



Title: **SHSM 014 -Prevalent Medical Conditions**

Adopted: November 2019

Reviewed: November 2021, June 2023

Replaces: SHSM 011 Concussion, SHSM 012 Anaphylactic Reactions and SHSM 013 Ensuring an Asthma Friendly School.

Authorization: PPM 161

Related Documents:

- PPM 81: Provision of Health Support Services in a School Setting
- PPM 161: Supporting Children and Students with Prevalent Medical Conditions in Schools
- Policy: GOV 099: Confidentiality for Staff and Volunteers
- Procedure: MM #1: Administration of Medication
- Procedure: MM #2: Training of Educational Assistants for Specialized Procedures for Activities of Daily Living: Clean Intermittent Catheterization (CIC)
- Procedure: MM #3: Training of Educational Assistants for Specialized Procedures for Activities of Daily Living: Feeding Tubes
- Procedure: MM #4: Training of Educational Assistants For Specialized Procedures For Activities of Daily Living: Tip Suctioning

Appendix:

- A - School Communication Protocol (911)
- B - When Medical Help is Needed
- C - Sample Letter inviting Parents to Meeting to Develop Plan of Care
- D - Sample Letter inviting Parents to Review and Update Plan of Care – Anaphylaxis
- E - Sample Letter inviting Parents to Review and Update Plan of Care – Asthma
- F - Sample Letter inviting Parents to Review and Update Plan of Care – Diabetes
- G - Sample Letter inviting Parents to Review and Update Plan of Care – Epilepsy
- H - Sample Letter inviting Parents to Review and Update Feeding Plan of Care
- I - Sample Letter inviting Parents to Update Management of Medical Concerns form for a C.I.C.
- J - Sample Letter inviting Parents to Update Management of Medical Concerns form for a Shunt
- K- Sample Letter inviting Parents to Update Management of Medical Concerns form for a Tip Suctioning

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**Policy:**

It is the policy of Bloorview School Authority that students with prevalent medical conditions will be supported so that they may fully access school in a safe, accepting, and healthy learning environment that encourages well-being.

Furthermore, it is the policy that for such students a PLAN of CARE will be developed, so as to empower students, as confident and capable learners, to reach their full potential for self-management of their medical condition(s).

**Definitions:**

**Anaphylaxis** – is a sudden and severe allergic reaction, which can be fatal, requiring 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.

**Feeding Related Concerns** – is a chronic medical condition that requires modifications to feeding due to medical diagnosis such as: reflux or aspiration, or insertion of a feeding tube. Students with medically prescribed diets may also have feeding related concerns.

**Health Care Professional** – a member of a College under the Regulated Health Professions Act, 1991 (e.g., medical doctor, nurse practitioner, registered nurse, pharmacist).

**Health Care Provider** – may be a Physician, Nurse Practitioner, Registered Nurse, Pharmacist, Respiratory Therapist, Certified Respiratory Educator, or Certified Asthma Educator.

**Medical Emergency** – is an acute injury or illness that poses an immediate risk to a person's life or long-term health and requires assistance from another qualified person and contact with Emergency Medical Services.

**Medical Incident** – is a circumstance that requires an immediate response and monitoring, as the incident may progress to an emergency requiring contact with Emergency Medical Services.

**Parents** – parent(s) and guardian(s).

**Prevalent Medical Condition** – for the purpose of this document, includes but is not limited to anaphylaxis, asthma, diabetes, feeding, and epilepsy/seizure disorders.

**School** – all school and Authority activities, including field trips, and Authority-sponsored events.

**School board(s) and board(s)** – Bloorview School Authority

**School staff** – all school staff, including occasional staff.

**Self-Management** – a continuum where a student’s cognitive, emotional, social and physical capacity and stage of development are determinants of their ability to confidently and independently manage their medical conditions(s). The students’ journey to reach their full potential along the self-management continuum is not linear and can require varying levels of support over time. A student’s capacity for self- management may be compromised during certain medical incidents, and additional support will be required.

**Students** – children and youth in Kindergarten to Grade 12.

**Background:**

This Policy replaces policies SHSM 011 Concussion, SHSM 012 Anaphylactic Reactions and SHSM 013 Ensuring an Asthma Friendly School.

**Procedures:**

**Plan of Care**

1. The Plan of Care is one aspect of support for students with Prevalent Medical Conditions.
2. The Plan of Care shall contain individualized information on a student with a prevalent medical condition.
3. The Plan of Care for a student with a prevalent medical condition should be co-created, reviewed and/or updated by the parents in consultation with the principal or the principal’s designate, designated staff (as appropriate), and the student (as appropriate), during the school year (e.g., when a student has been diagnosed with a prevalent medical condition).
4. Health Care Provider or Professional (as appropriate) information and signature(s) must be included on the Plan of Care.
5. Parents have the authority to designate who is provided access to the Plan of Care. With authorization from parents, 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.
6. At Bloorview School a Plan of Care will be developed for the following prevalent medical conditions:
  - Anaphylaxis
  - Asthma
  - Concussion
  - Diabetes
  - Epilepsy/Seizure Disorder
  - Feeding related concerns

See Appendices for template letters.

Also see appendix for practices outlined in the **When Medical Help is Needed** protocol.

## Roles and Responsibilities

7. **Parents of Children with Prevalent Medical Conditions** - As primary caregivers of their child, parents are expected to be active participants in supporting the management of their child's medical condition(s) while the child is in school. At a minimum, parents should:
- educate their child about their medical condition(s) with support from their child's health care professional, as needed
  - guide and encourage their child to reach their full potential for self- management and self-advocacy
  - 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's designate
  - 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 their medical condition(s), to the principal or the principal's designate
  - confirm annually to the principal or the principal's designate that their child's medical status is unchanged
  - demonstrate annually any specialized medical procedures and/or administration of medications.
  - initiate and participate in annual meetings to review their child's Plan of Care;
  - supply their child and/or school with sufficient quantities of medication and supplies in their original, clearly labelled containers, as directed by a health care professional and as outlined in the Plan of Care, and track the expiration dates if they are supplied.
  - provide written directions regarding the safe transportation of medication between home and school. Information regarding how their child will carry their medication and supplies must be detailed. See form MM.02-01
  - seek medical advice from a medical doctor, nurse practitioner, or pharmacist, where appropriate
  - parents may provide the school with copies of any medical reports or instructions from the student's health care provider along with the appropriate consent for release of information Form # ST.02-05
  - are encouraged to review all Authority policies related to the management of medical condition(s) on the Authority's website
  - will communicate in writing minor required adjustments to routines to accommodate field trip (i.e., change in time for specialized procedures).
8. **Students with Prevalent Medical Conditions** - 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:
- 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
  - participate in the development of their Plan of Care
  - participate in meetings to review their Plan of Care
  - carry out daily or routine self-management of their medical condition to their full potential, as described in their Plan of Care
  - communicate with their parent(s) and school staff if they are facing challenges related to their medical condition(s) at school
  - are encouraged to wear medical alert identification if appropriate

9. **School Staff** - School staff should:
- follow Bloorview School Authority and HBKRH policies and procedures
  - review the contents of the Plan of Care for any student with whom they have direct contact
  - participate in training, during the instructional day, on prevalent medical conditions, at a minimum annually, as required by the School Authority
  - share information on a student's signs and symptoms with other students, if the parents give consent to do so and as outlined in the Plan of Care and authorized by the principal
  - follow school strategies that reduce the risk of student exposure to triggers or causative agents in classrooms and common school areas, in accordance with the student's Plan of Care
  - support a student's daily or routine management, and respond to medical incidents and medical emergencies that occur during school, as outlined in Authority policies and procedures
  - maintain appropriate storage of medications or medical devices for students with prevalent medical conditions
  - support inclusion by allowing students with prevalent medical conditions to perform daily or routine management activities in a school location, as outlined in their Plan of Care, while being aware of confidentiality and the dignity of the student.
  - whenever required to perform personal care medical duties for a student, no employee shall be required to do so alone
  - enable students with prevalent medical conditions to participate in school to their full potential, as outlined in their Plan of Care
  - collaborate with parent(s) in developing transition plans for students with Prevalent Medical Conditions, as appropriate
  - maintain log of administration of medication
  - notify the principal or principal's designate when they are aware that the expiry date on medication(s) has been reached
  - communicate student health or safety concerns to the principal or Vice-Principal

10. **Teachers** - In addition to the responsibilities outlined under "School Staff," teachers should:
- Include a process and appropriate resources to support students with prevalent medical conditions in the event of a school emergency (e.g., Evacuation, Lock Down) or activities off school property
  - Include the Plan of Care in their daybook/record book
  - Ensure that occasional staff in the classroom are aware of students with a Plan of Care and the related emergency procedures
  - Ensure the classroom copy of the Medical Risk Binder is up-to-date.
  - Document occurrences of medical emergencies using the following forms:
    - Medical Incident Ministry Summary Record Form # MM.01-08
    - BSA Student Incident Form # ST.02-07

**11. Principal** - In addition to the responsibilities outlined under “School Staff” and “Teachers,” the Principal and/or designate (Resource Teacher, SLP, VP) should:

- clearly communicate to parents and appropriate staff the process for parents to notify the school of their child’s medical condition(s), as well as the expectation for parents to co-create, review, and update a Plan of Care with the Principal or the Principal’s designate. This process should be communicated to parents at a minimum:
  - during the time of registration;
  - each year during the first two weeks of school;
  - when a child is diagnosed and/or returns to school following a diagnosis
- co-create, review or update the Plan of Care for a student with a prevalent medical condition with the parent(s), in consultation with the school staff (as appropriate) and with the student (as appropriate)
- maintain a Medical Risk Binder with the Plan of Care and supporting documentation for each student with a prevalent medical condition
- 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., transportation providers, volunteers, occasional staff, HBKRH staff, who will be in direct contact with the student, including any revisions that are made to the plan
- communicate with parents in medical emergencies, as outlined in the Plan of Care
- ensure, with consent, an updated photo with key emergency information is placed in a school location for all staff to see on a regular basis
- promote a supportive learning environment recognizing the need for an accepting social climate for students with prevalent medical conditions
- collate annually the data from the Medical Incident Ministry Summary Record Form # MM.01-08 for Ministry review and Board Policy review

**12. The Principal will:**

- ensure occasional teachers have access to the student’s Plan of Care and are familiar with the emergency procedures
- ensure all staff have received training annually, including training about any prevention strategies, recognition of life-threatening situations, emergency protocols and the use of any emergency medical interventions
- maintain a list of school personnel who have received training
- encourage the identification of staff who can support the daily or routine management needs of students in the school with prevalent medical conditions
- inform parents about relevant Authority policies and procedures and encourage them to review them on website
- ensure at the time of registration there is a process for identifying students with prevalent medical conditions
- facilitate collaboration with community partners and health care providers (HBKRH and LHIN) for the purpose of ensuring the safety and well-being of students with a prevalent medical condition
- ensure the safe storage and disposal of medication
- ensure the procedures listed in MM - #2 for safe storage and disposal of medication and/or medical supplies is followed
- keep staff and parent handbooks up-to-date regarding prevalent medical conditions and available related evidence-based resources
- The *When Medical Help is Needed* protocol is reviewed annually with HBKRH staff (Nursing Clinical Educator)

- The Principal and Nursing Clinical Educator will collaborate to plan the Annual Training for permanent staff and occasional support staff. This training will take place within the first 30 days of school.
- Ensure ongoing training takes place within the student's first thirty (30) days of school, where possible, to ensure the safety and well-being of the student, and should be reviewed as appropriate.

**13) The School Authority is expected to:**

- communicate, on an annual basis, their policies on supporting students with prevalent medical conditions to parents, Authority staff, and others in the school community who are in direct contact with students (e.g., food service providers, transportation providers, volunteers).
- At a minimum make their policies and their Plan of Care templates available on their public website in the language of instruction.
- provide training and resources on prevalent medical conditions on an annual basis;
- develop strategies that reduce the risk of student exposure to triggers or causative agents in classrooms and common school areas;
- develop expectations for the school to support the safe storage and disposal of medication and medical supplies, communicate these expectations to the school and support the school in the implementation of the expectations;
- 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;
- consider PPM 161 and related Authority policies when entering into contracts with transportation, food service, and other providers.

**Awareness Training/Resources**

14. The scope of the annual training should include the following:

- strategies for preventing risk of student exposure to triggers and causative agents
- strategies for supporting inclusion and participation in school
- recognition of symptoms of a medical incident and a medical emergency
- information on school staff supports, in accordance with Authority policy
- medical incident response and medical emergency response
- documentation procedures
- school and HBKRH procedures for When Medical Help is Needed.

15. Resources are available on the Prevalent Medical Conditions page on the Edu GAINS portal (<http://www.edugains.ca/newsite/SafeHealthySchools/medical-conditions/Prevalent-Medical-Conditions.html>).

16. Evidence-based resources are available online through the Ministry of Education's website and the Prevalent Medical Conditions page on the Edu GAINS portal. These resources have been developed by the following health and education partners:

- Asthma Canada – [www.asthma.ca](http://www.asthma.ca)
- Diabetes Canada – [www.diabetes.ca](http://www.diabetes.ca)
- Canadian Pediatric Society - [www.cps.ca](http://www.cps.ca).
- Epilepsy Ontario – <http://epilepsyontario.org/>
- Food Allergy Canada – [www.foodallergycanada.ca](http://www.foodallergycanada.ca)
- The Lung Association – Ontario – [www.onlung.ca](http://www.onlung.ca)
- Ophea – [www.ophea.net](http://www.ophea.net)
- Ontario Education Services Corporation – [www.oesc-cseo.org](http://www.oesc-cseo.org)

### **Safety Considerations**

17. With parental consent, some students with prevalent medical conditions will be required to carry, store and administer medication.
18. These students will be encouraged to wear MedicAlert pouches or 'safety sacks' to allow them to carry their medication(s) (including controlled substances) and supplies, as outlined in the Plan of Care.
19. Parents will supply 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. (See also Procedure for the Administration of Medication: MM - #2).
20. Bloorview School staff will store medication according to the item's recommended storage conditions. The medical fridge is located in the school's main office. Other medications are stored in two medical cabinets in the main office.
21. The disposal of syringes and/or sharps will be in the HBKRH SharpSafety disposal bins located in the school hallways.
22. Expired medication will be returned to parents or upon parent request brought to HBKRH pharmacy for safe disposal.
23. In accordance with the requirements of the *Child and Family Services Act, 1990*, where Authority employees have reason to believe that a child may be in need of protection, Authority employees must call *Children's Aid Society* and file a formal report.



## Reporting/Documentation

24. Subject to relevant privacy legislation, Bloorview School staff will collect data regularly, including but not limited to, data on the number of students with prevalent medical conditions at their schools, and monitor the number of occurrences of medical incidents and medical emergencies, as well as circumstances surrounding these incidents. This data will be used as part of the cyclical policy review.
25. The maintenance of such documentation must be in keeping with the Bloorview School Authority records and information management policies as well as Personal Health Information Protection Act (PHIPA) and Municipal Freedom of Information and Protection of Privacy Act (MFIPPA) requirements.
26. At Bloorview School, a *Medical Risk* binder is maintained and stored in classrooms and common areas. This binder contains information regarding prevalent medical conditions and emergency response procedures for individual students.

### Related Forms:

MM.01-01	Prevalent Medical Condition Anaphylaxis Plan of Care
MM.01-02	Prevalent Medical Condition Asthma Plan of Care
MM.01-03	Prevalent Medical Condition – Type 1 Diabetes Plan of Care
MM.01-04	Prevalent Medical Condition –Epilepsy/Seizure Disorder Plan of Care
MM.01-05	Feeding Plan of Care
MM.01-06	Management of Medical Concerns
MM.01-07	Back up staff for Specialized Procedures and Administration of Medication
MM.01-08	Medical Incident Ministry Summary Record Form
MM.01-09	Prevalent Medical Condition Staff Training – Attendance Record
MM.01-10	Plan of Care Addendum
MM.02-01	Administration of Prescribed Medication
MM.02-02	Administration of Medication Monthly Record
ST.02-05	Consent to Exchange of Information
ST.02-07	BSA Student Incident Form



### Appendix A

## School Communication Protocol (911) Used in Conjunction with 'When Medical Help Is Needed' Protocol

**COMMUNICATION PROTOCOL (911) – PREVALENT MEDICAL CONDITION EMERGENCY  
(TO BE READ BY PERSON CALLING 911 EMERGENCY)**

This is Bloorview School.

We are located at 150 Kilgour Road. Nearest major intersection: Bayview and Eglinton.

Telephone Number: \_\_\_\_\_

We have a student with a medical condition (**specify anaphylaxis, asthma, diabetes or epilepsy**) who is experiencing difficulty. The student is displaying the following symptoms:

Description of Symptoms:

**If the student has a life-threatening allergy, inform the dispatcher whether or not epinephrine (an EpiPen®) was administered.**

We need an ambulance immediately. The closest school entrance for the ambulance to approach is:

A staff member will be outside of the school entrance to provide more information.

Do you need any more information? \_\_\_\_\_

How long will it take you to get here? \_\_\_\_\_

**THEN: CALL PARENT(S)/GUARDIAN(S) EMERGENCY CONTACT NUMBER**

**WHEN MEDICAL HELP IS NEEDED**

<p><b>All Head Injuries</b></p> <ul style="list-style-type: none"> <li>call home <u>and</u> notify P/VP</li> <li>advise parents to seek medical advice that day</li> <li>follow BSA Concussion Procedures</li> </ul>	
<p><b>All Minor Incidents</b></p> <ul style="list-style-type: none"> <li>apply first aid such as ice, cold compresses, band aids, etc.</li> <li>if student feels/looks unwell, call home for further planning</li> <li>Primary Teachers – call parents or write note in communication book</li> <li>Resource Teachers – call up to Unit</li> </ul>	<b><u>Non-Emergency</u></b>
<p><b>Nursing Assistance Needed</b></p> <ul style="list-style-type: none"> <li>expertise beyond first aid is required e.g., Pulled out g-tube</li> <li><b>Call 3400</b> from any phone and request a <b>Hospital Charge Nurse (HCN)</b> (you do not need to know the name of the nurse) and state room location</li> <li>the receptionist will contact the Hospital Charge Nurse</li> <li>this is not a STAT call, if STAT see next set of instructions:</li> </ul>	<b><u>Non-Emergency Medical Assistance</u></b>
<p><b>HCN/Physician / Respiratory Therapist</b></p> <p>A STAT call should be made when you require a nurse, physician, or respiratory therapist to come <u>immediately</u>, but you do not deem the situation life threatening. If you have any doubt about making a STAT call or calling a CODE BLUE, a CODE BLUE should be called.</p> <p>Procedure:</p> <ul style="list-style-type: none"> <li><b>Dial 5555</b></li> <li>ask switchboard to please page a <b>STAT call</b></li> <li>state to switchboard/security the person (HCN, Physician or Respiratory Therapist) you want paged, and your location e.g.       <b>"HCN to Level 1, West Wing, Room 1-5-6, STAT"</b>                   (add gym or library if appropriate)                   Switchboard/security announces 3 times</li> <li>it is not necessary to call an "All Clear" for a STAT call</li> </ul>	<b><u>Medical Assistance Needed Immediately</u></b>
<p><b>Code Blue – Medical Emergency</b></p> <p><b>Dial 5555</b></p> <ul style="list-style-type: none"> <li>say: <b>"Code Blue West Wing Level 1 Room # _____"</b>.</li> <li>For <b>Anaphylactic Shock</b>: use <b>Epi-Pen</b>, call <b>911</b> and <b>Code Blue</b></li> </ul> <p><b>Note:</b> In the event that an emergency medication is required, staff should call a <b>CODE BLUE</b>.</p>	<b><u>Life Threatening</u></b>

A BSA Student Incident Report is completed for all of the above.  
 A school team debriefing meeting will be held at the end of the day when a Code is called.

**Appendix C**

**Sample Letter Inviting Parent(s)/Guardian(s) to Meeting to Develop Plan of Care**

(Insert Date)

Dear Parent(s)/Guardian(s):

Thank you for advising us that (insert child/student name) requires support relating to (insert name of prevalent medical condition...asthma, anaphylaxis, epilepsy or diabetes).

Bloorview School supports children/students with prevalent medical conditions and values the opportunity to work collaboratively with parent(s)/guardian(s) and students in the development of a Plan of Care to meet your child’s needs. If you want to attend, a Plan of Care Development Meeting for this purpose has been schedule for (insert date and time) at the school. You are asked to bring any pertinent medical reports and the completed consent forms for administration of medication at school.

A copy of the Authority’s policies/procedures pertaining to the management of prevalent medical conditions is included for you to read prior to the meeting. Should you have any further questions about this meeting, or materials provided, you are welcome to contact me at (insert contact information). We look forward to working together to ensure a safe and successful year for your child!

Sincerely,

Principal

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***Please complete the bottom portion and return to the school.***

**RE: Plan of Care Development Meeting for (insert student name)**

- I will be in attendance at the meeting on (insert date and time).
- I am requesting a different time for the meeting and will be in contact with the principal.
- I am not able to attend the meeting and request that a telephone conference call be scheduled.

\_\_\_\_\_  
 Parent(s)/Guardian(s) Signature

\_\_\_\_\_  
 Date

**Appendix D**

**Sample Letter Inviting Parents to review/update Plan of Care - Anaphylaxis**

(Insert Date)

Dear Parents,

Bloorview School supports students with prevalent medical conditions and values the opportunity to work collaboratively with parents in the development, review and updating of a Plan of Care. To meet your child's needs, a Plan of Care Review and Update Meeting has been scheduled for (insert date and time) at the school. You are asked to bring any pertinent medical reports to the meeting.

A copy of the Authority's policies/procedures pertaining to the management of prevalent medical conditions is available on the school website. Should you have any further questions about this meeting you are welcome to contact (insert contact information). We look forward to working together to ensure a safe and successful year for your child!

In planning for the 20xx-20xx school year, we would like to update specific documents we have on file for your child regarding anaphylaxis. Attached is a copy of your child's current Plan of Care. If there are any changes to this current form a new Plan of Care must be completed. If the Plan of Care is up-to-date, please sign the attached **Plan of Care Addendum** Form # MM.01-10.

A reminder that your child requires two EpiPens at school. One EpiPen is kept on the student and the second is kept in the school office. We ask families to ensure the dosage listed on the form matches the dosage of the EpiPen.

We must have the EpiPen at the start of the 20xx -20xx school year, and please ensure the medication will not expire until at least June 20xx.

If you have any questions, please contact the Resource Teacher, at 416-425-6220 extension 3531 or by email at .....

All forms need to be returned to .....as soon as possible and prior to the start of the 2019-2020 school year to help us facilitate our Plan of Care information for the upcoming school year.

Sincerely,

Principal

***Please complete the bottom portion and return to the school.***

**RE: Plan of Care Review and Update Meeting for (insert student name)**

- I will be in attendance at the meeting on (insert date and time).
- I am requesting a different time for the meeting.
- I am not able to attend the meeting and request that a telephone conference call be scheduled.

\_\_\_\_\_  
Parent(s)/Guardian(s) Signature

\_\_\_\_\_  
Date

## Appendix E

### Sample Letter Inviting Parents to Meeting to Review/Update Plan of Care Asthma

(Insert Date)

Dear Parents,

Bloorview School supports students with prevalent medical conditions and values the opportunity to work collaboratively with parents in the development, review and updating of a Plan of Care. To meet your child's needs, a Plan of Care Review and Update Meeting has been scheduled for (insert date and time) at the school. You are asked to bring any pertinent medical reports to the meeting.

A copy of the Authority's policies/procedures pertaining to the management of prevalent medical conditions is available on the school website. Should you have any further questions about this meeting you are welcome to contact (insert contact information). We look forward to working together to ensure a safe and successful year for your child!

In planning for the 20xx-20xx school year, we would like to update specific documents we have on file for your child regarding asthma. Attached is a copy of your child's current Plan of Care. If there are any changes to this current form a new Plan of Care must be completed. If the Plan of Care is up-to-date, please sign the attached **Plan of Care Addendum** Form # MM.01-10.

A reminder, medication must come with a pharmacy label on it listing the child's name, the medication, the dosage amount, the frequency for when the medication is given and the name of the prescribing doctor. We must have the medication at the start of the 20xx -20xx school year, and please ensure the medication will not expire until at least **June 20xx**.

If you have any questions, please contact the Resource Teacher, at 416-425-6220 extension 3531 or by email [redacted]

All forms need to be returned to Wendy Kay as soon as possible and prior to the start of the 2019-2020 school year to help us facilitate our Plan of Care information for the upcoming school year.

Sincerely,  
Principal

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**Please complete the bottom portion and return to the school.**

**RE: Plan of Care Review and Update Meeting for (insert student name)**

- I will be in attendance at the meeting on (insert date and time).
- I am requesting a different time for the meeting and will be in contact with the principal.
- I am not able to attend the meeting and request that a telephone conference call be scheduled.

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Parent(s)/Guardian(s) Signature

---

Date



Policy SHSM 014:  
Prevalent Medical Conditions  
Revised August 2019

### Appendix F

#### Sample Letter Inviting Parents to Meeting to Review/Update Plan of Care Diabetes

(Insert Date)

Dear Parents,

Bloorview School supports students with prevalent medical conditions and values the opportunity to work collaboratively with parents in the development, review and updating of a Plan of Care. To meet your child's needs, a Plan of Care Review and Update Meeting has been scheduled for (insert date and time) at the school. You are asked to bring any pertinent medical reports to the meeting.

A copy of the Authority's policies/procedures pertaining to the management of prevalent medical conditions is available on the school website. Should you have any further questions about this meeting you are welcome to contact (insert contact information). We look forward to working together to ensure a safe and successful year for your child!

In planning for the 2019-20xx school year, we would like to update specific documents we have on file for your child regarding diabetes. Attached is a copy of your child's current Plan of Care Diabetes. If there are any changes to this current form a new Plan of Care must be completed. If the Plan of Care Diabetes is up-to-date, please sign the attached **Plan of Care Addendum** Form # MM.01-10.

A reminder, medication must come with a pharmacy label on it listing the child's name, the medication, the dosage amount, the frequency for when the medication is given and the name of the prescribing doctor. We must have the medication at the start of the 20xx -20xx school year, and please ensure the medication will not expire until at least June 20xx.

If you have any questions, please contact the Resource Teacher, at 416-425-6220 extension 3531 or by email at .....

All forms need to be returned to .....as soon as possible and prior to the start of the 20xx-20xx school year to help us facilitate our Plan of Care information for the upcoming school year.

Sincerely,

(Insert name)

Principal



**Please complete the bottom portion and return to the school.**

**RE: Plan of Care Review and Update Meeting for (insert student name)**

- I will be in attendance at the meeting on (insert date and time).
- I am requesting a different time for the meeting and will be in contact with the principal.
- I am not able to attend the meeting and request that a telephone conference call be scheduled.

\_\_\_\_\_  
Parent(s)/Guardian(s) Signature

\_\_\_\_\_  
Date

## Appendix G

### Sample Letter Inviting Parents to Review/Update Meeting Plan of Care – Epilepsy /Seizure Disorder

(Insert Date)

Dear Parent(s)/Guardian(s):

Thank you for advising us that (insert child/student name) requires support relating to (insert name of prevalent medical condition... epilepsy).

Bloorview School supports children/students with prevalent medical conditions and values the opportunity to work collaboratively with parent(s)/guardian(s) and students in the development of a Plan of Care to meet your child's needs. If you want to attend, a Plan of Care Development Meeting for this purpose has been scheduled for (insert date and time) at the school. You are asked to bring any pertinent medical reports and the completed consent forms for administration of medication at school.

A copy of the Authority's policies/procedures pertaining to the management of prevalent medical conditions is included for you to read prior to the meeting. Should you have any further questions about this meeting, or materials provided, you are welcome to contact me at (insert contact information). We look forward to working together to ensure a safe and successful year for your child!

If your child requires an emergency medication to be administered in case of a seizure, the bottom section of page one must be completed and signed by a physician. Please note the medication must come in a bottle with a pharmacy label on it listing the student's name, the medication, the dosage amount, the frequency for when the medication is given and the name of the prescribing doctor. We must have this medication at the start of the 20xx-20xx school year, and please ensure the medication has not expired until at least June 20xx.

If your child does not require any medication, this section does not need to be completed.

If you have any questions on completing this form, please contact ..... at 416-425-6220 ext. 3531 or by email at .....

All forms need to be returned to Wendy Kay as soon as possible and prior to the start of the 2018- 2019 school year to help us facilitate our Plan of Care information for the upcoming school year.

Sincerely,  
 (Insert name)  
 Principal

**Please complete the bottom portion and return to the school.**

**RE: Plan of Care Review and Update Meeting for (insert student name)**

- I will be in attendance at the meeting on (insert date and time).
- I am requesting a different time for the meeting.
- I am not able to attend the meeting and request that a telephone conference call be scheduled.

\_\_\_\_\_  
 Parent(s)/Guardian(s) Signature

\_\_\_\_\_  
 Date





### Appendix H

#### Sample Letter Inviting Parents to Update/ Review Feeding Plan of Care

(Insert Date)

Dear Parents,

Bloorview School supports students with prevalent medical conditions and values the opportunity to work collaboratively with parents in the development, review and updating of a Plan of Care. To meet your child's needs, a Plan of Care Review and Update Meeting has been scheduled for (insert date and time) at the school. You are asked to bring any pertinent medical reports to the meeting.

A copy of the Authority's policies/procedures pertaining to the management of prevalent medical conditions is available on the school website. Should you have any further questions about this meeting you are welcome to contact (insert contact information). We look forward to working together to ensure a safe and successful year for your child!

In planning for the 20xx-20xx school year, we would like to update specific documents we have on file regarding your child's Feeding Plan of Care. Attached is a copy of your child's current Feeding Plan of Care. If there are any changes to this current form a new Feeding Plan of Care must be completed. If the Plan of Care is up-to-date, please sign the attached **Plan of Care Addendum** Form # MM.01-10.

A reminder, medication must come with a pharmacy label on it listing the child's name, the medication, the dosage amount, the frequency for when the medication is given and the name of the prescribing doctor. We must have the medication at the start of the 20xx -20xx school year.

If you have any questions, please contact the Resource Teacher, at 416-425-6220 extension 3531 or by email at .....

All forms need to be returned to ..... as soon as possible and prior to the start of the 20xx-20xx school year to help us facilitate our Plan of Care information for the upcoming school year.

Sincerely,

(Insert name)

Principal

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**Please complete the bottom portion and return to the school.**

**RE: Plan of Care Review and Update Meeting for (insert student name)**

- I will be in attendance at the meeting on (insert date and time).
- I am requesting a different time for the meeting and will be in contact with the principal.
- I am not able to attend the meeting and request that a telephone conference call be scheduled.

\_\_\_\_\_  
Parent(s)/Guardian(s) Signature

\_\_\_\_\_  
Date



## Appendix I

### Sample Letter Inviting Parents to update Management of Medical Concerns - CIC procedures

(Insert Date)

Dear Parents,

Bloorview School supports students with prevalent medical conditions and values the opportunity to work collaboratively with parents to review their child's needs.

A copy of the Authority's policies/procedures pertaining to the management of prevalent medical conditions is available on the school website. Should you have any further questions about this meeting you are welcome to contact (insert contact information). We look forward to working together to ensure a safe and successful year for your child!

In planning for the 20xx-20xx school year, we need to update specific documents we have on file for your child regarding Clean Intermittent Catheterization (CIC). With this letter is a form called Management of Medical Concerns which needs to be completed by you in as much detail as possible. The form must then be signed by a Healthcare Professional, as listed on the bottom right of the page.

We are asking families to complete, with as much detail as possible the steps when a CIC is performed and the signs and symptoms of any problems. In addition, please include name and phone number of a parent to contact should any challenges present.

A reminder that at the start of each school year, we ask parents to come in with their child and demonstrate the CIC specialized procedure for members of your child's school team.

If you have any questions, please contact the Resource Teacher, at 416-425-6220 extension 3531 or by email at [redacted]

All forms need to be returned to [redacted] as soon as possible and prior to the start of the 20xx-20xx school year to help us facilitate our Plan of Care information for the upcoming school year.

Sincerely,

(Insert name)

Principal



### Appendix J

#### Sample Letter Inviting Parents to Review Update Management of Medical Concerns - Shunt

(Insert Date)

Dear Parents,

Bloorview School supports students with prevalent medical conditions and values the opportunity to work collaboratively with parents to review their child's needs.

A copy of the Authority's policies/procedures pertaining to the management of prevalent medical conditions is available on the school website. Should you have any further questions about this meeting you are welcome to contact (insert contact information). We look forward to working together to ensure a safe and successful year for your child!

In planning for the 20xx-20xx school year, we need to update specific documents we have on file for your child regarding their shunt. With this letter is a form called Management of Medical Concerns which needs to be completed by you in as much detail as possible. The form must then be signed by a Healthcare Professional, as listed on the bottom right of the page.

We are asking families to complete, with as much detail as possible, the signs and symptoms we should watch for should there be a shunt malfunction. In addition, please include name and phone number of a parent to contact should any challenges present.

If you have any questions, please contact the Resource Teacher, at 416-425-6220 extension 3531 or by email at [redacted]

All forms need to be returned to [redacted] as soon as possible and prior to the start of the 20xx-20xx school year to help us facilitate our Plan of Care information for the upcoming school year.

Sincerely,

(Insert name)

Principal



**Appendix K**  
**Sample Letter Inviting Parents to Review Update Management of Medical Concerns – Tip Suctioning**

(Insert Date)

Dear Parents,

Bloorview School supports students with prevalent medical conditions and values the opportunity to work collaboratively with parents to review their child's needs.

A copy of the Authority's policies/procedures pertaining to the management of prevalent medical conditions is available on the school website. Should you have any further questions about this meeting you are welcome to contact (insert contact information). We look forward to working together to ensure a safe and successful year for your child!

In planning for the 20xx-20xx school year, we need to update specific documents we have on file for your child regarding Tip Suctioning. With this letter is a form called Management of Medical Concerns which needs to be completed by you in as much detail as possible. The form must then be signed by a Healthcare Professional, as listed on the bottom right of the page.

We are asking families to complete, with as much detail as possible the steps when tip suctioning is performed and the signs and symptoms of any problems. In addition, please include name and phone number of a parent to contact should any challenges present.

A reminder, at the start of each school year, we ask parents to come in with their child and demonstrate the specialized procedure for members of your child's school team.

If you have any questions, please contact the Resource Teacher, at 416-425-6220 extension 3531 or by email at [redacted]

All forms need to be returned to [redacted] as soon as possible and prior to the start of the 2019-2020 school year to help us facilitate our Plan of Care information for the upcoming school year.

Sincerely,

(Insert name)

Principal