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Policy/Program Memorandum No. 81, Provision of health support services in school settings

**Date of Issue:**XX

**Effective:**XX until revoked or modified

**Subject:** Provision of health support services, rehabilitation services and other community-based clinical services in school settings

**Application:**Directors of Education  
Supervisory Officers and Secretary-Treasurers of School Authorities   
Principals of Elementary Schools

Principals of Secondary Schools

Principals of Provincial and Demonstration Schools

Center Jules-Léger Consortium

**Reference:**This memorandum replaces Policy/Program Memorandum 81: Provision of health support services in school settings, July 19, 1984; Interministerial Guidelines for the Provision of Speech and Language Services (as applicable to the Education Act), September 1988; and Catheterization and Suctioning: Clarification of Policy/Program Memorandum No. 81, Model for Provision of School Health Support Services, Group III, August 14, 1989.

# Purpose

The Ministry of Education is committed to supporting students’ access to the services that will assist them to meaningfully engage with their learning and be successful in school and in life.

The purpose of this memorandum is to provide expectations on the delivery of evidence-based health services, rehabilitation services and other community-based clinical services in schools and to clarify the roles and responsibilities of school boards and community partners as they relate to the provision of these services in school settings in Ontario.

School boards are expected to work collaboratively with community partners to support students to access their education through a learning environment that empowers students to reach their full potential.

# Context

Students may require a range of health services, rehabilitation services, and/or community-based clinical services to participate in school. Responsibility for these services is shared across the education, health, and community sectors.

At a system level, the Ministry of Education, Ministry of Health, and Ministry of Children, Community and Social Services share responsibility for the development of policy for the provision and planning of health, rehabilitation and other community-based clinical services that are delivered in schools.

Responsibility for the implementation of this policy, including the development of local processes and the direct provision of these services at the local level, is shared by school boards and community service providers funded by the Ministries of Health and Children, Community and Social Services.

# Health Supports

Health supports can be crucial to a student’s ability to attend school. Supporting access to these services enables students to meaningfully participate in their education. These services may include supports that require the intervention of a regulated health professional, direction of a regulated health professional, or support with activities of daily living.

Delivery of health supports and services is shared between organizations funded by the Ministry of Health or Ontario Health and school boards. These services are provided at the request of a school board or parent(s)/caregiver(s). The chart below is provided to clarify roles and responsibilities with respect to the delivery of health supports and services in schools:

## Framework for the delivery of health services in schools

| *Intervention* | *Administration* | *Training and/or Direction* | *Consultation* |
| --- | --- | --- | --- |
| Oral Medication | Student, parent(s)/  caregiver(s) or school board personnel as authorized | Primary Care Provider or school board | Organizations funded by the Ministry of Health or Ontario Health to deliver health services in schools |
| Injection of Medication | * Student or parent(s)/ caregiver(s) as authorized * Health professional * School board personnel as delegated by health professional | * Primary Care Provider * Organizations funded by Ministry of Health or Ontario Health to deliver health services in schools | * Organizations funded by Ministry of Health or Ontario Health to deliver health services in schools * School Board |
| * Manual expression of bladder/stoma * Tube feeding | * Health professional * School board personnel as delegated by health professional (tube feeding) | Organizations funded by Ministry of Health or Ontario Health to deliver health services in schools | Organizations funded by Ministry of Health or Ontario Health to deliver health services in schools |
| Catheterization  1) Clean Intermittent | School board personnel | * Parent(s)/ caregiver(s); or * Organizations funded by Ministry of Health or Ontario Health to deliver health services in schools | Organizations funded by Ministry of Health or Ontario Health to deliver health services in schools |
| Catheterization  2) Sterile Intermittent | Health professional | Organizations funded by Ministry of Health or Ontario Health to deliver health services in schools | Organizations funded by Ministry of Health or Ontario Health to deliver health services in schools |
| Suctioning  1) Shallow Surface (e.g. oral or nasal suction) | School board personnel | * Parent(s)/ caregiver(s); or * Organizations funded by Ministry of Health or Ontario Health to deliver health services in schools | Organizations funded by Ministry of Health or Ontario Health to deliver health services in schools |
| Suctioning  2) Deep (e.g. Throat &/or Chest Suction or Drainage) | Health professional | Organizations funded by Ministry of Health or Ontario Health to deliver health services in schools | Organizations funded by Ministry of Health or Ontario Health to deliver health services in schools |
| * Lifting and positioning * Assistance with mobility * Feeding * Toileting | School board personnel | School Board | Ministry of Health |

Notes:

* Indwelling Care of an indwelling catheter is usually performed by the parent(s)/caregiver(s) and not required in the school setting. School board personnel should make arrangements with respect to emergency needs.
* Where a child is admitted to a treatment program operated and/or funded by the Ministry of Health or the Ministry of Children, Community and Social Services and attends an educational program offered by the school board in the treatment facility, it is expected that the policies under PPM 81 will continue.

For guidance on emergency medical interventions, please see below.

From time-to-time, based on local health human resources capacity, school-based service providers funded by the Ministry of Health may authorize students in receipt of other publicly funded nursing services to use these services to support school attendance. Similarly, based on local collective agreements and human resources capacity, controlled acts performed by a nurse may be delegated and other procedures may be assigned or carried out under supervision or in a teaching context where appropriate and in accordance with any service standards established by law according to regulated health professions legislation.

## Local Protocols and Procedures

School board procedures will follow an approach that prioritizes healthy child development and should be developed in consultation with organizations funded by the Ministry of Health or Ontario Health for the purposes of delivering nursing services in schools at the request of a school board or parent(s)/caregiver(s). Boards may use similar protocols when service providers funded by the Ministry of Health authorize children in receipt of other publicly funded nursing services to use these services to support school attendance.

School boards’ procedures, developed in consultation with organizations funded by the Ministry of Health or Ontario Health for the purposes of delivering nursing and dietetics services in schools at the request of a school board or parent(s)/caregiver(s), are expected to include the following components.

### School board and service provider collaboration:

* Clearly articulated roles and responsibilities for service delivery.
* Identification of health and safety requirements for entering school sites (e.g. background check).
* A process for annual training of school board staff.
* A formal mechanism, while complying with legal requirements respecting student privacy, for health agencies to share information with the school board about the schools that are currently receiving nursing services to support service planning and provision for students.

### Student-specific Plans of Care:

* A process for referrals that allows either the parent(s)/caregiver(s) or principal to request service.
* A process for developing the student’s Plan of Care and updating it annually. This should build on existing policy as laid out in PPM 161, as applicable. Parent(s)/caregiver(s) should be included in this process, as well as students where appropriate.
* A plan for safe storage of any required medical equipment or medication.
* A process for scheduling, taking into consideration space availability, provider schedules, and student educational programming.
* A plan for supporting students when the health professional is not available.
* How schools will communicate roles and responsibilities clearly to parent(s)/caregiver(s), students, and school staff.

### Planning for Emergency Medical Interventions:

Boards are expected to work with service providers, parent(s)/caregiver(s), and staff to develop emergency protocols into a student’s Plan of Care, including what actions staff will take and when emergency services will be contacted.

When developing local protocols and procedures, boards may wish to consult their legal counsel (e.g. respecting any implications of the *Good Samaritan Act, 2001*, which protects individuals from liability with respect to voluntary emergency medical or first aid services).

# Rehabilitation Services and Other Community-Based Clinical Services for Students with Special Needs

## School-Based Rehabilitation Services

School-Based Rehabilitation Services (SBRS) are provided in publicly funded schools to support student access to learning and their general development. These services include speech and language pathology, occupational therapy, and physiotherapy provided to students with rehabilitation service needs from school entry to exit.

Delivery of SBRS in schools rests primarily with Children’s Treatment Centres (CTCs), who are responsible for clinical decision-making and service planning based on students’ needs.

School boards are expected to collaborate with CTCs to develop a framework for the delivery of a continuum of SBRS that meets the needs of students. The service delivery model may include a range of treatment modalities, as well as defined responsibilities to support provision of the service continuum, consultative services, group and/or classroom interventions, small groups and 1:1 intervention, delivered in-person and virtual settings. It is the Ministry of Education’s expectation that school boards work with their local partners to facilitate access to schools by CTCs and their delivery partners so that students can receive access to the support services they need to be successful in school. School boards and children’s treatment centres should work together to determine where service in schools may most effectively be provided (e.g. in the classroom, through withdrawal), given the educational and clinical needs of the students and with consideration for the needs of other students in the class.

In some cases, school boards may provide rehabilitation services and supports as part of the partnership framework determined locally with CTCs, for example by providing consultative support, based on local needs. In some regions with unique geographic or linguistic profiles, services may also be delivered by regional consortia, for example *Consortium pour les élèves du nord de l'Ontario (CÉNO)*.

In areas where more than one organization (e.g. CTC and school board) is providing services in school, wherever possible and appropriate, students should receive all their interventions in a single therapy from a single therapist, in alignment with best practices (e.g., one speech language therapist would support speech and language services) and in support of service continuity, achievement of goals for students, and coordination of their clinical service plan and Individual Education Plan.

Additionally, some students may receive rehabilitation services through the Ontario Autism Program. School boards are encouraged to work with families and providers to facilitate access by these therapists under agreements negotiated between boards, families and providers.

## Community-Based Clinical Services

In addition to SBRS, community-based clinical services, including those funded through the Ontario Autism Program (OAP), may be provided in publicly funded schools to support students’ access to learning in accordance with board policy and with consideration of PPM 149, *Protocol for partnerships with external agencies for provision of services by regulated health professionals, regulated social service professionals, and paraprofessionals*.

OAP services may include core clinical services, such as applied behaviour analysis, speech-language pathology, occupational therapy and mental health services, including counselling and/or psychotherapy.

In general, and in keeping with PPM 149, rehabilitation services providers and OAP service providers would not include providers who offer educational services and would not duplicate the functions of school board staff. With respect to ABA services, boards are expected to follow PPM 140, *Incorporating methods of applied behaviour analysis (ABA) into programs for students with autism spectrum disorders (ASD)*, concerning the use of ABA educational methods.

The chart below is provided to clarify which providers may be involved in the delivery of services in schools, including who is responsible for assessing the need for service and who may deliver clinical interventions:

|  |  |  |
| --- | --- | --- |
| *Clinical Service* | *Assessment* | *Clinical Intervention (including direct therapy, consultative approaches, etc.)* |
| Physiotherapy (PT) | Children’s Treatment Centre PTs | * Children’s Treatment Centre PTs (Therapy) * School board personnel (Assist/Support Therapy) |
| Occupational Therapy (OT) | * Children’s Treatment Centre OTs * OAP service providers * School Board OTs | * Children’s Treatment Centre OTs * OAP service providers * School board OTs |
| Speech and Language Pathology (SLP)  Note: Best practice is for a single therapist to provide concurrent interventions, i.e. unified provision of speech and language therapy. | * Children’s Treatment Centre SLPs * OAP service providers * School Board SLPs | * Children’s Treatment Centre SLPs * OAP service providers * School board SLPs |
| Applied Behaviour Analysis Services | For therapy: OAP service providers.  For instructional methods: School board personnel. | For therapy: OAP service providers.  Instructional methods are delivered by educators and supported by education workers. |
| Other Community-Based Clinical Services | External service provider | External service provider |

Notwithstanding the roles set out in the framework above, organizations may choose to assign their responsibilities where appropriate and in accordance with any service standards established by law. The assigning organization remains accountable for ensuring the service is being provided.

## Local Protocols and Procedures

School board procedures will support an approach based on the strengths and needs of students, that prioritizes healthy child development and is developed in consultation with parent(s)/caregiver(s)CTCs, local health agencies, and appropriate health and other community-based professionals. It should include the following components:

### School board and service provider collaboration:

* A formal mechanism, while complying with legal requirements respecting student privacy, for information-sharing between MCCSS funded SBRS providers, other community-based clinical service providers, and school boards to support service planning
* Safety measures, including undertaking background checks as applicable to support in-person, in-school delivery of services for students.
* A formal mechanism to support remote access, while complying with legal requirements respecting student privacy. This includes giving consideration to technical platforms not currently in use by boards, for students learning remotely or for whom remote service is the most clinically appropriate choice.
* Where appropriate to support the delivery of services, school boards may establish Memorandums of Understanding with individual service providers who are contracted by parent(s)/caregiver(s).

### Service delivery considerations:

* Identification of roles and responsibilities across sectors with respect to service delivery (e.g. by intervention and therapy type).
* A description of the range of service interventions offered (e.g. universal/consultative services, small group therapy, 1:1 therapy) and where those services may be delivered, including which may be offered in the classroom setting
* How educators and clinicians will communicate and collaborate at the school level.

### Student-specific service plans:

* A process for referrals that allows either the parent(s)/caregiver(s) or principal to request service.
* A process for families to request their child’s publicly or privately funded individually contracted service provider (i.e. OAP) to enter school for the purpose of delivering services.
* A protocol to plan for service delivery in the school setting, in collaboration with schools, service providers and parent(s)/caregiver(s) to best meet students’ needs as defined through their Individual Education Plan and clinical service plan. The protocol should address a plan for annual updates.
* A process for addressing student transitions (e.g. into school, to community-based service settings, etc.).
* A process for scheduling, taking into consideration space availability, provider schedules, and student educational programming.
* A process and protocols for information sharing and expectations among parent(s)/caregiver(s), providers, and educators.
* How schools will communicate the roles and responsibilities clearly to parent(s)/caregiver(s), students, and school staff.

# Additional Considerations

## Education and Community Partnership Programs and School Authorities

Board protocols should include provisions for enabling access to health, rehabilitation, and community-based clinical services in Education and Community Partnership Programs classrooms and hospital authority classrooms, where appropriate.

Implementation of the guidelines in this policy does not preclude the provision of services by other established sources of service to students who are enrolled in schools, for example, hospitals or Education and Community Partnership Programs, when students are enrolled there.

## Labour Relations

Boards are expected to work with local bargaining agents as outlined in their collective agreements and PPM 149. Where any direction of the PPM conflicts with applicable laws and collective agreement provisions, applicable laws and collective agreement provisions prevail.

# Implementation

It is expected that boards have been working toward meeting or have met the ministry’s previously communicated expectations that they facilitate service provider access to schools and support local agreements unifying delivery of speech and language services.

Upon release of this memorandum, school boards will work toward implementation of their own policies and procedures with full implementation by September 2022.

Boards are encouraged to work with community partners to implement their new procedures or components as soon as practical.

# Monitoring

School boards in collaboration with their partners will be expected to report annually to the ministry on:

* Number of children receiving services;
* Number of children waiting for services; and
* Average wait times from referral to service initiation.

Additional monitoring and reporting requirements may also be identified for service providers by their funding ministry.

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