Durham Catholic District School Board

"The Board"

Policy

Title: **Supporting Children and Students with Prevalent Medical Conditions (Anaphylaxis, Asthma, Diabetes, and/or Epilepsy) in Schools**	Policy #: **PO601**
Policy Area: Student Conduct and Safety	
Source: Superintendents of Education-Policy Development, Student Services	
Date Approved: June 11, 2018	Revised:

1.0 Introduction

The Durham Catholic District School Board believes in supporting students with prevalent medical conditions in order that these students fully access school in a safe, accepting, and healthy learning environment which includes supporting their well-being. In addition, the Board believes in empowering students with prevalent medical conditions to be confident and capable learners who can reach their full potential for self-management of their medical conditions, according to their plan of care.

2.0 Definitions

Anaphylaxis (pronounced anna-fill-axis) is a serious and possibly life-threatening allergic reaction that requires immediate recognition and intervention. Symptoms can vary from person to person and may include:

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

Asthma – as defined by the Ontario Lung Association, is a very common chronic (long-term) lung disease that can make it hard to breathe. People with asthma have sensitive airways that react to triggers. There are many different types of triggers such as, poor air quality, mold, dust, pollen, viral infections, animals, smoke and cold air. The symptoms can cause mild to severe reactions and be fatal.

2.0 **Definitions** (cont'd)

Common asthma symptoms include:

- Shortness of breath;
- Wheezing (whistling sound from inside the chest);
- Difficulty breathing;
- Chest tightness; and
- Coughing.

Epilepsy – results from sudden bursts of hyperactivity in the brain; this causes "seizures" which vary in form, strength, and frequency, depending on where in the brain abnormal activity is found. Epilepsy is the diagnosis and seizures are the symptom. If a person has two (2) or more seizures that are not related to another condition, that person will be diagnosed as having epilepsy.

Good Samaritan Act In 2001, the Ontario government passed this legislation to protect 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 assistance 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.

Immunity – in relation to the Act to protect students diagnosed with Asthma (Ryan's Law), immunity means *"no action or other proceeding for damages shall be commenced against the employee for an act or omission done or omitted by the employee in good faith in the execution of any duty or power under this Act".*

In relation to the Act to protect students diagnosed with Anaphylaxis (Sabrina's Law), immunity means *"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".*

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

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

Prevalent Medical Conditions – for the purposes of this policy refer to the medical conditions of students in schools who have asthma, diabetes, epilepsy, and/or anaphylaxis as diagnosed by a medical doctor or nurse practitioner.

2.0 **Definitions** (cont'd)

Type 1 Diabetes –a chronic condition where the pancreas stops producing insulin, a hormone that helps the body control the level of glucose (sugar) in your blood. The body produces glucose, and also gets it from foods that contain carbohydrates, such as bread, potatoes, rice, pasta, milk and fruit. Without insulin, glucose builds up in the blood instead of being used by your cells for energy. A lack of insulin can cause both short-term and long-term health problems. Symptoms of undiagnosed type 1 diabetes include:

- Increased thirst;
- Increased urination;
- A lack of energy; and
- Weight loss.

Type 2 Diabetes – can also affect children and youth, but it is more common in adults. With type 2 diabetes, the body does not respond well to insulin, and the pancreas cannot produce enough insulin to compensate. Type 2 diabetes can often be managed through changes to diet and lifestyle, as well as with oral medications (pills). Some children with type 2 diabetes may need insulin injections.

3.0 **Purpose**

The purpose of this policy is to provide a framework and direction to align administrative procedures that support students with prevalent medical conditions who have been diagnosed with asthma, diabetes, epilepsy and/or anaphylaxis.

4.0 **Application/Scope**

This policy applies to all students with prevalent medical conditions as defined from junior kindergarten to grade twelve (12) or age twenty-one (21) within the Durham Catholic District School Board.

5.0 **Principles**

5.1 The Durham Catholic District School Board recognizes that supporting students with prevalent medical conditions is complex. A whole-school approach with caring is needed where education and community partners, including health care professionals, have important roles to play in promoting student health and safety and in fostering and maintaining healthy and safe learning environments.

5.2 The Board believes that in supporting students with prevalent medical conditions, it does so within a culture of collaborative professionalism that is grounded in a trusting environment where schools, the Board, the Ministry and employee groups create the necessary conditions to learn with, and from, each other.

6.0 **Procedures**

6.1 The **Board** shall:

6.1.1 support students with prevalent medical conditions by ensuring that this policy articulates the expected roles and responsibilities of parents/guardians and school staff as well as the roles and responsibilities of the students themselves.

6.1.2 require that schools communicate the roles and responsibilities to parents/guardians, students and school staff.

6.1.3 provide training and resources on prevalent medical conditions on an annual basis.

6.2 **Parents/Guardians**, as primary caregivers of their child, shall:

6.2.1 be active participants in supporting the management of their child's medical condition (s) while their child is in school.

6.2.2 educate their child about their medical condition (s) with support from their child's health care professional, as needed.

6.2.3 guide and encourage their child to reach their full potential for self-management and self-advocacy.

6.2.4 inform the school in a timely manner upon diagnoses of their child's medical condition(s) and co-create the Plan of Care for their child with the principal or the principal's designate.

6.2.5 communicate 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 medical condition (s) or changes to their child's ability to manage the medical condition(s) , to the principal or principal's designate upon learning of the change from the medical practitioner.

6.2.6 confirm annually to the principal or the principal's designate that their child's medical status is unchanged.

6.2.7 initiate and participate in meetings to review their child's Plan of Care.

6.2.8 supply their child and/or the school with sufficient quantities of medication and supplies in their original, clearly labelled prescription 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.

6.2.9 seek medical advice from a medical doctor, nurse practitioner, or pharmacist, where appropriate.

6.0 **Procedures** (cont'd)

6.3 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.

6.3.1 **Students** should:

6.3.1.1 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.

6.3.1.2 participate in the development of their Plan of Care.

6.3.1.3 participate in meetings to review their Plan of Care.

6.3.1.4 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).

6.3.1.5 set goals on an ongoing basis for self-management of their medical condition, in conjunction with their parent(s) and health care professional(s).

6.3.1.6 communicate with their parents/guardians and school staff if they are facing challenges related to their medical condition(s) at school.

6.3.1.7 wear medical alert identification that they and/or their parents/guardians deem appropriate.

6.3.1.8 if possible, inform school staff and/or their peers if a medical incident or a medical emergency occurs.

6.0 **Procedures** (cont'd)

6.4 **School Staff** should:

6.4.1 follow Board policies and provisions in their collective agreements related to supporting students with prevalent medical conditions in schools.

6.4.2 participate in training on prevalent medical conditions, at a minimum annually, as required by the school board.

6.4.3 share information on a student's signs and symptoms with other students, as outlined in the Plan of Care and authorized by the principal in writing.

6.4.4 follow school board strategies that reduce the risk of student exposure to triggers or causative agents in classrooms, common school areas, and extracurricular activities, in accordance with the student's Plan of Care.

6.4.5 support a student's daily or routine management, and respond to medical incidents and emergencies per board policies and school protocols.

6.4.6 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.

6.5 The **Principal,** in addition to the responsibilities outlined under 'School Staff', should:

6.5.1 communicate with parents/guardians and appropriate staff the process for parents/guardians to notify the school of their child's medical conditions(s), as well as the expectation for parents/guardians to co-create, review and update a Plan of Care with the principal or designate. This process should be communicated to parents/guardians, at a minimum
- 6.5.1.1 During the time of registration
- 6.5.1.2 Each year during the first week of school
- 6.5.1.3 When a child is diagnosed and/or returns to school during a diagnosis

6.5.2 co-create, review, or update the Plan of Care for a student with a prevalent medical condition with the parent(s)/guardians, in consultation with school staff (as appropriate) and with the student (as appropriate).

6.5.3 maintain a file with the Plan of Care and supporting documentation for each student with a prevalent medical condition.

6.0 **Procedures** (cont'd)

6.5.4 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, coaches, and facilitators of co-curricular and extra-curricular activities, who will be in direct contact with the student), including any revisions that are made to the plan.

6.5.5 communicate with parents/guardians in medical emergencies, as outlined in the Plan of Care.

6.5.6 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.

6.5.7 co-operate with school staff when requests are made for information related to storage of medication, administration of medication and updated medical information.

6.5.8 participate in training on prevalent medical conditions, at a minimum annually, as required by the school board.

6.5.9 have processes in place to provide for student transitions between grades, new schools and placements.

7.0 **Sources**

- Education Act, R.S.O. 1990
- PPM 161 Supporting Children and Students with prevalent Medical Conditions (Anaphylaxis, Asthma, Diabetes and/or Epilepsy) in Schools 2017
- PPM 81 Provision of Health Support Services in School Settings
- **Food Allergy Canada**: http://foodallergycanada.ca/resources/print-materials/
  Allergy Aware: www.allergyaware.ca (Free online courses about food allergy and anaphylaxis for school, child care and community settings).
  Sabrina's Law: https://www.ontario.ca/laws/statute/05s07
  Healthy Schools, Ministry of Education:
  http://www.edu.gov.on.ca/eng/healthyschools/medicalconditions.html
- **Asthma Canada**: https://www.asthma.ca
  The Lung Association – Ontario: www.lungontario.ca/resources
  www.ryanslaw.ca
  Lung Health Information Line:1-888-344-LUNG (5864)
  Ryan's Law: https://www.ontario.ca/laws/statute/15r03
- **Diabetes at School:** http://www.diabetesatschool.ca/
- **Epilepsy Ontario:** http://epilepsyontario.org/

8.0 Related Policies and Administrative Procedures

Protection of Students - PO607
Anaphylactic Students (Protection of) - PO608
Anaphylactic Students (Protection of) - AP608-1
Asthma Friendly Schools - PO615
Asthma Friendly Schools - AP615-1

9.0 Plan of Care Appendices

I. Anaphylaxis
II. Asthma
III. Diabetes
IV. Epilepsy

I. PREVALENT MEDICAL CONDITION — ANAPHYLAXIS
Plan of Care

STUDENT INFORMATION

Student Name _____ Date Of Birth _____

Ontario Ed. # _____ Age _____

Grade _____ Teacher(s) _____

Student Photo (optional)

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: _____

Safety measures: _____

_____

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.)

Designated eating area inside school building _____

_____

Safety measures: _____

_____

Other information: _____

_____

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

INDIVIDUALS WITH WHOM THIS PLAN OF CARE IS TO BE SHARED

1. _____ 2. _____ 3._____

4._____ 5._____ 6._____

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

II. PREVALENT MEDICAL CONDITION — ASTHMA
Plan of Care

STUDENT INFORMATION

Student Name _____	Date Of Birth _____	Student Photo (optional)
Ontario Ed. # _____	Age _____	
Grade _____	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)	❒ Mould	❒ 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:
- ❒ With _____ – location: _____ Other Location: _____
- ❒ In locker # _____Locker Combination: _____

❒ 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): _____ Other Location: _____
- ❒In locker #: _____Locker Combination: _____

CONTROLLER MEDICATION USE AT SCHOOL AND DURING SCHOOL-RELATED ACTIVITES

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)

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.

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

INDIVIDUALS WITH WHOM THIS PLAN OF CARE IS TO BE SHARED

1. _____ 2. _____ 3._____

4._____ 5._____ 6._____

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

III. PREVALENT MEDICAL CONDITION — DIABETES

Plan of Care

STUDENT INFORMATION

Student Name _____ Date Of Birth _____

Ontario Ed. # _____ Age _____

Grade _____ Teacher(s)_____

Diabetes Type Type 1 ____ Type 2 ____

Student Photo (optional)

EMERGENCY CONTACTS (LIST IN PRIORITY)

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

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

❒ If Yes, go directly to page five (5) — Emergency Procedures

ROUTINE	ACTION
BLOOD GLUCOSE MONITORING ❒ Student requires trained individual to check BG/ read meter. ❒ Student needs supervision to check BG/ read meter. ❒ Student can independently check BG/ read meter. ❒ Student has continuous glucose monitor (CGM) ✸ Students should be able to check blood glucose anytime, anyplace, respecting their preference for privacy.	Target Blood Glucose Range _____ Time(s) to check BG: _____ _____ Contact Parent(s)/Guardian(s) if BG is: _____ Parent(s)/Guardian(s) Responsibilities: _____ _____ School Responsibilities: _____ _____ Student Responsibilities: _____
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:_____ Parent(s)/Guardian(s) Responsibilities:_____ _____ School Responsibilities:_____ _____ Student Responsibilities:_____ Special instructions for meal days/ special events:_____ _____

ROUTINE	ACTION (CONTINUED)
INSULIN ❒ Student does not take insulin at school. ❒ Student takes insulin at school by: ❒ Injection ❒ Pump ❒ Insulin is given by: ❒ Student ❒ Student with supervision ❒ Parent(s)/Guardian(s) ❒ Health Care Professional ✸ 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: _____ Additional Comments: _____
ACTIVITY PLAN Physical activity lowers blood glucose. BG is often checked before activity. Carbohydrates may need to be eaten before/after physical activity. A source of fast-acting sugar must always be within students' reach.	Please indicate what this student must do prior to physical activity to help prevent low blood sugar: 1. Before activity: _____ 2. During activity: _____ 3. After activity: _____ Parent(s)/Guardian(s) Responsibilities: _____ School Responsibilities: _____ Student Responsibilities: _____ 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)

ROUTINE	ACTION (CONTINUED)
DIABETES MANAGEMENT KIT 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.	Kits will be available in different locations but will include: ❒ Blood Glucose meter, BG test strips, and lancets ❒ Insulin and insulin pen and supplies. ❒ Source of fast-acting sugar (e.g. juice, candy, glucose tabs.) ❒ Carbohydrate containing snacks ❒ Other (Please list) _____ _____ Location of Kit: _____
SPECIAL NEEDS A student with special considerations may require more assistance than outlined in this plan.	Comments:

EMERGENCY PROCEDURES

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

Usual symptoms of Hypoglycemia for my child are:

❒ Shaky	❒ Irritable/Grouchy	❒ Dizzy	❒ Trembling
❒ Blurred Vision	❒ Headache	❒ Hungry	❒ Weak/Fatigue
❒ Pale	❒ Confused	❒ Other _____	

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:

❒ Extreme Thirst	❒ Frequent Urination	❒ Headache
❒ Hungry	❒ Abdominal Pain	❒ Blurred Vision
❒ Warm, Flushed Skin	❒ Irritability	❒ Other: _____

Steps to take for Mild 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

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

INDIVIDUALS WITH WHOM THIS PLAN OF CARE IS TO BE SHARED

1. _____ 2. _____ 3._____

4._____ 5._____ 6._____

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

IV. PREVALENT MEDICAL CONDITION — EPILEPSY
Plan of Care

STUDENT INFORMATION

Student Name _____ Date Of Birth _____

Ontario Ed. # _____ Age _____

Grade _____ Teacher(s) _____

Student Photo (optional)

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

❒ Stress ❒ Menstrual Cycle ❒ Inactivity

❒ Changes In Diet ❒ Lack Of Sleep ❒ Electronic Stimulation (TV, Videos, Florescent Lights)

❒ Illness ❒ Improper Medication Balance

❒ Change In Weather ❒ Other _____

❒ Any Other Medical Condition or Allergy? _____

_____

DAILY/ROUTINE EPILEPSY MANAGEMENT	
DESCRIPTION OF SEIZURE (NON-CONVULSIVE)	**ACTION:**
	(e.g. description of dietary therapy, risks to be mitigated, trigger avoidance.)
DESCRIPTION OF SEIZURE (CONVULSIVE)	**ACTION:**

SEIZURE MANAGEMENT

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

SEIZURE TYPE	ACTIONS TO TAKE DURING SEIZURE
(e.g. tonic-clonic, absence, simple partial, complex partial, atonic, myoclonic, infantile spasms) Type: _____ Description: _____	

Frequency of seizure activity: _____

_____

Typical seizure duration: _____

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.

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

INDIVIDUALS WITH WHOM THIS PLAN OF CARE IS TO BE SHARED

1. _____ 2. _____ 3._____

4._____ 5._____ 6._____

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