



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: 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.

