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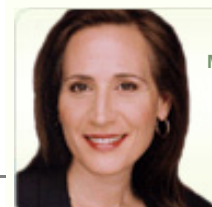
POPULAR TOPICS

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PREMIER
DALTON MCGUINTY

Policy/Program Memorandum No. 81

Issued under the authority of the
Deputy Minister of Education**Date of Issue:** July 19, 1984**Effective:** Until revoked or modified**Subject:** PROVISION OF HEALTH
SUPPORT SERVICES IN
SCHOOL SETTINGS**Application:** Directors of Education
Superintendents of Schools
Principals of SchoolsMINISTER OF
EDUCATION
**Sandra
Pupatello**

OFFICIAL BIOGRAPHIES

- Minister of Education
- Deputy Minister of Education

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See also:

- [Interministerial Guidelines for the Provision of Speech and Language Services](#) (September 1988)
- [A Model for the Provision of Speech and Language Services](#)

School boards, parents and local agencies have raised a concern regarding the provision of health support services to school-age children. This concern involves services that extend beyond educational services and are not included in the normal preventive health programs already provided by boards of health to school children.

As a result of a study of this matter, the Ontario Government has decided that the responsibility for ensuring the provision of such health support services will be shared among the Ministries of Education, Health, and Community and Social Services. Responsibility for the direct provision of these services at the local level will be shared by the school boards, the Home Care Program of the Ministry of Health, and agencies operating under the Ministry of Community and Social Services.



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The attached chart, developed jointly by staff of the three ministries, summarizes the respective responsibilities.

The Home Care Program of the Ministry of Health, at the request of a school board, will be responsible for assessing pupil needs, and for providing such services as injection of medication, catheterization, manual expression of the bladder, stoma care, postural drainage, suctioning and tube feeding. The Ministry of Health will also be responsible for intensive physio-occupational and speech therapy, and for assisting school boards in the training and direction of school board staff performing certain other support services.

The Ministry of Community and Social Services will continue to be responsible for ensuring the provision of health support services in children's residential care and treatment facilities.

The school boards will be responsible for the administration of oral medication where such medication has been prescribed for use during school hours. For physically disabled pupils, the school boards will provide such services as lifting and positioning, assistance with mobility, feeding and toileting, and general maintenance exercises. Boards will also continue to

be responsible for necessary speech remediation, correction and habilitation programs.

School boards should establish or update their policies for the provision of these support services. Such policies should define administrative procedures, personnel roles, and routine safeguards. The local boards of health, local Home Care Program administrators, and local medical societies can provide valuable assistance in the development of such policies. The procedures for the administering of oral medication, in particular, should provide:

1. That such procedures be applied only to those services, requested by the parent and prescribed by a physician or other health care professional, which must be provided during school hours.
2. That a request for the service and the authorization to provide such service be made in writing by the parent and the physician, specifying the medication, the dosage, the frequency and method of administration, the dates for which the authorization applies, and the possible side effects, if any.
3. That the storage and safekeeping requirements for any labelled

medication be stated.

4. That a record of administration be maintained which includes the pupil's name, date, time of provision, dosage given, name of person administering, etc.
5. That the telephone numbers of the parent and physician be readily accessible in the school.
6. That the medication be administered in a manner which allows for sensitivity and privacy and which encourages the pupil to take an appropriate level of responsibility for his or her medication.

The assignment of these responsibilities is not intended to replace the provision of services which some school boards have already established and may choose to continue. The implementation of this policy, however, does ensure that, by 1985, no school-aged child should be denied access to education because of special health support needs during school hours.

Implementation of these services is expected to begin September 1, 1984, with full provision of services by September 1, 1985.

The designation of roles and responsibilities for health support

services in school settings does not preclude, in emergency situations, the provision of a health service by designated school board personnel, administered in accordance with section 52(2a) of the Health Disciplines Act and section 10(c) of the Drugless Practitioners Act, and under the policies and procedures of the school board concerned.

Should a need develop for a service which has not already been designated, the matter should be referred by the school board to the Ministry of Education for its consideration in consultation with the Ministry of Health.

School boards will be informed as soon as possible of the procedures to be followed in obtaining the designated health support services from the Home Care Program of the Ministry of Health.

MODEL FOR PROVISION OF SCHOOL HEALTH SUPPORT SERVICES

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