Referral from doctor | Doctor | Exit from Board |
| Occupational therapy | Consultation by Board Referral (treatment) – CCAC | Referral from Board staff | Board therapist | If service includes treatment then decision is CCAC |
| Physiotherapy | Consultation – Board Referral (treatment) - CCAC | <ul style="list-style-type: none"> Unable to perform classroom activities Referral from Board staff | Board therapist | As above |
| Nutrition | CCAC if needed | Medical condition diagnosed by doctor | Doctor | If required CCAC or Doctor |
| Speech and language therapy | Speech – CCAC Language – Board | <ul style="list-style-type: none"> Multiple errors Referral from teacher | Board speech/language pathologist | CCAC |
| Administering of Medications | <ul style="list-style-type: none"> Board If injected through G-tube – nurse. | <ul style="list-style-type: none"> Illness | Doctor | Doctor orders |
| Catheterization | <ul style="list-style-type: none"> Board Staff (taught by parent or professional) | <ul style="list-style-type: none"> Unable to catheterize independently | Doctor | N/A |
| Suctioning | <ul style="list-style-type: none"> Superficial: Board Deep: CCAC (Nurse) | <ul style="list-style-type: none"> Requires ongoing deep suctioning to breathe | Doctor | Doctor |
| Lifting and positioning | <ul style="list-style-type: none"> Board | <ul style="list-style-type: none"> Requires assistance to change positions | Board therapist | Exit from Board or cured |
| Assistance with mobility | <ul style="list-style-type: none"> Board | <ul style="list-style-type: none"> Requires help to move | Board therapist | Exit from Board or independence |
| Feeding | <ul style="list-style-type: none"> Board Tube Feeding: CCAC (Nurse) | Medical condition is such that student requires professional i.e. "G" Tube | <ul style="list-style-type: none"> Board therapist Tube: Doctor | Leaving Board |
| Toileting | Board | <ul style="list-style-type: none"> not toilet trained physical condition such that child is unable to physically change themselves | Board therapist | Leaving Board or independence |

Parents who dispute the provision, or inability to provide services provided by agencies or individuals, can appeal through the procedures of the service provider