



# YORK CATHOLIC DISTRICT SCHOOL BOARD

BOARD POLICY	
<i>Policy Section</i>	<b>Students</b>
<i>Policy Number</i>	<b>206</b>
<i>Former Policy Number</i>	
<i>Total Pages</i>	<b>7</b>
<i>Original Approved Date</i>	<b>June 20, 2023</b>
<i>Subsequent Approval Dates</i>	

## Supporting Students with Prevalent Medical Conditions (Anaphylaxis, Asthma, Diabetes, and/or Epilepsy) in Schools

### 1. PURPOSE

The York Catholic District School Board strives to create a safe and accepting learning environment for students with prevalent medical conditions. The York Catholic District School Board recognizes that Health Management Plans are a shared responsibility that require a team approach among students, Parent(s)/Guardian(s), health care providers and the school community. In addition, the Board believes in the importance of empowering students with prevalent medical conditions to be confident and capable learners who can reach their full potential for self-management of their medical conditions, according to their plan of care. This policy is in accordance with Policy/Program Memorandum 161 and all other applicable legislation.

### 2. OBJECTIVE

It is the policy of the York Catholic District School Board that all students be entitled to safe and healthy environments in our schools. The Board is committed to supporting students with prevalent medical conditions to fully access school in a safe, accepting and healthy learning environment that supports well-being. The Board will support the empowerment of students as confident and capable learners, to reach their full potential for self- management of their medical condition(s) according to their *Health Management Plan*.

### 3. PARAMETERS

3.1 Every school in the York Catholic District School Board shall implement and maintain procedures in accordance with this policy for students with Anaphylaxis, Asthma, Diabetes, and/or Epilepsy and will cross reference Policy 208 *Student Disability accommodation* and Policy 207 *Administration of Oral Medication to Elementary and Secondary Students*. While it is impossible to create a risk-free environment, school staff and Parent(s)/Guardian(s) can take important steps to minimize potentially life-threatening situations including the following:

- 3.1.1 Clearly articulate the expected roles and responsibilities of parents(s)/guardian(s), school staff and of the student themselves;
- 3.1.2 Establish a communication and implementation plan for the dissemination of information to Parent(s)/Guardian(s), students, employees and include any other person who has direct contact with a student who has one or more of these diagnoses;

- 3.1.3 Provide annual training and resources for all school employees who are in direct and regular contact with students with prevalent medical conditions to ensure the safety and wellbeing of students.
- 3.1.4 To develop and implement strategies that reduce the risk of a medical incident for students with Prevalent Medical Conditions in classrooms, common school areas and on approved excursions and activities.
- 3.2 Upon registration or upon being informed of a student's diagnosis, Parent(s)/Guardian(s) and students of 16 years of age or older supply information specific to their symptoms and the management of their Prevalent Medical Condition.
- 3.3 A *Health Management Plan* shall be co-created, reviewed, and updated for each student diagnosed with a Prevalent Medical Condition in consultation with the parent(s)/guardian(s), appropriate school staff, and with the student, along with any notes and instructions from the student's health care provider.
- 3.4 Employees and other staff who are in direct contact on a regular basis with a student with a Prevalent Medical Condition shall be informed of the contents of the student's *Health Management Plan*.
- 3.5 A centrally accessible file containing all individual Health Management Plans shall be created, maintained and shall contain a copy of any notes and instructions from a health care provider for students with a Prevalent Medical Condition for the current school year.
- 3.6 All decisions regarding admittance of service animals to a school shall be made in accordance with YCDSB's Policy 214, *Student Use of Service Animals*, and the *Decision-Making Protocol for Entry of a Personal Service Animal*.
- 3.7 No action or other proceedings for damages shall be commenced against an employee for an act or omission, done or omitted by the employee in good faith, in the execution or intended execution of any duty or power under the *Good Samaritan Act*. Subsection 2(1) and (2) of this act outline the following with regard to individuals:

*2. (1) Despite the rules of common law, a person described in subsection (2) who voluntarily and without reasonable expectation of compensation or reward provides the services described in that subsection is 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.*

*(2) Subsection (1) applies to, ... (b) an individual...who provides emergency first aid assistance to a person who is ill, injured or unconscious as a result of an accident or other emergency, if the individual provides the assistance at the immediate scene of the accident or emergency.*

#### **4. RESPONSIBILITIES**

##### **4.1 Director of Education**

- 4.1.1 To oversee compliance with the *Supporting Students with Prevalent Medical Conditions (Anaphylaxis, Asthma Diabetes and/or Epilepsy) in schools* Policy.

## **4.2 Superintendent of Human Resources**

- 4.2.1 To ensure that all staff who have direct and regular contact with students with prevalent medical conditions are trained upon hiring and on an annual basis.

## **4.3 Superintendent of Education**

- 4.3.1 To support Principals with the implementation of and compliance with the *Supporting Students with Prevalent Medical Conditions (Anaphylaxis, Asthma Diabetes and/or Epilepsy) in schools* Policy.

## **4.4 Principals**

- 4.4.1 To participate in annual training with staff and others in direct contact with students to learn how to recognize the symptoms of prevalent medical conditions and the procedures to follow should a life-threatening reaction occur.
- 4.4.2 To implement and comply with this policy.
- 4.4.3 To 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 Health Management Plan with the principal or the Principal's designate. This process should be communicated to parents, at a minimum:
  - (i) during the time of registration
  - (ii) each year during the first week of school
  - (iii) when a child is diagnosed and/or returns to school following the diagnosis
- 4.4.4 To co-create, review, or update the Health Management Plan for a student with a prevalent medical condition with the parent(s), in consultation with school staff (as appropriate) and with the student (as appropriate).
- 4.4.5 To maintain a file with the Health Management Plan and supporting documentation for each student with a prevalent medical condition.
- 4.4.6 To provide relevant information from the student's Health Management Plan to school staff and others who are identified in the Health Management Plan.
- 4.4.7 To communicate with parent(s)/guardian(s) in medical emergencies, as outlined in the Health Management Plan.
- 4.4.8 To encourage the identification of staff who can support the daily or routine management needs of students in the school with prevalent medical conditions.

## **4.5 School Staff**

- 4.5.1 To review the Health Management Plan for any student with prevalent medical conditions with whom they have direct and regular contact.
- 4.5.2 To participate in training on prevalent medical conditions, at a minimum annually, as

required by the school board.

- 4.5.3 To share information on a student's signs and symptoms with other students, if the parent(s)/guardian(s) give consent to do so and as outlined in the Health Management Plan and authorized by the Principal in writing.
- 4.5.4 To 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 Health Management Plan.
- 4.5.5 To support a student's daily or routine management, and respond to medical incidents and medical emergencies that occur during school, as outlined in Board policies and procedures.
- 4.5.6 To support inclusion by allowing students with prevalent medical conditions to perform daily or routine management activities in a school location as outlined in their Health Management Plan, while being aware of confidentiality and the dignity of the student.

#### **4.6 Parent(s)/Guardian(s)**

- 4.6.1 To educate their child about their medical condition(s) with support from their child's healthcare professional, as needed.
- 4.6.2 To guide and encourage their child to reach their full potential for self-management and self-advocacy.
- 4.6.3 To inform the school of their child's medical condition(s) and co-create the Health Management Plan for their child with the principal or their designate.
- 4.6.4 To communicate changes to the Health Management Plan, 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 their designate.
- 4.6.5 To confirm annually to the Principal or their designate that their child's medical status is unchanged.
- 4.6.6 To initiate and participate in annual meetings to review their child's Health Management Plan.
- 4.6.7 To supply their child and/or 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 Health Management Plan, and track the expiration dates if they are supplied.
- 4.6.8 To seek medical advice from a medical doctor, nurse practitioner, or pharmacist, where appropriate.

#### **4.7 Students**

- 4.7.1 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 Health Management Plan.

- 4.7.2 To take responsibility for advocating for their personal safety and well-being that is consistent with their cognitive, emotional, social, and physical stage of development and their capacity for self-management.
- 4.7.3 To participate in the development of their Health Management Plan.
- 4.7.4 To participate in meetings to review their Health Management Plan.
- 4.7.5 To carry out daily or routine self-management of their medical condition to their full potential, as described in their Health Management Plan.
- 4.7.6 To set goals on an ongoing basis for self-management of their medical condition, in conjunction with their parent(s)/guardian(s) and health care professionals.
- 4.7.7 To communicate with their parent(s)/guardian(s) and school staff if they are facing challenges related to their medical condition(s) at school.
- 4.7.8 If possible, to inform school staff and/or their peers if a medical incident or a medical emergency occurs.

## **5. DEFINITIONS**

### **5.1 Anaphylaxis**

Is a serious and possibly life-threatening allergic reaction that requires immediate recognition and intervention. Symptoms can vary from person to person and may include:

- Skin: hives, swelling (face, lips, and tongue), itching, warmth, redness
- Breathing (respiratory): coughing, wheezing, shortness of breath, chest pain/tightness, throat tightness, hoarse voice, nasal congestion or hay fever-like symptoms (runny, itchy nose and watery eyes, sneezing), trouble swallowing-
- Stomach (gastrointestinal): nausea, pain/cramps, vomiting, diarrhea
- Heart (cardiovascular): paler than normal/blue skin colour, weak pulse, passing out, dizziness or light-headedness, shock
- Other: anxiety, sense of “doom” (the feeling that something bad is about to happen), headache, uterine cramps, metallic taste

### **5.2 Asthma**

As defined by the Ontario Lung Association, is a very common chronic (long-term) lung disease that can make it hard to breathe. People with asthma have sensitive airways that react to triggers. There are many different types of triggers such as, poor air quality, mold, dust, pollen, viral infections, animals, smoke and cold air. The symptoms can cause mild to severe reactions and be fatal. Common asthma symptoms include:

- Shortness of breath;
- Wheezing (whistling sound from inside the chest);
- Difficulty breathing;

- Chest tightness; and
- Coughing.

### **5.3 Diabetes - Type 1**

A chronic condition where the pancreas stops producing insulin, a hormone that helps the body control the level of glucose (sugar) in your blood. The body produces glucose, and also gets it from foods that contain carbohydrates, such as bread, potatoes, rice, pasta, milk and fruit. Without insulin, glucose builds up in the blood instead of being used by your cells for energy. A lack of insulin can cause both short-term and long-term health problems. Symptoms of undiagnosed type 1 diabetes include:

- Increased thirst;
- increased urination;
- lack of energy;
- weight loss.

### **5.4 Diabetes - Type 2**

can affect children and youth, but it is more common in adults. With type 2 diabetes, the body does not respond well to insulin, and the pancreas cannot produce enough insulin to compensate. Type 2 diabetes can often be managed through changes to diet and lifestyle, as well as with oral medications (pills). Some children with type 2 diabetes may need insulin injections.

### **5.5 Epilepsy**

Results from sudden bursts of hyperactivity in the brain; this causes “seizures” which vary in form, strength, and frequency, depending on where in the brain abnormal activity is found. Epilepsy is the diagnosis and seizures are the symptom. If a person has two (2) or more seizures that are not related to another condition, that person will be diagnosed as having epilepsy.

### **5.6 Health Management Plan**

A plan of care that contains individualized information on a student with a prevalent medical condition.

### **5.7 Medical Incident**

A circumstance that requires an immediate response and monitoring, since the incident may progress to an emergency requiring contact with Medical Services

### **5.8 Prevalent Medical Conditions**

For the purposes of this policy, Prevalent Medical Conditions refer to the medical conditions of students in schools who have asthma, diabetes, epilepsy, and/or anaphylaxis as diagnosed by a medical doctor or nurse practitioner.

## **6. CROSS REFERENCES**

### **Legislation**

[Education Act, RSO 1990](#)

[PPM 161 Supporting Children and Students with Prevalent Medical Conditions \(Anaphylaxis, Asthma, Diabetes, and/or Epilepsy\) in Schools](#)  
[Food Allergy Canada](#)  
[Sabrina's Law](#)  
[Asthma Canada](#)  
[The Lung Association-Ontario](#)  
[Ryan's Law](#)  
[Diabetes at School](#)  
[Epilepsy Ontario](#)  
[Good Samaritan Act](#)

### **YCDSB Policies**

[Policy 201A Healthy Schools – Eating and Nutrition](#)  
[Policy 203 Student Transportation Services](#)  
[Policy 207 Administration of Oral Medication to Elementary and Secondary Students](#)  
[Policy 208 Student Disability Accommodation](#)  
[Policy 214 Student Use of Service Animals](#)