



## ADMINISTRATIVE GUIDELINE

### Supporting Students with Prevalent Medical Conditions

**Effective Date:** February 15, 2022

**Responsibility:** Superintendent  
of Education

#### **Policy Statement**

Near North District School Board is committed to ensuring a safe, accepting and healthy learning environment that supports student well-being, including the well-being of students with prevalent medical conditions. Students with health and medical needs will be empowered in this environment, as confident and capable learners, to reach their full potential for self-management of their medical condition(s), according to their Plan of Care.

The purpose of this guideline is to ensure that there is a collaborative approach to student medical conditions. Collaborative partners include the student, parent(s)/guardian(s), principal/vice-principal, school staff and health care professionals. This collaboration is to ensure a full understanding of the medical condition, supports, clarity of roles and communication associated with the student's individual Plan of Care.

Staff training and familiarity with a student's prevalent medical condition as outlined in their Plan of Care will provide all parties with the skills and confidence to apply preventative strategies to minimize risks, recognize the symptoms of a medical emergency and know the steps to follow in dealing with a medical emergency.

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## 1.0 **INFORMATIVE LEGISLATION**

The processes in this guideline are informed by PPM 161: Supporting Children and Students with Prevalent Medical Conditions (Anaphylaxis, Asthma, Diabetes, and/or Epilepsy) in Schools.

This Administrative Guideline also supports [Sabrina's Law](#) (2005) and [Ryan's Law](#) (2015), which require that school boards maintain policies to support students with prevalent medical conditions, such as anaphylaxis and asthma. This guideline has also been developed to meet the requirements of the Education Act, 265(1) section j) Duties of Principals and Education Act Regulation 298, section g) Duties of Teachers.

## 2.0 **GUIDING PRINCIPLES AND NNDSB VISION**

This Administrative Guideline provides direction to Principals/Vice-Principals and school personnel for developing the proper, individualized Plan of Care for supporting a student with a prevalent medical condition and prepares them to respond to any medical emergency that may arise as a direct result of that condition.

It is essential that a whole school approach be taken to address prevalent medical conditions and that all staff understand the important role they play in promoting student health and safety.

Collaboration with parent(s)/guardian(s), students, and community partners such as health care professionals (where necessary) is a key component to developing accurate and timely student Plans of Care. To this end, it is important that parent(s)/guardian(s) inform the Principal/Vice-Principal of any changes to the Plan of Care as soon as possible, including changes to prescribed medication. Upon receipt of new information, the Principal/Vice-Principal will update a student's individual Plan of Care to ensure that all staff remain informed and well-positioned to ensure the health and safety of the student. Schools will update Plans of Care in conjunction with parents at least once a year.

Principals/Vice-Principals and school personnel shall require students to comply with their Plans of Care, as developed in accordance with this Administrative Guideline.

## 3.0 **TERMINOLOGY**

**Acquired Brain Injury:** refers to any type of brain damage that occurs after birth and is not related to a congenital or degenerative disease. It can include damage sustained by injury, disease, or infection.

**Allergens:** any substance or condition that can bring on an allergic reaction leading to a life-threatening allergic reaction known as anaphylaxis

**Anaphylaxis:** is a sudden and severe allergic reaction, which can be fatal, requiring medical emergency measures be taken.

**Anaphylaxis Reaction:** signs and symptoms of anaphylaxis can occur within minutes of exposure to an allergen. In rarer cases, the time frame can vary up to several hours after exposure. The ways in which symptoms appear can vary from person to person and from episode to episode in the same person. Symptoms of anaphylaxis generally include two or more of the following body systems: skin, respiratory, gastrointestinal and/or cardiovascular. However, low blood pressure alone, in the absence of other symptoms, can also represent anaphylaxis.

**Asthma:** is a chronic, inflammatory disease of the airways in the lungs. Symptoms of asthma can include coughing, wheezing, difficulty breathing, shortness of breath and chest tightness.

**Asthma medication, controller medication:** is prescribed and usually taken regularly every day to control asthma. Usually, it is taken at morning and at night and not generally taken at school.

**Asthma medication, reliever medication:** is a prescribed, fast-acting medication (usually blue in colour) that is issued when someone is having asthma symptoms.

**Blood glucose control:** is the proper balance of food and insulin in the body. The balance may be affected by missing a meal or snack, or eating less than planned and could be a serious problem as it can easily result in very low blood glucose (hypoglycemia) and requires an immediate response.

**Cerebral Palsy:** is a broad medical term that professionals use to describe a variety of disorders that occur due to a non-progressive disturbance in the developing brain, affecting the brain's ability to control some muscles, especially those affecting a person's movement and posture.

**Convulsive Seizures:** also called generalized tonic-clonic seizures, involve the whole body and are the most dramatic type of seizure, causing rapid, rhythmic and sometimes violent shaking movements, often with loss of consciousness. A tonic-clonic seizure lasting more than 5 minutes is a medical emergency.

**Diabetes:** is a chronic disease, in which the body either cannot produce insulin or cannot properly use the insulin it produces. There are two types of Diabetes: Type 1 and Type 2.

**Diabetes, Type 1:** is a life threatening autoimmune disorder in which the pancreas no longer produces insulin, the hormone that turns glucose (sugar) into energy. Treatment for Type 1 diabetes involves daily doses of insulin, along with regular blood glucose checks and careful attention to food intake and physical activity.

**Diabetes, Type 2:** is a disease in which your body cannot make enough insulin (a hormone that helps control the amount of glucose or sugar in your blood), or does not properly use the insulin it makes.

**Diabetes Medical Team:** Is a group of hospital health professionals, generally comprised of hospital and community health care practitioners with expertise in diabetes and may include diabetic educators, social workers, dietitians and licensed physicians who support

the student and his/her family.

**Emergency Medical Services:** also known as EMS, ambulance or paramedic services, provide urgent pre-hospital treatment and stabilization for serious or life threatening injuries and/or illness.

**Emergency Response Plan:** provides important information in the event of an emergency including who to contact (and their contact information), how to act during an emergency and how to mitigate risks.

**Epinephrine Auto-Injector:** a medical device that is used to deliver a pre-measured dose (or doses) of epinephrine.

**Epinephrine:** is a synthetic version of hormone adrenaline that is used in the treatment of anaphylaxis and life-threatening asthma attacks. A second dose of epinephrine may be administered as early as 5 minutes after the first dose if there is no improvement in symptoms.

**Epilepsy:** is a neurological condition which affects the nervous system. Epilepsy is also known as a seizure disorder or as convulsions.

**Health Care Professional:** a member of a College under the Regulated Health Professions Act, 1991 (e.g., medical doctor, nurse practitioner, registered nurse, pharmacist).

**Health Care Provider:** may be a Physician, Nurse Practitioner, Registered Nurse, Pharmacist, Respiratory Therapist, Certified Respiratory Educator, or Certified Asthma Educator.

**Hyperglycemia:** also known as high blood glucose, is when the blood glucose (sugar) is higher than an individual's target range.

**Hypoglycemia:** also known as low level blood glucose, is when the blood glucose (sugar) is lower than an individual's target range. Hypoglycemia can happen within minutes of a person appearing healthy and normal and may quickly become an emergency.

**Insulin:** is a hormone produced by the pancreas. Students with diabetes use insulin syringes, pens or pumps to give insulin.

**Lead Teacher:** the teacher in charge on an off-site school trip.

**Medical Emergency:** is an acute injury or illness that poses an immediate risk to a person's life or long-term health and requires assistance from another qualified person and contact with Emergency Medical Services.

**Medical Incident:** is a circumstance that requires an immediate response and monitoring, as the incident may progress to an emergency requiring contact with Emergency Medical Services.

**Parents:** refers to parent(s) and guardian(s).

**Plan of Care:** a form that contains individualized information on a student with a prevalent medical condition.

**Prevalent Medical Condition:** for the purposes of this document, is limited to anaphylaxis, asthma, diabetes, and epilepsy (seizure disorder).

**Principal:** refers to the Principal, Vice-Principal and/or Principal designate.

**School:** all school and school-board activities, including field trips, overnight excursions, board-sponsored sporting events, and board-operated before- and after- school programs for children aged 4 to 12 years.

**School board(s) and board(s):** district school boards and school authorities, in this case Near North District School Board

**School staff:** all school staff who work in direct contact with students, including occasional staff.

**Self-Management:** a continuum where a student's cognitive, emotional, social and physical capacity and stage of development are determinants of their ability to confidently and independently manage their medical condition(s). The student's' journey to reach their full potential along the self-management continuum is not linear and can require varying levels of support over time. A student's capacity for self-management may be compromised during certain medical incidents, and additional support will be required.

**Status Epilepticus:** is a state of prolonged seizure (longer than 30 minutes) or repeated seizures without time for recovery and can happen with any type of seizure.

**Students:** children in Kindergarten through to Grade 12.

**Target Range:** is the acceptable blood glucose levels based on the Canadian Diabetes Association's Clinical Practice Guidelines and is personalized for the student by the parent(s)/guardian(s) and Diabetes Medical Team.

## **4.0 ROLES AND RESPONSIBILITIES**

### **4.1 Parents of Children with Prevalent Medical Conditions**

As primary caregivers of their child, parent(s)/guardian(s) are expected to be active participants in supporting the management of their child's medical condition(s) while the child is in school. At a minimum, parents should:

- confirm annually to the Principal that their child's medical status is unchanged;
- educate their child about their medical condition(s) with support from their child's health care professional, as needed;
- guide and encourage their child to reach their full potential for self-management and self-advocacy;

- inform the school of their child's medical condition(s) upon registration (or when diagnosed) and participate in the creation of the Plan of Care for their child alongside the Principal;
- immediately communicate any changes to the Plan of Care, such as changes to the status of their child's medical condition(s) or changes to their child's ability to manage their medical condition(s), to the Principal;
- initiate and participate in annual meetings to review their child's Plan of Care;
- supply their child and/or school with sufficient quantities of medication and supplies in their original, clearly labelled containers, as directed by a health care professional and as outlined in the Plan of Care, and track the expiration dates if they are supplied;
- seek medical advice from a medical doctor, nurse practitioner, or pharmacist, where appropriate;
- cover any out of pocket costs incurred by the school associated with health/medical treatment, including the cost of transportation by ambulance should this be required;
- consider providing the child with medical identification (e.g. MedicAlert bracelet or necklace).

## **4.2 Students with Prevalent Medical Conditions**

Depending on their cognitive, emotional, social and physical stage of development, and their capacity for [self-management](#), students are expected to actively support the development and implementation of their Plan of Care.

Students should:

- alert staff members if they believe they are experiencing any symptoms associated with their medical condition and require medication, or, if possible, that a medical incident or emergency is occurring;
- take responsibility for advocating for their personal safety and well-being that is consistent with their cognitive, emotional, social and physical stage of development and their capacity for self-management;
- participate in the development of their Plan of Care;
- participate in meetings to review their Plan of Care;
- carry out daily or routine self-management of their medical condition to their full potential, as described in their Plan of Care (e.g. carry their medication and medical supplies; follow school board policies on disposal of medication and medical supplies);
- set goals on an on-going basis, for self-management of their medical condition, in conjunction with their parent(s) and health care professional(s);
- communicate with their parent(s) and school staff if they are facing challenges related to their medical conditions(s) at school;
- wear medical alert identification that they and /or parent(s) deem appropriate.

## **4.3 School Staff**

School staff will follow their School Board's policies and the provisions in their collective agreements related to supporting students with prevalent medical conditions in schools. School staff will, for example:

- review the contents of the Plan of Care for any student with whom they have direct contact;
- participate in training, during the instructional day, on prevalent medical conditions, at a minimum annually, as required by the School Board;
- share information on a student's signs and symptoms with other students, if the parents give consent to do so and as outlined in the Plan of Care and authorized by the Principal in writing;
- follow School Board strategies that reduce the risk of student exposure to triggers or

causative agents in classrooms, common school areas, and extra-curricular activities in accordance with the student's Plan of Care;

- support a student's daily or routine management, and respond to medical incidents and medical emergencies that occur during school, as outlined in board policies and procedures;
- support inclusion by allowing students with prevalent medical conditions to perform daily or routine management activities in a school location (e.g., classroom), as outlined in their Plan of Care, while being aware of confidentiality and the dignity of the student;
- enable students with prevalent medical conditions to participate in school to their full potential, as outlined in their Plan of Care.

#### **4.4 Principal**

In addition to the responsibilities outlined under "School Staff", the Principal will:

- clearly communicate to parents and appropriate staff the process for parents to notify the school of their child's medical condition(s), as well as the expectation for parents to co-create, review, and update a Plan of Care with the Principal. This process should be communicated to parents at a minimum:
  - during the time of registration
  - each year during the first week of school
  - when a child is diagnosed and/or returns to school following a diagnosis;
- co-create, review or update the Plan of Care for a student with a prevalent medical condition with the parent(s), in consultation with the school staff (as appropriate) and with the student (as appropriate);
- maintain a file with the Plan of Care and supporting documentation for each student with a prevalent medical condition;
- once authorized by parent(s), provide relevant information from the student's Plan of Care to school staff and others who are identified in the Plan of Care (e.g., food service providers, transportation providers, volunteers, occasional staff who will be in direct contact with the student), including any revisions that are made to the plan;
- communicate with parents in medical emergencies, as outlined in the Plan of Care;
- encourage the identification of staff who can support the daily or routine management needs of students in the school with prevalent medical conditions, while honouring the provisions within their collective agreements;
- provide time for school staff who work directly with students with prevalent medical conditions to complete training related to that condition;
- ensure any classroom excursions are planned with consideration of the student needs described in the Plan of Care.

## **4.5 School Board**

School boards are expected to communicate, on an annual basis, their policies on supporting students with prevalent medical conditions to parents, school board staff, and others in the school community who are in direct contact with students (e.g. food service providers, transportation providers, volunteers). At a minimum, School Boards are expected to make their policies and their Plan of Care templates available on their public website in the language of instruction.

School boards are also expected to:

- provide training and resources on prevalent medical conditions on an annual basis;
- develop strategies that reduce the risk of student exposure to triggers or causative agents in classrooms and common school areas;
- develop expectations for schools to support the safe storage and disposal of medication and medical supplies, and communicate these expectations to schools and support schools in the implementation of the expectations;
- communicate expectations that students are allowed to carry their medication and supplies to support the management of their medical condition, as outlined in their Plan of Care;
- consider PPM 161 and related board policies when entering into contracts with transportation, food service and other providers;
- work to align policies related to PPM 161 with before and after school programs and transportation providers.

## **5.0 OVERVIEW OF PLANS OF CARE**

A Plan of Care is a form that contains individualized information on a student with a prevalent medical condition. School board policies and procedures must include a Plan of Care form.

The Plan of Care for a student with a prevalent medical condition will be co-created, reviewed and/or updated by the parents in consultation with the Principal, designated staff (as appropriate), and the student (as appropriate), during the school year (e.g. when a student has been diagnosed with a prevalent medical condition). Health care provider information and signature(s) are optional.

Parents have the authority to designate who is provided access to the Plan of Care. With authorization from parent(s), the Principal will share the Plan of Care with school staff who are in direct contact with students with prevalent medical conditions and, as appropriate, others who have indirect contact with students with prevalent medical conditions (e.g. food service providers, transportation providers, volunteers).

Plan of Care templates for each prevalent medical condition may be found in the Appendices.

## **Plan of Care Appendices**

**Appendix A:** Anaphylaxis Plan of Care

**Appendix B:** Asthma Plan of Care

**Appendix C:** Diabetes Plan of Care

**Appendix D:** Epilepsy Plan of Care

## **6.0 COMMUNICATION STRATEGIES/PRIVACY AND CONFIDENTIALITY**

Due to the nature and severity of prevalent medical conditions, communication strategies must be clear and widely distributed across the School Board while maintaining student privacy. The Principal will establish a communication plan at the start of the school year to share information about students with prevalent medical conditions with parents, students, employees, volunteers, coaches, and where appropriate, food service providers, transportation providers and child care providers following consultation with the student's parent(s).

General communication about the prevalent medical conditions can be handled through board/school communication vehicles such as letters home to all parents, or through the school newsletter, board/school website, parent information nights and other school presentations.

The student's Plan of Care will identify those individuals in direct contact with the student during the course of their educational experience (including occasional teachers and volunteers) who will need training and/or information on the student's prevalent medical condition.

Near North District School Board will comply with applicable privacy legislation and obtain parental consent in the individual Plan of Care prior to sharing student health information with school staff or other students. Parents and school staff should be informed of the measures to protect the confidentiality of students' medical records and information.

## **7.0 DAILY ROUTINES**

Support will be provided to students with prevalent medical conditions in order to facilitate their routine or daily management of activities in school.

This includes, but is not limited to, supporting inclusion by allowing students with prevalent medical conditions to perform daily or routine management activities in a school location (e.g. within the classroom, gymnasium, library, schoolyard; on a school bus; at a field trip location), as outlined in their Plan of Care.

## **8.0 SCHOOL TRIPS**

When taking a student with prevalent medication condition(s) off school property, it is important that there is communication with the parent(s) and the third party operator (where applicable) to develop a careful and clear plan of expectations to meet the needs of the student.

Prior to planning an activity that requires students to leave school property, the classroom and/or Lead Teacher will:

1. Identify any student(s) with prevalent medical condition(s) who may be attending.
  2. Check the trip site and activities for potential safety hazards. Where possible, the trip supervisor should complete a pre-activity inspection of the site and activities to investigate safety conditions and how these may impact the student(s).
  3. Communicate with the student's parent(s)/guardian(s) during the initial planning stages of the trip, informing them of the destination, mode of travel and activities students are to participate in, and obtain their consent. Knowing the trip expectations and accommodations, the parent(s)/guardian(s) will be able to provide an informed decision as to their child's participation. Teachers may consider inviting parent(s) on the trip as a supervisor. For full-day, overnight, extensive or exchange programs, parents may need to provide additional medication or medical equipment (see #10 below). Parents must also be asked if they consent to the teacher sharing medical information with the tour operator and/or activity provider, as well as, other trip supervisors, including volunteers and/or transportation operators.
  4. Meet with the tour operator and/or activity provider to discuss:
    - a. the needs of student(s) with prevalent medical condition(s).
    - b. the operator's suggested accommodations for the student(s) with prevalent medical condition(s).
    - c. the tour operator's plans for accommodations as compared to School Board expectations for accommodations and any oversights. Adjust operator's accommodation plans accordingly to the needs of the student. Follow the plans wherever there is a higher standard.
    - d. whether the trip provider has a pre-existing plan for the student's medical condition. If not, the Lead Teacher will develop one based on School Board expectations and parent input and provide the operator with a copy.
    - d. whether, based on the listed accommodations for the student, the tour operator can provide:
      - accommodations during travel to destination
      - safe facilities, safe programming, safe food supply at the destination
      - ready access to a doctor, clinic or hospital at destination site
- If the safe participation for a student with a prevalent medication condition cannot safely be accommodated, teachers must choose an alternate trip location that is accessible for the student.
5. Prepare an emergency response plan for all students with a prevalent medical condition(s) and communicate the plan to all staff, volunteers, and transportation operators on the trip.
  6. Bring a copy of the students' Plans of Care along with a list of trip accommodations and the emergency response plan.
  7. Assign student(s) with prevalent medication condition(s) to a group with a staff member who is knowledgeable about risks, symptoms and response related to the prevalent medical condition(s).

8. In situations where the teacher/supervisor is providing 'in the area supervision' (i.e. they are supervising an area in which direct lines of sight between supervisor and student are not always possible), assign a 'buddy' to the student with a prevalent medical condition. The 'buddy's' responsibility is to assist the student and to access the teacher supervisors in case of an emergency.

9. Take a suitable means of communication (e.g. cell phone) on the trip and/or ensure that an easily accessible phone is available at the site.

10. Ensure that the parent/guardian provides an excursion kit consisting of any prescribed medications as outlined in the student's Plan of care, and that the medication be in a clearly marked container with an additional 50% supply in case of emergency. The excursion kit, along with the Plan of Care, should include:

For Anaphylaxis: Epi-pens, emergency contact information and a cell phone (if applicable)

For Asthma: Inhalers, emergency contact information and a cell phone (if applicable).

For Diabetes: A kit for Low Blood Sugar, Hypoglycemia, emergency contact information and a cell phone (if applicable).

For Epilepsy: Any specific directions, emergency contact information and a cell phone (if applicable)

For Medically Complex Students: Items specific to the student.

**Classroom teachers must also complete the necessary forms for any out of school excursion, as per the School Trips Administrative Guideline.**

### **9.0 AWARENESS**

Near North District School Board will raise awareness of policies on prevalent medical conditions and evidence-based resources that provide information on various aspects of prevalent medical conditions, including triggers or causative agents, signs and symptoms of medical incidents and medical emergencies, and School Board emergency procedures and will share these when appropriate and with consent with occasional staff and service providers, such as food service and transportation providers.

Schools are encouraged to raise awareness of prevalent medical conditions that affect students through curriculum content in classroom, instruction, other related learning experiences, and classroom leadership opportunities. Awareness is especially important at times of transition (e.g. the move to a new school, the move from elementary to secondary school), when students have to face social, physiological and environmental changes.

### **10.0 TRAINING OVERVIEW**

Near North District School Board is committed to providing training related to prevalent medication conditions, at a minimum annually, for school staff, including all occasional staff, who have direct contact with students with medical condition(s). Training will take place within the first thirty (30) days of school, where possible, to ensure the safety and well-being of the student, and will be reviewed when appropriate.

The School Board will ensure that appropriate staff are familiar with the prevalent

medical condition as outlined in the student's individual Plan of Care and are trained in prevention strategies to minimize risks, recognize the symptoms of a medical emergency and know the steps to follow when dealing with a medical emergency or student with a prevalent medical condition.

The School Board will continue to ensure that Near North schools have current staff members with up to date first aid certification.

Using evidence-based resources (e.g., [Prevalent Medical Conditions portal via EduGAINS](#)) and following consultation with appropriate stakeholders, the School Board will determine the scope of training required to support the implementation of prevalent medical condition procedures, as well as the mode of delivery of the training and privacy considerations.

The scope of training related to supporting students with prevalent medical conditions must include:

- strategies for preventing risk of student exposure to triggers and causative agents
- strategies for supporting inclusion and participation in school
- recognition of symptoms of a medical incident and medical emergency
- information on school staff supports, in accordance with School Board policy
- medical incident and emergency response; and
- documentation procedures (e.g. collecting and sharing medical information)

## **11.0 SAFETY CONSIDERATIONS**

There are a number of safety considerations to be managed when implementing policies on prevalent medical conditions. These considerations are necessary to ensure the safety of students with prevalent medical conditions and the students and staff who come into contact with them. Some students with these conditions will be required to carry, store and administer medication.

- Students will be allowed to carry their medication(s) and supplies, as outlined in the Plan of Care;
- School staff will support the storage (according to the item's recommended storage conditions), and safe disposal of medication and medical supplies;
- Principals will ensure that their Emergency Response Plans (reviewed annually) account for the supports that all students with prevalent medical conditions in their building may require during a school emergency (e.g. bomb threats, evacuation, fire, hold and secure, lockdown), including specifications for obtaining medication if required.

Principals and classroom teachers will work together to determine a process for notifying occasional staff of any students with prevalent medical conditions that they will have to directly supervise during their instructional day.

Although Principals/Vice-Principals and school personnel cannot and shall not be expected to completely eliminate all antigens affecting an anaphylactic student, they shall encourage

all students and visitors to reduce the environmental factors that may induce anaphylaxis in students.

The 'Administration of Medication Procedures Manual' developed by Near North District School Board is in place to guide stakeholders.

In accordance with the requirements of the *Child and Family Services Act, 1990*, where School Board employees have reason to believe that a child may be in need of protection, School Board employees must call the *Children's Aid Society* and file a formal report.

## **12.0 REPORTING**

Subject to relevant privacy legislation, the Near North District School Board will collect data regularly, including but not limited to, data on the number of students with prevalent medical conditions at their schools, and should monitor the number of occurrences of medical incidents and medical emergencies, as well as circumstances surrounding these incidents. The School Board will use these data as part of their cyclical policy reviews and to report to the Ministry of Education.

School policies will also include expectations for school staff regarding the documentation of any medication administered to students, including students with prevalent medical conditions. The maintenance of such documentation must be in keeping with the School Board records and information management policies as well as Personal Health Information Protection Act (PHIPA) and Municipal Freedom of Information and Protection of Privacy Act (MFIPPA) requirements.

## **13.0 LIABILITY**

The Good Samaritan Act, passed in 2001, protects individuals from liability with respect to voluntary emergency medical or first aid services. Subsections 2(1) and (2) of this act state the following with regard to individuals:

2. (1) Despite the rules of common law, a person described in subsection (2) who voluntarily and without reasonable expectation of compensation or reward provides the services described in that subsection is not liable for damages that result from the person's negligence in acting or failing to act while providing the services, unless it is established that the damages were caused by the gross negligence of the person.

(2) Subsection (1) applies to,  
... (b) an individual... who provides emergency first aid to a person who is ill, injured or unconscious as a result of an accident or other emergency, if the individual provides the assistance at the immediate scene of the accident or emergency.

In addition, in the cases of anaphylaxis and asthma, both [Sabrina's Law](#) (2005) and [Ryan's Law](#) (2015) include provisions limiting the liability of individuals who respond to an emergency relating to these conditions, as cited below:

Section 3(4) of [Sabrina's Law](#):

No action for damages shall be instituted respecting any act done in good faith or for any neglect or default in good faith in response to an anaphylactic reaction in accordance with this Act, unless the damages are the result of an employee's gross negligence.

Section 4(4) of [Ryan's Law](#):

No action or other proceeding for damages shall be commenced against an employee for an act or omission done or omitted by the employee in good faith in the execution or intended execution of any duty or power under this Act.

## 14.1 Anaphylaxis

Principals, Vice-Principals and school staff shall assist in attempting to reduce environmental risks for anaphylactic students, as well as encourage parents and visitors to participate in reducing environmental risks for anaphylactic students. The Principal shall specify a means of ensuring that all community users of the school facilities are aware of any restrictions on food use and the reason for these restrictions. Principals cannot and shall not be expected to eliminate all antigens affecting an anaphylactic student.

### 14.1.1 Definitions/Terminology

#### Allergens

#### Anaphylaxis

#### Anaphylaxis Reaction

### 14.1.2 Education, Training, Response and Resources

#### *Education*

A Plan of Care shall be created to provide specific information regarding the student's source of anaphylaxis, if known.

Some common foods which are sources of anaphylactic reaction:

- Peanuts/peanut butter/peanut oil (the most prevalent among school students)
- "Tree" nuts: hazelnuts, walnuts, pecans, almonds, cashews
- Sesame seeds and sesame seed oil
- Cow's milk
- Eggs
- Fish
- Shellfish
- Wheat
- Soy
- Bananas, avocados, kiwis and chestnuts for children with latex allergies

Note: Any food can trigger an anaphylactic reaction, thus cross contamination of foods is also a concern.

Some common non-food sources of anaphylactic reaction:

- Play dough (may contain peanut butter)
- Scented crayons and cosmetics
- Peanut-shell stuffing in 'bean bags' and stuffed toys
- Wild bird seed
- Insect venom (bees, wasps, hornets, yellow-jackets, blackflies)
- Rubber latex (gloves, balloons, erasers, rubber spatulas, craft supplies, Koosh balls)
- Vigorous exercise
- Plants such as poinsettia, for children with latex allergies
- Cold (air or water)
- Some medications

Note: These are the most common environmental/non-food allergens but this is not an

exclusive list.

Early recognition of symptoms and immediate treatment could save a person's life. Signs and symptoms to be aware of include:

**Skin system:** hives, swelling (face, lips, tongue), itching, warmth, redness.

**Respiratory system** (breathing): coughing, wheezing, shortness of breath, chest pain or tightness, throat tightness, hoarse voice, nasal congestion or hay fever-like symptoms (runny, itchy nose and watery eyes, sneezing), trouble swallowing.

**Gastrointestinal system** (stomach): nausea, vomiting, diarrhea, pain or cramps.

**Cardiovascular system** (heart): paler than normal skin colour/blue colour, weak pulse, passing out, dizziness or lightheadedness, shock.

**Other:** anxiety, sense of doom (the feeling that something bad is about to happen), headache, uterine cramps, metallic taste.

Parents, pupils, employees and volunteers shall be made aware of the antigens banned from the school. Information sessions, displays, school websites or newsletters to assist parents/guardian, visitors and students in the understanding of the situation may be useful. See [Appendix A3](#) for a sample Newsletter entry to support this type of information sharing.

In consultation with the parent(s)/guardian(s) and/or, where appropriate, the anaphylactic student, the school shall send out letters on the first day the anaphylactic student attends class or as soon as possible thereafter to all parents/guardians and/or students, as appropriate, explaining that specified foods or foods containing specified ingredients and other identified antigens are not permitted in the school and why. Reminder letters or other communications shall be provided throughout the year. The letters shall not identify the anaphylactic student without the written consent of the student's parent(s)/guardian(s) and/or, where appropriate, the anaphylactic student. All secondary students shall be consulted prior to identification. See [Appendix A2](#) for a sample parent letter.

If deemed necessary, and with the consent and consultation of the parent(s)/guardian(s) and/or the anaphylactic student, the school shall provide students in the anaphylactic student's class with information on anaphylaxis and the antigen affecting the anaphylactic student on the first day of attendance at school or as soon as possible thereafter. This should be done in a way that is appropriate to the students' age and maturity.

### *Training*

All staff members (teaching and non-teaching) shall be made aware that a student with anaphylaxis is attending the school and the student should be identified, either individually or at a staff meeting, before school begins, if possible. The school's anaphylaxis plan must include annual training following a specific training schedule on dealing with life threatening allergies for all employees (school administration, teachers, secretaries, EAs, CDCs, custodians, library technicians/librarians) and others who are in direct contact with the student on a regular basis. Training must provide a demonstration of an injection.

Employees will be preauthorized to administer medication or supervise a pupil while he or she takes medication in response to an anaphylactic reaction if the school has up-to-date treatment information and the consent of the parent/guardian, or pupil as applicable. If an **employee** has reason to believe that a pupil is experiencing an anaphylactic reaction, the employee will administer an epinephrine auto-injector or other medication prescribed to the pupil for the treatment of an anaphylactic reaction, **even if there is no preauthorization to do so.**

In addition to any training required in order to administer emergency medication, the Principal may, where appropriate, consult with the parent(s)/guardian(s) and/or, the student, to arrange for school personnel to be provided with training to understand the nature of the antigen, the symptoms of anaphylactic shock, the potential severity of anaphylactic shock, and methods of reducing environmental risk for the student with anaphylaxis.

*Additional Food-Based Considerations for Education and Training:*

When it is determined that an anaphylactic student reacts to food products, the Principal shall provide that the anaphylactic student eats only the foods that the student brings from home and washes his or her hands before and after eating.

On the first day the anaphylactic student attends class, school personnel shall advise all students and those likely to interact with the anaphylactic student that trading and sharing of food is not allowed and that students are not to share cups or straws. Students shall also be required to wash their hands after eating. School personnel shall remind students of these rules, as necessary. Signs shall be posted as reminders of these expectations.

When the antigen is found in food, all cafeteria staff shall receive training on cross-contamination and labeling issues in the cafeteria setting. Foods class teachers will also receive training in cross-contamination and ensure that antigens are not part of the class(es). The cafeteria menu and the vending machines shall be in accordance with the updated school plan. Allergenic food or products shall not be used in Foods or other classes in accordance with the School Anaphylaxis Plan (antigens banned from the school).

*Response*

If you know a student with anaphylaxis is experiencing a reaction, follow these 5 steps:

1. Give epinephrine auto-injector (e.g. EpiPen®) at the first sign of a known or suspected anaphylactic reaction.
2. Call 9-1-1. Tell them someone is having a life-threatening allergic reaction.
3. Give a second dose of epinephrine as early as five (5) minutes after the first dose if there is no improvement in symptoms.
4. Follow direction of emergency personnel, including transport to hospital (ideally by ambulance), even if symptoms are mild or have stopped. The reaction could worsen or come back, even after treatment. Stay in the hospital for an appropriate period of

observation as decided by the emergency department physician (generally about 4 - 6 hours).

5. Call emergency contact person; e.g. parent(s)/guardian(s).

#### *Resources*

[Epi Pen Training](#)

[Food Allergy Canada](#) (formally Anaphylaxis Canada)

[Ministry of Education Quick Facts on Anaphylaxis](#)

#### 14.1.3 Special Considerations for Anaphylaxis and Plans of Care

The Principal shall advise parents/guardians and/or where appropriate the student, that two injectors must be brought to school; one shall be kept on the student and one shall be stored by the school, subject to written instructions to the contrary by the parent(s)/guardian(s).

With consent, the Principal shall inform all individuals and corporations involved in the transportation of the student of his/her condition and the requirements of the Anaphylaxis Plan of Care that are applicable to transportation. This information should be communicated to transportation services using the ISTAP form and/or as per the Authorization/Plan Review section of the Plan of Care.

Where the anaphylactic student's class will be ordering commercial food or attending outings at commercial food outlets, appropriate precautions shall be taken to reduce the risk for the anaphylactic student.

Where appropriate, the Principal shall provide that the anaphylactic student shall not participate in school yard cleanup or garbage disposal (e.g. those students who react to antigens in food).

If deemed necessary in consultation with the parent(s)/guardian(s) and/or, where appropriate, the anaphylactic student, he/she will be provided with an antigen-free area within the school to eat. All reasonable precautions shall be taken to provide a safe environment for medically-at-risk students but it is not possible to provide an absolute guarantee for elimination of all risks.

In circumstances, when parent(s)/guardian(s) have advised the school that they will not provide the school with epinephrine auto-injectors and/or refuse to allow their child to carry an epinephrine auto-injector, the Principal shall:

1) Meet with the parent(s)/guardian(s) to discuss:

- the risk to their child and the student's level of responsibility;
- potential barriers to the parent/guardian's ability to supply or support their child in carrying an epinephrine auto-injector;
- the consequences of not having the epinephrine auto-injector close to the child;
- an alternate plan that will allow efficient response, if it is determined that it is in the best interests of the child not to carry the epinephrine auto-injector.

2) If the parent(s)/guardian(s) still refuses to provide the school with epinephrine auto-injectors and/or refuses to allow their child to carry an epinephrine auto-injector, the Principal shall:

- suggest the parent(s)/guardian(s) contact Food Allergy Canada to discuss the refusal,
- seek permission of parent(s)/guardian(s) to discuss the refusal with their physician or nurse practitioner; and
- consult with the Superintendent of Schools regarding next steps.

3) If attempts to resolve non-compliance persist, the Principal shall:

- send a letter to the student's parent(s)/guardian(s) outlining the risk to their child and have the letter signed and returned to the school,
- inform teachers and others who have contact with this student that they will not be carrying an epinephrine auto-injector;
- in consultation with the Superintendent of the School, the Principal will create a local plan to ensure that epinephrine auto-injectors are available for students when parent(s)/guardian(s) have refused to provide and/or have their child carry an epinephrine auto-injector; and
- ensure that a notation is made on the student's Anaphylaxis Plan of Care. Suggested notation on the Anaphylaxis Plan of Care would read "*As a result of parent(s)/guardian(s) refusal to provide their child with epinephrine auto-injectors and/or ensure that their child carry an epinephrine auto-injector as per School Board policy, this Plan has been created to support the student's safety*".

Anaphylaxis Plan of Care: [Appendix A1](#)

## 14.2 Asthma

Principals, Vice-Principal and all school staff shall assist in attempting to reduce environmental triggers to reduce the risks of exposure to asthmatic students, as well as encourage parents and visitors to participate in reducing environmental risks for asthmatic students. Principals cannot and shall not be expected to eliminate all environmental triggers affecting an asthmatic student.

### 14.2.1 Definitions/Terminology

#### Asthma

Asthma medication: controller medication

Asthma medication: reliever medication

### 14.2.2 Education, Training, Response and Resources

#### *Education*

People with asthma have sensitive airways that react to triggers. There are many different types of triggers, for example, poor air quality, mold, dust, pollen, viral infections, animals, smoke, strong smells such as perfume, and cold air.

#### *Training*

Regular training on recognizing asthma symptoms and managing asthma exacerbations for all school employees (or others in direct contact with the student on a regular basis such as volunteers) will occur annually.

If a student is known to have asthma and is experiencing asthma symptoms, any staff member may assist in the administration of the prescribed asthma medication as outlined in the student's [Asthma Plan of Care](#). As per [Ryan's Law](#), there are legal protections in place for staff acting in good faith in such circumstances.

#### *Response*

A reliever inhaler is a fast-acting medication (usually blue in colour) that is used when someone is having asthma symptoms. The reliever inhaler should be used as outlined in the student's [Asthma Plan of Care](#).

If any of the following occur, take action by using the fast-acting reliever inhaler::

- Continuous coughing
- Trouble breathing
- Chest tightness
- Wheezing (whistling sound in chest)

Continue to monitor symptoms. Only return to normal activity when all symptoms are gone. If symptoms get worse or do not improve within 10 minutes, this is an emergency and staff must:

- Call 9-1-1 for an ambulance
- Follow directions provided by 9-1-1 emergency responders
- If symptoms continue, use reliever inhaler every 5-15 minutes until medical attention arrives.
- While waiting for help to arrive, have the student sit up with arms resting on a table. Do not have the student lie down unless it is an anaphylactic reaction, as well. Do not have the student breathe into a bag.
- Stay calm and reassure the student.
- Notify parent(s)/guardian(s) and/or emergency contact.

#### *Resources*

[Asthma Canada](#)

[OPHEA's Asthma Education Initiative](#)

[Education Video from OPHEA and the Lung Health Foundation](#)

[Lung Health Foundation](#)

[Ministry of Education Quick Facts on Asthma](#)

#### 14.2.3 Special Considerations for Asthma and Plans of Care

The Principal shall permit a student to carry the asthma medication on their persons if the student has parent/guardian permission to do so. If the student is 16 years or older, the student does not require parental/guardian permission to carry asthma medication.

The Principal shall with consent inform all individuals and corporations involved in the transportation of the student of his/her condition and the requirements of the Asthma Plan of Care that are applicable to transportation. This information should be communicated to transportation services using the ISTAP form and/or as per the Authorization/Plan Review section of the Plan of Care.

In circumstances, when parent(s)/guardian(s) have advised the school that they will not provide the school with medication (reliever inhaler) and/or refuse to allow their child to carry the reliever inhaler, the Principal shall:

1) Meet with the parent/guardian to discuss:

- the risk to their child and the student's level of responsibility;
- potential barriers to parent/guardian's ability to supply or support their child in carrying a reliever inhaler;
- the consequences of not having the reliever inhaler close to the child;
- an alternate plan that will allow efficient response, if it is determined that it is in the best interests of the child not to carry the reliever inhaler (such as storage at the main office with other medications).

2) If the parent/guardian still refuses to provide the school with a reliever inhaler and/or refuses to allow their child to carry a reliever inhaler:

- suggest the parent(s)/guardian(s) contact [Asthma Canada](#) to discuss the refusal,

- seek permission of parent(s)/guardian(s) to discuss the refusal with their physician or nurse practitioner; and
- consult with the Superintendent of Schools regarding next steps.

3) If attempts to resolve non-compliance persist:

- send a letter to the student's parent(s)/guardian(s) outlining the risk to their child and have the letter signed and returned to the school,
- inform teachers and others who have contact with this student that they will not be carrying a reliever inhaler; and
- ensure that a notation is made on the student's Asthma Plan of Care. Suggested notation on the Asthma Plan of Care would read "*As a result of parent(s)/guardian(s) refusal to provide their child with a reliever inhaler and/or ensure that their child carry a reliever inhaler, this Plan has been created to support the student's safety*".

Asthma Plan of Care: [Appendix B1](#)

## 14.3 Diabetes

The Principal will communicate with the student, parent(s)/guardian(s) and/or community care allies, the expectations for safe storage and disposal of medication and medical supplies, including the safe disposal of sharps. Parent(s)/guardian(s) are expected to provide the school with all supplies required for the ongoing management of their child's diabetes at school.

### 14.3.1 Definitions/Terminology

[Blood glucose control](#)

[Diabetes](#)

[Diabetes Medical Team](#)

[Hyperglycemia](#)

[Hypoglycemia](#)

[Insulin](#)

[Target Range](#)

### 14.3.2 Education, Training, Response and Resources

#### *Education*

Diabetes is a disease in which the body either cannot produce insulin or cannot properly use the insulin it produces. There are two types of diabetes: Type 1 and Type 2.

Type 1 diabetes is an autoimmune disease and is also known as insulin-dependent diabetes. People with Type 1 diabetes aren't able to produce their own insulin (and can't regulate their blood sugar) because their body is attacking the pancreas. This is associated with a variety of symptoms, which can develop quickly, from unusual thirst to tingling and numbness in the hands and feet. Most people with Type 1 diabetes are diagnosed in childhood and early adulthood, although it can appear at any age. People with Type 1 diabetes need to inject insulin or use an insulin pump to ensure their bodies have the right amount of insulin.

People with Type 2 diabetes are not able to use the insulin produced by their bodies, or their bodies are not able to produce enough insulin. Roughly 90% of people living with diabetes have Type 2 diabetes. It most commonly develops in adulthood, although it can occur in childhood. Type 2 diabetes can sometimes be managed with healthy eating and regular exercise. When that is not sufficient, medications or insulin therapy may be required.

#### *Training*

Depending on the student, symptoms of high or low blood glucose will look different from individual to individual. Annual training on recognizing hypo (low blood glucose) and hyper (high blood glucose) symptoms, and how to respond, is required for all staff and/or volunteers who have direct contact with the student on a regular basis. Refer to the

student's Diabetes Plan of Care for specific symptoms and appropriate responses.

Some common symptoms of hypoglycemia (low blood glucose) are:

- Shaking
- Blurred vision
- Pale skin
- Irritability/grouchiness
- Headache
- Confusion
- Dizziness
- Hunger
- Trembling
- Weakness/Fatigue

Some common symptoms of hyperglycemia (high blood glucose) are:

- Extreme Thirst
- Hunger
- Warm, flushed skin
- Frequent urination
- Abdominal Pain
- Irritability
- Headache
- Blurred Vision

Young students (e.g. those in kindergarten, Grades 1 and 2) may be unable to recognize the symptoms of low blood sugar and/or effectively communicate why they are feeling unwell. Being attentive to the subtle changes in mood and behaviour can help a teacher identify when a student is experiencing low blood sugar

#### Considerations for Lunch/Nutrition Breaks

It is important to allow diabetic students to eat when they need to.

- Encourage student to eat all the food as outlined in their prescribed diet and/or as prepared by their parents/guardians.
- Provide sufficient time for the child to eat all of the food. This is important because eating inadequately, delaying a meal or skipping a snack can easily cause low blood sugar.
- When appropriate, the classroom teacher can communicate with the parent/guardian when there will be changes to the daily routine (e.g. if snacks or activity times will be changed, extra activity, or an extended day (e.g. extra help, detention, sport activities)) so parents/guardians can ensure the child has additional snacks or make an insulin change to reduce the chance of low blood sugar.

When supervising multiple classrooms where there is/are student(s) with Type 1 or Type 2

diabetes the following strategies are to be in place:

1. The school has a process in place to identify the student with Type 1 or Type 2 diabetes to the lunch supervisor, (staff members, noon hour supervisor, occasional teacher).
2. The Principal verifies that the lunch supervisor (staff members, noon hour supervisor, occasional teacher) has been trained in recognizing the symptoms of a low blood sugar and knows the procedures in managing a low blood sugar reaction and/or emergency response procedures.
3. Classes may use student monitors who can assist the lunch supervisor. Where appropriate, student monitors are to be in-serviced on their role and provided with direction to access the supervising adult immediately when the need arises.
5. The identified student(s) with Type 1 or Type 2 diabetes, where appropriate, may be assigned an eating 'buddy' to access the lunch supervisor immediately in case of an incident.
6. Where age appropriate, students in the class may be taught how to contact the office using the classroom communication system in case of an emergency.
7. Lunch supervisor informs diabetic student of his/her location of supervision (e.g. identifies the classrooms and/or hallway he/she will be supervising).
8. The following has been reviewed with the diabetic student:
  - Have their monitoring kit with them, at all times
  - Recognize signs of low blood sugar
  - Inform lunch supervisor when they feel unwell/experiencing low blood sugar
  - Eat all the food as outlined in their prescribed diet and/or as prepared by their parents/guardians.

### Blood Sugar Testing

Blood sugar testing is a means of monitoring the blood sugar balance. When at school, blood sugar may be tested before meals, before/during/after exercise and when feeling 'low' (refer to the student's [Diabetes Plan of Care](#) for specific testing times). Blood sugar levels will change with eating (before and after), physical activity, stress, or illness. Sometimes the blood sugar fluctuates for no apparent reason. Good management means avoiding very high or very low blood sugar levels and keeping as close to 'target range' as possible. Student 'target ranges' are determined by their doctor and are found on the student's [Diabetes Plan of Care](#).

Knowing blood sugar levels will:

- Help the student understand the balance of food, medication, insulin and exercise
- Help the doctor adjust medication, insulin and food
- Help avoid the consequences of hypoglycemia and hyperglycemia
- Give early warning without waiting for the onset of symptoms

The age at which a child is able to check their blood sugar independently is individual and variable. The ability to use a meter develops much more quickly than the capacity to interpret the results. By age 8, most children can independently perform their own blood sugar checks.

## Procedure for Blood Glucose Monitoring:

The student...

1. washes hands with warm water and soap.
2. inserts a lancet in the lancet device.
3. pokes the side of the fingertip with lancet and obtains a drop of blood. Some models of meters allow the student to use their forearm for testing, rather than fingertips.
4. places a small drop of blood onto the test strip that is inserted into a blood sugar meter, also called a glucometer.
5. waits for 5 to 45 seconds, depending upon the meter, to read the results.
6. records the reading of the blood sugar in log book or automatically recorded in meter.

Staff responsibilities while supporting a student during blood glucose monitoring:

- To provide a safe and appropriate location.
- Where requested on the student's [Diabetes Plan of Care](#), to read the metre (e.g. reading is below 4.0) and provide the fast acting sugar.
- Arrange for the safe disposal of lancets, test strips etc. (e.g. a container for sharps is provided by the school)
- To ensure a young student (e.g. Kindergarten through to Grade 2) or newly diagnosed student will have a trained supervisor who knows their signs and symptoms of low blood sugar and provide appropriate intervention (e.g. when classroom teacher is unavailable or when an occasional teacher is in the room), consider having two or more staff who can also provide the supervision when the classroom teacher is unavailable (e.g. noon hour supervisor, first aid provider, educational assistant, school administration.)

## Insulin Injections

Students with Type 1 diabetes (and some with Type 2 diabetes) may have to take an injection of insulin at some point during the school day. Insulin injections vary with the individual. Most injections are administered outside of school hours (before breakfast, and supper and at bed time). The student and family are responsible for administering the insulin injection at school (which may mean arranging for support from a community care ally).

Recent advances in medical devices allow people with diabetes to choose the way they administer their insulin. Below are three methods of insulin administration:

### INSULIN SYRINGE

- Insulin syringes are specially made syringes for self-injection of insulin.

### INSULIN PEN

- Insulin pens look like a pen and allow the student to dial in the desired dose.

### INSULIN PUMP

- The student who wears an insulin pump receives insulin continuously via a small catheter placed under the skin (stomach).
- The student must press buttons on the pump to receive the correct dosage of insulin.
- The pump must be worn 24 hours a day and can only be taken off for short periods

of time such as for phys. ed. class.

Staff responsibilities while supporting a student with insulin administration:

- To provide a safe and appropriate location.
- School staff do NOT provide insulin syringe injections or push the button on the insulin pump (bolus).
- If a student's insulin pump beeps, allow them to contact parents/guardians to problem solve issues related to the pump.

#### Fast Acting Sugar

Fast acting sugar is to be taken by the student to prevent or treat low blood sugar (e.g. 6oz juice; or 5-6 Life Savers; or 3 glucose tablets). Students must be permitted to take fast acting sugar anywhere, and at any time on school property, on buses, or during school sanctioned activities. The fast acting sugar supplies are to be provided by the parents.

Staff responsibilities for supporting the student in accessing fast acting sugar:

- To provide safe and appropriate location(s) for storage of fast acting sugar.
- To notify parents when supplies of fast acting sugar are becoming depleted.
- To carry additional supplies when activities take place off school site.
- Support the child in being able to take fast acting sugar anywhere and anytime.

#### *Response*

Depending on the student's blood glucose level, staff response will vary. Refer to the student's Diabetes Plan of Care to determine response.

When To Call Parent(s)/Guardian(s):

- A low blood sugar that requires assistance (e.g. if it takes longer than 15 minutes to recover from low blood sugar).
- If there are frequent low blood sugars in a week.
- Illness. If the student is VOMITING phone parents/guardians immediately. If you are unable to reach them, call 911.
- If insulin pump is beeping, allow student to call parents/guardians to solve problem.

#### If unsure whether the child is hypoglycemic, always give sugar!

A temporary excess of sugar will not harm the child but hypoglycemia is potentially serious. The student whose blood sugar is low, may not be able to think clearly, and must be supervised, by an adult, until they feel better.

- Never leave student alone
- Do not send to the office unaccompanied by a staff member
- Do not allow student to use stairs.

It may take some coaxing to get the child to eat or drink but you must insist. If there is no noticeable improvement in about 10 to 15 minutes repeat the treatment. When the student's condition improves, he or she should be given solid food. This will usually be in the form of the child's next regular meal or snack. Until the student is fully recovered he or she should not be left unsupervised. Once the recovery is complete the child can resume regular class work. If, however, it is decided that the student should be sent home, it is imperative that a staff member remain with him/her until the parent/guardian arrives.

## Severe Low Blood Sugar

### Hypoglycemia - Glucagon Injection:

When the blood sugar level gets so low that the student is unable to take his/her fast acting sugar orally because they are unresponsive, unconscious or having a seizure the treatment is for an injection of Glucagon. Glucagon is a hormone made in the pancreas that quickly raises blood sugar. Glucagon is given as an injection like insulin by parent/guardian or trained EMS paramedics. **School Staff do NOT Administer Glycogen Injections.**

The correct emergency response of school staff is to Call 911 immediately and inform Emergency Services that the student has Type 1 or Type 2 diabetes.

Emergency Medical Services personnel will require the following, if available:

- Student's name, date of birth, emergency contact information
- Medical history – available on the student's [Diabetes Plan of Care](#)
- Observations about what the student was doing prior to the event
- Medications and any treatment prior to EMS arrival.

Children with diabetes sometimes experience high blood sugar. Hyperglycemia is NOT an emergency situation, unless the student is vomiting, and it may require accommodations in the classroom.

High Blood Glucose may develop as a result of one or more of the following:

1. Too much food;
2. Less than the usual amount of activity (indoor recess);
3. Growth spurts;
4. Stress;
5. Not enough insulin; and/or
6. Illness Symptoms. The earliest and most obvious symptoms are increased thirst and urination. Other: dry mouth, blurred vision, and drowsiness.

Allow the student to check their blood sugar since symptoms of high blood sugar can be confused with symptoms of low blood sugar. A blood sugar of >14 is usually considered too high but refer to the student's [Diabetes Plan of Care](#) for individual parameters. Allow the student to drink water at their desk and to have open bathroom privileges. Do not use exercise to lower blood sugars as this can potentially make the blood sugar go higher

Children with diabetes are no more susceptible to infection or to illness than their classmates. Their attendance record should be normal. When children with diabetes become ill with the usual fevers and other childhood sicknesses the blood glucose balance is likely to be upset. Careful monitoring with blood glucose and urine testing, a fluid diet and extra insulin may be required. Such illness management is the responsibility of the parents/guardians, not school staff. When children with diabetes become ill at school, the parents/guardians should be notified immediately so that they can take appropriate action. Vomiting and inability to retain food and fluids are serious situations, since food is required to balance the insulin. If the student vomits, contact the parents/guardians immediately. If unable to reach the parents CALL 911. Inform EMS the child has diabetes.

## *Resources*

[Diabetes of Canada](#)

[Ministry of Education Quick Facts on Diabetes](#)

### 14.3.3 Special Considerations for Diabetes and Plans of Care

If a student is having difficulty with their diabetes management at school, or if the parent(s)/guardian(s) has requested for the school to perform a task related to the condition that is not covered in this Administrative Guideline, the Principal should contact the Local Health Integration Network (LHIN) and outline the situation and/or parents'/guardians' request. The LHIN can have a paediatric diabetes educator visit the school, assess the situation and make recommendations based on what the school staff can and cannot do and what role the parents/guardians and LHIN have in the situation (e.g. the student may need more instruction on the device).

In addition to information found in Section 8.0 [Field Trips](#), consider specific information related to Diabetes when planning out of classroom trips:

Inform parent(s)/guardian(s) that during the trip school staff do NOT:

- Administer insulin syringe injections
- Administer glucagon syringe injections
- Push the release button on the insulin pump (e.g. manually provide a bolus dose (a burst of insulin) prior to the student eating)

The Principal shall with consent inform all individuals and corporations involved in the transportation of the student of his/her condition and the requirements of the Diabetes Plan of Care that are applicable to transportation. This information should be communicated to transportation services using the ISTAP form and/or as per the Authorization/Plan Review section of the Plan of Care.

Diabetes Plan of Care: [Appendix C1](#)

## 14.4 Epilepsy

Epilepsy is a disorder of the central nervous system, specifically the brain, characterized by spontaneous, repeated seizures. Epilepsy, also known as a seizure disorder, is not often talked about in public. Misconceptions and fears persist that are sometimes more burdensome to persons living with epilepsy than the seizures themselves. The fact is epilepsy is not a disease, but a common neurological disorder affecting one out of every one hundred Canadians. Anyone can develop epilepsy at any time without a known cause. Most often diagnosed in children and in seniors, epilepsy affects each person differently. Many people with epilepsy successfully control their seizures with medication and are able to enjoy healthy and fulfilling lives.

The role of the school is to support students with epilepsy to fully access school in a safe, accepting and healthy learning environment as outlined in their Plan of Care, while being aware of confidentiality and dignity of the student along with their well-being.

### 14.4.1 Definitions/Terminology

[Epilepsy](#)

[Status Epilepticus](#)

[Convulsive Seizure](#)

### 14.4.2 Education, Training, Response and Resources

#### *Education*

Epilepsy is a neurological disorder. Seizures are the physical effects of an unusual burst of electrical energy in the brain and may include muscle spasms, mental confusion, loss of consciousness, uncontrolled or aimless body movement, incontinence and vomiting. If some seizures are not treated properly, this can result in a life-threatening situation.

Seizure disorders, where appropriate, are usually treated with drugs called anti-epileptics or anti-convulsants that have varying degrees of success in controlling the seizures. About 20% of people have seizures that cannot be brought under control by conventional drug therapy. Those who take drug treatment may experience side effects that affect personality (mood swings), motor capacity and cognitive abilities. The classroom teacher is to be aware of the side effects and apply strategies to accommodate the student's well-being and learning.

A seizure occurs when the normal electrical balance in the brain is lost. The brain's nerve cells misfire: they fire either when they shouldn't, or don't fire when they should. The result is a sudden, brief, uncontrolled burst of abnormal electrical activity in the brain. Seizures are the physical effects of such unusual bursts of electrical energy in the brain and may include muscle spasms, mental confusion, loss of consciousness, uncontrolled or aimless body movement, incontinence and vomiting.

Conditions that may cause seizures:

- Epilepsy
- Medical conditions where seizures may be among the symptoms, such as:

- Cerebral Palsy (25%-35% of the population has seizure occurrence)
- Intellectual disability (as much as 1/3 of the population can have seizure occurrence)
- Angelman's Syndrome
- Physical trauma/injuries to the head and/or brain.

### Types of Seizures

The type of seizure depends on where in the brain the discharge begins. Some children have just one type of seizure, but it is not unusual for more than one type of seizure to occur in the same child. There are more than 40 types of seizures, but most are classified into two main types of seizures. If the electrical discharge disturbs the whole brain, the seizure is called generalized. If the seizure disturbs only part of the brain, it is called partial.

Status Epilepticus is a state of prolonged seizure (longer than 30 minutes) or repeated seizures without time for recovery and can happen with any type of seizure. **Status epilepticus is a medical emergency.**

### Generalized Seizure Types

1. Absence Seizures, formerly known as petit mal seizures, are brief periods of complete loss of awareness. The child may stare into space – completely unaware of surroundings and unable to respond. These seizures start and end abruptly, without warning. They last only a few seconds. The child may stop suddenly in mid-sentence, stare blankly, then continue talking without realizing that anything has happened. Rapid blinking, mouth or arm movement may occur.

During absence seizures, the child is not day dreaming, forgetting to pay attention or deliberately ignoring your instructions. These seizures happen many times a day, interrupting attention and concentration. Absence seizures often disappear before adolescence.

2. Tonic-clonic Seizures, formerly known as grand mal seizures, are general convulsions with two parts. First, in the tonic phase, the child may give a loud cry or groan. The child loses consciousness and falls as the body grows rigid. Second, in the clonic phase, the child's muscles jerk and twitch. Sometimes the whole body is involved; at other times, just the face and arms. Shallow breathing, bluish skin or lips, heavy drooling and loss of bladder or bowel control may occur. These seizures usually last 1 to 3 minutes. Afterwards, consciousness returns slowly and the child may feel groggy and want to sleep. The child will not remember the seizure.

3. Infantile Spasms are rare. They occur in clusters in babies usually before six months of age. The baby may look startled or in pain, suddenly drawing up the knees and raising both arms as if reaching for support. If sitting, the infant's head may suddenly slump forward, the arms flex forward and the body flexes at the waist. Spasms last only a few seconds, but often repeat in a series of 5 to 50 or more many times a day. They often occur when the baby is drowsy, on awakening or going to sleep.

4. Atypical Absence Seizures involve pronounced jerking or automatic movements, a duration of longer than 20 seconds, and incomplete loss of awareness.

5. Myoclonic Seizures involve a sudden, shocking jerk of the muscles in the arms, legs,

neck and trunk. This usually involves both sides of the body at the same time and the student may fall over.

6. Atonic Seizures last a few seconds. The neck, arms, legs or trunk muscles suddenly lose tone without warning. The head drops, the arms lose their grip, the legs lose strength or the person falls to the ground. Students with atonic seizures may have to wear a helmet to protect their head from injury during a fall. The child's surroundings may need to be altered to ensure safety.

### Partial Seizure Types

1. Simple Partial Seizures, formerly known as focal seizures, cause strange and unusual sensations, distorting the way things look, sound, taste or smell. Consciousness is unaffected – the child stays awake but cannot control sudden, jerky movements or one part of the body.

2. Complex Partial Seizures, formerly known as psychomotor or temporal lobe seizures, alter the child's awareness of what is going on during the seizure. The child is dazed and confused and seems to be in a dream or trance. The child is unable to respond to directions. The child may repeat simple actions over and over, e.g. head turning, mumbling, pulling at clothing, smacking lips, making random arm or leg movements or walking randomly. The seizure lasts only a minute or two, but the child may feel confused or upset for some time and may feel tired or want to sleep after the seizure.

### Common Misconceptions

“You can swallow your tongue during a seizure.”

- It is physically impossible to swallow your tongue.

“You should force something into the mouth of someone having a seizure.”

- Absolutely not! That is a good way to chip teeth, puncture gums, or even break someone's jaw. The correct first aid is simple: just gently roll the person onto their side and put something soft under the head to protect from injury.

“You should restrain someone having a seizure.”

- Never use restraint! The seizure will run its course and you cannot stop it.

### Causes of Seizures

For 60% - 75% of all cases there is no known or idiopathic causes. 40% are caused by abnormality in the brain that interfere with electrical workings, such as from brain injury (caused by tumor, stroke or trauma), birth trauma (e.g. lack of oxygen during labour), poisoning from substance abuse or environmental contaminants (e.g. lead), the aftermath of infection (e.g. meningitis, encephalitis, measles) and/or alteration in blood sugar (e.g. hypoglycemia).

In most cases, epilepsy is not inherited. Everyone inherits a “seizure threshold” – when brain cells are irritated beyond this point, we will have a seizure. People with a low seizure threshold tend to develop seizures more easily than others.

### Potential Triggers of Epilepsy/Seizure Disorders

1. Stress- both excitement and emotional upset
2. Lack of sleep

3. Illness
4. Poor diet
5. Menstrual cycle
6. Change in weather
7. Televisions, videos, flashing lights (including flickering overhead lights)
8. Inactivity
9. Improper medication balance

*Response*

**When to Call 911 – Emergency Medical Services:**

Students not diagnosed with epilepsy and seizure disorder: - CALL 911 IMMEDIATELY

Generalized [Convulsive Seizure](#) (e.g. Tonic Clonic Seizure): - CALL 911 IMMEDIATELY UNLESS: you are aware of a different protocol for this student as outlined in the student's Epilepsy and Seizure Disorder Plan of Care.

IF IN DOUBT, OR IF THE SEIZURE LASTS MORE THAN 5 MINUTES IN DURATION OR REPEATS WITHOUT FULL RECOVERY – CALL 911

Steps in supporting a student experiencing a seizure:

**Generalized Convulsive Seizures – Response:**

**1. Keep calm. Stay with the person**

Take note of the time when seizure begins and length of seizure (e.g. stopwatch).

**2. Record time on Seizure Incident Record Form. (Appendix D2)**

Do not restrain or interfere with the person's movements

Do not try to stop the seizure, let the seizure take its course

**3. Protect from further injury where possible**

Move hard or sharp objects away

Place something soft under the head (e.g. pillow, article of clothing)

Loosen tight clothing especially at the neck

**4. Do not place or force anything in the person's mouth**

- Doing so may cause harm to the teeth, gums or even break someone's jaw
- It is physically impossible to swallow the tongue
- The person may bite their tongue and/or inside of their mouth

**5. Roll the person to their side after the seizure subsides**

Sometimes during and after a seizure a person may vomit or drool a lot.

To prevent choking, simply roll the person on their side.

That way, fluids will drain out instead of blocking off the throat and airway.

DO NOT BE FRIGHTENED if a person having a seizure appears to stop breathing momentarily

**6. When to call 911**

If you are in doubt, if the seizure lasts more than 5 minutes in duration, or if it repeats itself

before the student has made a full recovery, call 911.

**Partial Non-Convulsive Seizures – Response:**

1. Keep Calm. Stay With The Person

Do not try to stop the seizure, let the seizure take its course

Talk gently and reassure the person that everything is ok and you are there to help

The person will be unaware of his/her actions and may or may not hear you

Using a light touch, guide the student away from hazards

**AFTER ALL TYPES OF SEIZURES**

- Talk gently to comfort and reassure the person that everything is ok
- Stay with them until they become re-oriented Provide a place where the student can rest before returning to regular activity

Note: School administrators should consider simulating an epileptic emergency, with all staff, similar to a fire drill, to review and check to see that all elements of the school's emergency protocol are in place and everyone knows their role.

*Resources*

[Epilepsy Canada](#)

[Epilepsy Ontario](#)

[Ministry of Education Quick Facts on Epilepsy](#)

**14.4.3 Special Considerations for Epilepsy and Plans of Care**

The Principal with consent shall inform all individuals and corporations involved in the transportation of the student of his/her condition and the requirements of the Epilepsy Plan of Care that are applicable to transportation. This information should be communicated to transportation services using the ISTAP form and/or as per the Authorization/Plan Review section of the Plan of Care.

Epilepsy Plan of Care: [Appendix D1](#)

## 15.0 Administration of Medication

The administration of medication is a joint responsibility between the school and parent(s)/guardian(s) and students. Students are encouraged to be as independent as possible with the administration of medication, recognizing that in some cases support is required. In requesting assistance of staff members, parent(s)/guardian(s) should understand that this request is made of non-medically trained persons. Staff members cannot perform controlled acts as defined by the Regulated Health Professions Act (RHPA) as part of their assigned responsibilities unless otherwise authorized under another piece of legislation. This procedure only applies where it is medically necessary for medication to be administered during school hours.

This section of the Prevalent Medical Conditions Administrative Guideline is intended to provide direction to Principals/Vice-Principals and other Board personnel when they are informed that one of their students requires medication during regular school hours.

These procedures do not apply to non-prescription medication taken by secondary students during school hours unless the student is exceptional in a manner which, in the Principal/Vice-Principal's determination, requires an exception to this rule.

Medication must be supplied in the original, clearly labeled container from a registered dispensary. It must include:

- The student's name;
- Date of issue;
- Name of the medication;
- The name of the registered dispensary;
- The prescribed dosage and frequency;
- Period of use; and
- The name/contact information of the prescribing licensed physician or nurse practitioner.

### 15.1 Roles and Responsibilities:

#### **The Principal shall:**

- ensure that all staff members, including occasional staff, are aware of and receive appropriate training to support students diagnosed with a serious or life-threatening medical condition or other health related matter requiring school support;
- identify staff who can support the daily or routine management needs of students in the school while honouring the provisions within their collective agreements;
- facilitate the provision of relevant information from the student's Plan(s) of Care to school staff and others identified in the Plan(s) including, but not limited to, food service providers, transportation providers, volunteers, and occasional staff members, including any revisions that are made to the Plan;
- ensure Staff Administration of Medication (Appendix E1) or Self-Administration of Medication (Appendix E2) forms are completed by parent(s)/guardian(s) as applicable;
- determine a secure place for storing medication;
- designate staff member(s) and alternates, who are willing to administer the

- medication and ensure that any training required for safe administration is provided;
- ensure designated staff members have all necessary information to support the administration of medication;
- facilitate proper records being maintained and retained in a central file in the school, including but not limited to, the appropriate administration of medication form and the [Medication Administration Chart \(Appendix E3\)](#);
- ensure the management and safe removal of the biohazard waste containers;
- ensure that the administration of routine medication is included in the Plan of Care where applicable; and
- initiate a referral to the Third Party Health Care Provider for the administration of medications other than those that can be taken orally, by inhalant, topically or self-inject.

**Designated staff members shall:**

- administer medication in accordance with Staff Administration of Medication or Self-Administration of Medication forms and the student's Plan(s) of Care, as applicable.
- Maintain proper records of medication administration using the [Medication Administration Chart](#).

**Parent(s)/guardian(s) shall:**

- take all reasonable measures to minimize the need to administer medication at school;
- educate their child about their health/medical condition(s) with support from their child's health care professional, as needed;
- guide and encourage their child to reach their full potential for self-management and self-advocacy;
- complete the [Staff Administration of Medication Form](#) or [Self-Administration of Medication Form](#) in accordance with licensed physician recommendations annually or as required;
- submit all relevant medical documentation including, but not limited to, a medical note, order or report as requested by the Principal;
- supply their child and/or school with sufficient quantities of medication and supplies in their original, clearly labelled containers, as prescribed by a licensed physician or nurse practitioner to be administered during the school day;
- track the expiration dates; and
- provide materials required to meet the health needs of their child, including, but not limited to medications, medical identification, specialized equipment, etc.

**Students shall:**

- alert staff members if they believe they are experiencing any symptoms associated with their medical condition and require medication;
- take responsibility for advocating for their personal safety and well-being that is consistent with their cognitive, emotional, social and physical stage of development and their capacity for self-management;
- carry out daily or routine self-management of their medication to their full potential; and
- wear medical alert identification that they and/or their parent(s)/guardian(s) deem appropriate.

Administration of Medication Forms must be completed in any of the following circumstances:

- When it is essential for a student to take medication during regular school hours in order to attend school (determine if it will be Staff or Self-Administration in consultation with parents/guardians and determined by Principal).
- When prescribed medication is required to respond to an emergency (determine if it will be Staff or Self-Administration or both, as determined by Principal).

*NOTE: If parent(s)/guardian(s) or responsible designates will be administering medication to a student during school hours neither the Staff nor the Self-Administration of Medication form will need to be completed.*

**PREVALENT MEDICAL CONDITION — Anaphylaxis  
Plan of Care**

**STUDENT INFORMATION**

Student Name	Age	Grade	Student Photo (optional)
OEN #	Date Of Birth		
MedicAlert ID <input type="checkbox"/> Yes <input type="checkbox"/> No Teacher(s)			

**EMERGENCY CONTACTS (LIST IN PRIORITY)**

NAME	RELATIONSHIP	DAYTIME PHONE	ALTERNATE PHONE
1.			
2.			
3.			

**KNOWN LIFE-THREATENING TRIGGERS**

CHECK (✓) THE APPROPRIATE BOXES

Food(s):

Insect Stings:

Other:

Epinephrine Auto-Injector(s) Expiry Date (s):

Dosage:  EpiPen®  
Jr. 0.15 mg

EpiPen®  
0.30 mg

Location of Auto-Injector(s):

Previous anaphylactic reaction: **Student is at greater risk.**

Has asthma. **Student is at greater risk.** If student is having a reaction and has difficulty breathing, give epinephrine before asthma medication.

Any other medical condition or allergy?

## DAILY/ROUTINE ANAPHYLAXIS MANAGEMENT

### SYMPTOMS

A STUDENT HAVING AN ANAPHYLACTIC REACTION MIGHT HAVE ANY OF THESE SIGNS AND SYMPTOMS:

- **Skin system:** hives, swelling (face, lips, tongue), itching, warmth, redness.
- **Respiratory system** (breathing): coughing, wheezing, shortness of breath, chest pain or tightness, throat tightness, hoarse voice, nasal congestion or hay fever-like symptoms (runny, itchy nose and watery eyes, sneezing), trouble swallowing.
- **Gastrointestinal system** (stomach): nausea, vomiting, diarrhea, pain or cramps.
- **Cardiovascular system** (heart): paler than normal skin colour/blue colour, weak pulse, passing out, dizziness or lightheadedness, shock.
- **Other:** anxiety, sense of doom (the feeling that something bad is about to happen), headache, uterine cramps, metallic taste.

**EARLY RECOGNITION OF SYMPTOMS AND IMMEDIATE TREATMENT COULD SAVE A PERSON'S LIFE.**

**Avoidance** of an allergen is the main way to prevent an allergic reaction.

Food Allergen(s): eating even a small amount of a certain food can cause a severe allergic reaction.

Food(s) to be avoided:

Designated eating area inside the school building:

Insect Stings: (Risk of insect stings is higher in warmer months. Avoid areas where stinging insects nest or congregate. Destroy or remove nests, cover or move trash cans, keep food indoors.)

School Trips: ensure that the parent/guardian provides an excursion kit consisting of any prescribed medications as outlined in the student's Plan of care, and that the medication be in a clearly marked container with an additional 50% supply in case of emergency. The excursion kit, for anaphylaxis, along with the Plan of Care, should include Epi-pens, emergency contact information and a cell phone (if applicable)

Additional Considerations for School Trips:

Other information/Safety Measures:

**EMERGENCY PROCEDURES  
(DEALING WITH AN ANAPHYLACTIC REACTION)**

ACT QUICKLY. THE FIRST SIGNS OF A REACTION CAN BE MILD, BUT SYMPTOMS CAN GET WORSE QUICKLY.

**STEPS**

1. Give epinephrine auto-injector (e.g. EpiPen®) at the first sign of a known or suspected anaphylactic reaction.
  
2. Call 9-1-1. Tell them someone is having a life-threatening allergic reaction.
  
3. Give a second dose of epinephrine as early as five (5) minutes after the first dose if there is no improvement in symptoms.
  
4. Follow direction of emergency personnel, including transport to hospital (ideally by ambulance), even if symptoms are mild or have stopped. The reaction could worsen or come back, even after treatment. Stay in the hospital for an appropriate period of observation as decided by the emergency department physician (generally about 4 - 6 hours).
  
5. Call emergency contact person; e.g. Parent(s)/Guardian(s).

**HEALTHCARE PROVIDER INFORMATION (OPTIONAL)**

**Healthcare provider may include:** Physician, Nurse Practitioner, Registered Nurse, Pharmacist, Respiratory Therapist, Certified Respiratory Educator, or Certified Asthma Educator.

Healthcare Provider's Name:

Profession/Role:

Signature: \_\_\_\_\_ Date:

Special Instructions/Notes/Prescription Labels:

If medication is prescribed, please include dosage, frequency and method of administration, dates for which the authorization to administer applies, and possible side effects.

\* This information may remain on file if there are no changes to the student's medical condition.

## AUTHORIZATION/PLAN REVIEW

### LIST INDIVIDUALS WITH WHOM THIS PLAN OF CARE IS TO BE SHARED

Is there a designated staff responsible for the implementation of this plan of care?  Yes  No  
If yes, include name:

Other Individuals To Be Contacted Regarding Plan Of Care:

Before-School Program  Yes  No

After-School Program  Yes  No

School Bus Driver/Route # (If Applicable)

Other:

**The parent/guardian consents to communication with other parents/guardians directly or through a school newsletter to provide specific information about the student's medical condition to other parents/guardians.**

Parent(s)/Guardian(s): \_\_\_\_\_ (Signature)

**This plan remains in effect for the 20\_\_ — 20\_\_ school year without change and will be reviewed on or before:**  
\_\_\_\_\_. (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).

Parent(s)/Guardian(s): \_\_\_\_\_  
Signature

Date:

Student: \_\_\_\_\_  
Signature

Date:

Principal: \_\_\_\_\_  
Signature

Date:

## APPENDIX A2

School Letterhead

### SAMPLE LETTER TO PARENTS:

Dear Parents/Guardians:

The number of students allergic to \_\_\_\_\_ (antigen) in our school is growing, and this year we have a student at the very highest risk level.

After discussions with school staff and other knowledgeable parties in the medical community, it has been suggested the best way to provide a safe environment would be to enlist the support of parents to help make our school a controlled environment. This means that \_\_\_\_\_ (antigen) will no longer be permitted to be brought to the school by students, staff, parents/guardians, or visitors.

***If Allergen is Food Related, consider adding:*** Also, I ask you to read the labels of other foods like muffins, granola bars, and cereals before you put them in your child's lunch/snack (or other food sources related to the antigen; if the antigen was milk or soy, this list would change accordingly). Our concern is some foods such as those listed above may contain hidden ingredients, or may create the risk of being cross contaminated with \_\_\_\_\_(antigen).

I realize this request may pose an inconvenience for you when packing snacks and lunches, however it is our wish that students with severe allergies feel as confident and safe as possible knowing that all precautions have been taken. For further information on prevention, please visit Food Allergy Canada at <https://foodallergycanada.ca/>

I wish to express our sincere appreciation for your support and understanding of this potentially life threatening allergy.

Sincerely,

Principal

## APPENDIX A3

### Newsletter Sample

We felt that all parents would like to be aware that there is/are a child/several children in our school with a severe life threatening food allergy to \_\_\_\_\_(antigen). This is a medical condition that causes a severe reaction and can result in death within minutes. Whether or not this affects your child's class directly, please be aware that \_\_\_\_\_ (antigen) is not permitted to be brought to school by students, staff, parents/guardians or visitors. Please be vigilant in checking your child's lunches for sources of potential anaphylaxis, as some foods such as granola bars, muffins, or cereals may contain traces of \_\_\_\_\_ (antigen). I realize this request may pose an inconvenience for you when packing snacks and lunches, however it is our wish that students with severe allergies feel as confident and safe as possible knowing that all precautions have been taken. For further information on prevention, please visit Food Allergy Canada at <https://foodallergycanada.ca/>. Thank you for your understanding and co-operation.

**PREVALENT MEDICAL CONDITION — TYPE 1 ASTHMA**  
**Plan of Care**

**STUDENT INFORMATION**

Student Name	Age	Grade	Student Photo (optional)
OEN #	Date Of Birth		
MedicAlert ID <input type="checkbox"/> Yes <input type="checkbox"/> No Teacher(s)			

**EMERGENCY CONTACTS (LIST IN PRIORITY)**

NAME	RELATIONSHIP	DAYTIME PHONE	ALTERNATE PHONE
1.			
2.			
3.			

**KNOWN ASTHMA TRIGGERS**

CHECK (✓) ALL THOSE THAT APPLY

- Colds/Flu/Illness     
  Change In Weather     
  Pet Dander     
  Strong Smells  
 Smoke (e.g., tobacco, fire, cannabis, second-hand smoke)     
  Mold     
  Dust     
  Cold Weather     
  Pollen  
 Physical Activity/Exercise     
  Other (Specify)  
 At Risk For Anaphylaxis (Specify Allergen)  
 Asthma Trigger Avoidance Instructions:  
  
 Any Other Medical Condition Or Allergy?

## DAILY/ ROUTINE ASTHMA MANAGEMENT

### RELIEVER INHALER USE AT SCHOOL AND DURING SCHOOL-RELATED ACTIVITIES

A reliever inhaler is a fast-acting medication (usually blue in colour) that is used when someone is having asthma symptoms. The reliever inhaler should be used:

- When student is experiencing asthma symptoms (e.g., trouble breathing, coughing, wheezing).
- Other (explain):

Use reliever inhaler \_\_\_\_\_ in the dose of \_\_\_\_\_  
(Name of Medication) (Number of Puffs)

Spacer (valved holding chamber) provided?  Yes  No

Place a (✓) check mark beside the type of reliever inhaler that the student uses:

- Airomir  Ventolin  Bricanyl  Other (specify)

Student requires assistance to **access** reliever inhaler. Inhaler must be **readily accessible**.

Reliever inhaler is kept:

In main office (specify location):

Staff Person Responsible:

Other Location (specify location):

Staff Person Responsible:

Student **will carry** their reliever inhaler **at all times** including during recess, gym, outdoor and off-site activities.

Reliever inhaler is kept in the student's:

Pocket  Backpack/fanny Pack

Case/pouch  Other (specify):

Does student require assistance to **administer** reliever inhaler?  Yes  No

Student's **spare** reliever inhaler is kept:

In main office (specify location):

Staff Person Responsible:

Other Location (specify location):

Staff Person Responsible:

### CONTROLLER MEDICATION USE AT SCHOOL AND DURING SCHOOL-RELATED ACTIVITIES

Controller medications are taken regularly every day to control asthma. Usually, they are taken in the morning and at night, so generally not taken at school (unless the student will be participating in an overnight activity).

Use/administer \_\_\_\_\_ In the dose of \_\_\_\_\_ At the following times:  
(Name of Medication)

Use/administer \_\_\_\_\_ In the dose of \_\_\_\_\_ At the following times:  
(Name of Medication)

## EMERGENCY PROCEDURES

### IF ANY OF THE FOLLOWING OCCUR:

- Continuous coughing
- Trouble breathing
- Chest tightness
- Wheezing (whistling sound in chest)

(\* Student may also be restless, irritable and/or quiet.)

### TAKE ACTION:

**STEP 1:** Immediately use fast-acting reliever inhaler (usually a blue inhaler). Use a spacer if provided.

**STEP 2:** Check symptoms. Only return to normal activity when all symptoms are gone. If symptoms get worse or do not improve within 10 minutes, this is an **EMERGENCY!** Follow steps below.

### IF ANY OF THE FOLLOWING OCCUR:

- Breathing is difficult and fast
- Cannot speak in full sentences
- Lips or nail beds are blue or grey
- Skin or neck or chest sucked in with each breath

(\*Student may also be anxious, restless, and/or quiet.)

### THIS IS AN EMERGENCY:

**STEP 1: IMMEDIATELY USE ANY FAST-ACTING RELIEVER (USUALLY A BLUE INHALER). USE A SPACER IF PROVIDED.**

Call 9-1-1 for an ambulance. Follow 9-1-1 communication protocol with emergency responders.

**STEP 2:** If symptoms continue, use reliever inhaler every 5-15 minutes until medical attention arrives.

While waiting for medical help to arrive:

- ✓ Have student sit up with arms resting on a table (do not have student lie down unless it is an anaphylactic reaction).
- ✓ Do not have the student breathe into a bag.
- ✓ Stay calm, reassure the student and stay by his/her side.
- ✓ Notify parent(s)/guardian(s) or emergency contact.

### SCHOOL TRIPS

Ensure that the parent/guardian provides an excursion kit consisting of any prescribed medications as outlined in the student's Plan of care, and that the medication be in a clearly marked container with an additional 50% supply in case of emergency. The excursion kit, for asthma, along with the Plan of Care, should include inhalers, emergency contact information and a cell phone (if applicable)

Additional Considerations for School Trips:

## HEALTHCARE PROVIDER INFORMATION (OPTIONAL)

**Healthcare provider may include:** Physician, Nurse Practitioner, Registered Nurse, Pharmacist, Respiratory Therapist, Certified Respiratory Educator, or Certified Asthma Educator.

Healthcare Provider's Name:

Profession/Role:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Special Instructions/Notes/Prescription Labels:

If medication is prescribed, please include dosage, frequency and method of administration, dates for which the authorization to administer applies, and possible side effects.

\* This information may remain on file if there are no changes to the student's medical condition.

## AUTHORIZATION/PLAN REVIEW

### LIST INDIVIDUALS WITH WHOM THIS PLAN OF CARE IS TO BE SHARED

Is there a designated staff responsible for the implementation of this plan of care?  Yes  No

If yes, include name:

Other Individuals To Be Contacted Regarding Plan Of Care:

Before-School Program  Yes  No

After-School Program  Yes  No

School Bus Driver/Route # (If Applicable)

Other:

**This plan remains in effect for the 20\_\_ — 20\_\_ school year without change and will be reviewed on or before:** \_\_\_\_\_ . (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).

Parent(s)/Guardian(s): \_\_\_\_\_  
Signature

Date: \_\_\_\_\_

Student: \_\_\_\_\_  
Signature

Date: \_\_\_\_\_

Principal: \_\_\_\_\_  
Signature

Date: \_\_\_\_\_

## Consent for Student to Carry and Self-Administer Asthma Medication

We agree that \_\_\_\_\_ (student name)

- can carry prescribed medications and delivery devices to manage asthma while at school and during school-related activities.
- can self-administer prescribed medications and delivery devices to manage asthma while at school and during school-related activities.
- requires assistance with administering prescribed medications and delivery devices to manage asthma while at school and during school-related activities.

It is the responsibility of the parent/guardian to notify the Principal if there is a need to change the Plan of Care during the school year and to inform the school of any change of medication or delivery device.

This medication cannot be administered beyond the expiry date.

Parent(s)/Guardian(s) Name:

Date: \_\_\_\_\_

\_\_\_\_\_ (Signature)

Student Name:

Date: \_\_\_\_\_

\_\_\_\_\_ (Signature)

Principal Name:

Date: \_\_\_\_\_

\_\_\_\_\_ (Signature)

**PREVALENT MEDICAL CONDITION — TYPE 1 DIABETES  
Plan of Care**

**STUDENT INFORMATION**

Student Name	Age	Grade	Student Photo (optional)
OEN #	Date Of Birth		
MedicAlert ID <input type="checkbox"/> Yes <input type="checkbox"/> No Teacher(s)			

**EMERGENCY CONTACTS (LIST IN PRIORITY)**

NAME	RELATIONSHIP	DAYTIME PHONE	ALTERNATE PHONE
1.			
2.			
3.			

**TYPE 1 OR TYPE 2 DIABETES  
SUPPORTS**

Names of trained individuals who will provide support with diabetes-related tasks: (e.g. designated staff or community care allies.)

Method of home-school communication:

Any other medical condition or allergy?

## DAILY/ROUTINE: DIABETES MANAGEMENT

Student is able to manage their diabetes care independently and does not require any special care from the school.

Yes       No, complete below.

ROUTINE	ACTION
<p><b>BLOOD GLUCOSE MONITORING</b></p> <p><input type="checkbox"/> Student requires trained individual to check BG/ read meter.</p> <p><input type="checkbox"/> Student needs supervision to check BG/ read meter.</p> <p><input type="checkbox"/> Student can independently check BG/ read meter.</p> <p><input type="checkbox"/> Student has continuous glucose monitor (CGM)</p> <p>* Students should be able to check blood glucose anytime, anyplace, respecting their preference for privacy.</p>	<p>Target Blood Glucose Range</p> <p>Time(s) to check BG:</p> <p>Contact Parent(s)/Guardian(s) if BG is:</p> <p>Parent(s)/Guardian(s) responsibilities:</p> <p>School responsibilities:</p> <p>Student responsibilities:</p> <p>Outside Agency responsibilities:</p>
<p><b>NUTRITION BREAKS</b></p> <p><input type="checkbox"/> Student requires supervision during meal times to ensure completion.</p> <p><input type="checkbox"/> Student can independently manage his/her food intake.</p> <p>* Reasonable accommodation must be made to allow student to eat all of the provided meals and snacks on time. Students should not trade or share food/snacks with other students.</p>	<p>Recommended time(s) for meals/snacks:</p> <p>Special instructions for meal days/ special events:</p> <p>Parent(s)/Guardian(s) responsibilities:</p> <p>School responsibilities:</p> <p>Student responsibilities:</p>

**INSULIN – INJECTION**

Student does not take insulin at school.

Student takes insulin at school.

Insulin is given by:

Student

Student with supervision

Parent(s)/Guardian(s)

Trained Individual

All students with Type 1 diabetes use insulin. Some students will require insulin during the school day, typically before meal/nutrition breaks.

Location of insulin:

Required times for insulin:

Before school:

Morning Break:

Lunch Break:

Afternoon Break:

Other (Specify):

Parent(s)/Guardian(s) responsibilities:

School responsibilities:

Student responsibilities:

Outside Agency responsibilities:

**INSULIN – PUMP DELIVERY**

All students with Type 1 diabetes use insulin. Some students will require insulin during the school day, typically before meal/nutrition breaks.

Student must be able to eat per daily schedule.

Supervision will be required  Yes  No

Student must eat all required food sent by parent(s)/guardian(s) **OR** Student may independently adjust insulin to accommodate amount of food  Yes  No

Use of insulin pump before each snack/meal  Yes  No

Carbohydrate/insulin ratio

Student may unhook pump for a maximum of one hour during intense physical activity  Yes  No

While disconnected, pump will be stored

Parent(s)/Guardian(s) responsibilities:

School responsibilities:

	<p>Student responsibilities:</p> <p>Outside Agency responsibilities:</p>
<p><b>ACTIVITY PLAN</b>  Physical activity lowers blood glucose. BG is often checked before activity. Carbohydrates may need to be eaten before/after physical activity.</p> <p>A source of fast-acting sugar must always be within students' reach.</p>	<p>Please indicate what this student must do prior to physical activity to help prevent low blood sugar:</p> <ol style="list-style-type: none"> <li>1. Before activity:</li> <li>2. During activity:</li> <li>3. After activity:</li> </ol> <p>Parent(s)/Guardian(s) responsibilities:</p> <p>School responsibilities:</p> <p>Student responsibilities:</p> <p>Outside Agency responsibilities:</p> <p>For special events, notify parent(s)/guardian(s) in advance so that appropriate adjustments or arrangements can be made. (e.g. extracurricular, Terry Fox Run)</p>
<p><b>DIABETES MANAGEMENT KIT</b></p> <p>Parents must provide, maintain, and refresh supplies. School must ensure this kit is accessible all times. (e.g. field trips, fire drills, lockdowns) and advise parents when supplies are low.</p>	<p>Kits will be available in different locations but will include:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Blood Glucose meter, BG test strips, and lancets</li> <li><input type="checkbox"/> Insulin and insulin pen and supplies.</li> </ul> <p>Source of fast-acting sugar (e.g. juice, candy, glucose tabs.)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Carbohydrate containing snacks</li> </ul> <p>For Pump – Supplies as decided:</p> <p>Other (Please list):</p> <p>Location of Kit:</p> <p>Location of Sharps Disposal Container:</p>

<p><b>SCHOOL TRIPS</b></p> <p>Ensure that the parent/guardian provides an excursion kit consisting of any prescribed medications as outlined in the student's Plan of care, and that the medication be in a clearly marked container with an additional 50% supply in case of emergency.</p>	<p>The excursion kit, for diabetes, along with the Plan of Care, should include a kit for Low Blood Sugar, Hypoglycemia, emergency contact information and a cell phone (if applicable)</p> <p>Additional Considerations for School Trips:</p>
<p><b>SPECIAL NEEDS</b></p> <p>A student with special considerations may require more assistance than outlined in this plan.</p>	<p>Comments/Notes:</p>

## HEALTHCARE PROVIDER INFORMATION (OPTIONAL)

**Healthcare provider may include:** Physician, Nurse Practitioner, Registered Nurse, Pharmacist, Respiratory Therapist, Certified Respiratory Educator, or Certified Asthma Educator.

Healthcare Provider's Name:

Profession/Role:

Signature: \_\_\_\_\_ Date:

Special Instructions/Notes/Prescription Labels:

If medication is prescribed, please include dosage, frequency and method of administration, dates for which the authorization to administer applies, and possible side effects.

\* This information may remain on file if there are no changes to the student's medical condition.

## Consent for Student to Carry and Self-Administer Diabetes Medication

We agree that \_\_\_\_\_ (student name)

can carry prescribed medications and delivery devices to manage diabetes while at school and during school-related activities.

can self-administer prescribed medications and delivery devices to manage diabetes while at school and during school-related activities.

requires assistance with administering prescribed medications and delivery devices to manage diabetes while at school and during school-related activities.

It is the responsibility of the parent/guardian to notify the Principal if there is a need to change the Plan of Care during the school year and to inform the school of any change of medication or delivery device.

This medication cannot be administered beyond the expiry date.

Parent(s)/Guardian(s) Name: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
(Signature)

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
(Signature)

Principal Name: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
(Signature)

## EMERGENCY PROCEDURES

### HYPOGLYCEMIA – LOW BLOOD GLUCOSE ( 4 mmol/L or less) DO NOT LEAVE STUDENT UNATTENDED

Usual symptoms of Hypoglycemia for my child are:

- |   |  |                                    |   |
|---|--|------------------------------------|---|
| <input type="checkbox"/> Shakiness          | <input type="checkbox"/> Irritability/Poor Behaviour | <input type="checkbox"/> Dizziness | <input type="checkbox"/> Trembling        |
| <input type="checkbox"/> Blurred Vision     | <input type="checkbox"/> Headache                    | <input type="checkbox"/> Hunger    | <input type="checkbox"/> Weakness/Fatigue |
| <input type="checkbox"/> Pale Skin          | <input type="checkbox"/> Confusion                   | Other                              |   |
| <input type="checkbox"/> Cold/Clammy/Sweaty |  |                                    |   |

Predicted times/activities common to low blood sugar for my child:

Glucagon kit provided by Parent/Guardian:  Yes  No

If provided, it can be used in an emergency by Emergency Medical Services (EMS)

Parent(s)/Guardian(s) Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Principal Signature: \_\_\_\_\_

Steps to take for Mild Hypoglycemia (student is responsive)

1. Check blood glucose, give \_\_\_\_\_ grams of fast acting carbohydrate (e.g. ½ cup of juice, 15 skittles)
2. Re-check blood glucose in 15 minutes.
3. If still below 4 mmol/L, repeat steps 1 and 2 until BG is above 4 mmol/L. Give a starchy snack if next meal/snack is more than one (1) hour away.

Steps for Severe Hypoglycemia (student is unresponsive)

1. Place the student on their side in the recovery position.
2. Call 9-1-1. Do not give food or drink (choking hazard). Supervise student until emergency medical personnel arrives.
3. Contact parent(s)/guardian(s) or emergency contact

### HYPERGLYCEMIA — HIGH BLOOD GLOCOSE (14 MMOL/L OR ABOVE)

Usual symptoms of hyperglycemia for my child are:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Extreme Thirst     | <input type="checkbox"/> Frequent Urination | <input type="checkbox"/> Headache       |
| <input type="checkbox"/> Hunger             | <input type="checkbox"/> Abdominal Pain     | <input type="checkbox"/> Blurred Vision |
| <input type="checkbox"/> Warm, Flushed Skin | <input type="checkbox"/> Irritability       | <input type="checkbox"/> Other:         |

Steps for Hyperglycemia:

1. Allow student free use of bathroom
2. Encourage student to drink water only
3. Inform the parent/guardian if BG is above \_\_

Symptoms of Severe Hyperglycemia (Notify parent(s)/guardian(s) immediately)

- Rapid, Shallow Breathing                       Vomiting                       Fruity Breath

Steps to take for Severe Hyperglycemia:

1. If possible, confirm hyperglycemia by testing blood glucose
2. Call parent(s)/guardian(s) or emergency contact

For Pump Use: correct with insulin bolus:  Yes  No

## AUTHORIZATION/PLAN REVIEW

### LIST INDIVIDUALS WITH WHOM THIS PLAN OF CARE IS TO BE SHARED

Is there a designated staff responsible for the implementation of this plan of care?  Yes  No

If yes, include name:

Other Individuals To Be Contacted Regarding Plan Of Care:

Before-School Program  Yes  No

After-School Program  Yes  No

School Bus Driver/Route # (If Applicable)

Other:

**This plan remains in effect for the 20\_\_ — 20\_\_ school year without change and will be reviewed on or before:**

\_\_\_\_\_. (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).

Parent(s)/Guardian(s): \_\_\_\_\_  
Signature

Date:

Student: \_\_\_\_\_  
Signature

Date:

Principal: \_\_\_\_\_  
Signature

Date:

**PREVALENT MEDICAL CONDITION — EPILEPSY**  
**Plan of Care**

**STUDENT INFORMATION**

Student Name	Age	Grade	Student Photo (optional)
OEN #	Date Of Birth		
MedicAlert ID <input type="checkbox"/> Yes <input type="checkbox"/> No Teacher(s)			

**EMERGENCY CONTACTS (LIST IN PRIORITY)**

NAME	RELATIONSHIP	DAYTIME PHONE	ALTERNATE PHONE
1.			
2.			
3.			

Has an emergency rescue medication been prescribed? Yes No

If yes, attach the rescue medication plan, healthcare providers' orders and authorization from the student's parent(s)/guardian(s) for a trained person to administer the medication.

Note: Rescue medication training for the prescribed rescue medication and route of administration (e.g. buccal or intranasal) must be done in collaboration with a regulated healthcare professional.

**KNOWN SEIZURE TRIGGERS**

CHECK (✓) ALL THOSE THAT APPLY

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Stress            | <input type="checkbox"/> Menstrual Cycle             | <input type="checkbox"/> Inactivity  |
| <input type="checkbox"/> Changes In Diet   | <input type="checkbox"/> Lack Of Sleep               | <input type="checkbox"/> Electronic Stimulation<br>(TV, Videos, Florescent Lights) |
| <input type="checkbox"/> Illness           | <input type="checkbox"/> Improper Medication Balance |  |
| <input type="checkbox"/> Change In Weather | Other  |  |

Any Other Medical Condition or Allergy?

**DAILY/ROUTINE EPILEPSY MANAGEMENT**

<b>DESCRIPTION OF SEIZURE (NON-CONVULSIVE)</b>	<b>ACTION:</b>
	(e.g. description of dietary therapy, risks to be mitigated, trigger avoidance.)

<b>DESCRIPTION OF SEIZURE (CONVULSIVE)</b>	<b>ACTION:</b>

**SEIZURE MANAGEMENT**

Note: It is possible for a student to have more than one seizure type.  
Record information for each seizure type.

<b>SEIZURE TYPE</b>	<b>ACTIONS TO TAKE DURING SEIZURE</b>
<p>(e.g. tonic-clonic, absence, simple partial, complex partial, atonic, myoclonic, infantile spasms)</p> <p>Type</p> <p>Description</p> <p>Frequency of seizure activity:</p> <p>Typical seizure duration:</p>	

## BASIC FIRST AID: CARE AND COMFORT

First aid procedure(s):

Does student need to leave classroom after a seizure?  Yes  No

If yes, describe process for returning student to classroom:

### BASIC SEIZURE FIRST AID

- Stay calm and track time and duration of seizure
- Keep student safe
- Do not restrain or interfere with student's movements
- Do not put anything in student's mouth
- Stay with student until fully conscious

### FOR TONIC-CLONIC SEIZURE:

- Protect student's head
- Keep airway open/watch breathing
- Turn student on side

## EMERGENCY PROCEDURES

Students with epilepsy will typically experience seizures as a result of their medical condition.

Call 9-1-1 when:

- Convulsive (tonic-clonic) seizure lasts longer than five (5) minutes.
- Student has repeated seizures without regaining consciousness.
- Student is injured or has diabetes.
- Student has a first-time seizure.
- Student has breathing difficulties.
- Student has a seizure in water
- ★ Notify parent(s)/guardian(s) or emergency contact immediately with any seizure activity as per communication protocols:

## HEALTHCARE PROVIDER INFORMATION (OPTIONAL)

**Healthcare provider may include:** Physician, Nurse Practitioner, Registered Nurse, Pharmacist, Respiratory Therapist, Certified Respiratory Educator, or Certified Asthma Educator.

Healthcare Provider's Name:

Profession/Role:

Signature: \_\_\_\_\_ Date:

Special Instructions/Notes/Prescription Labels:

If medication is prescribed, please include dosage, frequency and method of administration, dates for which the authorization to administer applies, and possible side effects.

\* This information may remain on file if there are no changes to the student's medical condition.

## SCHOOL TRIPS

Ensure that the parent/guardian provides an excursion kit consisting of any prescribed medications as outlined in the student's Plan of care, and that the medication be in a clearly marked container with an additional 50% supply in case of emergency. The excursion kit, for epilepsy, along with the Plan of Care, should include specific directions, emergency contact information and a cell phone (if applicable).

Additional Considerations for School Trips:

## AUTHORIZATION/PLAN REVIEW

### LIST INDIVIDUALS WITH WHOM THIS PLAN OF CARE IS TO BE SHARED

Is there a designated staff responsible for the implementation of this plan of care?  Yes  No  
If yes, include name:

Other Individuals To Be Contacted Regarding Plan Of Care:

Before-School Program  Yes  No

After-School Program  Yes  No

School Bus Driver/Route # (If Applicable)

Other:

**This plan remains in effect for the 20\_\_ — 20\_\_ school year without change and will be reviewed on or before:**  
\_\_\_\_\_. (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).

Parent(s)/Guardian(s): \_\_\_\_\_  
Signature

Date:

Student: \_\_\_\_\_  
Signature

Date:

Principal: \_\_\_\_\_  
Signature

Date:



## APPENDIX E1



### **SELF ADMINISTRATION OF MEDICATION**

It is the responsibility of parents/guardians to administer medication to their children. Treatment regimens should, where possible, be adjusted to avoid administration of medication during school hours. When this is not possible, students should be encouraged to accept the maximum responsibility for the self-administration of medication.

### **REQUEST FOR ADMINISTRATION OF MEDICATION (PLEASE TYPE OR PRINT INFORMATION)**

#### **A. Student Information**

Name		Date of Birth	
Age		School	
Grade		Homeroom Teacher	
Physician		Physician Telephone	

#### **B. Parent(s)/Guardian(s)**

Parent/Guardian #1 Name		Telephone #	
Parent/Guardian # 2 Name:		Telephone #	

#### **C. Medication Information**

Name of medication	
Storage location and amount to be stored	
Dosage to be given	
Time to be given	
Directions for ingestion (if required)	
Duration of Medication	
Cautions or notable side effects	
Disposal of unused medication and/or medical supplies if applicable	

Medication must be supplied in the original, clearly labeled container from a registered dispensary. It must include:

- The student's name;
- Date of issue;
- Name of the medication;
- The name of the registered dispensary;
- The prescribed dosage and frequency;
- Period of use; and
- The name/contact information of the prescribing licensed physician or nurse practitioner.

I/We are the parents/guardians of \_\_\_\_\_ (student's name) and hereby request that the above medication shall be self-administered by my/ our child in accordance with the procedure outlined above. I/We acknowledge that Near North District School Board, its agents or employees shall not be responsible for the administration of such medication.

**Parent(s)/Guardian(s) Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

The Near North District School Board employees are expected to support the student's daily or routine management, and respond to medical incidents and medical emergencies that occur during school, as outlined in Board policies and procedures. I / W e acknowledge that the employees of the Near North District School Board, who administer the related procedures/medications, are not medically trained. At all times it remains the responsibility of the Parent(s)/Guardian(s) to ensure that clear instructions and current physician's orders related to the use of the medication are provided to the Principal. Parent(s)/Guardian(s) and their children are fully responsible for ensuring that the medication is taken as required. Parent(s)/Guardian(s) have been advised that neither the Near North District School Board, it's' employees or agents, accept responsibility for any loss, damage or injury to the student or his/her family arising out of the administration of medication described above.

I/We hereby acknowledge that I/We have read and fully understand the terms set out herein.

**Parent(s)/Guardian(s) Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*NOTE: This request will terminate on June 30 of each school year. A new form must be completed for any change in the above instructions.*

#### **D. Approval of Principal**

**Principal Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Authorization for the collection of this information is in accordance with the Education Act, the Municipal Freedom of Information and Protection of Privacy Act, and the Personal Health Information Protection Act, as amended and applicable. The purpose is to assist with the meeting the health needs of the student. Users of this information include but are not limited to principals, teachers, support staff, volunteers, and bus drivers. This form will be kept for a minimum period of one calendar year. Contact person concerning this collection is the school principal.*

## APPENDIX E2



### **STAFF ADMINISTRATION OF MEDICATION**

It is the responsibility of parents/guardians to administer medication to their children. Treatment regimens should, where possible, be adjusted to avoid administration of medication during school hours. When this is not possible, parents may request assistance of school personnel through the principal. Students should be encouraged to accept the maximum responsibility for the self-administration of medication.

### **REQUEST FOR ADMINISTRATION OF MEDICATION (PLEASE TYPE OR PRINT INFORMATION)**

#### **A. Student Information**

Name:		Date of Birth:	
Age:		School:	
Grade:		Homeroom Teacher:	
Physician:		Physician Telephone:	

#### **B. Parent(s)/Guardian(s)**

Parent/Guardian #1 Name		Telephone #	
Parent/Guardian # 2 Name:		Telephone #	

#### **C. Medication Information**

Name of medication	
Storage location and amount to be stored	
Dosage to be given	
Time to be given	
Directions for ingestion (if required)	
Duration of Medication	
Cautions or notable side effects	
Storage and location of spare medication and other supplies if applicable	
Disposal of unused medication and medical supplies if applicable	

Medication must be supplied in the original, clearly labeled container from a registered dispensary. It must include:

- The student's name;
- Date of issue;
- Name of the medication;
- The name of the registered dispensary;
- The prescribed dosage and frequency;
- Period of use; and
- The name of the prescribing licensed physician or nurse practitioner.

I/We hereby request that the Near North District School Board, its employees or agents, as outlined, administer the above procedure/medication to my/our child. The Near North District School Board employees are expected to support the student's daily or routine management, and respond to medical incidents and medical emergencies that occur during school, as outlined in board policies and procedures. I / W e acknowledge that the employees of the Near North District School Board, who will administer the related procedures/medications, are not medically trained. At all times it remains the responsibility of the Parent(s)/Guardian(s) to ensure that clear instructions and current physician's orders related to the use of the medication are provided to the principal. Parent(s)/Guardian(s) and their children are fully responsible for ensuring that the medication is taken as required. Parent(s)/Guardian(s) have been advised that neither the Near North District School Board, it's' employees or agents, accept responsibility for any loss, damage or injury to the student or his/her family arising out of the administration of medication describe above.

I/We hereby acknowledge that I/We have read and fully understand the terms set out herein.

**Parent(s)/Guardian(s) Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*NOTE: This request will terminate on June 30 of each school year. A new form must be completed for any change in the above instructions.*

**D. Approval of Principal**

**Principal Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Authorization for the collection of this information is in accordance with the Education Act, the Municipal Freedom of Information and Protection of Privacy Act, and the Personal Health Information Protection Act, as amended and applicable. The purpose is to assist with the meeting the health needs of the student. Users of this information include but are not limited to principals, teachers, support staff, volunteers, and bus drivers. This form will be kept for a minimum period of one calendar year. Contact person concerning this collection is the school principal.*

**APPENDIX E3**

**Medication Administration Chart**

Student's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Parent(s)/Guardian(s)' Telephone#: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Designate Name & Initials: \_\_\_\_\_ Substitute Name & Initials: \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

Times to be Administered: \_\_\_\_\_

Directions for Ingestion: \_\_\_\_\_

Dates or conditions in which Medication is to be Administered: \_\_\_\_\_

Week of:

TIME	M	T	W	T	F

Week of:

TIME	M	T	W	T	F

Week of:

TIME	M	T	W	T	F

Week of:

TIME	M	T	W	T	F

Week of:

TIME	M	T	W	T	F

Week of:

TIME	M	T	W	T	F

Week of:

TIME	M	T	W	T	F

Week of:

TIME	M	T	W	T	F

Week of:

TIME	M	T	W	T	F

**This record should be secured with the medication or near where it is stored. A separate sheet shall be maintained for each medication to be given to the student. This record shall become a part of the student's pupil records. Any side effects and responses to side effects must be noted on a separate piece of paper and attached to this record.**

## APPENDIX F: Plan of Care for Medically Complex Students

### Medically Complex Students Plan of Care

#### STUDENT INFORMATION

Student Name	Age	Grade	Student Photo (optional)
OEN #	Date Of Birth		
MedicAlert ID <input type="checkbox"/> Yes <input type="checkbox"/> No Teacher(s)			

#### EMERGENCY CONTACTS (LIST IN PRIORITY)

NAME	RELATIONSHIP	DAYTIME PHONE	ALTERNATE PHONE
1.			
2.			
3.			

Has an emergency rescue medication been prescribed?  Yes  No

If yes, attach the rescue medication plan, healthcare providers' orders and authorization from the student's parent(s)/guardian(s) for a trained person to administer the medication.

Note: Rescue medication training for the prescribed rescue medication and route of administration (e.g. buccal or intranasal) must be done in collaboration with a regulated healthcare professional.

#### MEDICAL TRIGGERS (if any)

CHECK (✓) ALL THAT APPLY

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Stress  | <input type="checkbox"/> Physical Exercise  | <input type="checkbox"/> Inactivity  |
| <input type="checkbox"/> Changes In Diet                               | <input type="checkbox"/> Lack Of Sleep      | <input type="checkbox"/> Electronic Stimulation<br>(TV, Videos, Florescent Lights) |
| <input type="checkbox"/> Illness                                       | <input type="checkbox"/> Food sensitivities |  |
| <input type="checkbox"/> Change In Weather                             | <input type="checkbox"/> Other _____        |  |
| <input type="checkbox"/> Any Other Medical Condition or Allergy? _____ |   |  |

## DAILY/ROUTINE

Student is able to manage their condition and care independently and does not require any special care from the school.

Yes     No

### ROUTINE:

### ACTION:

#### **NUTRITION BREAKS**

Student requires supervision during meal times to ensure completion.

Student can independently manage his/her food intake.

Reasonable accommodation must be made to allow student to eat all of the provided meals and snacks on time. Students should not trade or share food/snacks with other students.

Recommended time(s) for meals/snacks:

Special instructions for meal days/ special events:

Parent(s)/Guardian(s) responsibilities:

School responsibilities:

Student responsibilities:

Outside Agency responsibilities:

#### **PHYSICAL ACTIVITY**

Student requires supervision during recess/outdoor play/gym

Student can independently manage his/her recess/outdoor play/gym

Please indicate what this student must do prior to physical activity to help prevent medical emergency from occurring:

1. Before Activity:

2. During Activity:

3. After Activity:

Special instructions for days/ special events (Terry Fox, Track and Field Day, etc.):

Parent(s)/Guardian(s) responsibilities:

School responsibilities:

	<p>Student responsibilities:</p> <p>Outside Agency responsibilities:</p>
<p><b>SCHOOL TRIPS</b></p> <p>Ensure that the parent/guardian provides an excursion kit consisting of any prescribed medications as outlined in the student's Plan of care, and that the medication be in a clearly marked container with an additional 50% supply in case of emergency.</p>	<p>The excursion kit should include:</p> <p>Additional Considerations for School Trips:</p>
<p><b>SPECIAL NEEDS</b></p> <p>Student with special considerations may require more assistance than outlined in this plan.</p>	<p>Comments/Considerations:</p>

## BASIC FIRST AID: CARE AND COMFORT

First aid procedure(s):

Does student need to leave classroom after a medical incident?  Yes  No

If yes, describe process for returning student to classroom:

### BASIC FIRST AID TO SUPPORT CONDITION

## EMERGENCY PROCEDURES

Students with  
condition.

(medical condition) will typically experience  
(symptoms) as a result of their medical

Call 9-1-1 when:

\* Notify parent(s)/guardian(s) or emergency contact.

## HEALTHCARE PROVIDER INFORMATION (OPTIONAL)

**Healthcare provider may include:** Physician, Nurse Practitioner, Registered Nurse, Pharmacist, Respiratory Therapist, Certified Respiratory Educator, or Certified Asthma Educator.

Healthcare Provider's Name:

Profession/Role:

Signature: \_\_\_\_\_ Date:

Special Instructions/Notes/Prescription Labels:

If medication is prescribed, please include dosage, frequency and method of administration, dates for which the authorization to administer applies, and possible side effects.

\* This information may remain on file if there are no changes to the student's medical condition.

## AUTHORIZATION/PLAN REVIEW

### LIST INDIVIDUALS WITH WHOM THIS PLAN OF CARE IS TO BE SHARED

Is there a designated staff responsible for the implementation of this plan of care?  Yes  No

If yes, include name:

Other Individuals To Be Contacted Regarding Plan Of Care:

Before-School Program  Yes  No

After-School Program  Yes  No

School Bus Driver/Route # (If Applicable)

Other:

**This plan remains in effect for the 20\_\_ — 20\_\_ school year without change and will be reviewed on or before:** \_\_\_\_\_ . (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).

Parent(s)/Guardian(s): \_\_\_\_\_ Date:  
Signature

Student: \_\_\_\_\_ Date:  
Signature

Principal: \_\_\_\_\_ Date:  
Signature