



KAWARTHA PINE RIDGE DISTRICT SCHOOL BOARD

ADMINISTRATIVE REGULATIONS

Section: Educational Services

- Student Welfare

Regulation Code: ES-1.5.1

Regulation: HEALTH AND MEDICAL NEEDS

Policy Code Reference: ES-1.5

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This administrative regulation is written in accordance with the guiding principles in [Board Policy No. ES-1.5, Health and Medical Needs](#), reflects current provincial legislation, Policy/Program Memorandum (PPM) No. 161, Supporting Children and Students with Prevalent Medical Conditions (Anaphylaxis, Asthma, Diabetes, and/or Epilepsy) in Schools, and has been developed utilizing directives from the Ministry of Education.

The Ministry of Education is providing evidence-based resources online, on the ministry's Prevalent Medical Conditions web portal. These resources have been developed by various health and education partners (Asthma Canada, Diabetes Canada, Canadian Paediatric Society, Epilepsy Ontario, Food Allergy Canada, The Lung Association – Ontario, Ophea, and Ontario Education Services Corporation).

The regulation establishes procedures for:

- response to injury or illness;
- response to communicable diseases;
- partnerships with School Health Support Services for students with health needs;
- the administration of medication;
- supporting children and students with prevalent medical conditions (anaphylaxis, asthma, diabetes, and/or epilepsy) in schools; and
- supporting children and students with all other health needs.

Appendices included in this administrative regulation include:

- [Appendix A – Plan of Care \(Anaphylaxis, Asthma, Diabetes, Epilepsy, General Health Concerns\), Administration of Medication Log](#)
- [Appendix B – Program Safety Guidelines for Concussions](#)
- [Appendix C – Diabetes Management Protocol](#)

This administrative regulation recognizes the authority and responsibility of medical practitioners to make critical decisions (e.g. prescribing medication, determining treatment regimes, investigations of communicable diseases, life-saving procedures).

Any medical situation of a critical nature shall be communicated to the appropriate superintendent who will be responsible for advising the Director of Education.

1. The administrative regulation reflects applicable legislation and provides direction for schools to respond to:

- 1.1 Medical Injury or Illness – General Preparedness Response

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1.2 Prevalent Medical Conditions: (Anaphylaxis, Asthma, Diabetes – Type 1, Epilepsy, General Health Concerns)

1.2.1 Roles and Responsibilities

- Parents/Guardians
- Students
- School Staff
- Principal
- School Board

1.2.2 Plan of Care

1.2.3 Training

1.3 Guidelines for Care and Support for Students with Concussions

1.4 Administration of Medication

1.5 Communicable Diseases

1.6 School Health Support Services

2. Medical Injury or Illness – General Preparedness Response

In the event of medical emergencies, injury or illness of a student at school or while on an excursion or participating in a co-curricular activity, every effort shall be made to provide immediate and appropriate medical attention.

The principal, or designate, shall implement the following procedures upon determining the severity of the injury or illness, which may be described as:

- minor – can be dealt with on-site
- serious – there is time for consultation with parent(s)/guardian(s) and other key stakeholders, prior to action
- unstable condition – a situation which may not be life-threatening but appears erratic enough to warrant immediate attention, followed by appropriate communication
- potentially life-threatening – requires immediate emergency response, followed by appropriate communication to parent(s)/guardian(s) and other key stakeholders.

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2.1 Preparations and Precautions for Injury or Illness

The principal shall:

- 2.1.1 identify staff members at the school who are certified to provide First Aid, Cardio Pulmonary Resuscitation (CPR) and Automated Electronic Defibrillator (where available), and/or arrange for training as necessary, and communicate the names of certified staff to other staff members through postings and regular updates;
- 2.1.2 ensure that first aid supplies are maintained and accessible in all schools;
- 2.1.3 arrange for staff in-service (e.g. Critical Incidents, Universal Precautions – the safe handling of body fluids, anaphylactic reactions, first aid) through health professionals, Board staff, as appropriate;
- 2.1.4 ensure that all staff (including transportation personnel) and others, as appropriate, are informed of students' emergency procedures as outlined in the individualized Plan of Care; and
- 2.1.5 advise staff to prepare for excursions or co-curricular events by reviewing and checking response procedures to injury and/or illness, student Plan of Care, first aid kits, and accessibility to a phone, in accordance with Board direction.

2.2 Minor Injury or Illness

The principal, or designate, shall:

- 2.2.1 administer appropriate first aid in the event of a minor injury or illness;
- 2.2.2 ensure that the parent/guardian is notified that first aid has been administered to the student;
- 2.2.3 confer with the parent/guardian (or the student's emergency contact person) if it is deemed necessary or precautionary to send the student home; and
- 2.2.4 keep the student at school under careful, supervised observation and notify the parent/guardian as soon as possible if a contact regarding the injury or illness was attempted and the parent/guardian was unavailable.

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2.3 Serious Injury or Illness

The principal, or designate, shall:

2.3.1 contact immediately, the parent/guardian or emergency contact, for consultation, if the injury or illness is deemed to be serious, but not potentially life-threatening

and/or

arrange for transportation of the student to the hospital emergency department (by ambulance if necessary), if contact was attempted and the parent/guardian or emergency contact was unavailable;

Note: Principal shall inform parent(s)/guardian(s) of the circumstances.

2.3.2 notify the appropriate Superintendent of Education: Student Achievement, of a serious accident, injury or illness involving a student; and

2.3.3 complete an Ontario School Boards' Insurance Exchange (OSBIE) Incident Report which is found on the OSBIE website at www.osbie.on.ca (click on Report an Incident). A Kawartha Pine Ridge District School Board (KPRDSB) username and password can be obtained by contacting the Manager of Procurement and Central Services.

2.4 Potentially Life-Threatening Injury or Illness or Unstable Condition

The principal, or designate, shall:

2.4.1 develop collaboratively with key stakeholders (e.g. parent(s)/guardian(s), student, physician, staff), a Plan of Care to meet the individual needs of a student who may have a prevalent medical condition or any other health concern (potentially life-threatening emergency due to a medically diagnosed illness or condition);

2.4.2 arrange for the student to be transported immediately (call 911 if required) to a hospital by emergency response when an injury or illness is deemed potentially life-threatening;

2.4.3 ensure that a staff member accompanies the injured or ill student to the hospital with any available and appropriate information/documentation;

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- 2.4.4 notify the parent/guardian or emergency contact person immediately following making arrangements for transportation to the hospital;
- 2.4.5 notify the appropriate Superintendent of Education: Student Achievement of the potentially life-threatening incident;
- 2.4.6 in consultation with the Corporate Affairs Department provide appropriate information, within the context of the Freedom of Information and Protection of Privacy Act, to students and/or staff, in order to address emergent fears and concerns caused by the emergency injury or illness; and
- 2.4.7 complete an OSBIE Incident Report as outlined in 2.3.3.

2.5 Do Not Resuscitate (DNR) Order

If a principal is requested by parent(s)/guardian(s) or a qualified medical practitioner to withhold medical treatment through the use of a DNR order, the principal, in consultation with the appropriate Superintendent of Education: Student Achievement, will adhere to the following procedures:

- 2.5.1 inform the parent(s)/guardian(s) that the Board does not accept DNR orders;
- 2.5.2 advise the parent(s)/guardian(s) that in the event of a medical emergency, medical assistance will be sought for the child as a DNR decision rests only with a qualified medical practitioner and appropriate first aid response provided; and
- 2.5.3 return the DNR order by registered mail to the parent(s)/guardian(s) or medical practitioner.

3. Prevalent Medical Conditions and General Health Concerns

Supporting students with prevalent medical conditions and all general health concerns in schools is complex. The Board acknowledges that a whole school approach is needed where education and community partners, including health care professionals, have important roles to play in promoting student health and safety and in fostering and maintaining healthy and safe environments in which students can learn. The Ministry of Education defines prevalent medical conditions in PPM 161 as Anaphylaxis, Asthma, Diabetes, and/or Epilepsy.

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3.1 Roles and Responsibilities

Roles and responsibilities for all stakeholders must be clearly articulated to ensure the best care for our students.

3.1.1 Parents/Guardians

As primary care givers of their child, parents/guardians are expected and encouraged to be active participants in supporting the management of their child's medical condition(s) while the child is in school.

Parents/guardians are expected and encouraged to:

- 3.1.1.1 educate their child about their medical condition(s) with support from their child's health care professional, as needed;
- 3.1.1.2 guide and encourage their child to reach their full potential for self-management and self-advocacy;
- 3.1.1.3 inform the school of their child's medical condition(s) and co-create the Plan of Care for their child with the principal or the principal designate;
- 3.1.1.4 communicate changes to the Plan of Care, such as changes to the status of their child's medical condition(s) or changes to their child's ability to manage the medical condition(s), to the principal or the principal's designate;
- 3.1.1.5 confirm annually to the principal or the principal's designate that their child's medical status is unchanged;
- 3.1.1.6 initiate and participate in meetings to review their child's Plan of Care;
- 3.1.1.7 supply their child and/or the school with sufficient quantities of medication and supplies in their original, clearly labelled containers, as directed by a health care professional and as outlined in the Plan of Care, and track the expiration dates if they are supplied; and
- 3.1.1.8 seek medical advice from a medical doctor, nurse practitioner, or pharmacist, where appropriate.

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3.1.2 Students

Depending on their cognitive, emotional, social, and physical stage of development, and their capacity for self-management, students are expected to actively support the development and implementation of their Plan of Care. Students should:

- 3.1.2.1 take responsibility for advocating for their personal safety and well-being that is consistent with their cognitive, emotional, social, and physical stage of development and their capacity for self-management;
- 3.1.2.2 participate in the development of their Plan of Care;
- 3.1.2.3 participate in meetings to review their Plan of Care;
- 3.1.2.4 carry out daily or routine self-management of their medical condition to their full potential, as described in their Plan of Care (e.g., carry their medication and medical supplies; follow Board policies on disposal of medication and medical supplies);
- 3.1.2.5 set goals on an ongoing basis for self-management of their medical condition, in conjunction with their parent(s)/guardian(s) and health care professional(s);
- 3.1.2.6 communicate with their parent(s)/guardian(s) and school staff if they are facing challenges related to their medical condition(s) at school;
- 3.1.2.7 wear medical alert identification that they and/or their parent(s)/guardian(s) deem appropriate; and
- 3.1.2.8 if possible, inform school staff and/or their peers if a medical incident or a medical emergency occurs.

3.1.3 School Staff

School staff will follow the Board's policies related to supporting students with prevalent medical conditions and all other general health concerns in schools. School staff will:

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- 3.1.3.1 review the contents of the Plan of Care for any student with whom they have direct contact;
- 3.1.3.2 participate in training, during the instructional day, on prevalent medical conditions, at a minimum annually, as required by the Board;
- 3.1.3.3 share information on a student's signs and symptoms with other students if the parent(s)/guardian(s) give consent to do so, and as outlined in the Plan of Care and authorized by the principal in writing;
- 3.1.3.4 follow Board strategies that reduce the risk of student exposure to triggers or causative agents in classrooms, common school areas, and extracurricular activities, in accordance with the student's Plan of Care;
- 3.1.3.5 support a student's daily or routine management, and respond to medical incidents and medical emergencies that occur during school, as outlined in Board policies and procedures (in situations where Board staff already provide supports to students with prevalent medical conditions, and are already trained appropriately, this regulation does not intend to prescribe, duplicate, or remove those duties or training);
- 3.1.3.6 support inclusion by allowing students with prevalent medical conditions to perform daily or routine management activities in a school location (e.g. classroom), as outlined in their Plan of Care, while being aware of confidentiality and the dignity of the student; and
- 3.1.3.7 enable students with prevalent medical conditions to participate in school to their full potential, as outlined in their Plan of Care.

3.1.4 Principal

In addition to the responsibilities outlined above under 3.1.3 School Staff, the principal, or designate, will:

- 3.1.4.1 clearly communicate to parent(s)/guardian(s) and appropriate staff the process for parent(s)/guardian(s) to notify the school of their child's medical condition(s), as well as the expectation for parent(s)/guardian(s) to co-create, review, and update a Plan of

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Care with the principal or the principal's designate. This process should be communicated to parent(s)/guardian(s), at a minimum:

- during the time of registration;
- each year during the first week of school; and
- when a child is diagnosed and/or returns to school following a diagnosis;

- 3.1.4.2 co-create, review, or update the Plan of Care for a student with a prevalent medical condition with the parent(s)/guardian(s), in consultation with school staff (as appropriate) and with the student (as appropriate);
- 3.1.4.3 maintain a file with the Plan of Care and supporting documentation for each student with a prevalent medical condition;
- 3.1.4.4 provide relevant information from the student's Plan of Care to school staff and others who are identified in the Plan of Care (e.g., food service providers, transportation providers, volunteers, occasional staff who will be in direct contact with the student), including any revisions that are made to the plan;
- 3.1.4.5 communicate with parent(s)/guardian(s) in medical emergencies, as outlined in the Plan of Care; and
- 3.1.4.6 encourage the identification of staff who can support the daily or routine management needs of students in the school with prevalent medical conditions, while honouring the provisions within their collective agreements.

3.1.5 School Board

Kawartha Pine Ridge District School Board acknowledges and values its role in supporting students with Prevalent Medical Conditions and all General Health Concerns. As a school board, we will communicate, on an annual basis, our policies on supporting students with prevalent medical conditions to parents/guardians, Board staff, and others in the school community who are in direct contact with students (e.g., food service providers, transportation providers, volunteers). This regulation and supporting information will be available on our public website. In

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supporting [Board Policy ES-1.5, Health and Medical Needs](#), the following sets out further Board responsibilities:

- 3.1.5.1 provide training and resources on prevalent medical conditions on an annual basis;
- 3.1.5.2 develop strategies that reduce the risk of student exposure to triggers or causative agents in classrooms and common school areas;
- 3.1.5.3 develop expectations for schools to support the safe storage and disposal of medication and medical supplies, and communicate these expectations to schools and support schools in the implementation of the expectations;
- 3.1.5.4 communicate expectations that students are allowed to carry their medication and supplies to support the management of their medical condition, as outlined in their Plan of Care;
- 3.1.5.5 consider this regulation and related Board policies when entering into contracts with transportation, food service, and other providers.

3.2 Plan of Care

A Plan of Care, formerly called the Individualized Emergency Response Plan within KPRDSB, is a form that contains individualized information on a student with a prevalent medical condition or other general health concerns. [The Plan of Care template for Anaphylaxis, Asthma, Epilepsy, Type 1 Diabetes, and General Health Concerns is available in Appendix A](#), and has been developed in consultation with health and education partners. Schools must include the following information when completing a Plan of Care for each individual student:

- 3.2.1 preventative strategies to be undertaken by the school to reduce the risk of medical incidents and exposure to triggers or causative agents in classrooms and common school areas;
- 3.2.2 identification of school staff who will have access to the Plan of Care;

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- 3.2.3 identification of routine or daily management activities that will be performed by the student, parent(s)/guardian(s), or staff volunteer(s), as outlined in Board policy, or by an individual authorized by the parent(s)/guardian(s);
- 3.2.4 a copy of notes and instructions from the student's health care professional, where applicable;
- 3.2.5 information on daily or routine management accommodation needs of the student (e.g., space, access to food) (where possible, a student should not be excluded from the classroom during daily or routine management activities, unless the student or the parent(s)/guardian(s) indicate they prefer exclusion);
- 3.2.6 information on how to support or accommodate the student to enable participation to their full potential in all school and Board activities (e.g., field trips, overnight excursions, Board-sponsored sporting events);
- 3.2.7 identification of symptoms (emergency and other) and response;
- 3.2.8 emergency contact information for the student;
- 3.2.9 clear information on the Board's emergency procedures;
- 3.2.10 details related to storage and disposal of the student's prescribed medication(s) and medical supplies, such as:
- parental/guardian permission for the student to carry medication and/or medical supplies
 - location of spare medication and supplies stored in the school, where applicable
 - information on the safe disposal of medication and medical supplies;
- 3.2.11 requirements for communication between the parent(s)/guardian(s) and the principal (or the principal's designate) and/or school staff, as appropriate, including format and frequency; and
- 3.2.12 parental/guardian consent (at the discretion of parent(s)/guardian(s)) to share information on signs and symptoms with other students.

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The Plan of Care for a student with a prevalent medical condition should be co-created, reviewed, and/or updated by the parent(s)/guardian(s) in consultation with the principal or the principal's designate, designated staff (as appropriate), and the student (as appropriate), during the first thirty school days of every school year and, as appropriate, during the school year (e.g., when a student has been diagnosed with a prevalent medical condition).

It is understood that schools will support students in facilitating and supporting daily or routine management. This ensures, but is not limited to, supporting inclusion by allowing students with medical conditions to perform daily or routine management activities in a school location (e.g., within the classroom), as outlined in their Plan of Care.

Parents/guardians have the authority to designate who is provided access to the Plan of Care. With authorization from the parent(s)/guardian(s), the principal or the principal's designate should share the Plan of Care with school staff who are in direct contact with students with prevalent medical conditions and, as appropriate, others who are in direct contact with students with prevalent medical conditions (e.g., food service providers, transportation providers, volunteers).

3.3 Training

KPRDSB believes in supporting students by providing training related to prevalent medical conditions, at a minimum annually, for school staff who have direct contact with students with medical condition(s). Particular consideration will be given to the training needs of occasional staff. Training will take place within the student's first thirty days of school, where possible, to ensure the safety and well-being of the student, and should be reviewed as appropriate. The scope of training will include the following:

- 3.3.1 strategies for preventing risk of student exposure to triggers and causative agents;
- 3.3.2 strategies for supporting inclusion and participation in school;
- 3.3.3 recognition of symptoms of a medical incident and a medical emergency;
- 3.3.4 information on school staff supports, in accordance with Board policy;
- 3.3.5 medical incident response and medical emergency response; and
- 3.3.6 documentation procedures.

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The scope of training required to support all of our students with their Plan of Care, as well as the mode of delivery of the training and any privacy implications that may arise, must not be implemented in a manner that violates existing provisions of collective agreements and related memoranda of understanding among parties to such agreements.

4. Guidelines for Care and Support for Students with Concussions

Administrators, educators, school staff, students, parents/guardians, school volunteers play an important role in the prevention of concussion, identification of a suspected concussion as well as the ongoing monitoring and management of a student with a concussion.

Knowledge of how to properly manage a diagnosed concussion is critical in a student's recovery and is essential in helping to prevent the student from returning to learning or physical activities too soon and risking further complications. Ultimately, this awareness and knowledge could help contribute to the student's long-term health and academic success.

Directions and guidelines for care and support for students with concussions in accordance with The Ministry of Education's requirements in PPM 158 can be found in [Appendix B](#).

5. Administration of Medication

5.1 General Information on the Administration of Medication

5.1.1 Generally, administration of medication (e.g., prescription or non-prescription medication, including pills, creams, drops, inhalants, etc.) shall be conducted outside of school hours by parent(s)/guardian(s).

5.1.2 When all other options have been attempted and the parent(s)/guardian(s) request the administration of a prescription medication at school on a regular basis, the parent(s)/guardian(s) are required to complete the appropriate Plan of Care form for the individual student and the [Administration of Medication form which is provided in Appendix A](#).

5.1.3 Occasional requests may be made to administer short-term prescription medications (which may include prescription medications or non-prescribed medications directed by a physician). Parent(s)/guardian(s) must provide the original pharmacy labelled container or provide the labelled store bought container for non-prescription medications with the physician's prescription/script directing dosage.

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5.1.4 With staff supervision, students shall assume responsibility for taking prescribed medication whenever possible, and as appropriate, based on the clear direction from a medical practitioner.

5.1.5 Pre Re Nata (PRN)/As Needed Medication

Medication to be administered on an as needed (PRN) basis, will only be administered in accordance with the student's Plan of Care as follows:

5.1.5.1 Staff will observe and document escalating behaviour and report to the principal or designate; and

5.1.5.2 The principal or designate will contact the parent(s)/guardian(s) to report observations and seek consent to administer the medication, otherwise 911 may be contacted.

5.2 Role of Principal in the Administration of Medication

The principal shall:

5.2.1 develop collaboratively with key stakeholders (e.g. parent(s)/guardian(s), student, physician, staff), a Plan of Care to meet the individual needs of a student who may require the administration of medication as the result of a potentially life-threatening emergency due to a medically diagnosed illness or condition (e.g. anaphylaxis, seizures);

5.2.2 provide a secure and appropriate storage (including refrigeration) of clearly labelled student medication (medication must be kept in accordance with the individual's Plan of Care);

5.2.3 identify staff member(s) and alternate(s) who are willing to administer the medication or supervise a student who self-medicates, in keeping with the Board's responsibility as outlined in the Ministry of Education's Policy and Program Memorandum No. 81;

5.2.4 obtain appropriate support from qualified sources (i.e., pharmacist, public health, etc.) regarding medication administration and/or particular medical needs;

5.2.5 forward to staff, the information they require to administer the medication appropriately and the [Administration of Medication Log \(found in Appendix A\)](#) form to record the date and time of each administration of medication;

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- 5.2.6 ensure staff are aware of the location for the medication in the event of an emergency;
- 5.2.7 ensure parent(s)/guardian(s) provide annual medication up-dates or when medication changes; and
- 5.2.8 contact the parent(s)/guardian(s) to dispose of excess medication and containers at the end of a school year or treatment regime.

5.3 Role of Parent(s)/Guardian(s) in the Administration of Medication

It is the responsibility of the parent(s)/guardian(s) to:

- 5.3.1 complete the Plan of Care including the Administration of Medication section of the form which details the request and authorization to administer prescription medication;
- 5.3.2 provide updates annually and/or as medication changes;
- 5.3.3 provide the medication in the container with the original pharmacy label indicating:
 - 5.3.3.1 student's name,
 - 5.3.3.2 physician's name and telephone number,
 - 5.3.3.3 name of medication, and
 - 5.3.3.4 dosage (quantity and frequency);
- 5.3.4 replace outdated medication (e.g. epipens);
- 5.3.5 provide Medic Alert tags to be worn as intended by a student for immediate identification of medical need;
- 5.3.6 instruct the student who is self-medicating on the procedure; and
- 5.3.7 dispose of excess medication and containers at the end of the school year or treatment regime.

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6. Communicable Diseases

6.1 Prevention and Intervention re Communicable Diseases

The principal shall:

- 6.1.1 ensure that the appropriate curriculum outlined in the Ontario Ministry of Education's Health and Physical Education documents, which addresses communicable diseases, is implemented by staff;
- 6.1.2 make accessible the school health services reference information as provided by the local health units; and
- 6.1.3 communicate to the student with the communicable disease (if applicable, given age) and the parent(s)/guardian(s) that it is the student's responsibility to act in a manner that is considerate of the health and welfare of other students and staff, at school, while on excursions, or when participating in a co-curricular event.

6.2 Reporting Communicable Diseases

The principal shall:

- 6.2.1 inform the parent(s)/guardian(s) or emergency contact person of students for whom there is a suspicion of a communicable disease;
- 6.2.2 provide the local medical officer of health with an immediate verbal report of a suspected or confirmed communicable disease, in accordance with the Health Protection and Promotion Act (1990); and
- 6.2.3 provide information, requested by the Medical Officer of Health, pertaining to a student confirmed to have a communicable disease and/or for any other students or employees
 - 6.2.3.1 name(s),
 - 6.2.3.2 address(es),
 - 6.2.3.3 telephone number(s), and
 - 6.2.3.4 parent(s)'/guardian(s)' name(s), if applicable.

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Note: (Principals should refer to their local public health unit for the list of reportable diseases.)

6.3 The Role of the Medical Officer of Health

It is the role of the medical officer of health to:

- 6.3.1 notify the principal of a suspected or confirmed communicable disease or other health hazard;
- 6.3.2 investigate when there is a suspected or confirmed communicable disease or health hazard, including follow-up of contacts to identify or prevent additional cases;
- 6.3.3 advise the principal when support from the school community is required to prevent or control the spread of the disease;
- 6.3.4 provide the principal with a letter or fact sheet to be distributed to students, parent(s)/guardian(s) and staff, which gives information and directions regarding the communicable disease; and
- 6.3.5 request, if necessary, emergency contact numbers in order to initiate an emergency response outside of school hours.

6.4 Response to Confirmed Cases of Communicable Diseases

The principal, in consultation with the medical officer of health, shall:

- 6.4.1 develop appropriate written and/or other media communications based on information provided by the local medical officer of health, in consultation with the appropriate Superintendent of Education: Student Achievement and the Communications Officer – School Liaison, for students, parent(s)/guardian(s), staff and the school community;
- 6.4.2 ensure that a consultation meeting, involving all appropriate stakeholders, provides decisions that will:
 - 6.4.2.1 meet the health and educational needs of the student who has a communicable disease,
 - 6.4.2.2 respect the confidentiality and the dignity of the individual, and

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6.4.2.3 provide in-service for staff as required, to promote awareness and sensitivity and recommend appropriate instructional accommodations; and

Note: The principal, if unable to have all appropriate stakeholders present at the consultation meeting, with written parent(s)/guardian(s)' consent, may consult other professionals to obtain additional information and/or advice relative to the situation/student.

6.4.3 support the local medical officer of health, or designate, if any assistance is required of the school for further interventions, for example, follow-up clinics.

7. School Health Support Services

- 7.1 The provision of school health support services for students shall be offered in partnership with community health support services, as outlined in the Ministry of Education's Policy and Program Memorandum No. 81, Provision of Health Support Services in School Settings.
- 7.2 When staff are available to do so, general maintenance exercise program(s) may be provided during school hours following the direction of a qualified physio/occupational therapist and/or speech-language pathologist.
- 7.3 The principal, or designate, shall complete the appropriate referral, in consultation with the parent(s)/guardian(s), for School Health Support Services for occupational, physical and/or speech-language therapy and forward that referral to the local health unit.
- 7.4 The principal, or designate, shall facilitate the visits of School Health Support Services staff when services are provided to students at the school.