

## **POLICY ADVISORY**

# **Managing Life-Threatening Conditions: Guidelines for Saskatchewan School Divisions**

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## **Table of Contents**

### **Acknowledgements**

<b>Introduction</b> .....	1
<b>Purpose</b> .....	1
<b>Prevention and Risk Reduction</b> .....	2
<b>Rationale</b> .....	2
<b>Background</b> .....	3
<b>Critical Success Factors</b> .....	4
<b>Policy Contents</b> .....	4
1) Policy Statement .....	5
2) Definition .....	5
3) Identification of Individuals at Risk .....	6
4) Communication Strategies .....	7
5) Individual Care Plan/Emergency Response Plan .....	7
6) Professional Learning .....	8
7) Roles and Responsibilities .....	8
<b>Legal Context</b> .....	11
<b>Conclusion</b> .....	12
<b>Appendix A: Management of LTCs Through a CSCH Approach</b> .....	13
<b>Appendix B: School Communication (Sample Letters for Substitute Teacher and for Parents of Students with LTCs)</b> .....	14
<b>References</b> .....	17

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## **Introduction**

Providing a safe and inclusive school environment is of paramount importance for all PreK-12 students and staff, especially those with life-threatening health conditions (LTCs). LTCs include anaphylaxis, asthma, diabetes, epilepsy, or others as identified in the school community. Schools in partnership with local, regional, and provincial organizations (and individuals) provide supports and adaptations on a daily basis to accommodate the health needs of students and staff with LTCs and to promote their well-being. It is important to note that while at school, students and staff with these conditions may require emergency medical care; procedures should be in place to respond to critical incidents.

There is growing recognition that schools need to be proactive in the development and management of procedures, so they are able to take steps to appropriately support individuals with LTCs as well as prevent and respond to life-threatening incidents. Under human rights legislation, school boards have a duty to take reasonable steps to accommodate students and staff who have medical restrictions or limitations. In Saskatchewan a Comprehensive School Community Health (CSCH) approach and needs-based model are used to support and respond to students and staff who may have life-threatening conditions.

To further assist school boards, conseil scolaire, and First Nations educational authorities in LTC management, the Life-Threatening Conditions Policy Advisory Committee was formed with representation from provincial educational partners to:

- Identify current research and effective practices related to school board policies regarding life-threatening conditions.
- Create a life-threatening conditions document to guide boards of education, conseil scolaire, and First Nations educational authorities in policy development regarding management of LTCs in schools.

## **Purpose**

This document is intended to support boards of education, conseil scolaire, and First Nations educational authorities in supporting and accommodating students and staff with LTCs and in preventing and responding to life-threatening incidents in a comprehensive and integrated manner in their schools. To this end, the document provides a broad overview of Policy Contents recommended for policy development at the board level to ensure appropriate and consistent management of pre-existing diagnosed life-threatening conditions in the school setting.

It is anticipated that school boards, conseil scolaire, and First Nations educational authorities will develop policies for the particular LTCs in their schools. In some cases, school boards may revisit policies to ensure they address key areas and any new LTCs that have arisen. In all cases, it is important that policies and related administrative procedures address prevention and support, as well as response to LTC incidents. School boards, conseil scolaire, and First Nations educational authorities that have policies and procedures in place to address the needs of students and employees with life-threatening conditions not only minimize their liability but also support the ability of the students, their families, and the employees to participate in the school.

## Prevention and Risk Reduction

Much can be done to reduce the risk of life-threatening incidents when prevention and avoidance strategies are implemented. Specific prevention and avoidance strategies need to be based on the developmental age of the individual, the particular life-threatening condition, and the medical information provided by the primary care provider (physician or nurse practitioner). An avoidance strategy should not imply a guarantee or that there is zero risk. Avoidance strategies should, however, strive to reduce risk factors.

Preventative approaches will vary depending upon the needs of the individual and their diagnosed condition. For example, preventative approaches may include the safe avoidance of allergens, limiting exposure to triggers or irritants, and/or supporting prescribed management regimens. While school boards must take a number of steps to meet their obligations to students and staff with diagnosed life-threatening conditions, this duty to accommodate is required only to the point of undue hardship.

As individuals with life-threatening conditions are aware of their particular risk factors, it is critical that school boards, conseil scolaire, and First Nations educational authorities place their emphasis on the supports that individuals require to manage their particular life-threatening conditions.

## Rationale

Health and well-being is linked to a number of factors including: genetics, personal decisions, and access to health services as well as individual behaviours influenced by social, economic, cultural, and physical environments. Income, education, employment, housing, access to healthy food, early childhood development, and social supports are determinants that impact individual and community health. It is important to understand these factors in order to create environments that are supportive of individuals with life-threatening conditions.

The school population at any given time may include students and staff who take prescribed medications for asthma, epilepsy, diabetes, or other pre-existing conditions; who are at risk for anaphylactic reaction due to allergies; who need to test and monitor blood sugar; or who need to engage in other preventive activities. For example, in Saskatchewan, the highest rates of asthma (20%) are in children and youth, aged 10-14 whereas 0.4% of this age group have diabetes.<sup>1</sup> In Canada, peanut allergies<sup>2</sup> affect approximately 2% of children and epilepsy<sup>3</sup> affects approximately 1% of the population of Canada. Schools need to be reasonably safe and secure settings for students and staff, keeping in mind that schools are not medical facilities. The standard of care is that of “a careful and prudent parent” (Myers v. Peel County Board of Education [1981] 2 R.C.S. 21-11).

Boards of Education, through The Education Act, 1995 are given responsibility for all aspects of the daily operation of schools. In some cases adjustments are made at the school level to accommodate, to a reasonable degree, students with special health care needs. Relevant provisions from The Education Act, 1995 related to the duties and obligations of school boards regarding health-related services in schools can be found in sections 85, 86, 87, 142, 175, 190, and 192. To fulfil such duties, school boards develop policy to provide guidance for their schools along with administrative procedures. For an example of a school

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<sup>1</sup> Source: *Prevalence of Asthma, COPD, Diabetes, and Hypertension in Saskatchewan, 2010/11*, <http://www.health.gov.sk.ca/Default.aspx?DN=930bae3b-37ed-418f-a66c-4706f1e700a6&l=English>

<sup>2</sup> Source: Anaphylaxis Canada: *Overall Prevalence of Self-reported Food Allergy in Canada*, L. Soller et al, *Journal of Allergy and Clinical Immunology* February 2012  
<http://www.medicine.mcgill.ca/epidemiology/joseph/publications/Medical/Soller2012.pdf>

<sup>3</sup> Source: Epilepsy Canada <http://www.epilepsy.ca/en-CA/Facts/Epidemiology.html>



board administrative procedure related to The Giving of Essential Medication and/or Administration of an Essential Procedure to Students, refer to Administrative Procedure 361 on the Regina Public Schools website: [http://www.rbe.sk.ca/sites/default/files/admin\\_procedures/ap\\_361.pdf](http://www.rbe.sk.ca/sites/default/files/admin_procedures/ap_361.pdf). Another example of a school board administrative procedure related to Diabetes Management (APH 015) is available on the Waterloo Catholic District School Board website: [https://www.wcdsb.ca/ap\\_memos/PDF/APH015.pdf](https://www.wcdsb.ca/ap_memos/PDF/APH015.pdf).

For those schools that have relationships with licensed child care centres, the Child Care Regulations, 2015, include sections related to managing the health needs of children. The Licensee's Manual provides further policies, guidelines, and best practices for licensed child care centres. Although the regulations and the Manual provide guidance for child care boards, school boards, conseil scolaire, and First Nations educational authorities might find them to be informative. In addition school boards, conseil scolaire, and First Nations educational authorities may consider strategies for preventing the emergence of life-threatening incidents through communication of relevant information with licensed child care centres and third-party programs operating within school buildings.

Student safety and well-being is the shared responsibility of students and their families, community members and organizations, school boards, conseil scolaire, and First Nations educational authorities in the province. As employers, staff safety is also important. Students and staff with life-threatening conditions are in Saskatchewan schools, and school boards, conseil scolaire, and First Nations educational authorities are required by human rights law to provide accommodation. It is in the interest of educational and health partners to work collaboratively to have responsive policy and procedures to support schools in the event of an incident. Articulating prevention and support practices, as well as responsive protocols and procedures, creates an environment that supports students and staff in meeting their health needs.

While some school divisions, conseil scolaire, and First Nations educational authorities may currently meet or exceed the list of Policy Contents provided in this document, it is anticipated that this document will contribute to greater consistency in the education sector for creating safer environments and responding to emergency situations.

## **Background**

This document focuses on supporting policy development and implementation consistent with the Comprehensive School Community Health (CSCH) approach, resulting in partnerships, planning, and promotion for the support of individuals with LTCs and the prevention of and response to life-threatening incidents in Saskatchewan schools. An integrated approach to promoting health in the school setting, CSCH can assist and be facilitated by schools to take a more holistic approach to supporting students and staff with these LTCs. The CSCH approach is based on evidence which shows that the greatest impact on student health and learning is achieved when action is taken across the entire school, addressing four distinct but interrelated components: 1) high quality teaching and learning, 2) safe and healthy physical and social environments, 3) family and community engagement, and 4) effective policy. When actions in all four components are harmonized, students are supported to realize their full potential as learners and as healthy, productive members of society.

The framework for CSCH is internationally recognized for supporting improvements in students' educational outcomes while addressing school community health in a planned, integrated and holistic way. CSCH enhances what already happens in the classroom and motivates the whole school community through actions that provide a strong foundation for school community health. The chart in Appendix A shows how the four components of CSCH can assist school communities in promoting LTC management.

## **Critical Success Factors**

There are important critical and evidence-informed success factors to consider when developing procedures to mitigate the occurrence of, and to manage, life-threatening incidents at the school level. Any local procedural development and implementation may be weakened if the following factors are not in place.

Critical success factors include:

- Provision of a school division policy and administrative procedures regarding the support for individuals with LTCs, along with the prevention and response to life-threatening incidents, to guide local school practice.
- Meaningful engagement of students and their families, along with other community individuals and agencies in developing and implementing school procedures and protocols.
- Integration of the four components of the CSCH approach in operationalizing school level procedures, rather than addressing procedures in isolation.
- Clearly articulated roles and responsibilities for implementing effective processes.
- High quality teaching regarding life-threatening conditions, with targeted support practices in the classroom/school.
- Documentation from individuals regarding their respective life-threatening conditions. (See “Identification of Individuals at Risk” in the Policy Contents section that follows.)
- Identification of medical information from a primary care provider (physician or nurse practitioner).
- Development of Individual Care Plans/Emergency Response Plans for individuals with LTCs.
- Calling emergency medical care 911 as part of the school’s medical emergency protocol.
- Identification of certified first aid personnel available in the school.
- Quality, accessibility, and availability of professional learning sessions for all school staff and persons reasonably expected to have supervisory responsibility or to be a potential support person for an individual with a LTC.
- Quick access to medications and/or medical devices. Where appropriate, individuals with LTCs carry their emergency medication and/or medical devices with them at all times.
- Addressing information sharing and confidentiality.

Refer to the following section for additional guidance regarding the provision of a safe environment for individuals in the school community who have been identified as having the potential for a life-threatening medical emergency.

## **Policy Contents**

The following contents, when addressed in school board policy, will help establish a consistent approach in the PreK-12 education sector to manage life-threatening conditions in provincial schools.

Specific purposes for developing a school division policy include:

- To support the creation of a safe and healthy physical environment for students and staff with life-threatening conditions.
- To recommend guidelines for staff and other school community members to support individuals with LTCs and to prevent and respond to life-threatening incidents that are consistent with the duty to accommodate.
- To promote understanding and a consistent approach to managing LTCs at the school level through a CSCH approach.

## 1) Policy statement

A policy statement defines a position on a particular issue. It outlines the ways a school board, conseil scolaire, or First Nations educational authority intends to act in specific circumstances. Two **examples** follow.

In the first example shown below, the school board acknowledges that the management of students at risk of LTCs is a shared responsibility among the individual, parents, the school system, and health care providers. In the second example that follows, the school board emphasizes the importance of confidentiality and compliance with interdepartmental protocols.

**Horizon School Division, Saskatchewan:** The purpose of this Policy is to minimize the risk of exposure of students with severe allergies to potentially life-threatening allergens, without depriving the student with severe allergies of normal peer interactions or placing unreasonable restrictions on the activities of other students in attendance at school. To this end, this Policy defines standards and procedures required for the management of students at risk of severe allergic reactions while they are the responsibility of the school, recognizing that this responsibility is shared among the student, parent(s)/ guardian(s), the school system, and health care providers.

**South Shore Regional School Board, Nova Scotia:** The South Shore Regional School Board (SSRSB) recognizes that students may have medical conditions that could potentially become life-threatening while they are attending school and school activities. A potentially life-threatening illness is defined as any chronic illness, medical condition or allergy, such as diabetes, severe allergies, epilepsy, and asthma, that in certain conditions, when left untreated or improperly treated, could lead to death. The SSRSB believes in respecting the confidentiality and dignity of students with potentially

life-threatening medical conditions. The SSRSB will comply with interdepartmental protocols for the provision of potentially life-threatening medical conditions

## 2) Definition

Life-threatening conditions refer to **pre-existing diagnosed medical conditions** which have the potential to result in an acute life-threatening incident. This may include conditions such as anaphylaxis, asthma, diabetes, epilepsy (seizure disorders), or others as identified within the school community. The policy should briefly define relevant terms and provide an overview of signs and symptoms, potential triggers, and the urgent need to respond appropriately. <sup>4</sup> Some examples follow:

- Anaphylaxis is a sudden and severe allergic reaction, which can be fatal <sup>5</sup>, requiring immediate medical emergency measures be taken.
- Asthma is a chronic, inflammatory disease of the airways in the lungs.
- Diabetes is a chronic disease, in which the body either cannot produce insulin or cannot properly use the insulin it produces.
- Epilepsy is a neurological condition which affects the nervous system. Epilepsy is also known as a seizure disorder or by many people as convulsions.

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<sup>4</sup> It is worth noting that there is no significant cause for concern if epinephrine is given to a child for whom it is prescribed and an anaphylactic reaction is not actually taking place. The life-saving benefit of epinephrine in cases of suspected anaphylaxis outweighs any small risk of side effects.

<sup>5</sup> Sampson, H. et al. Second Symposium on the Definition and Management of Anaphylaxis: Summary Report – Second National Institute of Allergy and Infectious Disease/Food Allergy and Anaphylaxis Network Symposium. *Journal of Allergy and Clinical Immunology*, 2006, 117(2), 391-397.

More information pertaining to these conditions can be accessed from:

- Anaphylaxis Canada: <http://www.anaphylaxis.ca/index.html>
- Saskatchewan Lung Association [www.sk.lung.ca](http://www.sk.lung.ca) and <https://sk.lung.ca/lung-diseases/asthma>
- Canadian Diabetes Association: <http://www.diabetes.ca/>
- Epilepsy Canada: <http://www.epilepsy.ca/en-CA/Home.html>

It is acknowledged that emergency medical incidents may occur in individuals who are not aware of their pre-existing life-threatening conditions. In these circumstances it is important to have a general medical emergency protocol in place at the school level.

### **3) Identification of Individuals at Risk**

Adult employees and volunteers with LTCs are encouraged to self-identify and disclose information to their supervisor if they feel it is necessary. Parents/guardians, however, need to identify at-risk students to the school personnel. A note from a primary care provider (physician or nurse practitioner) that identifies the medical information required. When all the required information has been received, a record should be kept for each person living with a disease or life-threatening condition that includes:

- Student or employee information
- Contact information
- Medical information (i.e., any life-threatening condition, diagnosis, current treatment, emergency procedure) and symptoms
- Signed consent form to administer medication, if necessary.

In Saskatchewan school registration forms may include a section regarding life-threatening medical conditions. An example of a registration form for an Elementary School that includes this section can be found on the Saskatoon Public Schools website: <http://www.spsd.sk.ca/school/lakeview/About/register/Documents/2015-2016%20Registration%20Form.pdf>.

The required information should be maintained in an appropriate manner. School boards, conseil scolaire, and First Nations educational authorities are encouraged to develop standardized forms, which can be used to both exchange information with the parent/guardian and/or student, as well as minimize school liability. Among other things, such forms should:

- Inform the parent/guardian and/or the student that it is not possible, despite best efforts, to provide a school environment that is guaranteed to be protected against conditions that trigger an LTC. A school board, conseil scolaire, and First Nations educational authority is not legally required to provide this assurance. In practical terms a school board, conseil scolaire, and First Nations educational authority is not in a position to do so.
- Require the parent/guardian and/or student to provide regularly updated medical information.
- Define what the school board, conseil scolaire, and First Nations educational authority is prepared to do, such as administration of medication and how and where medication will be stored.
- Advise that educators are not medically trained and the primary responsibility for the student's well-being remains with the parent/guardian and/or student.
- Document if the parent/guardian and/or the student has requested any medical procedures and consents to them being performed.

Due to the confidential nature of the information collected, it is important to be aware of privacy and access concerns. Refer to <http://saskschoolsprivacy.com> for information regarding privacy of, and access to, information collected in Saskatchewan schools.

## **4) Communication Strategies**

Even when there is no identified student or staff member at risk of a life-threatening condition in a particular school, it is prudent for members of the school community to have a general understanding of LTCs. Ongoing communication with students, staff, families, and health professionals regarding life-threatening conditions is essential in creating awareness and support for individuals at risk. When communicating within the school community, it is important to consider the following:

- **Objective:** to increase awareness and education regarding life-threatening conditions, while simultaneously reducing fear and uncertainty within the school community.
- **Audience:** to address a variety of circumstances including age, culture, and literacy level.
- **Content:** to define life-threatening conditions, list steps required to minimize the likelihood of an incident, and note how emergency situations are managed at the school level.
- **Approach:** to offer relevant communication opportunities such as information sessions, letters to parents/families, emails, newsletters (including on school websites), and other approaches.

See Appendix B for a sample school letter for a substitute teacher regarding students in the class who have LTCs. Various sample items for school newsletters are provided in *Anaphylaxis in Prince Albert & Area Schools: Common Protocols and Resources* (Saskatchewan Rivers SD #119, Prince Albert Parkland Health Region, Prince Albert Catholic SD #6, pages 76-96). Regular communication at the school level promotes family and community engagement – one of the key components of the CSCH approach.

## **5) Individual Care Plan/Emergency Response Plan**

The policies, administrative procedures, and guidelines established by each board, conseil scolaire, or First Nations educational authority require an accurate, up-to-date individual care plan/emergency response plan for each individual with a life-threatening condition, developed in accordance with the medical information provided by a primary care provider. The individual care plan specifies the day-to-day management of a student's life-threatening condition, such as the daily management of diabetes. As well, an emergency response plan should be in place for each individual with a life-threatening condition. These plans should be developed collaboratively with the individual (if an adult) or with the student's parents/guardian and the student (where age appropriate); reviewed by a qualified medical health professional; signed by the individual (if an adult) or by the student's parents, and the student (where age appropriate); shared with the community emergency response team; and kept on file at readily accessible locations provided that privacy concerns have been addressed in advance.

For a sample emergency response plan for an individual regarding anaphylaxis, see *Anaphylaxis Emergency Plan*, from *Anaphylaxis in Schools & Other Settings*, 3rd edition, p.33. For a sample Diabetes Management Emergency Plan, see *Potentially Life-Threatening Medical Conditions Governance Policy 283* of the Nova Scotia South Shore Regional School Board: <https://www.srsrb.ca>.

The individual care plan/emergency response plan should include:

- Existing condition
- Current treatment regimen
- Potential signs and symptoms of an emergency related to the condition
- Response to an emergency
- Emergency contact information for the individual or the student's parents/ guardian
- Location of emergency medical supplies and equipment.

In addition schools need to have a general emergency medical protocol in place to ensure responders know what to do in an emergency. Despite the provision of ongoing support and best avoidance efforts, incidents can and do happen and are seldom predictable. Being prepared for the unexpected is always necessary. The school level emergency medical protocol should include:

- Calling emergency medical care (911 – where available)
- Administer First Aid and alerting certified First Aid personnel, available in the school
- Calling the student’s parents/guardian.

It is worth noting that individuals may not physically be able to help themselves when they are suffering from a life-threatening incident. Assistance from others, especially in the case of children or teens, is crucial in these circumstances.

## **6) Professional Learning**

Awareness and education sessions are a critical component of managing risk associated with life-threatening conditions. It is important to consider the following when planning these sessions:

- What questions do we want answered to create better awareness and support for those individuals in our school with life-threatening conditions?
- Who should we reach out to in order to have our questions answered? Are there individuals or groups that we can contact in the community?
- Are there experts we can consult in the development of a school-level medical emergency protocol and related awareness and education sessions?
- When do we want the awareness and education sessions regarding the management of life-threatening conditions to occur?
- Who should attend these awareness and education sessions?
- How often should we provide professional learning opportunities regarding the management of life-threatening conditions? Once a year? Twice a year?
- What should our professional learning session include?
  - Awareness of relevant life-threatening conditions?
  - Information regarding privacy concerns?
  - Understanding of legal duty to accommodate?
  - Signs and symptoms of life-threatening conditions?
  - Prevention and avoidance strategies?
  - Medical emergency protocol at the school level?

Best practice suggests that all persons who are in regular contact with individuals with life-threatening conditions should have the opportunity to participate in awareness and education sessions. In the school setting this includes: school staff, nurses, food service staff, bus drivers, coaches, and so forth. The principal or a designate should keep a record of individuals who have attended awareness and education sessions.

## **7) Roles and Responsibilities**

Management of life-threatening conditions is a shared responsibility that includes students, their parents/guardians, caregivers, and the entire school community. Each has a role to play in the successful collaborative development and operationalization of a school’s life-threatening conditions prevention and treatment protocol. Potential roles for school board/conseil scolaire/First Nations educational authority, school community, school principal/designate, school staff, parents/guardians, and individuals with LTCs are described below.



### **School Board/Conseil Scolaire/First Nations educational authority**

- Provide broad policy guidance for school procedure development regarding the management of life-threatening conditions in schools.

### **School Community (parents/guardians, health professionals, and community partners)**

- Align efforts with local community resources to promote student and staff safety in relation to life-threatening conditions.
- Protect personal information regarding individuals with LTCs in the school community, ensuring provision on a “need-to-know” basis only, based on school board/conseil scolaire/First Nations educational authority policies.
- Educate the school community population regarding the seriousness of life-threatening conditions and how to help individuals with LTCs.

While school personnel do the best they can in helping individuals who experience emergency health problems, local health care providers and organizations play a vital role throughout the province with regard to assisting communities in the management of life-threatening conditions. It is important for boards of education, conseil scolaire, and First Nations educational authorities to engage with community health resources to articulate the services and supports available in their district.

Community resources related to supporting individuals with LTCs and planning for the prevention and response to life-threatening incidents may include:

- Emergency Medical Technicians/Paramedics/First Responders
- Local First Aid organizations (e.g., Red Cross, St. John’s Ambulance)
- Local health centre staff
- Public Health Nurses
- Non-government organizations (e.g., Canadian Diabetes Association, Saskatchewan Lung Association)
- Local pharmacists
- Other supports as identified within your community.

### **School Principal/Designate**

While various roles will emerge at the school level, considerations in accordance with school board/conseil scolaire/First Nations educational authority policies and procedures related to managing LTCs may include:

- Working with parents and, where appropriate, the student to receive Individual Care Plans and complete the Individual Care Plans/Emergency Response Plans for individuals with LTCs; reviewing these plans annually or more often when changes are required.
- Identifying individuals with life-threatening conditions to school personnel who have a need to know and sharing with such personnel any required information such as Individual Care Plans/Emergency Response Plans.
- With the consent of the parent/guardian (or, where appropriate, the student), posting Individual Care Plan/Emergency Response Plan in an appropriate location to support school staff access.
- Appropriate storage of medications or medical devices for individuals with life-threatening conditions.
- Regular communication between school staff and parents/guardians regarding any life-threatening conditions.

### **School Staff**

- Be aware of individuals in the school who have life-threatening conditions.
- Offer to participate in awareness and education sessions, as appropriate.

- Encourage independence for individuals with LTCs to do their own care, as much as possible.
- Provide access to private spaces for individuals to manage their LTCs if requested.
- Provide adequate supervision for school functions, such as field trips or intramural activities.
- Collaborate with parents/guardians in developing transition plans for students with LTCs, as appropriate.
- Be aware of how to respond to life-threatening incidents in accordance with the school's medical emergency protocol.

### **Parents/Guardians**

- Take all reasonable measures to meet the health/medical needs of their child outside of school hours.
- Educate the child on prevention and avoidance strategies.
- Inform the school of the child's life-threatening condition(s), update the school on any changes, and provide any medical information and materials required to meet the health needs of their child.
- Meet with appropriate staff to complete an Individual Care Plan/Emergency Response Plan which has the child's photograph and information regarding the life-threatening condition(s), emergency contact numbers, emergency protocol, and signature of a parent/guardian. (The information required needs to be decided on a case-by-case basis, and consent may not be needed in some situations.)
- Provide support to school and teachers, as requested.
- Provide consent for school staff to administer the Individual Care Plan/Emergency Response Plan.<sup>6</sup>
- Inform the school whenever their child is bringing medication to school.
- Cover any costs incurred by the school associated with medical treatment including the cost of transportation by ambulance, should this be required.

### **Individuals with Life-Threatening Conditions**

- Adults with LTCs are encouraged to disclose information if they feel it is necessary; students (or their parents) are to inform the school of life-threatening conditions and provide medical information from their primary care provider (physician or nurse practitioner).
- Take as much responsibility for their daily management as they are able.
- Have their medication and/or medical devices with their name on it, kept in an appropriate location.
- Carry their own medication, when age appropriate.
- Wear medical identification, such as a MedicAlert bracelet, which clearly identifies their life-threatening condition.
- Inform someone (preferably an adult) as soon as symptoms occur.

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<sup>6</sup> In a life-threatening emergency, however, there is no need for consent.



## Legal Context

The following questions and responses address many of the issues which arise surrounding liability. The information is provided generally. It is recommended that specific questions regarding particular circumstances be referred to legal counsel.

**a) Does the school board, conseil scolaire, First Nations educational authority, and their personnel have a duty to exercise reasonable care in order to prevent students from being hurt?**

Yes. As soon as a student comes to school, the student is under the care and control of the school. The school is expected to provide a safe environment and to respond to dangerous situations. This duty extends to non-instructional time and off-school premises where the activities are approved by the school board, conseil scolaire, or First Nations educational authority.

**b) What reasonable standard of care is the school board, conseil scolaire, or First Nations educational authority expected to exercise?**

The courts have described the standard of care to be exercised over school children as the kind of care that would be given by “a careful and prudent parent.” As in a family setting, the age, maturity, intellectual and physical capacity of the student, and the type, dangers, and risks that go with the activity are some of the considerations in determining what kind of care and supervision is appropriate for a particular activity. The school is expected to assess the reasonably foreseeable risks and dangers of an activity and to guard against them.

In *Myers v. Peel County Board of Education* ([1981] 2 R.C.S. 21-22), the Supreme Court of Canada said that the extent and nature of this duty depends on the circumstances:

“It is not, however, a standard which can be applied in the same manner in every case. Its application will vary from case to case and will depend upon the number of students being supervised at any given time, the nature of the exercise or activity in progress, the age and the degree of skill and training which the students may have received in connection with the activity, the nature and condition of the equipment in use at the time, the competency and capacity of the students involved, and a host of other matters which may be widely varied but which, in a given case, may affect the application of the prudent parent-standard to the conduct of the school authority in the circumstances.”

But there is no legal obligation to eliminate all risk. To date, the courts have refused to accept that a school board is an insurer of all risks to a student.

**c) Do boards of education, conseil scolaire, or First Nations educational authorities have to accommodate students with LTCs? If so, to what point?**

Under section 13 of the Saskatchewan Human Rights Code, a student has the right to education without discrimination on the basis of disability. Where a condition is life-threatening, this will likely meet the definition of disability under the Code.

The board must make reasonable efforts to accommodate the student, short of undue hardship. The test for deciding whether undue hardship exists considers a number of factors; these factors include cost, impact and availability of external funding; safety; impact on other persons, including students and teachers; and the size and nature of the organization. The person seeking accommodation cannot expect a perfect solution.

The courts have said that a student with a disability is entitled to reasonable accommodation which respects their dignity and provides them with equal treatment.

**d) If my employing board of education, conseil scolaire, or First Nations educational authority has a policy in place for managing LTCs that provides for administering medication as well as other medical care procedures to students, could I be liable if the student suffers injuries from administering those procedures?**

Not if you were acting within the range of activities approved by your board of education, conseil scolaire, or First Nations educational authority. Section 232 of *The Education Act, 1995*, prevents teachers and others from being held personally responsible for student injuries as long as the injury occurred while they were acting under the umbrella of approved activities. Although you as an individual will not be held liable, the board of education, conseil scolaire, or First Nations educational authority might be liable depending on the legal tests mentioned earlier.

**e) What insurance protection is in place to cover a school board, conseil scolaire, First Nations educational authority, and their employees when managing life-threatening conditions?**

Sections 85 and 86 of *The Education Act, 1995*, require boards of education and conseils scolaires to purchase liability insurance coverage for the board or conseil and for all their employees. All boards of education have liability insurance in place.

**f) Are there different tests for liability in emergency situations?**

No. The main difference between an emergency and a non-emergency is what triggers liability. Where there is an emergency, people are expected to act and to do so quickly. In assessing whether the standard of care has been met, the surrounding factual circumstances will be taken into account. Where a person is ill, injured or unconscious as a result of an accident or other emergency, and a physician, registered nurse or other person provides medical services or first aid assistance, they are not liable for damages for injuries to or the death of that person alleged to be caused by their acts or omissions – unless it is shown that the injuries or death were caused by gross negligence on their part.

## **Conclusion**

This document was developed to help school boards, conseil scolaire, and First Nations educational authorities identify and plan for measures by which to support students and staff with existing LTCs. While the document provides a broad overview of contents recommended for policy development at the board level, it also focuses on addressing the needs of individuals with LTCs through appropriate supports. The document emphasizes that management of LTCs in schools includes prevention, support, and appropriate and timely response to life-threatening incidents through a CSCH approach. Partnerships, planning, and promotion for managing LTCs can be achieved through this approach.

## Appendix A: Management of LTCs Through a CSCH Approach

When We Say	We Mean
<p><b>High-Quality Teaching &amp; Learning</b></p>	<p><b>High-quality teaching and learning includes:</b></p> <ul style="list-style-type: none"> <li>• provincial curricula and related resources that support:                             <ul style="list-style-type: none"> <li>– an understanding of life-threatening conditions</li> <li>– signs and symptoms of an LTC emergency</li> <li>– avoidance strategies</li> <li>– responding appropriately to an LTC emergency</li> </ul> </li> <li>• place-based learning experiences that support a sense of personal competency, self-efficacy and social responsibility for reducing the risks for LTC</li> <li>• a wide range of opportunities to learn, practice, experience, and demonstrate understanding, confidence, and motivation for reducing the risks and increasing responses related to LTCs</li> <li>• information sessions for students, staff, and community members.</li> </ul>
<p><b>Healthy Physical &amp; Social Environments</b></p>	<p><b>Healthy physical and social environments include:</b></p> <ul style="list-style-type: none"> <li>• access to, and support for, appropriate storage of medications and devices for LTCs</li> <li>• access to private spaces for students to manage their LTCs</li> <li>• identification of triggers (e.g., foods, smells, mould, pests, dust), risk factors, and trigger areas/events in school; and procedures put in place to reduce/eliminate the triggers</li> <li>• universal classroom-based and school-wide interventions, targeted and/or group interventions, and intensive individual interventions practices</li> <li>• emphasis on the supports the student requires</li> <li>• respect for student confidentiality, as appropriate</li> <li>• debrief sessions following LTC emergencies</li> <li>• visual reminders about the management of LTCs</li> <li>• staff awareness of students' LTCs.</li> </ul>
<p><b>Family &amp; Community Engagement</b></p>	<p><b>Families and communities are engaged when:</b></p> <ul style="list-style-type: none"> <li>• efforts are aligned to promote student health and well-being related to LTCs</li> <li>• school leadership values cooperation, effective interpersonal communication, and shared decision making related to the management of LTCs</li> <li>• communication (e.g., letters, newsletters, emails, website postings) is provided regarding LTC management</li> <li>• schools, families, and communities engage in ongoing dialogue, collective reflection, and shared efforts to promote and support the health and well-being of staff, students, and other school community members at risk of LTCs</li> <li>• reciprocal relationships share resources and services for LTCs within the school and community.</li> </ul>
<p><b>Effective Policy</b></p>	<p><b>Effective policy development is characterized by incorporating:</b></p> <ul style="list-style-type: none"> <li>• protocols for collaboration on policy development; and related protocols and practices for mitigating and responding to LTCs (e.g., processes for identification, record keeping, monitoring, storage, administration, prevention, avoidance)</li> <li>• ongoing evaluation and monitoring of needs, and effectiveness of efforts and policies to improve well-being related to LTCs</li> <li>• promising practices that enhance all students' health and well-being</li> <li>• clearly articulated practices, procedures, protocols, and regulations regarding the health and safety of children and youth (e.g., LTCs student emergency response plan and school emergency protocol).</li> </ul>

## Appendix B: School Communication

### Sample Letter for Substitute Teacher <sup>7</sup>

Dear \_\_\_\_\_,

The students listed below in this class have severe life-threatening health conditions. **Please treat this information confidentially** to protect the privacy of the students.

Please maintain the prevention strategies that we have developed to protect these students.

Student Life-threatening Health Condition

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Your cooperation is essential to ensure their safety. Should you have any question, please contact the school principal \_\_\_\_\_.

Sincerely,

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<sup>7</sup> Letter is adapted from Palm Beach County School District.

## **Sample Letter to Parents of Students with Life-Threatening Allergies (Elementary) <sup>8</sup>**

**Attach your school Emergency Response Protocol as well as your preventative plan for reducing allergens.**

Dear Parent/Guardian:

Although it is impossible to create a risk-free environment, our school staff has taken several steps to minimize potentially fatal allergic reactions. These measures are outlined fully in our “Support Document for Students With Life-Threatening Allergies.”

The primary responsibility for personal safekeeping lies with the individual student and his/her parents. The onus for taking precautions rests increasingly with the individual student as he/she progresses in age and maturity. Please ensure that the emergency procedures outlined in our school’s emergency procedures plan are in place. Especially important are the following:

- Use of the student’s MedicAlert bracelet;
- Authorization and directions for use of the epinephrine auto-injector;
- One or two epinephrine auto-injectors carried by your student in a waist pouch;
- Specific information about your student’s allergies and precautions taken by the student to promote personal safety.

Our staff will cooperate to promote a safe environment for your student while he/she is at school. The support provided by the staff will decrease as your student’s age, maturity and responsibility increase. The goals of self-responsibility and personal well-being can best be achieved when a partnership exists between home and school.

Thank you for your attention to these procedures. Your student’s well-being and safety are important concerns for us.

Yours truly,

Principal

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<sup>8</sup> Letter is from Ottawa Catholic School Board.



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