

Specialized Health Support Services in School Settings

Purpose of the Standard

To provide details of the board's specialized health support services to the ministry and to the public.

Partnering with the Champlain Local Health Network (LHIN), and CHEO School Health Professional Services, below is a summary of the specialized health support services provided.

For further detailed information, please reference the list of programs and health information on the [CHEO](#) website, and the [Champlain Local Integration Health Network \(LHIN\)](#) website.

Specialized Health Support Service	Agency or position of person who performs the service	Eligibility criteria for students to receive the service	Position of person who determines eligibility to receive the service and the level of support	Criteria for determining when the service is no longer required	Procedure for resolving disputes about eligibility and level of support (if available)



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Nursing	Champlain Local Health Integration Network (LHIN) contracted agencies	Attendance at an elementary or secondary school Student is under the care of a physician Student requires nursing care at school School principal/ personnel can identify student to LHIN by calling case manager Medical orders are required — will be obtained by case manager	LHIN case manager Attending physician	Medical staff and LHIN determine that services are no longer required Change in medical status	Case conference Parent(s)/ guardian(s) can appeal to LHIN Contact person — case manager LHIN appeals process under review
Nutrition	LHIN contracted nutritional agencies	Attendance at an elementary or secondary school Student is under the care of a physician Student has an Ontario Health Card Student requires nutritional care at school School principal/ personnel can identify/refer student to LHIN by calling case manager	LHIN case manager	Achievement of nutritional goals Student no longer requires/ benefits from nutrition services at school	Case conference Parent(s)/guardian(s) can appeal to LHIN Contact person — case manager LHIN appeals process under review
Physiotherapy (PT)	CHEO School Based Rehabilitation Services contracted therapy agencies	Attendance at an elementary or secondary school Has an Ontario Health Card Student requires physiotherapy to attend school School principal and personnel refer student to CHEO using the referral form	CHEO	Achievement of PT goals Student is not benefiting from therapy No follow-up support Student is uncooperative Parental request for termination of service Further discharge criteria as per CHEO	Case conference Parent(s)/guardian(s) can appeal to CHEO Contact person — case manager CHEO appeals process under review
Occupational Therapy (OT)	CHEO School Based Rehabilitation Services contracted therapy agencies	Attendance at an elementary or secondary school Student has an Ontario Health card Student requires occupational therapy to attend school (has fine/gross motor difficulties) School principal and personnel refer student to CHEO School Health Professional Services using the Application Form	CHEO	Achievement of OT goals Student is not benefiting from therapy No follow-up support Student is uncooperative Parental request for termination of services. Further discharge criteria as per CHEO	Case conference Parent(s)/guardian(s) can appeal to CHEO Contact person — case manager CHEO appeals process under review

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Speech and Language Assessment (Consultation, screening, informal and formal assessments)	Board staff - Speech- Language Pathologist (SLP) First Words	School referral to board SLP Intake information completed by parents	LST SLP First Words	Consultation, screening and/or assessment are completed Assessment is completed	Case conference
Speech and Language Tiered Intervention	Board staff – SLP (language and communication) First Words	Tier 1 support at the request of school staff Student-specific referrals	SLP	Suggested support plan has been provided	Case conference
Speech and Language-Support in Specific Specialized Program Classes	Board staff — SLP	Student placement in one of the following system classes: Language Learning Disability (primary & junior) Developmental Disabilities Program (senior kindergarten, primary & junior), Primary Special Needs (primary/junior) Autism Spectrum Disorder (primary, junior, intermediate) Student has mild articulation difficulty and is stimutable for targeted sounds	School Multi-Disciplinary Team System class recommendation committee SLP	Student transferred out of the listed system classes to another placement	Case conference Appeal IPRC placement
Articulation (mild): Parent Articulation Training Program (PAT-P)	Board staff- SLP		Board SLP Referring SLP in community (First Words, CHEO School Based Rehabilitation Services, CHEO CTC, private practice)	Workshop has been provided to parents	Case conference

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Articulation (moderate to severe), motor speech, fluency, voice, resonance	CHEO School Based Rehabilitation Services	Attendance at an elementary or secondary school Student has an Ontario Health Card Student meets eligibility and behavioural criteria for direct therapy Student is in senior kindergarten or older School board or other SLPs refer student to CHEO using the School Health Professional Services Form after initial assessment	CHEO case manager Board staff — SLP pre-referral assessment (Board SLP determines eligibility for referral; CHEO therapist determines eligibility for service)	Discharged when presenting with a mild to moderate articulation problem. CHEO may discharge to Parent Articulation Training Program (PAT-P) Parental request for termination of service No follow-up support Student is uncooperative Further discharge criteria as per CHEO	Case conference Parent(s)/guardian(s) can appeal to CHEO Contact person — case manager CHEO appeals process under review
Administering of Prescribed Medications	Board staff — educational assistant (EA), teacher, principal, office staff	Request must be made in writing from the parent and physician Physician must specify the medication, dosage, frequency, method, side effects, and the duration of administration (as per MOE Policy/ Program Memo. No. 81)	Physician Parent(s)/ guardian(s) Principal	Direction from physician and approval of parent(s)/ guardian(s)	Case conference
Catheterization	Board staff — EA (trained by appropriate agency) Student	Dependent or assistance required for catheterization	Physician Parent(s)/ guardian(s) Principal	Direction from physician and approval of parent(s)/ guardian(s) Independence achieved for self-catheterization Change in medical condition	Case conference
Suctioning shallow deep	Shallow suctioning — Board staff — EA Deep suctioning LHIN	Physician's direction Physiotherapy recommendation	LHIN case manager Medical staff	Direction from physician Change in medical condition	Case conference Appeal to LHIN

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Lifting and Positioning	Board staff - EA trained by OT/PT from CHEO School Based Rehabilitation Services CHEO and Board OT/PT trainers	Dependent for lifting and positioning and transfers	CHEO OT/PT Physician Principal	Independence achieved for transfers Changes in medical condition Upon physician's or therapist's direction	Case conference
Assistance with Mobility	Board staff - EA Trained OT/PT Board staff- EA trained by OT/PT from CHEO School Based Rehabilitation Services	Dependence training or/assistance required for mobility Physician's Assessment	Principal OT/PT Board and CHEO	Effective and comfortable use of new equipment or adjusted equipment	Case conference
Feeding	Board staff- EA trained by OT or PT LHIN contracted nursing agencies	Dependent assistance required for mobility Physician direction	Physician Principal LHIN case manager OT/SLP	Direction from physician and approval of parent(s)/guardian(s) Change in feeding Needs	Case conference
Toileting	Board staff - EA trained by appropriate professional/ agency	Dependent and/or requiring assistance for toileting	Principal Physician direction and parental approval	Direction from physician and approval of parent(s)/guardian(s)	Case conference
Medical Dressing	Board staff - EA	Physician direction and parental approval	Physician Parent Principal	Physical direction and parental approval	Case conference

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Augmentative and alternative communication devices Face-to-face writing aids -high tech devices	CHEO CTC Services for assessment and prescription, parent and teacher training for use and programming. Board SLP responsible for ongoing support and consultation. Board SLP addresses low-tech AAC needs. CHEO School Based Rehabilitation Services OT Board staff- teacher, EA trained by appropriate agency	Referral to CHEO CTC Services by school board SLP or CHEO SLP School referral to board SLPs Referral to CHEO School Based Rehabilitation Services OT	CHEO CTC Services Board SLP OT from CHEO School Based Rehabilitation Services	Annual reviews until system no longer required Classroom Support no longer required for maintenance modification	Case conference
Adaptive Devices Program (ADP) Funding	CHEO CTC Services or SLP Individual authorizers at CHEO CTC Services for communication aids CHEO School Based Rehabilitation Services contracted therapists for OT, PT needs	Specialized equipment or resources required	Authorized ADP assessor	Student no longer requires resource	Discussion with ADP

School Health Support Services Service Guidelines – Nutrition (Registered Dietitian (RD) Services)

Conditions/Service Need	Eligibility criteria	Role of RD/Model of Service
G tubes New Longstanding Oral feeding also Note changes in student's medical condition/functional status may result in changes in nutritional status resulting in need for RD assessment/intervention	Student has had new G tube inserted Student has longstanding G tube feeds Student G tube fed but also trying to increase oral intake	See general role of RD* RD to teach about products RD to teach about schedule for feeding related to activities, lifestyle, interaction of medical conditions (eg. reflux) RD Assess tolerance to feeds; provide recommendations/trials for feeds RD to communicate/teach school staff RD to reinforce/revise schedule from hospital (new tubes) Consultative services may be provided in the home and/or school setting
Dysphagia Note changes in student's medical condition/functional status may result in changes in nutritional status resulting in need for RD assessment/intervention	Student is at risk of aspiration with current intake Student is not linked with an outpatient clinic to review this information with parents	See general role of RD*** Prevent aspiration by working with SLP who determines texture needed RD provides specific information about how and what to prepare as per general role of RD Sensory texture issues – RD works with OT and SLP as above Consultative services may be provided in the home and/or school setting

Program Criteria: Nutrition (Registered Dietitian (RD) Services)

- School support – appropriate physical environment/space is provided, participation of volunteers or parents/caregivers is facilitated by school, teacher/EA willing to work with RD to include strategies in school setting
- Adequate attention and behaviours for consultation
- Consistent follow up demonstrated in program

Discharge criteria include one or more of the following:

- Student needs can be met by outpatient clinic/services
- Student issues are strictly behavioural and no school board behavioural intervention is in place
- Student condition stable with weight being monitored by family physician/clinic
- Lack of student/family/school motivation or participation with program/recommendations
- Student has achieved treatment goals
- Student has strategies/program in place to be able to meet goals
- No practice/irregular attendance of student at sessions
- Degree of progress does not warrant ongoing intervention
- Student and/or family/caregiver do not feel need for treatment
- Student no longer demonstrates need for service

***General Role of RD**

Promote and/or Maintain Healthy growth related to nutritional recommended intake, changes with age, need for supplementation with feeds



School Health Support Services Service Guidelines –Occupational Therapy

Conditions/Service Need	Role of OT/Model of Service
Short Term needs Student with a specific functional problem requiring focused, short term intervention in <u>one</u> of the following areas: Age/developmental school productivity issues mobility issues environmental adaptations/accessibility (equipment) sensory processing issues Intervention is short term and specific in nature	in the form of clinical observations, interview of parent/caregiver/teacher or standardized assessments may include: Fine motor skills, gross motor skills, motor coordination, visual perceptual skills, sensory processing, activities of daily living, accessibility and mobility Intervention and/or instructional strategies defined and taught to school staff and family/caregivers. Program and resources provided to school staff and family/caregivers Feedback to/from school staff/family/caregivers Ongoing re-evaluation as needed to revise goals and intervention strategies
Moderate term needs Student with <u>one or more</u> of the following functional problems: Age/developmental school productivity issues mobility issues environmental adaptations/accessibility (equipment) sensory processing issues Intervention will have a rehabilitation focus	Assessment in the form of clinical observations, interview of parent/caregiver/teacher or standardized assessments may include: Fine motor skills, gross motor skills, motor coordination, visual perceptual skills, sensory processing, activities of daily living, accessibility and mobility Intervention and/or instructional strategies defined and taught to school staff and family/caregivers Program and resources provided to school staff and family/caregivers Feedback to/from school staff/family/caregivers Ongoing re-evaluation as needed to revise goals and intervention strategies
Complex/Early Intervention Student with one or more of the following functional problems: physical disability affecting ability to function independently in school (safety, mobility, productivity), degenerative condition, chronic health condition, developmental disability Intervention will focus on the establishment of optimal function in order to develop baseline for ongoing maintenance	Assessment in the form of clinical observations, interview of parent/caregiver/teacher or standardized assessments may include: Fine motor skills, gross motor skills, motor coordination, visual perceptual skills, sensory processing, activities of daily living, accessibility and mobility Intervention and/or instructional strategies defined and taught to school staff and family/caregivers Program and resources provided to school staff and family/caregivers Feedback to/from school staff/family/caregivers Ongoing re-evaluation as needed to revise goals and intervention strategies

School Health Support Services Service Guidelines –Occupational Therapy

Conditions/Service Need	Role of OT/Model of Service
Complex/Long Term Needs Student with one or more of the following functional problems: Physical disability affecting ability to function independently in school (safety, mobility, productivity), degenerative condition, chronic health condition, developmental disability Intervention will focus on prevention of deterioration and maximizing/maintenance of function Student experiencing developmental delay (global) or cognitive/physical disability may necessitate consultation throughout their school career Situation may need annual review and upgrading of programming	Assessment in the form of clinical observations, interview of parent/caregiver/teacher or standardized assessments may include: Fine motor skills, gross motor skills, motor coordination, visual perceptual skills, sensory processing, activities of daily living, accessibility and mobility Intervention and/or instructional strategies defined and taught to school staff and family/caregivers Program and resources provided to school staff and family/caregivers Feedback to/from school staff/family/caregivers If experiencing an episodic need for intense short term intervention student may receive additional visits For example: Facilitation with transition within school system Facilitation with transition to adult services Intermittent difficulties associated with growth/equipment changes Change in caregiver (school setting) Supportive care needs Sudden change in functional status Ongoing re-evaluation as needed to revise goals and intervention strategies

Program Criteria: Occupational Therapy

- School support – appropriate physical environment/space is provided, participation of volunteers or parent/caregivers is facilitated by school, teacher/EA willing to work with therapist to include strategies in school setting
- Motivation and consent of student/caregiver to participate
- Adequate attention and behaviours for assessment/treatment sessions
- Consistent follow up demonstrated in supplemental program/homework/exercises provided by LHIN OT
- Students are not eligible for service if they have ONLY behaviour difficulties, visual perceptual problems, or learning disabilities

Discharge Criteria- include one or more of the following:

- Student has achieved treatment goals
- Student has strategies /program in place to be able to meet goals
- Lack of follow up in school or home program
- No practice/irregular attendance of student at sessions
- Degree of progress does not warrant ongoing intervention
- Student and/or family do not feel need for treatment
- Student no longer demonstrates need for service

Service Model:

Intervention may be direct, consultative, one to one or via workshop or educational presentation to caregivers/school staff



School Health Support Services Service Guidelines – Physical Therapy

Conditions/Service Need	Role of PT/Model of Service
Short Term Physical challenges in the school setting – including difficulties participating in gym class, safe mobility within the school/schoolyard, stairs Non-deteriorating condition with minimal complications predicted Acute cardiorespiratory issues	<u>Services include:</u> Assess physical function and/or gross motor skills Develop intervention strategies Teach school staff, family/caregivers to review/feedback/upgrading of intervention/adaptation strategies as needed Evaluate safe implementation of program in school setting
Rehabilitation/Chronic Student with a disability which impacts on functional abilities of mobilization, transfers, cardiorespiratory status, demonstrating potential for improvement PT intervention to maximize progression of skills and optimize functional status Improve/Maintain mobility and orthopedic, gross motor and respiratory status Intervention may vary in response to changing needs and readiness Example: Physical impairment limiting ambulation with potential to effect level of independent mobility (e.g.: Borderline ambulatory vs. wheelchair mobility) Students may require additional visits post surgery/post botox	<u>Services include:</u> Assessment of physical function, setting goals with students, school staff and family to maximize physical function in the school setting Intervention strategies developed and taught to school staff and family/caregivers Prescription of equipment Collaboration with school staff in development of IEP plan/goals Ongoing evaluation of safe implementation of program in school setting Ongoing re-evaluation as needed to progress goals and intervention strategies
Complex/Long term Needs Student with a disability which impacts on functional abilities of mobilization, transfers and cardiorespiratory status PT intervention to maintain/delay deterioration of mobility, orthopedic, gross motor and respiratory status Intervention may vary in response to changing needs and readiness	<u>Services include:</u> Assessment of physical status/function, setting goals with students, school staff and family to maintain physical function in the school setting Intervention strategies developed and taught to school staff and family/caregivers Prescription of equipment Collaboration with school staff in development of IEP plan/goals Ongoing evaluation of safe implementation of program in school setting Ongoing re-evaluation as needed to revise goals and intervention strategies

*** All guidelines include assessment, conferencing, and consultation**

Program Criteria: Physical Therapy

- School support – appropriate physical environment/space is provided for gross motor activities, participation of volunteers or parents is facilitated by school, teacher/EA willing to work with therapist to include strategies in school setting
- Parent/caregiver involvement in physio program
- Motivation and consent of student to participate
- Adequate attention and behaviours for assessment/treatment sessions
- Consistent follow up demonstrated in supplemental program/homework/exercises provided by LHIN PT
- Service model is abilities based – based on goals of child, school and family – goals are task oriented
- An identified gross motor difficulty impacting on school participation and safety in the school setting

Discharge Criteria include one or more of the following:

- Student has achieved treatment goals
- Student has strategies /program in place to be able to meet goals
- Lack of follow up in school or home program
- No practice/irregular attendance of student at sessions
- Degree of progress does not warrant ongoing intervention
- Student and/or family/caregivers do not feel need for treatment
- Student no longer demonstrates need for service

Services:

Intervention may be consultative, one to one or via workshop or educational presentation to family/caregivers/school staff



School Health Support Services Speech Language Pathology Service Guidelines

Community Care Access Centre provides speech therapy for children and youth with a health based need for speech services. School boards are responsible for providing these services to children/youth who have a language disorder. This is inclusive of private and home schools. School boards are also responsible for the treatment of mild articulation disorders. (Mild articulation = no processes involved OR 1-2 sound errors regardless of age OR errors fall within the child's development range OR sound patterns associated with that of first language (ESL) OR W for R or Frontal Lisp, or lateral lisp on s, z only, tongue thrust).

Students who are identified with physical, neurological, and/or cognitive difficulties may have an impeded rate of progress. It is anticipated that therapeutic strategies will require more time. Student MUST meet eligibility criteria of continued measurable progress and consistent support from home and school must be evident.

Conditions/Service Need	Eligibility criteria	Role of SLP/Model of Service
Moderate to severe articulation/phonological disorder Moderate – 3-6 sound errors are noted OR phonological processes (including atypical errors) may be involved AND errors noticeably reduce intelligibility (e.g. lateralization of most or all fricatives with significant negative effect on intelligibility) Severe –more than 6 sound errors, processes involved, intelligibility is severely reduced	Must have SLP referral and assessment Must have current SLP report (within last 12 months)	Direct treatment and/or consultative individually or in group Consult as required Provide home program Education, consultation and training of client/parent/school personnel Clinic/workshop
Complex/Medically Fragile DE children only DE children ONLY where model is different & SLP is addressing language development and/or swallowing risks		Direct treatment and/or consultative individually or in group Consult as required Provide home program Education, consultation and training of client/parent/school personnel Clinic/workshop

Conditions/Service Need	Eligibility criteria	Role of SLP/Model of Service
Motor Speech Disorder <u>Mild-</u> Moderate -3-6 sound errors, processes may be involved, errors are inconsistent over repeated trials, intelligibility is noticeably reduced <u>Severe</u> – more than 6 sounds errors are noted, processes may be involved, errors are inconsistent over repeated trials, intelligibility is severely reduced <u>Profound</u> - Efforts to speak/vocalize but limited sound system Oral motor difficulties must impact intelligibility or contribute to feeding and/or swallowing difficulties	Must have SLP referral and assessment Must have current SLP report (within last 12 months); neurology report if available	Direct treatment and/or consultative individually or in group Consult as required Provide home program Education, consultation and training of client/parent/school personnel Clinic/workshop
Fluency disorder Dysfluent in first language Tension Secondary behaviours – avoiding words/avoidance of situations Effortful speech, struggle Demonstration of social +/- or vocational limitation (s) as result of fluency disorder	Must have SLP referral and assessment Must have current SLP report (within last 12 months) Client motivation – key with referral	Direct treatment and/or consultative individually or in group Consult as required Provide home program Education, consultation and training of client/parent/school personnel Clinic/workshop
Voice / Resonance disorder Vocal fold pathology identified by ENT resulting in poor voice quality including: Rough Hoarse Whispersy Mild/Moderate - vocal production impacts on daily communication Severe - vocal production is markedly affected Majority of communication may require non-verbal techniques Atypical hypo or hyper nasality Nasal Air Emission	ENT report required Eligibility for ongoing services – expectation of clinical changes in first 3 months – if not, service not continued and client referred for more appropriate intervention Report from cleft palate team, if involved	Direct treatment and/or consultative individually or in group Consult as required Provide home program Education, consultation and training of client/parent/school personnel Clinic/workshop

Conditions/Service Need	Eligibility criteria	Role of SLP/Model of Service
Multiple Needs Experiencing moderate to severe difficulties in more than on treatment area/category of speech remediation including: articulation, oral motor, fluency and voice difficulties	Must have SLP referral and assessment Must have current SLP report (within last 12 months)	Direct treatment and/or consultative individually or in group Consult as required Provide home program Education, consultation and training of client/parent/school personnel Clinic/workshop
Alternative and Augmentative Communication Resource to school on short term basis within scope of practise and service mandate; transition to school board staff for ongoing services	If AAC device is primary method of communication – school board responsibility If secondary device to augment speech production – shared mandate of School board and LHIN	Direct treatment and/or consultative individually or in group Consult as required Provide home program Education, consultation and training of client/parent/school personnel Clinic/workshop
Assessment and Discharge	Following assessment client does not meet eligibility criteria (may be due to improvements while waiting for service; may have been inappropriately referred) SLP will complete assess/discharge report	No service provided

NOTE: The **Referral for Same Need** category has been eliminated. Please reassess the child and put them into the most appropriate category above.

Program Criteria: Speech Language Pathology Service

- The student must display – appropriate motivation, attention, language, behaviour and cognitive ability to participate in an individual speech therapy session of a minimum of 30 minutes in length
- The SLP assessment report accompanying the referral to include child's status of those components
- The student must display – language skills that are equal to or greater than demonstrated speech skills
- Students who require significant language stimulation will be discharged back to the care of the school board speech language pathologist
- SLP report including an assessment on language skills (within past year) where there are identified concerns, from referring agency SLP/school board SLP/private SLP

Exception: a child with diagnosed developmental delays, a report within the last two years will be accepted if accompanied with a statement by the referring SLP regarding the validity of the report

- Referral must be initiated by an SLP; if no identified concerns then a statement on language skills (within past year) is required from SLP
- Stimulability for speech sounds
- School support – appropriate physical environment/space is provided; participation of volunteers or family/caregivers is facilitated by school; teacher/EA willing to work with therapist to include strategies in class work
- Family/caregiver to attend minimum of one session
- Motivation and consent of student to participate
- Adequate attention and behaviours for assessment/treatment sessions
- Consistent follow up demonstrated in supplemental program/homework provided by SLP

Discharge Criteria include one or more of the following:

- Student has achieved treatment goals
- Student has strategies /program in place to be able to meet goals
- Lack of follow up in school or home program
- No practice/irregular attendance of client at sessions
- Student meets criteria for mild articulation
- Degree of progress does not warrant ongoing intervention
- Student and/or family/caregiver do not feel need for treatment
- Student no longer demonstrates need for service

