

Management of and Response to Prevalent Student Medical Conditions in Publicly-funded Ontario Schools:

Summary of Findings and Considerations for Next Steps

Purpose

This summary provides an overview of findings from the needs assessment that the Ontario Physical and Health Education Association (Ophea) conducted in the fall of 2014 regarding the management of and response to prevalent student medical conditions in Ontario's publicly-funded schools. For a copy of the full report, please contact healthy.schools@ontario.ca

Introduction and Methodology

In order to understand how schools currently support students with prevalent medical conditions, Ophea undertook a comprehensive needs assessment including four major components: an environmental scan; surveys of school superintendents, principals, and public and community health representatives; interviews with key informants in the education and health sectors as well as medical experts; and surveys of parents and secondary students with prevalent medical conditions.

This needs assessment focused on four prevalent medical conditions: anaphylaxis, asthma, diabetes and epilepsy. Other areas such as mental health, autism or complex medical needs were out of its scope. The findings and conclusions are intended to inform Ministry of Education work to support students with medical conditions to reach their full potential.

Conclusions/Findings

Common issues and themes were identified in all four needs assessment components designed to identify and gain insights regarding current policies, procedures, and supports for students with prevalent medical conditions. These themes include:

Inconsistency in the Application of Policies and Procedures and Reporting

- *Sabrina's Law* has been effective in Ontario as evidenced by the school board policies and procedures, resources, and training supports.
- Awareness, consistent application and update of policies and procedures, and record keeping, maintenance and reporting, are inconsistent across the province and are areas identified requiring improvement. Awareness of and accessibility to a school's documentation of its policies and procedures appears to be limited, although many schools have this information posted on their website.

Lack of Clarity Regarding Roles and Responsibilities

- While there is collaboration, there is also a lack of clarity about the roles and responsibilities of school boards, principals, teachers, other school staff, parents/guardians, students and public health personnel. There is not a shared understanding of expectations for parents and education and health sectors about those roles.

Varying Expectations of School Responsibilities

- The results highlight the different expectations of parents, students, and school/school staff related to the management of prevalent medical conditions in schools. As a result of this mismatch, the effectiveness of the management of prevalent student medical conditions is more likely to be perceived negatively.

Partnerships

- There are ongoing active partnerships in some regions between public health and schools regarding the development and sharing of education resources, training and training materials, and sharing medical expertise on prevalent conditions which could be expanded to address other prevalent medical conditions. Medical condition organizations like Anaphylaxis Canada, the Ontario Lung Association, the Asthma Society of Canada, the Canadian Diabetes Association and Epilepsy Ontario also play important roles in providing updated information and in some cases, education and training resources.

A Need for Standardized Education and Training

- The needs assessment results highlight the need for standardized, updated education, and training programs for teachers and other school staff to assist with the management of students' medical conditions.

Preference for An Overarching Policy for Medical Conditions

- There was preference for one overarching policy with detailed procedures for specific conditions as opposed to medical condition-specific policies. With either approach it was noted that strong leadership from the province and particularly from principals in schools was essential for enforcement and consistent implementation of the policies and procedures.

Considerations for Next Steps

The introduction and adoption of policies and practices to support students with different medical conditions takes place within a complex set of circumstances and conditions. Moreover, at the level of individual educators, adoption of the policies and implementation of the procedures can require a change in behaviour. A number of key principles should be kept in mind:

Clear Guidelines for Adoption & Implementation Are Essential

- On the one hand, local customization of policies and procedures is often necessary to support schools' ability to design, implement, monitor and improve their ability to respond appropriately to students with different medical conditions. However, it is also extremely important to establish clear guidelines for schools to ensure standards of practice, incident reporting and record-keeping, and their consistency, to facilitate implementation.

Focus on Key Elements for Successful Policy Implementation

- The following key elements for successful policy implementation are suggested as well as considerations related to the Ontario context:

At the Ministry (Education) level:

Consider the impact of an overarching medical condition policy that clearly articulates:

- the roles and responsibilities for school boards, schools, staff, volunteers, educators, public health personnel, parents, and students;
- the roles of community partners (public and community health, medical organizations);
- the leadership role of school boards and principals in implementing policies and procedures; and
- supporting resources.

- An overarching medical condition policy/policy directive would require flexibility for school boards to localize their approach, taking into account available resources including local community partners and their capacity.
- Further discussion regarding this approach is suggested including clarification of the roles and responsibilities with educators' unions (public and Catholic, elementary and secondary), as well as implication on educator workload. In addition, further inter-ministerial discussion is recommended to enhance collaboration/coordination with public and community health.

At the school board level, the following should be considered:

- the importance of promotion of the policies and procedures to staff, parents, and students;
- the value of leveraging existing information technology solutions to assist incidence reporting, maintenance, monitoring, and analysis of medical condition emergencies and episodes; and

At the school level the following should be considered:

- the role of school staff and importance of accountability.

Behaviour Change Requires Support

- Learning a new behaviour, such as how to respond appropriately to a medical emergency, is complex. While the Ophea needs assessment shows that teachers and school staff are being designated to respond to students with medical emergencies for a particular condition, the ability to implement the new learning depends on predisposing, enabling, and reinforcing factors.¹ Identification of and attention to these factors should be considered.

Continuous Quality Improvement

- As new evidence emerges and experiences with the management of and response to students with medical conditions evolves, consideration should be given to mechanisms for continuous quality improvement at the board and school levels.

Identify Medical Opinion Leaders (Provincial and Local) to Facilitate Policy Implementation

- Medical experts to support the development of a school board policy to help advance the adoption and implementation of the policy.

Identification of Local School Champions to Promote Appropriate Responses to Students with Medical Conditions

- In addition to strong school leadership, there is value in having schools identify champions to promote and advance policies and procedures for appropriate management of students with medical conditions. Champions may be individuals who are designated to communicate with students and/or parents, identify relevant external stakeholders to facilitate education/training, and/or to facilitate incident reporting.

Limitations of all considerations include administration burden to schools, boards and to the Ministry.

¹ Green, L.W., and Kreuter, M.W. *Health Promotion Planning: An Educational and Ecological Approach (4th ed.)*. New York: McGraw-Hill, 2005.