HALTON CATHOLIC DISTRICT SCHOOL BOARD

CDSB

Medical Conditions Package for Parents and Guardians

Heart Condition

Revised 2021

Achieving Believing Belonging

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HEART CONDITION PROTOCOL
PARENT/GUARDIAN INFORMATION AND RESPONSIBILITIES

INTRODUCTION

Halton Catholic District School Board has developed a Heart Condition Protocol for school sites to manage and accommodate students diagnosed with a heart condition (congenital heart disease – cardiac rhythm disorder.)

ACCESS TO THE HCDSB HEART CONDITION PROTOCOL:

www.hcdsb.org + PARENTS + Your Childs Health + Medical Conditions + Heart Conditions

ROLE OF PARENT/GUARDIAN WITH SCHOOL

In order for School Staff to provide a safe and nurturing environment for students managing their Hearth Condition, Parents/Guardians are asked to:

☐ **PROVIDE Proof of Diagnosis for your child:**

- a letter from the physician or specialist

☐ **COMPLETE and return the following forms found in this package:**

- **STUDENT PLAN OF CARE**
  - Parents/Guardians of newly registered or newly diagnosed students shall create the Student Plan of Care in consultation with the School Administration during the last week of August. For students already registered, the Student Plan of Care will be reviewed and/or updated annually and shared with the school, before the start of each school year.
- **REQUEST AND CONSENT FOR THE ADMINISTRATION OF HEART CONDITION MEDICATION(S)**
  - Form is completed by Parent/Guardian when the school agrees with the parent request to provide medical intervention and/or medication under the listed conditions of the form.

Please Note – Urgency of Having Completed Forms As Soon As Possible:

To act in the best interest of your child when responding to their medical condition, you are strongly encouraged to provide all relevant information and forms to manage your child's heart condition to the school principal in a timely manner. Failure to do so may place your child at unnecessary risk

☐ **PROVIDE the school with your child's appropriate medication**

Medication must be clearly labelled with child's name

☐ **CHECK expiry dates of Medication(s):**

Parents are responsible to keep track of the expiry dates of their child's medication(s) and to provide current medication if it becomes expired.

☐ **UPDATE Changes of information: Emergency Contact, Medication, Medical Diagnosis:**

Parents are responsible to inform School Administration any changes to contact information, medication or medical condition diagnosis as soon as reasonably possible. Forms can be accessed through the School Office.

NOTE: Changes to your child's diagnosis must be accompanied by a note/letter from your child's physician indicating the change.

☐ **COMMUNICATE with Secondary School when child is graduating from grade 8:**

You will receive from your elementary school, in June, a recent copy of your child's Heart Conditions Student Plan of Care. You are requested to update the form with recent medical and contact information and to provide the completed form to the secondary school administrator/designate during the last week of August.

PARENT/GUARDIAN RESPONSIBILITIES WITH THEIR CHILD

☐ Communicate the following information and responsibilities to your child in managing their Heart Condition. (Review with your child when appropriate.)

- Provide age appropriate information on the causes (triggers), identification, prevention and treatment of heart condition(s).
- Provide instruction on when and how to use their medication(s) (age appropriate)
- If they need assistance in taking their medication or facing challenges related to their heart condition they need to inform their teacher or a coach.
- Do not share their medication(s) with anyone.
- Guide and encourage your child to self-management and self-advocacy.
- Inform child that when they are feeling unwell to never remove themselves to a secluded area or go off to be by themselves (e.g. washroom). Tell a teacher or classmate.
- To talk to their friends about their heart condition and let them know how they can help them.
- Communicate with parents/school staff if they are facing challenges related to their heart condition, including any and all teasing, bullying, threats or any other concerns they have.
- Consider providing a MedicAlert bracelet or necklace for your child and discuss the importance of wearing it. The form can be obtained by calling 1-800-668 1507 or visit www.medicalert.ca

STUDENT RESPONSIBILITIES (ELEMENTARY AND SECONDARY):

- Where appropriate participate in the development and review of your Plan of Care
- Take medication as prescribed by your doctor. Inform parents if (a) dose is missed
- Advocate for your personal safety and wellbeing.
- Carry out daily and/or routine self-management of your medical condition as described in your Student Plan of Care
- If possible, inform school staff and/or your peers if a medical incident or a medical emergency occurs.
- Set goals on an ongoing basis for self-management of your medical condition in conjunction with parents and health care professionals
- When you are feeling unwell, never remove yourself to a secluded area, or go off to be by yourself (e.g. washroom). Tell a teacher or classmate that you are having difficulty and need help.
- Communicate with your parents/school staff if you are facing challenges related to your heart condition, including any and all teasing, bullying, threats and obstacles you face

SCHOOL FORMS

☐ **HEART CONDITION IDENTIFICATION AND EMERGENCY TREATMENT PLAN**

- To identify your child to others, this form will be created from information included in the Student Plan of Care, by the School Administrator, and will be shared with appropriate school staff and posted in your child's classroom. This form will also be provided to Halton Student Transportation Services (HSTS) applicable).

☐ **AT-A-GLANCE HEART CONDITION IDENTIFICATION**

- To identify your child to others, an At-A-Glance document is created, by the School Administrator, which includes the student's name, grade, picture, and medical condition only, that is only posted in pertinent staff areas (i.e. staff room/health room).

HALTON CATHOLIC DISTRICT SCHOOL BOARD CDSB

HEART CONDITION STUDENT PLAN OF CARE

Place Student Photo Here

(PLEASE PRINT)

Student Name_____Date of Birth _____

Grade _____ Room # _____

Medic Alert ID: Y N

Emergency Contacts (list in priority of contact) (please print):

	Name	Relationship	Daytime Phone	Alternate Phone
1.				
2.				
3.				

HEART CONDITION: _____

MEDICATION TO BE TAKEN AT SCHOOL:
List any side effects of the medication to learning/physical activity:
List effects of the heart condition on learning activities:
Recommendations/accommodations for learning activities:
List effects of the heart condition on physical activities:
Recommendations/accommodations for physical activities:
Participation in school/classroom daily or routine management activities, co-curriculars, recess, etc.:
Recommendations/accommodations for daily or routine management activities, co-curriculars, recess, etc.:
Other:

IDENTIFICATION AND EMERGENCY TREATMENT PLAN

Identification of Symptoms:
EMERGENCY TREATMENT PLAN:
When to call 911:
When to call home:

AUTHORIZATION/CONSENT

The following will be will be shared with appropriate school staff and others, and/or posted:

- Student Plan of Care – on file in Office and Classroom Teacher
- Identification and Emergency Treatment Plan – posted in classroom
- Identification and Emergency Treatment Plan (HSTS) – shared with Halton Student Transportation Services (if applicable)
- At-a-Glance – posted in Staff Room(s); Health Room; First Aid Room; Office (as applicable)

Parent(s)/Guardian(s): _____ Date: _____
Signature

Student: _____ Date: _____
(18 yrs. or older) Signature

Principal: _____ Date: _____
Signature

PLAN REVIEW

This plan remains in effect for the school year and will be reviewed annually.
Please Note: It is the parent(s)/guardian(s) responsibility to notify the principal if there is a need to change the plan of care during the school year.

There has been no change in condition or treatment strategy from previous year. Parent initial: _____

This information is collected pursuant to s. 170 and s.265(1)i) of the *Education Act*, R.S.O. 1990, c. E-2 and s.28(2), 29, 30, 31, 32 and 33 of the *Municipal Freedom of Information and Protection of Privacy Act*, R.S.O. 1990, c. M-56 and the *Personal Health Information Protection Act*, 2004, S.O. 2004, c.3, Sch. A.
If you have any questions regarding your child's personal information, please contact the Principal of your child's school.

Signed Original (Student Plan of Care + Request and Consent for the Administration of Heart Condition Intervention Medications): Filed in School Office
Student Plan of Care: Copy to Teacher file
Student Plan of Care: Copy to Secondary Occasional Teacher file
[Identification and Emergency Treatment Plan: Posted in Classroom]

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Revised June 2019

REQUEST AND CONSENT FOR THE ADMINISTRATION OF HEART CONDITION INTERVENTION(S) & MEDICATION(S)

This form is completed when the school agrees with the parental request to administer Heart Conditions intervention(s) & medication(s). A new form is required: a) at the initiation of this process; b) at the beginning of each school year; c) when interventions changes. Staff agreeing to administer Heart Conditions intervention(s) & medication(s) will do so according to the information on this form only.

Student Name:	Date:
Teacher:	Grade:

STATEMENT OF UNDERSTANDING

Regarding Parent Requests to Provide Heart Condition Intervention(s) & Medication(s) to Students by Employees of the Halton Catholic District School Board

As the parent(s)/guardian of _____, I (we) accept and endorse the following terms
(print name of student)
and/or conditions pertaining to my (our) request for Halton Catholic District School Board employees to provide, under our own authority, my (our) child with interventions listed on the Heart Condition Student Plan of Care. Specifically,

I/we understand and accept that:

1. I/we are responsible for safely delivering to and retrieving from school, any and all Heart Conditions medications to be provided to my child. This commitment addresses the importance of reducing the possible loss of medications that are potentially harmful to other students;
2. Board employees are not trained health professionals and, hence, may not recognize the symptoms of my (our) child's illness or medical condition or know how to treat the illness or medical condition;
3. I/we are responsible for providing and maintaining a limited but adequate supply of the medications noted in the Heart Condition Student Plan of Care;
4. Medications supplied to the school will be in original, clearly labeled containers which display Child's Name & Expiry Date
5. I/we are responsible for providing up-to-date information to the school regarding the medical condition or illnesses treated by the medicines noted in the Heart Condition Student Plan of Care
6. I/we request that the medications listed in in the Heart Condition Student Plan of Care be administered to my child according to the prescription information provided by the prescribing physician.

REQUEST AND CONSENT FOR THE ADMINISTRATION OF HEART CONDITION INTERVENTION(S) & MEDICATION(S)

Insofar as it concerns my child _____, I/We:

I. agree to comply with the responsibilities described above;

II. request that the interventions listed in the Heart Condition Student Plan of Care be administered to my/our child according to the information we have provided; and furthermore,

III. acknowledge that I/we are aware and understand my/our child's medical condition and the risks associated with its care and emergency treatment, that the Halton Catholic District School Board and its staff and volunteers are acting in their role as educators and not health professionals, and that there is a risk of loss, damage, and injury to my child, including death, or to my property in the possession of my child, as a consequence of administering the interventions, failing to administer the interventions or failing to correctly administer the interventions identified.

Having read and understood the information conveyed in the "Statement of Understanding" and the "Request and Consent for the Administration of Heart Condition Intervention(s) & Medication(s)" form:

I/we agree to comply with the responsibilities described above.

Signature of Parent/Guardian: _____ Date: _____

Signature of Student: _____ Date: _____
(18 years of age or older)

This information is collected pursuant to s. 170 and s.265(1)i) of the *Education Act*, R.S.O. 1990, c. E-2 and s.28(2), 29, 30, 31, 32 and 33 of the *Municipal Freedom of Information and Protection of Privacy Act*, R.S.O. 1990, c. M-56 and the *Personal Health Information Protection Act*, 2004, S.O. 2004, c.3, Sch. A.
If you have any questions regarding your child's personal information, please contact the Principal of your child's school.