
Medical/Health Supports Policy

Date Approved: December 2010

Review Date: December 2013

Purpose:

The purpose of this policy is to:

- demonstrate the Hamilton-Wentworth District School Board's commitment to ensuring the provision of plans, programs, and/or services that will enable students with health/medical needs to attend and participate in school;
- share the responsibility for providing such plans, programs, and/or services with families and community agencies/partners; and
- ensure that key principles of independence, dignity, integration and equality of opportunity are reflected and valued in our learning and working environment.

Guiding Principles:

1. 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.
2. All procedures related to medical/health supports for individual students will include consultation processes with families and, where required, appropriate service providers.
3. Students with special medical/health needs will be maintained in the school in which they are registered whenever possible; however, when this is not possible, students will be supported in appropriate facilities within the system to address their individual needs.
4. Procedures related to medical/health needs of individual students will address physician or health professional prescribed plans of care and relevant legislation and policies.
5. Medical/health services may be requested in accordance with the Ministry of Education Policy/Program Memorandum 81: Provision of Health Support Services in School Settings.
6. The designation of roles and responsibilities for medical/health support services in school settings does not preclude, in emergency situations, the provision of assistance by school board personnel.
7. Staff who provide health supports to students shall have full coverage under the Board's liability policies.
8. Services and supports as described in the directives contained within this policy shall be rendered by authorized personnel only (i.e., Board staff who have received pertinent information and training). Students and volunteers are not considered authorized personnel.

Intended Outcome:

The Hamilton-Wentworth District School Board, in conjunction with the appropriate health care provider, will share the responsibility for providing school health support services to ensure that all school-aged children can attend and participate in school regardless of their special health support needs.

Responsibility: Superintendent with responsibility for Special Education

Definitions/Acronyms:

CCAC	: Community Care Access Centre
IEP	: Individual Education Plan
OT	: Occupational Therapist
PT	: Physiotherapist
PPM	: Ministry of Education’s Policy/Program Memorandum
EA	: Educational Assistant

Action Required:

- Ensure that a set of directives in the following areas, that outline specific medical/health procedures to be followed, are developed and regularly reviewed and updated:
 - Administration of Oral Prescription Medication;
 - Diabetes Management and Education;
 - Blood Borne Pathogens;
 - Anaphylaxis;
 - Pediculosis;
 - Use of Service Dogs in Schools;
 - Catheterization and Suctioning, Lifting, Positioning, and Physical Management;
 - Use of Automated External Defibrillators (AEDs).
- Ensure that additional directives as may be required to address other specific medical/health conditions are developed, and then regularly reviewed and updated.

Progress Indicator:

The Hamilton-Wentworth District School Board will work with Community Care Access Centre and other authorized service providers to facilitate supports such that students with medical/health needs are able to attend and participate in school.

References:

Legislation: Education Act
Ontario Human Rights Code
Accessibility for Ontarians with Disabilities Act
Freedom of Information Act
Occupational Health and Safety Act
Policy/Program Memorandum 81: Provision of Health Support Services in a School Setting
Memorandum dated August 14, 1989, Catheterization and Suctioning
Sabrina’s Law

Pillar Policies: Diversity and Equity
Safe Schools

Policy: Transportation
Occupational Health and Safety
Accessibility Standards for Customer Service (and related Policy Directives)

Plan: HWDSB Accessibility Plan

Medical / Health Support Policy

Policy Directive: Anaphylaxis

Date Approved:

Review Date:

BACKGROUND INFORMATION

Applicable Reference from the Policy

Hamilton-Wentworth District School Board is committed to ensuring the provision of plans, programs, and/or services that will enable students with health or medical needs to attend and participate in school.

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.

Background

Parents/guardians may ask that peanuts and peanut products (or other allergens) be banned from the school as part of a prevention plan. Such a request cannot be reliably implemented and HWDSB cannot assume responsibility for providing a 'peanut-free' (or allergen-free) environment. There is no responsibility for any jurisdiction to reduce the risk of exposure to allergens to zero, as we live in a world that is full of potential allergens. However, with the cooperation and involvement of the entire community, HWDSB strives to minimize the risk of exposure, and to ensure a rapid response to an emergency. Schools are responsible for having a plan in place for students identified as requiring such a plan. A similar plan may be developed for a staff member who is anaphylactic and who consents.

The contents of this directive have been reviewed within the context of Sabrina's Law (An Act to Protect Anaphylactic Students). Sabrina's Law states that:

"If an employee has reason to believe that a pupil is experiencing an anaphylactic reaction, the employee may administer an epinephrine autoinjector or other medication prescribed to the pupil for the treatment of an anaphylactic reaction, even if there is no preauthorization to do so under subsection (1)", and that "No action for damages shall be instituted respecting any act done in good faith or for any neglect or default in good faith in response to an anaphylactic reaction in accordance with this Act, unless the damages are the result of an employee's gross negligence".

Definitions

Anaphylaxis Anaphylaxis is a severe, life-threatening allergic reaction that could result from food consumption, bee stings, strenuous exercise, environmental factors, etc. The most common triggers are food and insect stings. Anaphylactic reactions occur when the body's sensitized immune system overreacts in response to the presence of a particular allergen. Anaphylaxis affects multiple body systems, including skin, upper and lower respiratory, gastrointestinal, and cardiovascular. Symptoms may include any of the following:

- ✓ itchy eyes, nose, face
- ✓ flushing of face and body
- ✓ swelling of eyes, face, lips, tongue and throat
- ✓ hives
- ✓ vomiting
- ✓ diarrhea
- ✓ wheezing
- ✓ a feeling of foreboding, fear, and apprehension
- ✓ weakness and dizziness
- ✓ inability to breathe
- ✓ loss of consciousness
- ✓ coma

Medication	The term medication, when used in this directive, refers only to medication that is prescribed by a physician. Non-prescriptive, over-the-counter medication is not to be administered by staff.
Epinephrine	Also known as adrenalin, epinephrine is a naturally occurring hormone. When released into the blood stream, it signals the heart to pump harder, increasing blood pressure, opening airways in the lungs, and narrowing blood vessels in the skin and intestine to increase blood flow to major muscle groups.
Autoinjector	Situations may arise that require staff to administer prescribed emergency medication, which is necessary only in specific emergency or life-threatening situations. The administration of epinephrine by an autoinjector (i.e., <i>EpiPen</i> ®, or <i>Twinject</i> ®) is the method by which medication will be delivered.
Triggers	<p>It should be noted that any food could trigger an anaphylactic reaction. Cross-contamination of foods is also a concern. However, foods which can trigger such a reaction are:</p> <ul style="list-style-type: none"> ✓ peanuts/peanut butter/peanut oil: the most prevalent among school students ✓ tree nuts: hazelnuts, walnuts, pecans, almonds, cashews ✓ sesame seeds and sesame oil ✓ cow's milk ✓ eggs ✓ fish ✓ shellfish ✓ wheat ✓ soy ✓ bananas, avocados, kiwis and chestnuts for children with latex allergies <p>Other possible sources in prepared foods include:</p> <ul style="list-style-type: none"> ✓ cookies ✓ cakes ✓ cereals ✓ granola bars ✓ candies <p>Possible sources in non-food items include:</p> <ul style="list-style-type: none"> ✓ Playdough (may contain peanut butter) ✓ scented crayons and cosmetics ✓ peanut-shell stuffing in "bean-bags" and stuffed toys ✓ wild bird seed, sesame ✓ insect venom (bees, wasps, hornets, yellow-jackets) ✓ rubber latex (e.g., in gloves, or balloons, erasers, rubber spatulas, craft supplies, Koosh balls) ✓ vigorous exercise ✓ plants such as poinsettias, for children with latex allergies

1.0 RESPONSIBILITY

- 1.1 Parents/guardians and the medical profession have primary responsibility for the management of the medical condition(s) of students.
- 1.2 The safety of anaphylactic students in a school setting depends on the cooperation of the entire school community in order to minimize the risk of exposure, and to ensure a rapid response in case of emergency.
- 1.3 Every school shall develop and maintain a school anaphylactic management plan that includes the following as outlined in Sabrina's Law:
 - √ Strategies that reduce the risk of exposure to anaphylactic causative agents in classrooms and common school areas.
 - √ A communication plan for the dissemination of information on life-threatening allergies to parents/guardians, pupils and employees.
 - √ Regular training on dealing with life-threatening allergies for all employees and others who are in direct contact with pupils on a regular basis.
 - √ A requirement that every school principal develop an individual plan for each pupil who has an anaphylactic allergy.
 - √ A requirement that every school principal ensure that, upon registration, parents/guardians and pupils shall be asked to supply information on life-threatening allergies.
 - √ A requirement that every school principal maintain a file for each anaphylactic pupil of current treatment and other information, including a copy of any prescriptions and instructions from the pupil's physician or nurse and a current emergency contact list.

(NOTE: The development of a plan, as well as training and awareness, shall take place in all schools regardless of whether there are anaphylactic students.)

2.0 PRINCIPAL

- 2.1 As part of the School Anaphylactic Management Plan, the Principal, in collaboration with other staff as appropriate, has the responsibility to:
 - √ Develop and maintain the School Anaphylactic Management Plan, including all sections as outlined in 1.3 above.
 - √ Develop and maintain plans for reducing risk in classrooms and common areas (e.g. computer lab, gym, music room, lunchroom, library, rental areas, day care, snack bar, cafeteria, vending machines, playground, etc.)
 - √ Provide information about risk reduction to food services staff.
 - √ Discuss anaphylaxis awareness and risk reduction with any third party providers that may directly or indirectly affect allergic students.
 - √ Ensure maintenance staff cover/remove garbage containers to reduce the risk of insect-induced anaphylaxis and perform routine checks for active hives/nests around the school property during applicable times of the year.
 - √ Post Individual Anaphylactic Plan forms in the staff room and office.
 - √ Arrange for staff to participate in an annual education session for all staff members and through the Public Health Services.
 - √ Keep a record of staff that have completed the annual education session.
 - √ Develop an Individual Anaphylactic Plan, including Emergency Procedures for each identified anaphylactic student.
 - √ Develop and maintain a file for each anaphylactic student of current treatment and other information, including a copy of any prescriptions and instructions from the student's physician or nurse and a current emergency contact list.
 - √ When a prescribed medication is not provided for a known anaphylactic student, make a request in writing to the parents/guardians and keep a copy in student's file.
 - √ Develop and maintain Emergency Procedures and emergency communication in different locations and circumstances (i.e., playground, during assemblies, extracurricular activities, field trips, board-approved vehicle transportation, etc.).
 - √ Maintain up-to-date emergency contacts and telephone numbers.

- √ Clearly indicate where medications are stored and provide storage for additional Epinephrine autoinjector in easily accessible locations and ensure location is communicated clearly to staff.
- √ Determine the appropriate level of supervision for each anaphylactic student in eating areas.
- √ Send all prescribed medication home at the end of the school year.
- √ Ensure that the School and Early Identification Process stimulate the parent/guardian response to anaphylactic concerns.
- √ Enter allergen data in the student information system.
- √ Ensure the student anaphylactic file is transferred at the same time of the OSR to schools within HWDSB.

2.2 In the development of each Individual Anaphylactic Plan, the Principal, in collaboration with other staff as appropriate, has the responsibility to:

- √ In collaboration with the parent/guardian, develop and maintain an Individual Anaphylactic Plan for each student who has an anaphylactic allergy. The plan shall include:
 - details informing staff in regular, direct contact with the student of the type of allergy, monitoring and avoidance strategies and appropriate treatment.
 - a readily accessible Emergency Procedures for the student, including emergency contact information.
 - storage for epinephrine autoinjectors, where necessary.
- √ Request a minimum of two epinephrine autoinjectors be available for each student if possible.
- √ Encourage parents/guardians to have their child wear a MedicAlert™ or equivalent means of identification to reduce risk.
- √ Request parents/guardians to provide a safe means for their child to carry their Epinephrine autoinjector on their person (i.e., epibelt, fannypack, etc.).
- √ Ensure that instructions from the student's physician and any other necessary forms (provided by the parent/guardian) are on file.
- √ Maintain up-to-date emergency contacts and telephone numbers.
- √ Review student safety as he/she travels to and from school on a Board-approved transportation carrier, if applicable.
- √ Establish safe procedures for field trips and extracurricular activities.
- √ Share and review the plans with parents/guardians of anaphylactic students.

2.3 As part of a communication plan, the Principal, in collaboration with other staff as appropriate, has the responsibility to:

- √ Develop and maintain a plan for the dissemination of information on life-threatening allergies to parents/guardians, students and employees.
- √ At the beginning of each school year / semester (with at least one follow-up reminder at the elementary level), communicate general awareness information regarding life-threatening allergies to parents/guardians, students and staff.
- √ At the beginning of each school year, communicate the School Anaphylactic Management Plan responsibilities to all persons (teachers, educational assistants, office staff, occasional teachers, board-approved transportation carriers, food service providers, volunteers) who may be in regular contact with students with life-threatening allergies.
- √ At the beginning of each school year, communicate the Individual Anaphylactic Plans to school staff who may be in regular contact with students with life-threatening allergies.
- √ If parent/guardian consent to do so is signed, communicate to board-approved transportation carriers, food service providers, volunteers, etc. who may be in regular contact with students with life-threatening allergies.
- √ Discuss communication on anaphylaxis with the School Council / Home and School.
- √ Develop a process for communicating information re: anaphylactic student(s) to occasional teachers and other supply staff.
- √ Provide names of anaphylactic students to teachers when students transition between grades or school sites within HWDSB.

3.0 CLASSROOM TEACHER/OCCASIONAL TEACHER

- 3.1 The classroom teacher/occasional teacher has the responsibility to:
- ✓ Maintain strategies that reduce the risk of exposure to anaphylactic causative agents in classrooms and common school areas.
 - ✓ Follow the School Anaphylactic Management Plan for reducing risk in classrooms and common areas.
 - ✓ Be aware of anaphylactic students in the school and classroom.
 - ✓ At the elementary level: Stress the importance of anaphylactic students not sharing lunches, snacks, utensils or containers, and reinforce hand washing before and after eating.
 - ✓ At the secondary level: Be aware of students that have anaphylaxis and encourage them to be responsible for carrying appropriate medications and reducing risk.
 - ✓ Take extra precautions choosing classroom materials and planning classroom activities/field trips/special events, in consultation with parents/guardians.
 - ✓ Follow and maintain a communication plan for the dissemination of information on life-threatening allergies to parents/guardians, students and other staff members.
 - ✓ Provide anaphylaxis awareness sessions for the classroom, in age-appropriate terms.
 - ✓ Encourage the buddy system.
 - ✓ Facilitate regular communication between parents/guardians and other teachers.
 - ✓ Inform parents/guardians of special occasions in classroom where food will be prepared or served as age appropriate.
 - ✓ Participate in regular training on dealing with life-threatening allergies for all employees and others who are in direct contact with pupils on a regular basis.
 - ✓ Participate in the development of an Individual Anaphylactic Plan for each student who has an anaphylactic allergy in their classroom.
 - ✓ Maintain the Individual Anaphylactic Plan.
 - ✓ Display the Emergency Procedures in the classroom(s), with parent/guardian approval\student if older than 18.
 - ✓ Provide occasional teachers with a list of anaphylactic students for reference.
 - ✓ Understand Emergency Procedures and emergency communication in different locations and circumstances (i.e., playground, during assemblies, extracurricular activities, field trips, board-approved transportation, etc.).
 - ✓ When the student experiences a life-threatening allergen reaction, follow the Emergency Procedures.
 - ✓ Read and be aware of registration information regarding life-threatening allergies of students registered in their classroom.
 - ✓ Read and provide information for each anaphylactic student file pertaining to students in their classroom, as applicable.

4.0 ANAPHYLACTIC STUDENTS

- 4.1 Wherever possible and contingent on the physical and mental capabilities of the student and consent of the parent/guardian, the anaphylactic student has the responsibility to:
- ✓ Wear a MedicAlert™ bracelet or necklace (or equivalent).
 - ✓ Carry his/her Epinephrine autoinjector at all times when written consent of parent/guardian is provided.
 - ✓ Follow expectations of physician and parent/guardian.
 - ✓ Tell their teachers, principal and friends about their allergies.
 - ✓ Tell / Identify self as anaphylactic to occasional personnel associated with the school (i.e., occasional teachers, educational assistants, coop student, parent volunteer, or board-approved transportation driver, etc.) when in direct contact with you.
 - ✓ Tell their teachers, principal and friends where to find their Epinephrine autoinjector.
 - ✓ Wash hands before eating.
 - ✓ Eat only foods brought from home or those that have parent/guardian approval.
 - ✓ Do not share food, drinks, utensils, containers, dishes, cups, etc.
 - ✓ Avoid open containers which could contain food refuse.
 - ✓ Avoid participation in recycling programs.
 - ✓ Learn to recognize the symptoms of an anaphylactic reaction.
 - ✓ Monitor own wellness and promptly inform an adult as soon as accidental exposure occurs or symptoms appear.
 - ✓ Know how to use Epinephrine autoinjector if capable of self-administration (Note: Due to rapid reaction rate, students may be unable to notify an adult and/or self-administer the Epinephrine autoinjector).
 - ✓ Where appropriate learn the contents of products in their natural environment.
 - ✓ Tell an adult if a situation of concern or potential danger arises.
 - ✓ Use a buddy system.
 - ✓ Provide information to new teachers and staff when moving to a new school.

5.0 ALL SCHOOL PERSONNEL AND SUPPORT STAFF

- 5.1 All school personnel (e.g., Educational Assistants, clerical, caretaking, occasional teachers and casual Educational Assistants, etc.) who are in direct contact with students on a regular basis have the responsibility to:
- ✓ Be aware of anaphylactic students in the school.
 - ✓ Be aware of the School Anaphylactic Management Plan and follow it.
 - ✓ Be aware of location(s) of Epinephrine autoinjector(s).
 - ✓ Be aware of individual emergency procedures plans, where applicable.
 - ✓ Maintain an allergen-safe environment in the school.
 - ✓ Participate in regular training regarding anaphylaxis as provided by the Board/Public Health Services.
 - ✓ Be alert for situations, events or circumstances which may present an unsafe situation for student(s) with anaphylaxis and report these to the Principal.

6.0 PARENTS / GUARDIANS OF AN ANAPHYLACTIC STUDENT

- 6.1 The parents /guardians have the responsibility to:
- ✓ Inform the school of their child's allergies, confirmed by a physician.
 - ✓ Provide safe foods for special occasions for their child.
 - ✓ Provide the school with a physician's written instructions and prescription for administering medication and ensure that these instructions are on or with the child's Epinephrine autoinjector.
 - ✓ Provide information and assistance to the school, teachers and school council as requested.
 - ✓ Provide up-to-date medication (i.e., Epinephrine autoinjector) for the student (and a back-up).
 - ✓ Provide up-to-date emergency contacts and telephone numbers.
 - ✓ Provide a MedicAlert™ bracelet or necklace (or equivalent) for their child.
 - ✓ Determine, with a physician, when a child is able to take responsibility for self-administration of the Epinephrine autoinjector.
 - ✓ Assist with the development and completion of an Individual Anaphylactic Plan for their child, and review annually or when circumstances change.
 - ✓ Supply current photographs of their child for identification.
 - ✓ Review the School Anaphylactic Management Plan with school personnel.

- √ Encourage the buddy system.
- √ Teach their child (contingent on the student's physical and mental capabilities) to:
 - recognize the first symptoms of an anaphylactic reaction.
 - know where medication is kept, and who can get it.
 - communicate clearly when he or she feels a reaction starting.
 - carry his/her own Epinephrine autoinjector and understand its purpose.
 - use the Epinephrine autoinjector, if capable of self-administration.
 - eat only foods brought from home, until the student is capable of checking labels and monitoring intake.
 - understand the importance of hand washing.
 - recognize and understand their allergy.
 - take as much responsibility as possible for his/her own safety and well-being.

7.0 PUBLIC HEALTH NURSE

- 7.1 The Public Health Nurse, as requested, has the responsibility to:
- √ Offer regular (annual) education sessions to all schools within the HWDSB.
 - √ Provide an education session using a detailed standardized teaching plan on how to manage anaphylaxis at school that includes education regarding how and when to use an Epinephrine autoinjector.
 - √ Ensure an Anaphylaxis Education Session Attendance record will be provided at every education session (that will include the name of the school, date of education session and the name of attendees) which will be kept with the school and a copy with the Public Health Nurse at the City of Hamilton Public Health Services as required by the College of Nurses of Ontario.
 - √ Update the teaching plan on an ongoing basis as new information is acquired.

8.0 SCHOOL COUNCILS

- 8.1 The School Council has the responsibility to:
- √ Assist in the development of anaphylactic procedures as part of the School Anaphylactic Management Plan.

9.0 ALL VOLUNTEERS, PARENTS/GUARDIANS WITHIN THE SCHOOL COMMUNITY

- 9.1 The volunteers, parents/guardians within the school community have the responsibility to:
- √ Be aware of and comply with School Anaphylactic Management Plan.
 - √ Support the principal and staff in education / communication to all students regarding the need for an allergen-safe environment.
 - √ Be aware of anaphylactic students in the school where they are in regular and direct contact with students.

10. TRANSPORTATION SERVICES

- 10.1 Transportation Services has the responsibility to:
- √ Assist schools in carrying out their responsibility as it relates to transportation of students with anaphylaxis.
 - √ Ensure that Sabrina's Law is respected and reflected in contract agreements with carriers.
 - √ Work with carriers to develop strategies to reduce the risk of exposure to anaphylactic causative agents.



INDIVIDUAL ANAPHYLACTIC PLAN

SECTION A (to be completed by parent/guardian in consultation with the physician)

Please print

STUDENT'S NAME: _____ Birthdate: Year ____ Month ____ Day ____

STUDENT'S HEALTH CARD NUMBER: _____

Parent/Guardian's Name: a) _____ b) _____

Telephone Contact Information

a) Parent/Guardian Home: _____ Work: _____ Cell: _____

b) Parent/Guardian: Home: _____ Work: _____ Cell: _____

Emergency Contact:

Name: _____ Home: _____ Work: _____ Cell: _____

DOCTOR'S NAME _____ PHONE # _____

Description of Allergy	
Food / Events / Conditions which are to be avoided	
Eating Restrictions	
Possible Symptoms	

MEDICAL CERTIFICATION:

THIS IS TO CERTIFY THAT _____ HAS AN ANPHYLACTIC

REACTION TO _____ AND MUST BE GIVEN EPINEPHRINE

AUTO-INJECTOR (EpiPen®) IN THE EVENT OF AN ALLERGIC REACTION.

DOCTOR'S SIGNATURE _____ DATE: _____

(This medical certification is valid until revoked by the parent and / or physician)

PARENT / GUARDIAN SIGNATURE _____ DATE: _____

EMERGENCY PROCEDURES

_____ (name)

This student has a DANGEROUS life-threatening allergy to:

Photo	<input type="checkbox"/> Peanut <input type="checkbox"/> Tree nuts <input type="checkbox"/> Egg <input type="checkbox"/> Milk <input type="checkbox"/> Insect Stings <input type="checkbox"/> Medication:- <input type="checkbox"/> Other: _____ Food: The key to preventing an anaphylactic emergency is avoidance of the allergen. Individuals with food allergies cannot share food, eat unmarked/bulk foods, or products that have the "may contain" warning.
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KNOW THE SIGNS & SYMPTOMS...a person with anaphylaxis might have any of the following signs or symptoms:

Face: Itchy eyes, itchy nose, flushed face, swollen lips, swollen tongue

Airway: Trouble breathing or swallowing, hoarseness, choking, coughing, wheezing

Stomach: Pain, vomiting, diarrhea

Skin: Rash, itchiness, swelling, hives - anywhere on the body

General: Weakness, sense of doom, loss of consciousness

Anaphylaxis can lead rapidly to unconsciousness and death.

KNOW WHAT TO DO...the first signs of a reaction can be mild, but symptoms can get worse very quickly.

EMERGENCY PROCEDURES

1. **LOCATION** of epinephrine auto-injectors 1. _____ 2. _____
2. **ADMINISTER** the epinephrine auto-injector at the first sign of a reaction. It is dangerous to wait. Give a second dose in 10 - 15 minutes if reaction continues or worsens.
3. **CALL 911:** _____ (Name of School) _____ We have a student who is allergic to _____ and is in respiratory distress. We have administered an epinephrine auto-injector. We need an ambulance sent to (address of school) _____. The nearest major intersection is _____.
4. **OFFICE CALLS THE PARENTS/GUARDIANS.**
5. **STAY WITH THE STUDENT.** Keep the child quiet. A second epinephrine auto-injector may be needed in 10-15 minutes if reaction continues or worsens.

****CONTACT INFORMATION BELOW TO BE FILLED IN FOR USE IN OFFICE / STAFFROOM COPY ONLY****

CONTACT NAMES / PHONE NUMBERS / APPROVAL

	Home:	Work:	Cell:
	Home:	Work:	Cell:



CONSENT FORM

(to be signed by parent/guardian unless the student is 18 years of age or older)

Administration of Medication

In the event of my child _____ experiencing an anaphylactic medical emergency, I consent to the administration of an epinephrine auto-injector by an employee of the Hamilton-Wentworth District School Board as outlined in the Emergency Procedures.

Please Print

Student's Name _____ Class _____

Name of Parent / Guardian _____

Signature of Parent / Guardian _____ Date: _____

Signature of Student _____ Date: _____
(if 18 years of age or older)

Maintenance of Epinephrine Auto-Injector

I understand that it is the responsibility of my child _____ to carry an epinephrine auto-injector on his/her person.

Please Print

Student's Name _____ Class _____

Name of Parent / Guardian _____

Signature of Parent / Guardian _____ Date: _____

Signature of Student _____ Date: _____
(if 18 years of age or older)

Collection, Disclosure and Use of Personal Information

Authorization for the collection and maintenance of the personal information recorded on the Individual Anaphylaxis Plan form is the Municipal Freedom of Information and the Protection of Privacy Act. Users of this information are supervisory officers and/or school staff. Any questions regarding the collection of personal information should be directed to the principal of the school.

I hereby consent to the use of personal information contained herein by the persons above named and by such other officers or employees of the Board including the school Public Health Nurse, who may need the personal information in the performance of their duties.

Additionally, I further consent to the disclosure and use of the personal information collected herein to persons, including persons who are not employees of The Hamilton-Wentworth District School Board through the posting of photographs and medical information of my child (Emergency Procedures) in the following key locations:
(please check applicable boxes)

classroom staffroom lunchroom gym
office school bus other _____ and
through the provision of personal information contained herein to the following persons who are not employees of the Board: *(please check applicable boxes)*

Food services providers
 Board-approved transportation carriers
 School volunteers in regular direct contact with my child.

I UNDERSTAND THAT, PURSUANT TO SABRINA'S LAW, 2005, ONLY EMPLOYEES OF THE HAMILTON-WENTWORTH DISTRICT SCHOOL BOARD ARE AUTHORIZED TO ADMINISTER EPINEPHRINE INJECTIONS.

Signature of parent/guardian _____ Date _____

Signature of principal _____ Date _____



Medical / Health Support Policy

Policy Directive: Blood Borne Pathogens

Date Approved:

Review Date:

BACKGROUND INFORMATION

Applicable Reference from the Policy

Hamilton-Wentworth District School Board is committed to ensuring the provision of plans, programs, and/or services that will enable students with health or medical needs to attend and participate in school.

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.

General Guidelines

The Hamilton-Wentworth District School Board recognizes its responsibility to minimize potential exposure of individuals to blood borne pathogens, while also respecting each individual's right to privacy regarding his/her medical condition.

Recognizing that our working relationships with students, staff and the public could lead to exposure to various disease causing organisms, including bacteria, viruses, parasites and fungi, Health and Safety procedures according to Health and Safety Procedures SP9 (Universal Precautions) and SP10 (Handling and Cleanup of Bodily Fluids) will be implemented.

An individual's best protection against blood borne pathogens is to assume that the entire population is infected and follow proper procedures. By treating all individuals equally, the privacy of those individuals infected will be maintained.

Definitions

Bodily Fluids : a term applied to blood, urine, vomit, sputum and drainage from any bodily orifice or wound. Feces, while not bodily fluids in themselves, are moistened by bodily fluids and are considered under this definition. Bodily fluids that carry blood borne infections/diseases such as HIV/AIDS, or Hepatitis B, C, or D include blood, semen, vaginal fluids, and breast milk.

Personal Protective Equipment

: refers to gloves, gowns, face shields, goggles, safety glasses, absorbent materials and, by extension, to appropriate cleanup equipment such as dustpans, scrappers, mops, and disposable plastic bags.

Cleanup Procedures

: include those actions by which staff remove and disinfect (where required) materials from soiled areas.

Universal Precautions

: refer to those precautions used with blood and certain bodily fluids. Blood borne infections require the use of Universal Precautions.

First Aid Procedures

: refer to any procedures involving the treatment of an injured person in an emergency, before full medical care can be obtained.

1.0 RESPONSIBILITY

- 1.1 Training and education programs for staff will be developed by the Health and Safety Department through the Central Joint Health and Safety Committee.
- 1.2 Additional training/direction/consultation may be obtained from a medical/health care provider, as appropriate for a specific individual.
- 1.3 Principals/Supervisors are responsible for the review of appropriate procedures with staff on a regular basis. Principals/Supervisors shall ensure staff receive training as required.

2.0 PROCEDURE

- 2.1 Each classroom is to be provided with vinyl/nitrile gloves from the school's first aid supplies and replenished as necessary. To ensure the integrity of the gloves, keep them stored in a plastic container or bag clearly marked "GLOVES".
- 2.2 Care must be taken to minimize contact with bodily fluids. Gloves are to be worn every time an employee attends to the first aid or personal care needs of another individual when bodily fluids are involved. Personal care needs include such activities as clean intermittent catheterization, shallow suctioning, and assistance with dressing, feeding, toileting, and diapering.
- 2.3 All refuse from the cleaning up of bodily fluids or from attending to an injured/ill individual, including used gloves and supplies, is to be placed in a separate plastic bag and disposed in a specified garbage can in the first aid room or other designated area, not the classroom garbage can.
- 2.4 Excess bodily fluids should be absorbed with Bio Sorb, and disposed of in the specified first aid garbage can.
- 2.5 The area must be disinfected with Percept (follow dilution instructions).
- 2.6 All garbage bins in the first aid or other designated area are to be labelled as to their specific use (ex., FIRST AID) and lined with a plastic bag. If used, the bag must be changed on a daily basis. Refuse from the cleaning of bodily fluids should be moved to the main waste container as soon as possible.
- 2.7 The contents of the bag are not to be handled, and the bag is to be tied and disposed of as per above. Vinyl/nitrile gloves must be worn by caretaking staff when emptying and/or cleaning out the first aid and other designated garbage cans.
- 2.8 Individuals handling bodily fluids must wash their hands with soap and water once they have removed their gloves.
- 2.9 Soiled clothes must be changed and washed as soon as possible to avoid prolonged skin contact. Changed clothes must be bagged.
- 2.10 Any concerns involving possible exposure/contact to/with bodily fluids shall be reported immediately to the supervisor.
- 2.11 Mouth to mouth resuscitation will be left to the discretion of the person administering first aid.
- 2.12 Staff on duty outside the regular classroom should carry a pair of gloves with them in case of an emergency.



Medical / Health Support Policy

Policy Directive: Catheterization and Suctioning, Lifting, Positioning, and Physical Management

Date Approved:

Review Date:

BACKGROUND INFORMATION

Applicable Reference from the Policy

Hamilton-Wentworth District School Board is committed to ensuring the provision of plans, programs, and/or services that will enable students with health or medical needs to attend and participate in school.

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.

Definitions

OT	Occupational Therapist
PT	Physiotherapist
CCAC	Community Care Access Centre
IEP	Individual Education Plan
Clean Intermittent Catheterization	Clean Intermittent Catheterization, or CIC, refers to using a catheter or a tube to drain urine out of the bladder on a regular basis and as germ-free as possible.
Shallow Surface Suctioning	Suctioning is removing mucus and fluids from the nose, mouth, or back of the throat with a bulb syringe or a catheter (thin flexible tube). Shallow surface suctioning is considered to be part of a child's normal oral hygiene needs.

RESPONSIBILITY

- 1.1 Principals will ensure that staff members who work with students with special medical/health needs are properly trained in how to provide the necessary services as detailed in the plan of care.
- 1.2 Community Care Access Centre personnel or other authorized qualified service providers will provide the training and support necessary for board staff to properly provide the needed services as per the plan of care.
- 1.3 Staff members will work in the manner and with the protective devices, measures and procedures as required by this directive and policy.

2.0 PROCEDURE

- 2.1 When a family (or a medical practitioner working with the family) identifies that their child requires a health support service that must be carried out during school hours, the Principal or designate will:
 - 2.1.1 Convene a meeting of all appropriate parties to develop a plan of care. Such a meeting will include the Principal or designate, the child's teacher(s), other school-based staff that will be involved in the plan of care, the Special Education Consultant, a representative of CCAC, and a parent/guardian. Others may also be deemed appropriate to attend by either the school or the family.
 - 2.1.2 Include in the plan of care:
 - 2.1.2.1 the identification of all activities (such as clean intermittent catheterization, shallow suctioning, lifting, positioning, assistance with mobility, dressing, sensory, fine motor, gross motor, feeding, toileting, diapering, and/or general maintenance exercises) that are to be administered during the school day;
 - 2.1.2.2 a communication process;
 - 2.1.2.3 a review process; and
 - 2.1.2.4 an emergency/contingency plan
 - 2.1.2.5 identification of all equipment including personal protective equipment
- 2.2 The Principal or designate will ensure that the plan of care and any assistive equipment are referenced in the student's IEP.
- 2.3 Training will be provided by CCAC and/or an authorized qualified service provider for the appropriate school staff as identified by the Principal.
- 2.4 Staff members will use or wear the equipment, protective devices or clothing that the board requires to be used or worn.
- 2.5 The Principal or designate in consultation with CCAC and/or a qualified service provider will monitor, on an ongoing basis, the appropriateness of the plan and the need for additional training/direction/consultation.
- 2.6 Additional training as requested by the plan of care will be provided whenever new staff members are designated to provide the required support.
- 2.7 The school and the family will review the plan at least annually, and as needed according to any changes in the student's medical condition consult CCAC case manager.
- 2.8 The Principal or designate will ensure that the plan of care is available to all staff members (including occasional staff) involved in providing support to the student.

3.0 MAINTENANCE OF ASSISTIVE PHYSICAL EQUIPMENT

- 3.1 Any equipment specifically designed to support a student's plan of care will be maintained in good working order and serviced, as per the manufacturer's instructions/manual.
- 3.2 A regular maintenance plan will be established (by the Board) at the time of the procurement of the equipment.
- 3.3 Only staff members are required to use the equipment, and for the equipment's intended purpose as per the training.
- 3.4 Employees shall not use or operate any equipment, machine, device or thing or work in a manner that may endanger himself, herself, another worker or student.

- 3.5 Staff will conduct a visual check of the equipment as per their training prior to its use.
- 3.6 Staff shall report to the principal the absence of or defect in any equipment or protective device of which staff is aware and which may endanger himself, herself, another staff member or student.
- 3.7 If a report regarding a concern is made to the Principal, and/or designate (s)he will investigate the concern and request an inspection and/or maintenance of the equipment by the appropriate Board approved service provider (if required). The Principal, and/or designate will communicate the findings of the investigation to all affected employees.
- 3.8 When equipment is no longer required, the appropriate CCAC personnel will be contacted to discuss the possible re-distribution of the equipment.
- 3.9 If the surplus equipment cannot be re-used or re-distributed appropriately, the Special Education Consultant will be made aware of the surplus equipment, such that other disposal options can be explored.

4.0 ADDITIONAL INFORMATION

- 4.1 Principals should consult, as required, other related Board policies, procedures, and/or directives.
- 4.2 The following chart outlines the guidelines for the provision of school health support services (source: PPM81 and the subsequent Memorandum to directors dated August 14, 1989):

Support Service	Administered by	Provided by	Training and Direction	Consultation
Sterile, Intermittent Catheterization Manual expression of bladder/stoma Postural drainage/deep suctioning Tube feeding	Health Professional	Ministry of Health	Ministry of Health	School Board
Clean, Intermittent Catheterization Shallow Surface suctioning	Educational Assistant	School Board	School Board and Ministry of Health	Ministry of Health
Lifting and positioning Assistance with mobility Feeding Toileting	Educational Assistant	School Board	School Board and Ministry of Health	Ministry of Health
Physio/Occupational: Consultative model	Qualified therapist	Ministry of Health	Ministry of Health	Ministry of Health
Physio/Occupational: General maintenance exercises	Educational Assistant	School Board	Ministry of Health	Ministry of Health



Medical / Health Support Policy

Policy Directive: Use of Automated External Defibrillators (AEDs)

Date Approved:

Review Date:

BACKGROUND INFORMATION

Applicable Reference from the Policy

Hamilton-Wentworth District School Board is committed to ensuring the provision of plans, programs, and/or services that will enable students with health or medical needs to attend and participate in school.

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.

Definition

An Automated External Defibrillators (AED) is a portable electronic device that can audibly prompt and deliver an electric shock that will disrupt or stop the heart's dysrhythmic electrical activity. The shock can cause the heart to revert to a more effective rhythm during some life threatening situations. However, the AED is not a stand-alone treatment. It is only one step in a chain of medical care involving cardio-pulmonary resuscitation, defibrillation, advanced life support with drugs and airway control, and cardiac intensive care in a hospital.

Chase McEachern Act (Heart Defibrillator Civil Liability Act)

Chase McEachern was a boy from Barrie, Ontario, who campaigned to have it mandatory that heart defibrillators be made available at schools and hockey arenas. Unfortunately, on February 9th, 2006, he collapsed at school of cardiac arrest before his vision could be implemented, and on February 15th, 2006 he died.

In 2006, the Ontario government introduced the Chase McEachern Act (Heart Defibrillator Civil Liability Act, 2006). **This Act protects people from liability if they use a defibrillator to assist someone at an emergency, as long as the defibrillators were made available in good faith.**

Protection from civil liability, user of defibrillator Section 2. (1) reads:

- 2.3.1 Despite the rules of common law, a person described in subsection (2) who, in good faith, voluntarily and without reasonable expectation of compensation or reward uses a defibrillator on a person experiencing an emergency is not liable for damages that result from the person's negligence in acting or failing to act while using the defibrillator, unless it is established that the damages were caused by the gross negligence of the person. 2007, c. 10, Schedule. N, s. 2 (1).

1.0 RESPONSIBILITY

- 1.1 Principals will ensure that staff receive appropriate training, as outlined in this policy.
- 1.2 Custodial staff will ensure that each AED device is inspected on a regular basis, as outlined in this policy.

2.0 DEPLOYMENT OF AED UNITS

- 2.1 AED devices will be distributed to schools according to criteria determined through consultation between the Board and the City of Hamilton Emergency Services.
- 2.2 AED devices will be installed in a location determined by the designated school principal in consultation with the City of Hamilton Emergency Services. AED devices will be deployed in view of an existing video camera where possible.

3.0 TRAINING

In buildings where an AED exists, the following levels of training will occur:

3.1 Awareness Training

- 3.1.1 The Principal will ensure that each staff member has received training as prescribed by the Board's Health and Safety Department.
- 3.1.2 The awareness training will occur at the beginning of each school year and will occur no later than November 1st.
- 3.1.3 Staff will be made aware of the location of the AED.
- 3.1.4 The Principal will ensure that the location of the AED is included in the school staff handbook.
- 3.1.5 Teaching staff will ensure that information is left for occasional teachers relating to the location of the AED.

3.2 Initial Training of Emergency Response Team

- 3.2.1 The City of Hamilton Emergency Services will provide the Principal with the contact information of an AED training provider.
- 3.2.2 The Principal will identify staff to be trained on the use of the AED as part of the school's Emergency Response Team.
- 3.2.3 The Principal will contact the AED training provider to arrange for the training to take place.
- 3.2.4 The training will be provided at no cost to the board.
- 3.2.5 School personnel must be made aware of which school staff have been trained on the use of the AED.
- 3.2.6 Principals, along with members of the Emergency Response Team, will work together to ensure that school-based procedures are in place to manage emergencies requiring the use of AEDs. .
- 3.2.7 Principals will ensure that staff who have been involved in an emergency that required the use of the AED are apprised of services available to them through their EAP provider.

3.3 Ongoing Training of Emergency Response Team

- 3.3.1 Each school is required to have an appropriate number of staff members trained in First Aid/CPR as per the Board's First Aid program. This training is provided by the

Board (Health and Safety), through a certified provider. Participants in this training become certified in First Aid/CPR.

- 3.3.2 The First Aid/CPR certification training shall include a module on the use of AEDs.
- 3.3.3 School personnel must be made aware of which school staff have First Aid/CPR training. Staff trained in First Aid/CPR shall have their certificates posted on the Health and Safety bulletin board.

4.0 MAINTENANCE OF AED DEVICES

- 4.1 Daily: Each AED device will be visually inspected on a daily basis by custodial staff. If it is determined that the device or its casing has been tampered with, a report will be made to the Principal.
- 4.2 Monthly: to ensure that all AED devices are maintained in proper working order, monthly visual inspections must occur. Monthly inspections shall be performed by the In-School Joint Health and Safety Committee.
- 4.3 If during any visual inspection, the AED is noted to have a red "X" in the viewing window, a report will be made to the Principal, who will call the number listed on the AED device for immediate replacement and servicing.
- 4.4 Should the AED be used in an emergency, call the pager phone number posted in the AED cabinet. Hamilton Emergency Services will have an EMS Supervisor respond to the site with a replacement AED. The used unit will be restocked and the event record will be uploaded to the EMS data base. The original unit will be returned once it is restocked and serviced.

5.0 STUDENTS REQUIRING ACCESS TO AEDS (MEDICAL PRESCRIPTION)

- 5.1 Some students may require ongoing access to an AED, as prescribed by a medical doctor. For the purpose of 5.0 of this procedure, a medical prescription is used to describe a prescription from a member of The College of Physicians and Surgeons of Ontario.
- 5.2 In situations where there is no AED located in the school, or the AED in the school will not meet the needs outlined in the medical prescription, it is the parent/guardian's responsibility to provide an additional AED.
- 5.3 When a student has a medical prescription for an AED, the following roles/responsibilities will occur:
 - 5.3.1 Parent/Guardian:
 - Provide documentation from a member of the College of Physicians and Surgeons diagnosing the child and demonstrating the requirement of an AED.
 - In situations where there is no AED located in the school, or the AED in the school will not meet the needs outlined in the medical prescription, provide and maintain in good working order an AED for the exclusive use of the student.
 - Complete and sign a **Defibrillator Emergency Treatment Form**, in collaboration with school staff.
 - Maintain an ongoing and cooperative relationship with school staff.
 - Ensure during class trips off of the school property that an AED device accompanies the child.
 - Provide a copy of the owner's manual or any other pertinent information required for the safe operation of the student's AED device.

5.3.2 Principal:

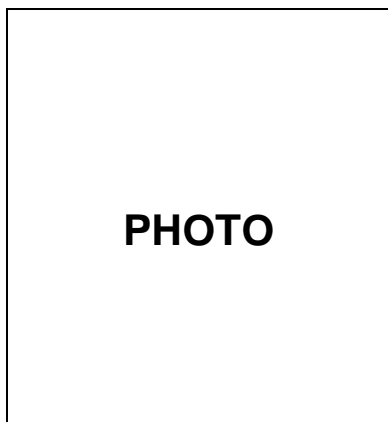
- Ensure that a **Defibrillator Emergency Treatment Form** is completed, signed, and dated.
- Ensure that copies of the **Defibrillator Emergency Treatment Form** are provided to all teachers who teach the student.
- Display the **Defibrillator Emergency Treatment Form** in the same school location as with other medical information.
- In situations where the student is required to bring a personal AED to school, develop, in collaboration with the parent/guardian, a protocol for the student bringing the AED to school, its storage during the day, and its transport home at night.
- Ensure members of the entire school staff are made aware of the student's medical condition and the appropriate treatment.

5.3.3 Classroom Teacher:

- Meet with the student and parent to gain insight into the specific information about the medical condition and proper treatment. This should include discussions about modifications to the student's activities at school.
- Leave the **Defibrillator Emergency Treatment Form** regarding the student in an organized, prominent and accessible format for occasional teachers.



DEFIBRILLATOR EMERGENCY TREATMENT FORM



Student Name: _____

Classroom Teacher _____

PARENT/GUARDIAN EMERGENCY CONTACTS: (Prioritize Calls 1-2-3)

Contact #1 (H) _____ (W) _____ (C) _____

Contact #2 (H) _____ (W) _____ (C) _____

Contact #3 (H) _____ (W) _____ (C) _____

AED IS ONLY TO BE USED WHEN THE STUDENT IS UNCONSCIOUS (UNRESPONSIVE) AND NOT BREATHING.

DO NOT LEAVE THE STUDENT ALONE.

If the student is unconscious:

- 1. Assess vitals; if necessary, trained staff will begin CPR. Retrieve and use Defibrillator.**
2. Roll the student on his/her side.
3. Call school office.
4. School office will **call 911.**
5. Ensure EMS responders are met and directed to the location of the student.
5. Inform parents or guardians.

Parent/Guardian Signature

Principal's Signature

Date



Medical / Health Support Policy

Policy Directive: Diabetes Management and Education

Date Approved:

Review Date:

BACKGROUND INFORMATION

Applicable Reference from the Policy

Hamilton-Wentworth District School Board is committed to ensuring the provision of plans, programs, and/or services that will enable students with health or medical needs to attend and participate in school.

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.

Definitions

Type 1 Diabetes

Type 1 diabetes is one of the most common chronic diseases of childhood. It develops when the body's immune system destroys the insulin producing cells of the pancreas. Insulin is an essential body requirement and without it, the body cannot use food for energy. Type 1 diabetes can only be managed by taking insulin injections.

Type 2 Diabetes

Type 2 diabetes develops when the pancreas does not produce enough insulin or the insulin produced is not used effectively. It develops more frequently in adults and can often be managed with exercise and pills.

Insulin

Insulin is a hormone that is required to convert glucose to energy for the body to use.

Blood Glucose

Blood glucose is the amount of glucose (sugar) in the blood at a given time. People with diabetes monitor their blood glucose regularly with a glucose meter and work to keep the results within a target range. Levels will change depending on food consumption, physical activity, stress, illness, and many other factors. The target range is personalized for the student.

Hypoglycemia

Hypoglycemia occurs when the amount of blood glucose (sugar) has dropped below an individual's target range. It is most often a result of an individual having injected too much insulin, or eaten too little food, or exercised without extra food. It should be noted that, for adolescents, hypoglycaemia can also occur due to fluctuating hormone levels associated with puberty, even when the insulin taken matches the food intake and exercise levels.

Hyperglycemia

Hyperglycemia occurs when the amount of blood glucose (sugar) is higher than an individual's target range.

Insulin Pumps

The insulin pump is a medical device used for the administration of insulin. It is also known as continuous subcutaneous insulin infusion therapy. The device includes the pump itself (including controls, processing module, and batteries), a disposable reservoir for insulin (inside the pump), and a disposable infusion set, which delivers insulin under the skin. An insulin pump is an alternative to multiple daily injections of insulin by insulin syringe or an insulin pen and allows for intensive insulin therapy when used in conjunction with blood glucose monitoring and carb counting.

Policy Development

This policy directive is a guideline to be used by school and community personnel to support and ensure the safety of children with diabetes in schools. It has been developed in partnership with The Canadian Diabetes Association, The Juvenile Diabetes Research Foundation, and The Hamilton-Wentworth Catholic District School Board. It will provide school personnel in The Hamilton-Wentworth District School Board and The Hamilton-Wentworth Catholic District School Board with information regarding the requirements of care for students with diabetes.

1.0 RESPONSIBILITY

- 1.1 When a child who has diabetes enrolls in a school or is newly diagnosed, the principal will, with the signed permission of the child's parent/guardian:
 - 1.1.1 provide all appropriate staff with information regarding the student's service and emergency/medical plan.
 - 1.1.2 provide school staff with education about the characteristics, management and implications of diabetes, recognizing that additional education sessions may be required as a child progresses to the next grade (see Section 3.0).

2.0 MANAGEMENT PROCEDURE

- 2.1 When the family identifies the student as having diabetes, determine with the family whether or not the student is able to safely manage his/her program independently.
- 2.2 **If Yes:**
 - 2.2.1 The family will review with the school the student's diabetic routine/protocol.
 - 2.2.2 The family, in collaboration with the school, will develop an emergency/medical plan.
 - 2.2.3 The school will provide education to staff and students (as outlined in Section 3.0).
 - 2.2.4 The school and the family will develop a schedule to review the plan at least annually, and as needed according to any changes in the student's medical condition.
- 2.3 **If No:**
 - 2.3.1 The Principal will submit a completed school referral form to CCAC and call the Pediatric Team at (905) 523-8600 x2185 or x2319 to advise that the referral is being faxed (fax no.: (905) 574-8822).
 - 2.3.2 The referral form will be received by the Intake Department at CCAC and directed to the appropriate case manager. If you are unsure who your school case manager is, contact a case management assistant at (905) 523-8600 x2185 or x2319 to obtain that information.
 - 2.3.3 The CCAC Case Manager will determine the eligibility of the student to receive nursing services.
 - 2.3.4 The CCAC Case Manager will inform the school as to whether or not the student is eligible to receive nursing services.
- 2.4 **If the student is eligible to receive nursing services:**
 - 2.4.1 The principal or designate arranges a case conference with the parents and the CCAC Case Manager. The principal or designate will also determine which school-based and/or system staff should attend the case conference.
 - 2.4.2 At the case conference:

- 2.4.2.1 the CCAC Case Manager will present a service plan to address the student's needs.
- 2.4.2.2 an emergency/medical plan will be collaboratively developed.
- 2.4.2.3 the Case Manager, the school and the family will develop a schedule to review the plan at least annually, and as needed according to any changes in the student's medical condition.
- 2.4.3 The school will provide education to staff and students (as outlined in Section 3.0).

2.5 If the student is not eligible to receive nursing services:

- 2.5.1 Other options will need to be explored. This may include having the family monitor the student. If that is not possible, the Principal should contact his/her superintendent to discuss other alternatives.
- 2.5.2 The school will provide education to staff and students (as outlined in Section 3.0).

3.0 EDUCATION PROCEDURE

- 3.1 The Canadian Diabetes Association (CDA) and the Juvenile Diabetes Research Foundation (JDRF) agree to provide the following services:
 - 3.1.1 In-service Education for School Staff, the objectives of which include:
 - 3.1.1.1 Education for staff members on the nature of diabetes;
 - 3.1.1.2 Information on treatment methods consistent with guidelines established by the Canadian Diabetes Association;
 - 3.1.1.3 Testing practices and procedures;
 - 3.1.1.4 Recognition of the student with diabetes and knowledge of his/her specific condition and treatment plan;
 - 3.1.1.5 Answers to specific questions which staff may have;
 - 3.1.1.6 Informational brochures/videos/etc.
 - 3.1.2 Presentation to Home Classroom of the Student with Diabetes (geared appropriately to the age and abilities of the students within the class), the objectives of which include:
 - 3.1.2.1 Education on the nature of diabetes;
 - 3.1.2.2 General information on the discovery and importance of insulin;
 - 3.1.2.3 Understanding the need for regular blood testing;
 - 3.1.2.4 Understanding the possible need for special dietary requirements;
 - 3.1.2.5 Recognition of the signs and symptoms of high and low blood sugars and the procedures for reporting them to the appropriate staff member;
 - 3.1.2.6 Informational brochures/videos/etc. appropriate to the ages and abilities of the students.
 - 3.1.3 Presentation on Diabetes Prevention (geared for students ages 5-10), the objectives of which include:
 - 3.1.3.1 An understanding of the rising numbers of people diagnosed with Diabetes;
 - 3.1.3.2 Awareness of Type 2 Diabetes and the link to diet and lifestyle;
 - 3.1.3.3 Awareness that Type 2 Diabetes is preventable;

3.1.3.4 Informational brochures/videos/etc. appropriate to the ages and abilities of the students.

3.2 Individual schools are to access the School Diabetes Education Program by contacting The Canadian Diabetes Association by email at:

Karin.Swift@diabetes.ca

3.3 Include in the email the school name, contact information, the grade level of the student, and 2 or 3 possible dates for the presentation to occur.

3.3 The Canadian Diabetes Association and the Juvenile Diabetes Research Foundation will respond to requests for presentations to school staff and students in a timely fashion.

4.0 ADDITIONAL INFORMATION TO CONSIDER

4.1 Confidentiality

Principals need to ensure that all appropriate medical release forms are signed and that confidentiality is maintained, according to the Guiding Principles outlined in the Medical/Health Supports Policy.

4.2 Communication Plan

Schools will develop a plan by which all staff (including occasional staff) are aware of the emergency/medical plan and that this information is readily available.

4.3 Collective Agreements

According to specific collective agreements, teachers and educational assistants cannot be asked to perform any medical procedures. Staff should not give insulin through injections or an insulin pump or test glucose levels through the use of a blood glucometer or interpret glucometer readings for the purpose of treatment.

4.4 School Trips / Other Changes in Routine

Schools should notify families well in advance of pending school trips, and other events such as special sporting events, so that appropriate modifications to the student's routine/protocol can be made. Parents should be encouraged to attend school trips and/or events, if possible.

4.5 Other Related Board Procedures

Principals should consult, as necessary, other related Board policies and procedures.





Medical / Health Support Policy

Policy Directive: Administration of Oral Prescription Medication

Date Approved:

Review Date:

BACKGROUND INFORMATION

Applicable Reference from the Policy

Hamilton-Wentworth District School Board is committed to ensuring the provision of plans, programs, and/or services that will enable students with health or medical needs to attend and participate in school.

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.

Background

Wherever possible, oral prescription medication that may be required by students will be administered by parents/guardians (or by a member of the medical profession) outside of school or school-related activities. However, where it is medically necessary for students to take oral prescription medication while in attendance at school or school-related activities (and such medication has been prescribed by a physician for use during school hours), parents/guardians, the medical profession and the individual schools will work together to facilitate the safe use and administration of such medication. The administration of such medication is subject, however, to there being, in each case, sufficient resources within the school to permit the safe use and administration of the oral prescription medication.

Definitions

Oral Prescription Medication

For the purposes of this directive, oral prescription medication is defined as medicine to be taken orally as a result of a prescription given by a properly authorized physician, and which is prescribed to a student for a specified period of time.

Asthma Inhalers

Asthma inhalers are to be considered oral prescription medication, and as such all the procedures outlined in this policy will apply. However, where written notification from a health care professional has been received stating that the student has been taught and is capable of self-administering their inhaler, then the student shall be allowed to do so and further documentation is not required. The written notification of the student's ability to self-administer the inhaler must be kept on file in the school's medication tracking book.

Other Medications

Other medications are over-the-counter medication, such as cough syrup, cough drops and pain relievers. These should not be brought to school by students of elementary school age, or stored at school, as some students may have adverse reactions to improper usage and other students may inadvertently obtain these medications. Elementary schools should inform parents that children who are ill with short-term illnesses (e.g. colds, influenza, etc.) who need oral non-prescription medication during school hours should be cared for at home.

1.0 RESPONSIBILITY

- 1.1 Parents/guardians and the medical profession have primary responsibility for the management of the medical condition(s) of students and for the safeguarding of their medications.
- 1.2 It is the expectation of the Hamilton-Wentworth District School Board that oral prescription medications generally will be administered by parents/guardians or the medical profession to students outside of school or school-related activities and that such medications, therefore, generally will not be brought to school or school-related activities.
- 1.3 It is the expectation of the Hamilton-Wentworth District School Board that students who are ill with short-term illnesses (e.g. colds, influenza, etc.) and in need of medication during school hours will be cared for at home.
- 1.4 The Hamilton-Wentworth District School Board recognizes that in some limited circumstances, it may be medically necessary for oral prescription medication to be administered to a student during school or school-related activities.
- 1.5 In circumstances where the administration of oral medication during school or school-related activities has been prescribed by a physician, the Hamilton-Wentworth District School Board expects that the parent/guardian and the medical profession will work with the individual school to ensure appropriate measures are in place to facilitate the safe and proper use and administration of the medication.
- 1.6 Employees of the Hamilton-Wentworth District School Board who administer oral prescription medication to students will do so in accordance with the protocols and procedures in place in the school. The Board has in place liability insurance which covers employees who in the performance of the duties and responsibilities of their jobs administer oral prescription medication to students.

2.0 PROCEDURE

- 2.1 The administration of oral prescription medication to students by employees of the Hamilton-Wentworth District School Board will be permitted only if:
 - √ Such medication has been prescribed by a physician to be administered during school hours.
 - √ A physician has completed and signed the "Authorization for Administration of Oral Prescription Medication" form, Part 1, which includes the student's name, name of the medication, dosage required, time and directions to administer the medication.
 - √ The parent/guardian has completed and signed the "Authorization for Administration of Oral Prescription Medication" form, Part 2, thereby requesting and authorizing the administration of such medication.
 - √ The medication is provided in its original pharmaceutical container bearing the physician's name, pharmacy label, directions for administering, date and the student's name.
 - √ There are sufficient and appropriate resources available within the school to permit the safe use and administration of the oral prescription medication.
 - √ The school principal has signed the "Authorization for Administration of Oral Prescription Medication" form, Part 3, thereby indicating that the administration of the

oral prescription medication to the student by an employee of the Hamilton-Wentworth District School Board is permitted in accordance with the procedure established by the school.

2.2 Once the above steps have been completed and it has been determined that oral prescription medication will be administered by an employee of the Hamilton-Wentworth District School Board, the school must develop procedures for the administration of the medication.

Procedures will include:

- √ Identifying staff member(s) who will be designated as the employee(s) who will administer the medication (such employees are hereinafter referred to as “designated staff member(s)”).
- √ Making such designated staff member(s) aware of the administration procedures.
- √ Identifying a locked central location to store the medication.
- √ Establishing a tracking book to house the “Authorization for Administration of Oral Prescription Medication” form and the “Medication Administration Record” form.
- √ Tracking notes which include the name of the medication, the dosage required, date, time, and the name of the designated staff member(s) who will administer the medication and initial every time the medication is administered.

3.0 PRINCIPAL

3.1 The principal shall be responsible for ensuring that:

- √ Staff member(s) are designated to administer the oral prescription medication in accordance with the school’s procedures, collective agreements and this policy.
- √ An up-to-date and duly completed “Authorization for Administration of Oral Prescription Medication” form and the “Medication Administration Record” form are on file in the tracking book.
- √ Proper tracking notes are kept and that the tracking book is otherwise properly maintained and organized.
- √ The student understands the process of reporting to the designated location at the appropriate time to receive medication.
- √ Appropriate procedures are established in the school for the notification of the parent/guardian or emergency contact should the student have an adverse reaction to the medication.
- √ The parent/guardian or emergency contact is notified as soon as possible should there not be sufficient resources available on any given day, such as the unexpected absence of designated staff member(s), to ensure the safe use and administration of such oral prescription medication.

4.0 STUDENT

4.1 The student shall, wherever possible and contingent on his/her physical and mental capabilities:

- √ Report to the location in the school for the administration of the oral prescription medication at the appropriate time.
- √ Advise the principal or the designated staff member(s) of any concerns he/she may have.

5.0 DESIGNATED STAFF MEMBER

5.1 The designated staff member(s) shall be responsible for:

- √ Administering the medication as indicated on the “Authorization for Administration of Oral Prescription Medication” form.
- √ Properly completing the “Medication Administration Record” form, every time the medication is administered to a student.
- √ Ensuring the tracking book containing the “Authorization for Administration of Oral Prescription Medication” form and “Medication Administration Record” form is kept up-to-date and organized.

- √ Communicating relevant information to any person who may supervise students requiring medication.
- √ Immediately reporting to the Principal and the student's teacher any concerns the designated staff member(s) may have concerning adverse reactions by the student to the medication or other concerns pertaining to the administration of the medication.

6.0 PARENT/GUARDIAN

6.1 The parent/guardian shall be responsible for:

- √ Providing to the school an "Authorization for Administration of Oral Prescription Medication" form, Part 1, duly completed and signed by the physician.
- √ Duly completing and signing Part 2 of the "Authorization for Administration of Oral Prescription Medication" form, and providing same to the school.
- √ Providing the original prescription container, clearly labeled, bearing the physician's name, pharmacy label, directions for administering, date and the student's name.
- √ Providing the school with emergency contact information should the student have an adverse reaction to the medication.
- √ Ensuring the medication supply is kept up-to-date.
- √ Providing whatever information and assistance to the school and designated staff member that may be requested.
- √ Teaching their child the procedures for the administration of oral prescription medication at the school, including identifying the designated staff member(s) responsible for administering the medication and identifying the location to which the student should report for administration of the medication.
- √ Communicating clearly to the student's teacher, the principal and/or designated staff member(s) in regard to any concerns regarding the administration of the medication.
- √ Removing the medication from the school at the end of the school year (medication that is not removed will be taken by the school to a pharmacy for disposal).



Hamilton-Wentworth District School Board

AUTHORIZATION FOR ADMINISTRATION OF ORAL PRESCRIPTION MEDICATION

**A new form must be completed at the beginning of each school year, or when the medication changes.
This form is to be retained until the end of the school year.**

Student's Name:	School:	Class:	Room:
Date of Birth:	Home Phone:	Business Phone:	
Emergency Contact Name and Relationship to Student:	Emergency Phone:		

Note: The administration of oral prescription medication during school or related activities on any day is subject to the school having sufficient and appropriate resources available that day for the safe use and administration of such oral prescription medication.

PART 1: To be completed by Attending Physician

This is to advise that I have prescribed the administration of the following oral medication which must be taken during school hours.

Name of Medication:	Method of Administration:
Dosage:	Time(s)
How long is the child likely to need this medication?	
Possible hazards or side effects:	
Action to be taken should a reaction develop:	
Additional information if applicable (i.e. storage of meds, other allergies):	
Physician's Name (Print):	Address & Phone:
Physician's Signature:	
Date:	

PART 2: To be completed by Parent/Guardian

- **I understand that I am responsible to provide the medication in its original prescription container supplied by the pharmacist, which is properly labeled indicating the student's name and administration directions.**
- **I request and authorize the principal or designated staff member to administer the medication according to the Physician's directions.**
- **I understand it is my responsibility to ensure the school has a supply of medication on hand at any given time, and to remove the medication at the end of the school year.**

Signature of Parent/Guardian:	Date:
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PART 3: To be completed by Principal

Staff member designated to supervise/administer medication:	Alternate:
Location of medication in the school:	
Signature of Principal:	Date:

The "Medication Administration Record" form must be run on the backside of this page.



Medical / Health Support Policy

Policy Directive: Pediculosis Management

Date Approved:

Review Date:

BACKGROUND INFORMATION

Applicable Reference from the Policy

Hamilton-Wentworth District School Board is committed to ensuring the provision of plans, programs, and/or services that will enable students to attend and participate in school.

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.

Hamilton-Wentworth District School Board shares the responsibility for providing such plans, programs, and/or services with families and community agencies/partners.

General Information

Head lice are tiny bugs that live only on the scalp of human beings and are the size of a pinhead. They do not have wings so they cannot fly or jump, and they are not found on cats, dogs or any other household pets. The bites from head lice can cause itching and scratching. Scratching may cause sores which can get infected. Anyone can get head lice. School children get lice more than adults. When children play, their heads often touch. Lice crawl from head to head. Head lice are spread by direct head to head contact only. (*Facts of Lice, 2003*, Hamilton Public Health and Community Services Department)

Based on the current medical research, it is essential that head lice be treated with two applications of an approved pediculocide seven days apart. As long as the treatment has been administered properly, the presence of nits does not necessarily indicate an active infestation.

Additional information can be obtained from:

City of Hamilton Public Health Services

Phone: 905-546-CITY (905-546-2489)

Email: publichealth@hamilton.ca

1.0 RESPONSIBILITY

1.1 The Principal shall:

- 1.1.1 Ensure that all staff and parents/guardians are aware of the characteristics of pediculosis and the school procedures in this regard;
- 1.1.2 Ensure that the parents/guardians of students with an infestation are notified of the infestation and the recommended treatment; and
- 1.1.3 Ensure that all parents/guardians of students directly concerned in the school where an infestation has been confirmed are notified.

1.2 The teacher shall:

- 1.2.1** Be aware of the symptoms which might indicate an infestation among students;
- 1.2.2** Identify and report infestations to the principal;
- 1.2.3** Actively promote preventative practices to avoid further infestation.

1.3 The parent(s)/guardian(s) shall:

- 1.3.1** Be aware of the symptoms which might indicate an infestation;
- 1.3.2** Identify infestation of head lice and inform the school;
- 1.3.3** Ensure that proper and full treatment is taken;
- 1.3.4** Complete the *Verification of Treatment* form and return it upon the student(s)' return to school.

2.0 PROCEDURE

- 2.1** Parents/guardians of students identified with head lice will be notified by the school of that fact by letter (*Letter of Notification of Suspected head Lice*), and will be required to seek treatment for the child. The parents/guardians will be provided with a treatment information sheet (*Facts of Lice*).
- 2.2** Parents/guardians are required to complete the first application of an approved treatment prior to the student returning to school.
- 2.3** Parents/guardians are required to complete the *Verification of Treatment* form and return it to the school when the student returns following the first application of an approved treatment.
- 2.4** The process for returning and tracking the completed *Verification of Treatment* form is determined and documented in each school's pediculosis procedures.
- 2.5** If the Principal has concerns that an individual case of head lice infestation is an indication of a larger concern, the Principal may consult with the school's designated social worker.
- 2.6** All parents/guardians of students in a class in which a student or students are found to have head lice will be sent a letter informing them of that fact (*Letter of Attention*).
- 2.7** According to the school's pediculosis procedures, the Principal will designate resource person(s), who are available and trained to perform head lice checks in the school.
- 2.8** A school may designate a specific day or days for screening all students for head lice, using trained resource persons.

3.0 COMMUNICATION

- 3.1** In September, the school will communicate with parents the school's pediculosis procedure through the first newsletter of the school year and/or through the student handbook, or other means that the school deems appropriate. This information will include:
 - 3.1.1** The current version of the Hamilton Public Health document, *Facts of Lice* and a copy of the *Bug Busters Bookmark* (available at www.hamilton.ca);
 - 3.1.2** A reminder to parents/guardians to take responsibility to check their child's hair frequently and on an ongoing basis;
 - 3.1.3** A request that parents/guardians co-operate by administering an approved treatments recommended by a pharmacist or medical practitioner when needed;

- 3.1.4 A reminder to parents/guardians to inform the school if their child has head lice; and
 - 3.1.5 A review of the need for trained individuals to assist in screening students for head lice. (Training is available through Public Health Services.)
- 3.2 Information for parents/guardians translated into additional languages is available from Hamilton Public Health at www.hamilton.ca .

4.0 ATTACHMENTS

- 4.1 *Letter of Notification of Suspected Head Lice/ Verification of Treatment Form*
- 4.2 *Letter of Attention*
- 4.3 *Facts of Lice Information Sheet*
- 4.4 *Bug Buster Bookmark*
- 4.5 *What to Do When Nothing Works Information Sheet*

SCHOOL LETTERHEAD

Letter of Notification of Suspected Head Lice

Date:

Dear Parent/Guardian:

Head lice (pediculosis) have been found in your child's hair. Head lice do not cause a health problem but do need to be treated. **An approved treatment (such as Nix, R&C Shampoo, or Resultz) must be used before your child returns to school.** Consult with Bug Busters, your pharmacist or other medical practitioner about the best product to use. Your child's right to privacy, dignity, and cultural sensitivity will be respected to the degree possible in the circumstances.

To assist you, please find attached the following Public Health Services information:

- ✓ *Facts of Lice* Information Sheet
- ✓ *Bug Buster Bookmark*
- ✓ *What to Do When Nothing Works* Information Sheet

information can be obtained from:

City of Hamilton Public Health Services
Phone: 905-546-CITY (905-546-2489)
Email: publichealth@hamilton.ca

The completed *Verification of Treatment* form (below) must be returned to the school on the day that your child returns to school.

Sincerely,

School Administrator

Verification of Treatment

I have read the information provided. Yes No

I have used an approved lice treatment. Yes No

Name of product used: _____

I have checked all family members, including adults, and treated if necessary. Yes No

I will be doing a daily head check for the next 10 days. Yes No

I have planned a repeat treatment after 7-10 days, to kill any newly hatched lice. Yes No

I will be advising close contacts (ex. sports teams, playmates, sleepover friends) that my child has head lice. Yes No

Signature of Parent/Guardian: _____ Date: _____

SCHOOL LETTERHEAD

Letter of Attention

Date:

Dear Parent/Guardian:

A case of head lice (pediculosis) has been found in your child's class.

Please check your child's hair for lice and eggs.

School children get head lice more often than adults. When children play, their heads often touch, allowing lice to crawl from head to head. Head lice are spread by this direct head to head contact only.

If you do find that your child has head lice, please inform the school.

Additional information can be obtained from:

City of Hamilton Public Health Services
Phone: 905-546-CITY (905-546-2489)
Email: publichealth@hamilton.ca

Sincerely,

School Administrator



Medical / Health Support Policy

Policy Directive: Use of Service Dogs in Schools for Students with Special Needs

Date Approved:

Review Date:

BACKGROUND INFORMATION

Applicable Reference from the Policy

Hamilton-Wentworth District School Board is committed to ensuring the provision of plans, programs, and/or services that will enable students with health or medical needs to attend and participate in school.

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.

Definition

A service dog is a dog that is being used because of a student's disability and this is either readily apparent or is supported by a letter from a physician or nurse. They are trained to assist students with their daily living activities. The use of service dogs is an intervention strategy that is recognized as an aid to students with special needs.

Examples of service dogs include dogs used by people who have vision loss, hearing alert animals for people who are deaf, deafened or hard of hearing, and animals trained to alert an individual to an oncoming seizure and lead them to safety.

It is "readily apparent" that a dog is a service dog when it is obvious by its appearance or by what it is doing. For example, it may be readily apparent that a dog is a service dog if it is wearing a harness, saddle bags, a sign that identifies it as a service dog or has a certificate or identification card from a service animal training school or an identification card from the Attorney General of Ontario. It may also be readily apparent if the student is using the animal to assist him or her in doing things, such as opening doors or retrieving items.

Service dogs must be registered in Canada. They will generally have a black leather Special Skills Dog (SSD) harness and leash, and/or saddlebag or vest. They are given to individuals with the following disabilities: Physical, Blind or Low Vision, Deaf/Hearing Impaired, Autism Spectrum Disorder or a seizure disorder.

1.0 RESPONSIBILITY

- 1.1 Principals will ensure that all staff, students and others are properly trained in how to interact with the student who is accompanied by a service dog.

2.0 PROCEDURE

- 2.1 Once the school has been notified, the procedure that follows will be put into place prior to the admittance of a service dog to the school.

3.0 PARENTAL PROCEDURES

- 3.1 Provide a letter to the school requesting permission for a service dog and outlining the benefits of having a service dog attend school with their child.
- 3.2 Provide a letter from a member of the College of Physicians and Surgeons, or from a member of the College of Psychologists confirming the diagnosis of a recognized special need, including a recommendation for the use of a service dog.
- 3.3 Provide a Certificate of Training for the service dog from the National Service Dogs Training Centre, or from another certified training centre.
- 3.4 Pay for any financial implications regarding the use and care of the service dog.
- 3.5 Annually, provide the school with proof of up-to-date vaccinations, a municipal service dog licence, and confirmation that the service dog is in good health.
- 3.6 Arrange for the personal care and physical needs of the service dog, including a once a day bio-break procedure.

4.0 PRINCIPAL PROCEDURES

- 4.1 Ensure that the use of a service dog is consistent with the needs or recommendations of the IPRC and/or IEP process.
- 4.2 Consult with the appropriate Superintendent of Education and the Superintendent of Special Education / Student Services prior to setting a meeting to discuss use of a service dog.
- 4.3 Arrange a meeting with parent(s)/guardian(s), classroom teacher(s), Special Education consultant, a representative of the service dog provider, the student (where appropriate), and other staff determined necessary, to discuss and develop a plan to determine:
 - 4.3.1 the purpose and function of the service dog;
 - 4.3.2 who will accompany and handle the service dog outside;
 - 4.3.3 personal care and physical needs of the service dog, such as:
 - 4.3.3.1 the safest and most environmentally sound place for the service dog to relieve itself;
 - 4.3.3.2 removal and disposal of animal waste;
 - 4.3.3.3 provision of a suitable container for waste that the dog handler can access, and
 - 4.3.3.4 considerations for seasonal changes, and inclement weather.
 - 4.3.4 classroom considerations such as seating arrangements;
 - 4.3.5 any necessary changes in routine and procedures, and program changes;

- 4.3.6 arrangements for the service dog to visit the school without students present in order to familiarize it with the school site;
- 4.3.7 a transition plan for the service dog and the student;
- 4.3.8 a timetable for the introduction of the service dog to the school and class;
- 4.3.9 a timetable for the training of the student's school team (i.e., principal; teacher(s); educational assistant(s); etc.)
- 4.3.10 rules of conduct around the service dog for students, staff, and the public; and
- 4.3.11 methods for disseminating and regulating such rules.
- 4.4 Inform all staff and the school council regarding the presence of the service dog.
- 4.5 Liaise with the appropriate Superintendent of Education and/or Special Education consultant to resolve any specific concerns or issues raised regarding the presence of a service dog.
- 4.6 Arrange for demonstrations by the service dog provider for the student body, staff, and/or the community as deemed necessary to provide education and awareness of the service dog in the school.
- 4.7 If applicable, ensure that the Manager: Hamilton-Wentworth Student Transportation Services is contacted regarding any transportation requirements.
- 4.8 Revise emergency procedures as required to include the service dog (ex., notification to the Fire Department regarding the existence of the service dog).
- 4.9 Post signs on each entry door of the school to advise visitors of the presence of a working service dog.
- 4.10 Inform the school's Superintendent and the Superintendent responsible for Special Education Services that a Service Dog is in place at the school, and, when/if the Service Dog is no longer going to be at the school.

5.0 COMMUNICATION

- 5.1 Letters will be distributed (samples attached) as follows to inform:
 - 5.1.1 the school community of the arrival of the service dog, its purpose, and rules regarding conduct around the service dog;
 - 5.1.2 the families of the students in any of the classes where the service dog will be present to elicit information concerning allergies, phobias, or religious considerations from the students' families;
 - 5.1.3 the families of any students who will be sharing transportation where the service dog will be present, where applicable.
- 5.2 All information regarding the service dog will be retained in the student's OSR.

SAMPLE LETTER TO THE SCHOOL COMMUNITY
(SCHOOL LETTERHEAD)

Date:

Dear Parent / Guardian:

This letter is to inform you that there will be a service dog in our school assisting one of our students.

This service dog is a highly trained companion for our student and is able to assist in many of the routine activities which may pose some challenges for this student. The child's right to have a service dog is protected under Human Rights legislation.

There will be information sessions at the school to integrate the service dog into our daily routines and all our students will be instructed as to the proper procedure regarding the service dog. They will be informed that the service dog is a working service dog and not a pet while at school.

Already, the service dog has been a benefit to the student, and we look forward to a lot of growth and learning together.

Thank you for your understanding and support.

Sincerely,

Principal

Cc: Superintendent of Education; OSR

SAMPLE LETTER TO THE FAMILIES OF CHILDREN IN THE CLASS(ES)
(SCHOOL LETTERHEAD)

Date:

Dear Parent / Guardian:

This letter is to inform you that there will be a service dog in our school assisting one of our students, and this student and the service dog will be a part of your child's class.

This service dog is a highly trained companion for our student and is able to assist in many of the routine activities which may pose some challenges for this student. The child's right to have a service dog is protected under Human Rights legislation.

There will be information sessions at the school to integrate the service dog into our daily routines and all our students will be instructed as to the proper procedure regarding the service dog. They will be informed that the service dog is a working service dog and not a pet while at school.

If you have any specific concerns regarding the presence of the service dog in your child's class, please contact me at the school.

Thank you for your understanding and support.

Sincerely,

Principal

**SAMPLE LETTER TO THOSE SHARING TRANSPORTATION
(SCHOOL LETTERHEAD)**

Date:

Dear Parent / Guardian:

This letter is to inform you that there will be a service dog in our school assisting one of our students, and this student and that the service dog will be sharing transportation with your child daily to and from school.

This service dog is a highly trained companion for our student and is able to assist in many of the routine activities which may pose some challenges for this student. The child's right to have a service dog is protected under Human Rights legislation.

There will be information sessions at the school to integrate the service dog into our daily routines and all our students will be instructed as to the proper procedure regarding the service dog. They will be informed that the service dog is a working service dog and not a pet while at school.

If you have any specific concerns regarding the presence of the service dog on your child's mode of transportation, please contact me at the school.

Thank you for your understanding and support.

Sincerely,

Principal

Cc: Superintendent of Education; OSR