ADDENDUM
REGULAR MEETING OF THE MEETING OF THE TORONTO CATHOLIC DISTRICT SCHOOL BOARD
PUBLIC SESSION

Barbara Poplawski, Chair **Maria Rizzo, Vice-Chair**

Thursday, June 14, 2018
7:00 P.M.

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1. That SEAC provide a copy of Lisa Geelen's presentation to the Board of Trustees and that SEAC recommend to the Board of Trustees that some action be taken around the Diabetes Policy (refer Attachments);

2. That SEAC recommend to the Board of Trustees that they consider delegations to Board from Chris Jarvis, Matthew De Abreu and Lisa Geelen (refer Attachments); and

3. That SEAC recommend to the Board of Trustees that Union leaders, as partners in Education, both elementary and secondary, be invited to come to a SEAC meeting to help us to better understand how the Collective Agreement impacts special needs students in the classrooms

17. Reports of Officials Requiring Action of the Board of Trustees

17.h Liquor Waiver Request for Cardinal Leger Catholic School Retirement Celebration Event, June 28, 2018 *135 - 136*

TORONTO CATHOLIC DISTRICT SCHOOL BOARD

DELEGATION REGISTRATION FORM
FOR STANDING OR OTHER COMMITTEES

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For Board Use Only

Delegation No. ____

[ ] Public Session
[ ] Private Session
[ ] Three (3) Minutes

Name	Annette Heim
Committee	Regular / Special Board
Date of Presentation	6/14/2018
Topic of Presentation	New school for Nativity of Our Lord
Topic or Issue	Response to June 6 2018 Report
Details	Number of items contained in this report require clarification and/or correction.
Action Requested	Follow up meeting with Planning & Facilities concerning this report and a new school for Nativity.

I am here as a delegate to speak only on my own behalf	{1) I am here as a delegation to speak only on my own behalf}
I am an official representative of the Catholic School Parent Committee (CSPC)	Yes Nativity of Our Lord
I am an official representative of student government	
I am here as a spokesperson for another group or organization	
I have read, understand and agree to comply with the rules for Delegations as per the TCDSB Delegations Policy T.14.	I Agree
Submittal Date	6/12/2018

TORONTO CATHOLIC DISTRICT SCHOOL BOARD

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[ ] Three (3) Minutes

Name	Rosanna O'Higgins
Committee	Regular / Special Board
Date of Presentation	6/14/2018
Topic of Presentation	St Brigid School
Topic or Issue	Change to the school start time
Details	Currently the school start time is 8:30am. For the 2018/2019 school year it will be changed to 9:00am
Action Requested	Request the 8:30 start time remain in effect and change the finish time instead.

I am here as a delegate to speak only on my own behalf	{1) I am here as a delegation to speak only on my own behalf}
I am an official representative of the Catholic School Parent Committee (CSPC)	No St Brigid
I am an official representative of student government	
I am here as a spokesperson for another group or organization	
I have read, understand and agree to comply with the rules for Delegations as per the TCDSB Delegations Policy T.14.	I Agree

Submittal Date	6/11/2018

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Name	Alenna Morresi
Committee	Regular / Special Board
Date of Presentation	6/14/2018
Topic of Presentation	Reduced School Hours and Keeping the ILProgram
Topic or Issue	I will be discussing the negative implication it will have on our children as a result of the reduced school hours and maintaining the ILProgram.
Details	I will also be discussing how this change does not meet Board policy.
Action Requested	Myself along with a petition signed by the parent community demand that the ILProgram be moved to afterschool. If that cannot be arranged we demand that the ILProgram be eliminated from our school.

I am here as a delegate to speak only on my own behalf	{1) I am here as a delegation to speak only on my own behalf}
I am an official representative of the Catholic School Parent Committee (CSPC)	No St Fidelis
I am an official representative of student government	
I am here as a spokesperson for another group or organization	
I have read, understand and agree to comply with the rules for Delegations as per the TCDSB Delegations Policy T.14.	I Agree

Submittal Date	6/11/2018

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Name	Tracey Kapshey
Committee	Regular / Special Board
Date of Presentation	6/14/2018
Topic of Presentation	New School For Navity of Our Lord
Topic or Issue	Response to Report dated June 6- specifically Gym and Daycare addition
Details	Items require clarification and/or correction
Action Requested	Follow up meeting with the Planning and Facilities concerning the report with a discussion format

I am here as a delegate to speak only on my own behalf	{1) I am here as a delegation to speak only on my own behalf}
I am an official representative of the Catholic School Parent Committee (CSPC)	Yes
I am an official representative of student government	
I am here as a spokesperson for another group or organization	
I have read, understand and agree to comply with the rules for Delegations as per the TCDSB Delegations Policy T.14.	I Agree

Submittal Date	6/13/2018

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Name	Clifton Corbin
Committee	Regular / Special Board
Date of Presentation	6/14/2018
Topic of Presentation	School Start Time
Topic or Issue	The method in which the board has decided the new start time did not appear to reflect the needs of the school community. Can the school start time be revised to reflect the majority of the school's families preference?
Details	Can the school start time be revised to reflect the majority of the school's families preference? In the 2016-17 school year, aware that the board might reduce the school day by 30minutes, the St. Brigid CSPC polled the community to determine what would be the preferred start time. The majority of the families identified the 8:30 start time a preferential. The rational for this start time was the limited amount of and cost of before school care in the neighbourhood, and the challenge of getting to work with a later school start time. The CSPC provided these results to the board last year, but the decision communicated to the parents last month made no mention of this information being taken into account in the board's decision making. Is the parent community's voices, thoughts and needs used as part of the board's decision making process? Can the start time be revised back to 8:30 to accommodate the needs of the parent community?
Action Requested	Can the school start time be revised to reflect the majority of the schools families preference?

I am here as a delegate to speak only on my own behalf	{1) I am here as a delegation to speak only on my own behalf}

I am an official representative of the Catholic School Parent Committee (CSPC)	Yes St Brigid Treasurer
I am an official representative of student government	
I am here as a spokesperson for another group or organization	
I have read, understand and agree to comply with the rules for Delegations as per the TCDSB Delegations Policy T.14.	I Agree
Submittal Date	6/13/2018

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Name	Helen Dunn
Committee	Regular / Special Board
Date of Presentation	6/14/2018
Topic of Presentation	Changes to International Languages program delivery at St. Brigid elementary school
Topic or Issue	Parent concerns about reduced time to cover Board mandated curriculum as a result of the new shortened day at International Languages schools and Board implemented changes to delivery of International Languages program.
Details	We have been approached by many parents who are concerned about the upcoming changes to our school day. Specifically, concerns largely surround the loss of 2 hours of instructional time to cover the Ministry mandated curriculum. While a school-wide survey we did last year suggested that the overall feeling about the Italian program is positive in a longer day scenario, most parents we have heard from recently (90 of emails/comments sent to us) feel it is not worth sacrificing core instructional time for in a shortened day. These parents feel that the loss of core hours could have long term detrimental effects on our children. Due to the very late notice of these changes, we have not had adequate time to conduct a full school poll to determine exact numbers who are for and against the changes. However, we HAVE voted to go forward to the next step towards a potential Board review of our Italian program, which is to hold a meeting specifically about the program. Should the outcome of that meeting be that our school would like a review, we would like assurance from the Board that this will be expedited. IN the meantime, we would also like to know how the Board will ensure that students at our school and others like ours will be provided with the same level of curriculum coverage in 2 hours less regular instructional time per week (up to 80 hours per year). Further, we would like the Board to consider and consult on possible

	interim solutions for the loss of 2 hours of regular instructional time per week in the 2018-2019 school year, should the review not be possible before the start of September. The start time assigned to us is also a concern for many of our parents but this will be addressed by a separate delegation from our school.
Action Requested	1. We would like the Board to provide some answers on how it will ensure that students at our school and others like ours will be provided with the same level of curriculum coverage as other TCDSB schools in 2 hours less regular instructional time per week (up to 80 hours less per year). 2. we would like assurance that the Board will expedite the review process should our parents vote to request a review of our International Language program. We would like results that can be implemented before the start of the 2019-2020 year. 3. We would like the Board to consider possible solutions or the interim, for parents who are worried about the loss of regular instructional hours. If any of these (such as a temporary move to outside of school hours) is a possibility, we would like for the Board to consult parents prior to implementing, to ensure that the majority is in favor of this. We are prepared for and open to an expedited consultation process at this point. 4. We would like the Board to consider and consult on long term options other than just (a) remove 2 hours from regular instructional time OR (b) move the program out of the regular school day. We polled our community last year and found

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I am an official representative of the Catholic School Parent Committee (CSPC)	Yes St Brigid Co-Chair
I am an official representative of student government	
I am here as a spokesperson for another group or organization	
I have read, understand and agree to comply with the rules for Delegations as per the TCDSB Delegations Policy T.14.	I Agree

Submittal Date	6/14/2018

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Name	Venessa Dempsey
Committee	Regular / Special Board
Date of Presentation	6/14/2018
Topic of Presentation	Grade 1 French Immersion
Topic or Issue	Bringing a grade 1 French immersion teacher to Holy Name School for this September
Details	15 parents from Holy Name are asking that the board hires a grade-one French immersion teacher for September
Action Requested	The French immersion program is starting with senior kindergarten for September but we are asking that a grade 1 French immersion teacher is hired in addition to this.

I am here as a delegate to speak only on my own behalf	{1) I am here as a delegation to speak only on my own behalf}
I am an official representative of the Catholic School Parent Committee (CSPC)	
I am an official representative of student government	
I am here as a spokesperson for another group or organization	Yes Grade 1 French Immersion Parents
I have read, understand and agree to comply with the rules for Delegations as per the TCDSB Delegations Policy T.14.	I Agree

Submittal Date	6/13/2018

MINUTES OF THE REGULAR MEETING
OF THE
SPECIAL EDUCATION ADVISORY COMMITTEE

HELD WEDNESDAY, APRIL 18, 2018
PUBLIC SESSION

PRESENT:

External Members: Marilyn Taylor, Chair
Ashleigh Molloy, Vice-Chair
Rosanna Del Grosso – by teleconference
Sandra Mastronardi
Diane Montreuil – by teleconference
Tyler Munro
Mary Pugh
Giselle Romanino
Raul Vomisescu

Trustees: A. Andrachuk – by teleconference
A. Kennedy
G. Tanuan – by teleconference

Staff: C. Fernandes
P. DeCock
A. Coke
M. Kokai
R. Macchia
J. Wilhelm

S. Harris, Recording Secretary

1. Roll Call and Apologies

The meeting was called to order at 7:11 pm.

Prayers were offered for Giselle Romanino's uncle who will be undergoing surgery, the families of those who died tragically and who were impacted by the Humboldt Broncos bus accident, and the family of the University of Toronto student who died in a hit and run accident.

Apologies were tendered on behalf of Dario Imbrogno, John MacKenzie, Gizelle Paine, Laurie Ricciuto and Glenn Webster.

2. Approval of the Agenda

MOVED by Giselle Romanino, seconded by Tyler Munro, that the Agenda, as amended, to include the Addendum and Inquiries from Sandra Mastronardi, be approved.

The Motion was declared

CARRIED

3. Declarations of Interest

There was none.

4. Approval and Signing of the Minutes

MOVED by Trustee Kennedy, seconded by Giselle Romanino, that the Minutes of the Regular Meeting held on March 21, 2018, be approved.

The Motion was declared

CARRIED

5. Delegations

MOVED by Sandra Mastronardi, seconded by Giselle Romanino, that Item 5a) be adopted as follows:

5a) Lisa Geelen regarding Toronto Catholic District School Board Diabetes Policy received.

MOVED in AMENDMENT by Trustee Kennedy, seconded by Trustee Andrachuk, that SEAC provide a copy of the presentation to the Board of Trustees and that SEAC recommend to the Board of Trustees that some action be taken around the Diabetes Policy.

The Amendment was declared

CARRIED

The Motion, as amended, was declared

CARRIED

MOVED by Trustee Kennedy, seconded by Tyler Munro, that Item 5b) be adopted as follows:

5b) Matthew DeAbreu regarding Management of Diabetes at Toronto Catholic District School Board received.

The Motion was declared

CARRIED

MOVED by Trustee Kennedy, seconded by Sandra Mastronardi, that Item 5c) be adopted as follows:

5c) Chris Jarvis regarding Diabetes at School received.

MOVED in AMENDMENT by Trustee Kennedy, seconded by Sandra Mastronardi, that SEAC recommend to the Board of Trustees that they consider delegations from Chris Jarvis, Matthew De Abreu and Lisa Geeelen, and that SEAC contact all delegates to consider delegating to the Board of Trustees at the same time that their delegations are being considered by the Board.

The Amendment was declared

CARRIED

The Motion, as amended, was declared

CARRIED

MOVED by Giselle Romanino, seconded by Ashleigh Molloy, that Item 5d) be adopted as follows:

5d) Laura DiCredico Timmons regarding Education Program – Other (EPO) Funds and Grants for Student Needs (GSNs) and What Impact would take place to Students with Autism Spectrum Disorder (ASD) Diabetes at School received.

MOVED in AMENDMENT by Sandra Mastronardi, seconded by Ashleigh Molloy, that the item be referred to staff.

The Amendment was declared

CARRIED

The Motion, as amended, was declared

CARRIED

Trustee Kennedy left the meeting.

12. Reports of Officials for Information

MOVED by Sandra Mastronardi, seconded by Ashleigh Molloy, that Items 12a) and 12b) be adopted as follows:

12a) Budget Report: Financial Planning and Consultation Review received.

&

12b) Budget Report: 2018-19 Grants for Student Needs Update received.

MOVED in AMENDMENT by Sandra Mastronardi, seconded by Ashleigh Molloy, that SEAC recommend to the Board of Trustees that Union leaders, as partners in Education, both elementary and secondary, be invited to come to a SEAC meeting to help us to better understand how the Collective Agreement impacts special needs students in the classrooms.

The Amendment was declared

CARRIED

The Motion, as amended, was declared

CARRIED

9. Communications

MOVED by Mary Pugh, seconded by Giselle Romanino, that Item 9a) be adopted as follows:

9a) SEAC Monthly Calendar Review received.

The Motion was declared

CARRIED

MOVED by Ashleigh Molloy, seconded by Sandra Mastronardi, that Item 9b) be adopted as follows:

9b) Special Services Superintendent Update – April 2018 received.

The Motion was declared

CARRIED

MOVED by Ashleigh Molloy, seconded by Giselle Romanino, that Item 9c) be adopted as follows:

9c) 2018-19 School Year Education Programs – Other (EPO) Funding – Memo from Bruce Rodrigues, Deputy Minister received.

The Motion was declared

CARRIED

MOVED Ashleigh Molloy, seconded by Giselle Romanino, that Item 9d) be adopted as follows:

9d) Grants for Student Needs (GSN) for 2018-19: Memo from Andrew Davis, Assistant Deputy Minister, Education Labour and Finance Division received.

The Motion was declared

CARRIED

MOVED by Sandra Mastronardi, seconded by Giselle Romanino, that Item 9e) be adopted as follows:

9e) Ministry of Education 2017 Governance Engagement: Letter from Bruce Drewett, Director Leadership, Collaboration and Governance Branch received.

The Motion was declared

CARRIED

MOVED by Sandra Mastronardi, seconded by Ashleigh Molloy, that Item 9f) be adopted as follows:

9f) Update on Medical and Conditions and Consultation received.

The Motion was declared

CARRIED

MOVED by Ashleigh Molloy, seconded by Tyler Munro , that Item 9g) be adopted as follows:

9g) Verbal Update to Special Education Programs for 2018-19 received.

The Motion was declared

CARRIED

MOVED by Sandra Mastronardi, seconded by Giselle Romanino, that Item 9h) be adopted as follows:

9h) March 31st Enrolment – Special Education received.

The Motion was declared

CARRIED

MOVED by Sandra Mastronardi, seconded by Ashleigh Molloy, that Item 9i) be adopted as follows:

9i) Staff Shortage – Verbal Discussion received.

The Motion was declared

CARRIED

12. Reports of Officials for Information

MOVED by Giselle Romanino, seconded by Ashleigh Molloy, that Item 12c) be adopted as follows:

12c) Verbal Update from Tyler Munro regarding Safe Schools Committee received.

The Motion was declared

CARRIED

13. Inquiries and Miscellaneous

13a) Inquiry from Sandra Mastronardi regarding Multi-Year Strategic Plan Consultation for SEAC noted.

13b) Inquiry from Sandra Mastronardi regarding 2018-19 Budget Consultation for SEAC noted.

14. Association Reports

MOVED by Sandra Mastronardi, seconded by Ashleigh Molloy, that Item 14a) be adopted as follows:

14a) Autism Ontario received.

The Motion was declared

CARRIED

MOVED by Ashleigh Molloy, seconded by Tyler Munro, that Item 14b) be adopted as follows:

14b) The Learning Disabilities Association of Ontario (LDAO) SEAC Circular, April 2018 received.

The Motion was declared

CARRIED

16. MOVED by Sandra Mastronardi, seconded by Giselle Romanino, that Item 16a) Pending List be received.

17. Adjournment

MOVED by Ashleigh Molloy, seconded by Sandra Mastronardi, that the meeting adjourn.

The Motion was declared

CARRIED

_____ _____

S E C R E T A R Y C H A I R

TORONTO CATHOLIC DISTRICT SCHOOL BOARD

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Name	Chris Jarvis
Committee	Special Education Advisory Committee
Date of Presentation	4/18/2018
Topic of Presentation	Diabetes at School
Topic or Issue	Children with diabetes and their families still do not have a policy and procedure for school staff to guide them in the safe inclusion of children with type 1 diabetes in schools.
Details	The ministry has put out PPM 161 to give guidance and direct every school board in Ontario to create and update diabetes policies for their staff. The issue is exacerbated by over 50% of school staff and students who vastly misunderstand the disease, leaving these students who already have daily challenges with their health to overcome obstacles without proper support and more vulnerable to the dangers. The resulting variations in blood sugars inhibit the students l arning and often exclude students from participating in school trips and require parents to sacrifice their jobs to ensure safety for their child.
Action Requested	Form a committee to develop a policy and procedure for the TCDSB that supports the daily needs and safety of children with diabetes and includes a compliance factor. Include parents and industry professionals in the development and meet the standards outlined in PPM 161 with a target of implementing Sept 2018.

I am here as a delegate to speak only on my own behalf	{1) I am here as a delegation to speak only on my own behalf}
I am an official representative of the Catholic School Parent Committee (CSPC)	No
I am an official representative of student government	
I am here as a spokesperson for another group or organization	Yes I Challenge Diabetes

I have read, understand and agree to comply with the rules for Delegations as per the TCDSB Delegations Policy T.14.	I Agree
Submittal Date	4/17/2018

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Name	Matthew DeAbreu
Committee	SEAC
Date of Presentation	4/18/2018
Topic of Presentation	Management of diabetes at TCDSB
Topic or Issue	Development of a policy to support students managing diabetes while at school.
Details	Since children spend 30 to 35 hours per week at school, effectively managing their diabetes while there is integral to their short- and long-term health. Type 1 diabetes (T1D) impacts 1 in 300 children in the TCDSB system, each having individualized medical needs that require appropriate supervision and daily management at any hour of the day. Support for students with T1D is inconsistent across TCDSB. There are discrepancies in teacher education and student support systems across the TCDSB, even among schools in the same jurisdiction. Management of this disease involves daily blood sugar chec s, insulin injections, meal planning, carbohydrate counting, and monitoring for symptoms of dangerous low blood sugars which require immediate attention and treatment. The most concerning danger with T1D is a hypoglycemic (low blood sugar) episode, which requires immediate first aid and can be fatal if preliminary symptoms are missed. The speed at which a low blood sugar transitions to an emergency situation adds to the prevalence for a structured diabetes management plan at all TCDSB schools. On October 24th, 2017, the Ministry of Education (MOE) released a PPM 161 (Draft) – Supporting Children and Students with Prevalent Medical Conditions

	(Anaphylaxis, Asthma, Diabetes, and/or Epilepsy) in Schools. The PPM 161 requires school boards to develop much needed policies to support the aforementioned medical conditions. It describes what should be included in the policies, among other things, school boards are expected to detail the following: • The roles and responsibilities of parents, school staff, principal, students, and school boards; • How training and education for school staff will be maintained; • What a student's Plan of Care should include; • How daily management of the student's condition will be supported; • How emergencies will be handled. School boards are expected to have their policies on prevalent medical conditions implemented no later than September 1, 2018. In order to facilitate school boards achieving this expectation, the MOE recommends consulting with appropriate groups to guide the development of the aforementioned policies.
Action Requested	• TCDSB establishes a diabetes policy working group, inclusive of both myself and Lisa Geelen as parent representatives and T1D subject matter experts, to develop a TCDSB diabetes policy for implementation on September 1, 2018. • Make the current draft of a TCDSB diabetes policy immediately available to both myself and Lisa Geelen for our review to ensure there are no gap areas. • A meeting with the Superintendent of Special Services within the next 10 business days to; · Establish a diabetes policy working group and, · Develop an aggressive plan of action to implement a TCDSB diabetes policy by the MOE deadline of September 1, 2018.

I am here as a delegate to speak only on my own behalf	{1) I am here as a delegation to speak only on my own behalf}
I have read, understand and agree to comply with the rules for Delegations as per the TCDSB Delegations Policy T.14.	I Agree

Submittal Date	4/11/2018

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Name	Lisa Geelen
Committee	SEAC
Date of Presentation	4/9/2018
Topic of Presentation	TCDSB Diabetes Policy
Topic or Issue	TCDSB currently does not have a policy to support children with Diabetes in school.
Details	Type 1 diabetes impacts 1 in 300 children in the TCDSB system, each having individualized medical needs that require appropriate supervision and daily management at any hour of the day. Management of this disease involves daily blood sugar checks, insulin injections, meal planning, carbohydrate counting, and monitoring for symptoms of dangerous low blood sugars which require immediate attention and treatment. The most concerning danger with a child with type 1 diabetes is a hypoglycemic (low blood sugar) episode, which requires immediate first aid and can be fatal if preliminary symptoms are missed. The spee at which a low blood sugar transitions to an emergency situation adds to the prevalence for a structured diabetes management plan at all TCDSB schools. On October 24th, 2017, the Ministry of Education (MOE) released a PPM 161 (Draft) – Supporting Children and Students with Prevalent Medical Conditions (Anaphylaxis, Asthma, Diabetes, and/or Epilepsy) in Schools. The PPM 161 requires school boards to develop much needed policies to support the aforementioned medical conditions. It describes what should be included in the policies, among other things, school boards are expected to detail the following: · The roles and responsibilities of parents, school staff, principal, students, and

	school boards; · How training and education for school staff will be maintained; · What a student's Plan of Care should include; · How daily management of the student's condition will be supported; · How emergencies will be handled. School boards are expected to have their policies on prevalent medical conditions implemented no later than September 1, 2018.
Action Requested	As mentioned above, school boards are expected to have their policies on prevalent medical conditions implemented no later than September 1, 2018. In order to facilitate school boards achieving this expectation, the MOE recommends consulting with appropriate groups to guide the development of the aforementioned policies. My ask is that: TCDSB establishes a working group (which includes both myself and Matthew DeAbreu as parent representatives and T1D subject matter experts) , to develop a TCDSB diabetes policy to meet the ministry implementation deadline of September 1, 2018.

I am here as a delegate to speak only on my own behalf	{1) I am here as a delegation to speak only on my own behal }
I am an official representative of the Catholic School Parent Committee (CSPC)	
I am an official representative of student government	
I am here as a spokesperson for another group or organization	
I have read, understand and agree to comply with the rules for Delegations as per the TCDSB Delegations Policy T.14.	I Agree

Submittal Date	4/4/2018

SEAC – Delegation- TCDSB Diabetes Policy
By Lisa Geelen (TCDSB Parent)
April 18, 2018 7pm

Introduction

It has now been over 7 years since we left sick kids hospital and started to prepare for my daughter's (Anna's) return to school. We discovered our school board did not have policy to outline how to care for a child with diabetes. So, faced with no other options, I created my own safety plan for Anna. I now have a 10-point plan I go through every year to ensure Anna has the care she needs…from conducting hands-on training with Anna's homeroom teacher…to presenting to her classmates about diabetes.
Each school year, I take the first two weeks off of work to train the staff and to make sure I can be at the school if needed. I have also adjusted my career work to part time work so my schedule could be flexible for when I was needed at school/ home.

The reality is – if the day-to-day management of Anna's diabetes slips, an emergency will occur. Not all children have parents who can take two weeks off at the beginning of the school year, who has a parent with a flexible schedule, who know how to provide training to school staff, or create a plan. (**Appendix A Parent Letter)**

Yet despite all the precautions I've taken for Anna, I can't control everything that happens at school. Two years ago my daughter had an extremely serious situation that happened at school (**Appendix B 2016 Incident**).

This dangerous situation happened because the safety plan that I have developed with the school was not followed by this one person. However, since the safety plan is not formalized through the school board that this must been done and the severity of Type 1 diabetes is not understood by all people. *This plan is just implemented by a mom asking for help...it's not seen as a requirement*.

Last year, I wanted to channel my energy in a positive way . I created my own awareness initiative in my community, and schools called "Coffee's on Me."
There are two main points I want to tell you:

1. I learned a grade 4 ESL student almost died due to a 4 minute seizure from an extreme low. He stopped breathing for 40 seconds. **The teachers at this school never received any diabetes training. (Appendix C Toronto Incident)**
2. I learned that **teachers want information. They want to help**. And that's how I know of this situation

MOE PPM 161

- On Feb 28 2018 , the Ministry of Education (MOE) finalized PPM161 (**Appendix D**)- Supporting Children and Students with Prevalent Medical Conditions (Anaphylaxis, Asthma, Diabetes, and/or Epilepsy) in Schools.

- The PPM 161 requires school boards to develop much needed policies to support the medical conditions. It describes what should be included in the policies, among other things, school boards are expected to detail the following: The roles and responsibilities of parents, school staff, principal, students, and school boards; (including care plan, training etc)

    - School boards are expected to have their policies on prevalent medical conditions implemented no later than **September 1, 2018.**

My ASK:

TCDSB establishes a working group (which includes both myself and Matthew DeAbreu as parent representatives and T1D subject matter experts) as suggested in the PPM 161 , to develop a TCDSB diabetes policy to meet the ministry implementation deadline of September 1, 2018.

Next steps

- Establish a working group with type 1 parent representatives (Lisa & Matt) and subject matter experts by the end of this month
- provide status update including next SEAC meeting (May 16) regarding working groups progress
- use school boards best practice diabetes policies (**Appendix E**) as identify by Diabetes Canada as a starting point along with the TCDSB draft policy (See Matthew DeArbeu submission)

Additional Appendices

Appendix F - TCDSB Policy letter
Appendix G - Delegation Registration Form Submittal

February 7, 2018

48 Orchard Cres
Etobicoke, Ont. M8Z 3E2

Mr. Rory McGuckin
Director of Education, TCDSB.
Catholic Education Centre
80 Sheppard Avenue East
Toronto, ON M2N 6E8

Email: **Rory.McGuckin@tcdsb.org**

Dear Mr. McGuckin,

On October 24th, 2017, the Ministry of Education (MOE) released a PPM 161 (Draft) – Supporting Children and Students with Prevalent Medical Conditions (Anaphylaxis, Asthma, Diabetes, and/or Epilepsy) in Schools. The PPM 161 requires school boards to develop much needed policies to support the aforementioned medical conditions. It describes what should be included in the policies, among other things, school boards are expected to detail the following:

- The roles and responsibilities of parents, school staff, principal, students, and school boards;
- How training and education for school staff will be maintained;
- What a student's Plan of Care should include;
- How daily management of the student's condition will be supported;
- How emergencies will be handled.

School boards are expected to have their policies on prevalent medical conditions implemented no later than September 1, 2018. In order to facilitate school boards achieving this expectation, the MOE recommends consulting with appropriate groups to guide the development of the aforementioned policies. It is in the spirit of collaboration regarding the development of your diabetes policy that we are making contact and introducing ourselves.

My name is Lisa Geelen. I am a parent of Anna Poth, a Grade 6 student at Our Lady of Sorrows Elementary School on Montgomery Road.

My name is Matt DeAbreu. I am a parent of Ethan DeAbreu, a Grade 4 student at St. Pius X Elementary School on Jane Street.

Both of our children have type 1 diabetes, a lifelong autoimmune disease where the pancreas no longer produces insulin. Depending on their age and ability, students may need help checking blood sugar, administering insulin, and so on. Without support, students are at risk of both short- and long-term health consequences. We have 11 years of combined experience managing our children's diabetes and countless hours advocating on behalf of all students managing this relentless disease.

As you can imagine, the introduction of PPM 161 is a big step forward and is extremely important to both of us. This is also great timing for the TCDSB because, as you may know prior work on this policy was initiated back in September of 2013 by then Superintendent of Special Services Frank Piddisi. Matt DeAbreu was invited by Mr. Piddisi to collaborate with him on the development of a new *Diabetes Policy and Procedure Guide* for the TCDSB. This draft policy was completed shortly after Frank's retirement but sadly was never formalized. On September 1st of 2016, after repeated attempts to learn the status of the draft diabetes policy, the Board communicating through Paul Matthews – Legal Counsel, Corporate Services, promised to consult with Matt DeAbreu once a draft of the policy had been completed by Board subject-matter expert staff. Mr. Matthews also stated the draft diabetes policy would likely be completed in late September or early October of 2016. (Please see appendix-A for details).

Unfortunately, during this time, as we were advocating for a diabetes policy on multiple fronts. Lisa's daughter Anna, then in grade 4 experienced a near fatal incident at Our Lady of Sorrow's school. This near fatal incident occurred because the regular classroom teacher did not follow a safety plan established at Our Lady of Sorrow's school. Anna's regular classroom teacher, rather than overseeing her blood sugar check and insulin dose in accordance with the safety plan, instead chose to leave Anna unattended *and* under the supervision of another 9-year-old girl to perform this medical procedure. Anna's blood sugar was dangerously low (2.2 mmol/L rather than safe 5.5 mmol/L) creating a potentially deadly outcome, as Anna prepared to dose herself with rapid acting insulin. It was only the frantic screams through Anna's phone that caused the other 9-year-old girl to alert a different teacher down the hall saving Anna. (Please see appendix-B for details of this incident).

I'm sure you can appreciate the importance and timing of PPM161. It is imperative that the TCDSB develop a diabetes policy as stated in the PPM (attached as appendix-C for your reference) for the following reasons:

- Eliminate the chance of another incident like this occurring;
- Support teachers and school staff with the education and tools required to adapt to this type of teaching condition;
- And so, we don't end up giving Sabrina and Ryan's Law company with an Anna's Law.

As a next step, we are available and offer our help as consultants (pro-bono) as the TCDSB develops a diabetes polity in accordance with PPM 161. We are committed to maintain and foster a culture of collaborative professionalism as we work with you to meet the ministry deadline of September 1, 2018. In order to initiate this effort our three asks are as follows:

1. We would like to review the current draft of the TCDSB diabetes policy. This way we can align it to the requirements as set out in PPM 161 to ensure there are no gap areas. We can also provide links and summaries of best practice diabetes policy examples to be leveraged and strengthen a TCDSB policy beyond simply minimum requirements.
2. We offer our assistance in the formalization of the TCDSB diabetes policy and the creation of required supporting processes (for example, individual Plan of Care, escalation / emergency procedures and reporting). We also offer to represent other parents of type one children to ensure the TCDSB diabetes policy covers a variety of test cases.

3. A meeting within the next 30 days with you and the relevant team members required to develop, formalize and implement this policy so we can develop an aggressive plan that will meet MOE deadline of September 1, 2018.

We are excited to work with you given your 33 years of experience working in various capacities within the MSSB/TCDSB especially as Superintendent of Human Resources and Labour Relations, and as head of the Safe Schools Department, overseeing governance and policy development.

Thank you in advance for your support.

Sincerely,

Lisa Geelen

Matt Debreu

Cc: Douglas Yack, Ann Andrachuk, John Wujek, Barbara Poplawski, Cristina Fernandes

Appendix A- Parent Letter

April 17, 2018

Hello,

my name is Bojana Bartulovic, and I am a proud mother of a 6 year old child with type 1 Diabetes. My daughter Nikolina Bartulovic was diagnosed with type 1 diabetes in June 2016. I would like to share with you our experiences in school so far and also our frustration with the lack of support and education from the TCDSB.

Nikolina was only 4.5 years old when she was diagnosed. Her diagnosis come from nowhere and hit us really hard. But learning the news no parent should ever learn was not the hardest part; it was sending her to school and putting our trust in someone who never had any experience with this disease. Nikolina was in JK and was not able to take care of her Diabetes by herself. Her school, Nativity of our Lord Catholic Elementary school, had little previous experience with type 1 diabetes, and to this day never took it seriously. We provided the school many times with information from Sick Kids and Trillium hospital, protocols to follow, explanations of symptoms of low and high blood sugars, we had nurses and other diabetes educators and advocates visiting school and teaching them about type 1 diabetes, but all our efforts would fail as soon as we end the meeting.

Nikolina was in danger on numerous occasions in school; we had days where her sugar was very low and school staff did not recognize the symptoms, but they called home and complained of her "difficult behavior". They also told her to get up and walk to find a juice box, when she was unable to get up. We also had many occasions where her sugar was extremely high, above 20 mmls, and school also called and complained. We had many days when staff in school let Nikolina eat all of her snacks at once and when her sugar goes up they would call and complain. They wanted to suspend Nikolina more than once for her behaviours when her sugar was over 15mmls. We were exposed to a lot of stress in the last 22 months; Nikolina had to stay at home for full weeks at the time and miss school because school was not providing a safe environment for her. We were also forced by the school to have 2 developmental assessments done on Nikolina because her teacher insisted that Nikolina had ADHD and needed to be on medication. The assessments proved them wrong. I also prove them wrong by providing written evidence that her bad days at school are the days her sugar is very high. The problem we run into for last 22 months is that school staff does not have experience with type 1 diabetes and they do not have education about it.

The lack of education about type 1 diabetes in schools makes it very stressful for us to send Nikolina to school and I have to trust people who don't know much about her medical condition. Its a very stressful situation for everyone, but mostly for Nikolina. She is growing resentment towards school because she doesn't feel comfortable.

After all our attempts to get the school on board failed, our only hope is a policy about type 1 diabetes in schools. We are aware that school principal or the board can not force teachers to do anything for our child, as we were told on many occasions by the teachers that their job is only to teach. We understand that the decision has to come from somewhere else, and we put all our hopes that it will happen very soon.

Thank you for taking the time to read our letter.

Sincerly,

Bojana Bartulovic

Director of Education
Toronto Catholic School Board
80 Sheppard Avenue East
Toronto On, M2N 6E8

Sunday May 1, 2016

Dear Ms. Gauthier,

Further to my email sent on Tuesday, April 26, 2016 regarding the need for a TCDSB Diabetes policy, my daughter Anna experienced another very dangerous situation at school this week.

On Thursday April 28 at 11am, my daughter Anna was to check her blood (and likely be dosed insulin) before eating a snack. Her regular classroom teacher, rather than overseeing Anna's blood check and insulin dose ***chose to leave the classroom with the other children to get an ice cream cone.***

Anna was left alone in the classroom with another 9 year old girl to perform this medical procedure. Unfortunately Anna's blood was well below a safe level (blood glucose of 2.2 rather than the normal 5.5), creating a very dangerous situation. She called me on her phone - I could barely understand her as she was close to a diabetic shock and was very confused (she wanted to give herself insulin so she could join her classmates for ice cream). Instead, I had to yell through the phone and ask her friend to run and get an adult, which she thankfully was able to do so (a different teacher down the hall). If Anna had given herself more insulin she very well could have died.

This dangerous situation happened because the safety plan that I have developed with the school was not followed by the teacher.

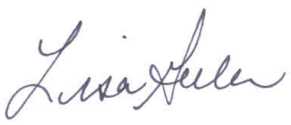
I am extremely concerned that this may happen again, as I said in my email to you on Tuesday (attached below), this year there have been repeated failures to properly execute the safety plan and keep my daughter safe.

I believe that the safety plan is not working due to TECT (Toronto Elementary Catholic Teachers) union providing advice to the staff at Our Lady of Sorrows school that diabetes management care is not required under their collective agreement. This is contrary to the Education and Human Rights act (Section 5.1.4) and a highly risky position to have should another incident occur.

I respectfully require:

1. Immediate communication by the TCDSB to the TECT union leadership and union representative at Our Lady of Sorrows school that diabetes is a life threatening disease and that the safety plan must be followed at all times.
2. A clear timeline indicating key dates and milestones for the completion of the TCDSB Diabetes Policy.

I look forward to hearing from you so we can avoid any further near fatal incidences from occurring, I will be calling your office this week.



Lisa Geelen
(416)561-2488

Appendix C- Toronto School Incident

Incident that occurred to Child in Toronto school:

Through my website, Facebook, word of mouth my campaign grew and On December 14, 2016 I receive this email from my website from a very concerned teacher asking for help.

Hi there. My name is xxxx and I am a grade 4 teacher at xxxxxxxx School. Last Friday I had a terrifying experience with one of my ESL students who has type 1 diabetes. He had a massive 4 minute seizure from an extreme low. He stopped breathing. Myself and the VP performed CPR on my student who began to breathe 40 seconds later. This event has made me obviously much more aware of this students needs. He is extremely shy and quiet, and doesn't have much English. I would love to have a coffee with you and invite other staff members to sit in. I feel as though most of us don't have much knowledge of type 1 diabetes and clearly, you can be in a life-threatening situation when you least expect it.

- I went to visit this teacher and some of her staff members. I brought coffee, we sat for an hour, chatting about Type 1 diabetes , my 10 point process and Anna's safety plan - as an example.

- Later that night, I receive this email from that wonderful caring and inspiring teacher

Hi Lisa,

I REALLY want to thank you for coming to my school today and talking to myself and my colleagues. I learned so much about Diabetes Type 1, and I appreciated your insight into how to support children at school who have this condition. This was SUCH an important conversation to have, and this information must be passed on to anyone working with children. I am going to do my part at XXXXXXX school and discuss this at our next staff meeting. XXXX is going to write up some safety plans for the kids at our school with diabetes. All teachers need to know who these kids are, what symptoms to look for and what action to take.

THANK YOU for meeting with us today. I really enjoyed our talk.

Hope to talk soon.
[Name of Teacher] xoxo

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Date of Issue: February 28, 2018 **Effective:** September 1, 2018

Subject: SUPPORTING CHILDREN AND STUDENTS WITH PREVALENT MEDICAL CONDITIONS (ANAPHYLAXIS, ASTHMA, DIABETES, AND/OR EPILEPSY) IN SCHOOLS

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

INTRODUCTION

To promote the safety and well-being of students,[1] the Ministry of Education expects all school boards[2] in Ontario to develop and maintain a policy or policies to support students in schools[3] who have asthma, diabetes, and/or epilepsy, and/or are at risk for anaphylaxis. These medical conditions, hereafter referred to as prevalent medical conditions,[4] have the potential to result in a medical incident[5] or a life-threatening medical emergency.

The purpose of this memorandum is to provide direction to school boards about the components that should be included in their policy or policies to support students with prevalent medical conditions in schools. This memorandum must not be implemented in a manner that violates existing provisions of collective agreements and related memoranda of understanding among parties to such agreements.

School board policies should be implemented as soon as possible, but no later than September 1, 2018.

As stipulated in Sabrina's Law, 2005, and Ryan's Law, 2015, all school boards must have policies to support students at risk for anaphylaxis and students with asthma. School boards should review their policies on anaphylaxis and asthma and ensure that their policies, at a minimum, meet the expectations outlined in this memorandum.

If school boards currently have policies to support students with diabetes or epilepsy, boards should ensure that their policies, at a minimum, meet the expectations outlined in this memorandum.

1. In this memorandum, unless otherwise stated, *student(s)* includes children in Kindergarten and students in Grades 1 to 12.
2. In this memorandum, *school board(s)* and *board(s)* refer to district school boards and school authorities.
3. In this memorandum, *school* refers to 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.
4. In this memorandum, unless otherwise stated, *prevalent medical conditions* are limited to asthma, diabetes, epilepsy, and anaphylaxis, when diagnosed for a student by a medical doctor or a nurse practitioner.
5. A *medical incident* is a circumstance that requires an immediate response and monitoring, since the incident may progress to an emergency requiring contact with Emergency Medical Services. See also "Emergency Response" on page 8.

This memorandum complements other Ministry of Education policies and programs, including those that serve students with special education needs. Its implementation should be aligned with that of other memoranda, including Policy/Program Memoranda Nos. 81and 149.[6]

ROLES AND COLLECTIVE RESPONSIBILITIES

Supporting students with prevalent medical conditions in schools is complex. A whole-school approach is needed where education and community partners, including health care professionals,[7] have important roles to play in promoting student health and safety and in fostering and maintaining healthy and safe environments in which students can learn.

To support school boards, the Ministry of Education is providing evidence-based resources online, on the ministry's Prevalent Medical Conditions web portal. These resources have been developed by various health and education partners (Asthma Canada, Diabetes Canada, Canadian Paediatric Society, Epilepsy Ontario, Food Allergy Canada, The Lung Association – Ontario, Ophea, and Ontario Education Services Corporation).

The ministry will continue to engage in dialogue with school boards and education partners, sharing information and best practices, to ensure successful implementation of board policies.

SCHOOL BOARD POLICIES ON PREVALENT MEDICAL CONDITIONS

In developing, revising, implementing, and maintaining their policies to support students with prevalent medical conditions, school boards must respect their obligations under all applicable legislation, policies, and collective agreements. School boards should also take into account local needs and circumstances, such as geographical considerations, demographics, and cultural considerations, as well as the availability of supports and resources, including school staff,[8] within the school board and the community.

A culture of collaborative professionalism is grounded in a trusting environment where schools, school boards, federations, unions, and the ministry create the necessary conditions, including consideration of time and resources, that enable education stakeholders to learn with, and from, each other.

In developing or revising their policies, school boards should consult with students, parents,[9] principals' associations, teachers' federations, education workers' unions, school staff, volunteers working in the schools, their school councils, Joint Health and Safety Committees, and community health care

6. Policy/Program Memorandum No. 81, "Provision of Health Support Services in School Settings", July 19, 1984, and Policy/Program Memorandum No. 149, "Protocol for Partnerships with External Agencies for Provision of Services by Regulated Health Professionals, Regulated Social Service Professionals, and Paraprofessionals", September 25, 2009.
7. In this memorandum, *health care professional* refers to a member of a College under the Regulated Health Professions Act, 1991 (e.g., medical doctor, nurse practitioner, registered nurse, pharmacist).
8. In this memorandum, unless otherwise noted, *school staff* refers to all school staff, including occasional staff. This memorandum does not intend to prescribe, duplicate, or remove any duties already performed by these staff.
9. In this memorandum, *parent(s)* refers to parent(s) and guardian(s).

professionals. This consultation should also include Parent Involvement Committees[10] and Special Education Advisory Committees.

Components of School Board Policies

All school board policies on supporting students with prevalent medical conditions are expected to contain, at a minimum, the following components.

1. Policy Statement

The school board policy statement on supporting students with prevalent medical conditions should, at a minimum, include the following goals:

- to support students with prevalent medical conditions to fully access school in a safe, accepting, and healthy learning environment that supports well-being
- to empower students, as confident and capable learners, to reach their full potential for self-management[11] of their medical condition(s), according to their Plan of Care[12]

2. Roles and Responsibilities

School board policies should clearly articulate the expected roles and responsibilities of parents and school staff in supporting students with prevalent medical conditions, as well as the roles and responsibilities of the students themselves. School board policies should also contain a requirement that schools communicate the roles and responsibilities clearly to parents, students, and school staff.

a) Parents of Children with Prevalent Medical Conditions

As primary caregivers of their child, parents 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:

- 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) and co-create the Plan of Care for their child with the principal or the principal's designate;

10. Parent Involvement Committees are established under O. Reg. 612/00.
11. "Self-management" of medical conditions can be understood to exist along a continuum where students' 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 students' 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. As a student's needs change, the Plan of Care would need to be adjusted accordingly.
12. A Plan of Care is a form that contains individualized information on a student with a prevalent medical condition. See section 3 for details.

- 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 ability to manage the medical condition(s), to the principal or the principal's designate;
- confirm annually to the principal or the principal's designate that their child's medical status is unchanged;
- initiate and participate in annual meetings to review their child's Plan of Care;
- supply their child and/or the school with sufficient quantities of medication and supplies in their original, clearly labelled[13] 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.

b) 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:

- 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 ongoing 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 condition(s) at school;
- wear medical alert identification that they and/or their parent(s) deem appropriate;
- if possible, inform school staff and/or their peers if a medical incident or a medical emergency occurs.

c) School Staff

School staff should 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 should, 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;

13. In Ontario, the labelling requirements, i.e., identification markings on a container in which a drug is dispensed, are set out in section 156(3) of the Drug and Pharmacies Regulation Act, R.S.O. 1990, c. H.4.

- 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 extracurricular 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 (in situations where school board staff already provide supports to students with prevalent medical conditions, and are already trained appropriately, this memorandum does not intend to prescribe, duplicate, or remove those duties or training);
- 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.

d) Principal

In addition to the responsibilities outlined above under "School Staff", the principal should:

- 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 or the principal's designate. 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 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;
- 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 parent(s) 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.

e) 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[14] 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 this memorandum and related board policies when entering into contracts with transportation, food service, and other providers.

3. Plan 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 ministry is providing school boards with a sample Plan of Care, which is available online through the ministry's Prevalent Medical Conditions web portal. This sample has been developed in consultation with health and education partners.

If they are adapting the sample Plan of Care, school boards should include, at a minimum, all of the following elements:

- preventative strategies to be undertaken by the school to reduce the risk of medical incidents and exposure to triggers or causative agents in classrooms and common school areas
- identification of school staff who will have access to the Plan of Care
- identification of routine or daily management activities that will be performed by the student, parent(s), or staff volunteer(s), as outlined in school board policy, or by an individual authorized by the parent(s)
- a copy of notes and instructions from the student's health care professional, where applicable
- information on daily or routine management accommodation needs of the student (e.g., space, access to food) (where possible, a student should not be excluded from the classroom during daily or

14. Safe storage includes the recommended storage condition(s) for medication and medical supplies. Part of the purpose of safe storage is to enable students to have ready access to their medication and medical supplies when they are not carrying the medication and supplies with them. Safe storage should also include storage considerations when the student is attending board-sponsored activities and travelling to and from such activities.

routine management activities, unless the student or the parent(s) indicate they prefer exclusion)
- information on how to support or accommodate the student to enable participation to their full potential in all school and school board activities (e.g., field trips, overnight excursions, board-sponsored sporting events)
- identification of symptoms (emergency and other) and response, should a medical incident occur
- emergency contact information for the student
- clear information on the school board's emergency policy and procedures
- details related to storage and disposal of the student's prescribed medication(s) and medical supplies, such as:
  - parental permission for the student to carry medication and/or medical supplies
  - location of spare medication and supplies stored in the school, where applicable
  - information on the safe disposal of medication and medical supplies
- requirements for communication between the parent(s) and the principal (or the principal's designate) and/or school staff, as appropriate, including format and frequency
- parental consent (at the discretion of the parents) to share information on signs and symptoms with other students

The Plan of Care for a student with a prevalent medical condition should be co-created, reviewed, and/or updated by the parent(s) in consultation with the principal or the principal's designate, designated staff (as appropriate), and the student (as appropriate), during the first thirty school days of every school year and, 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 the parents, the principal or the principal's designate should share the Plan of Care with school staff who are in direct contact with students with prevalent medical conditions and, as appropriate, others who are in direct contact with students with prevalent medical conditions (e.g., food service providers, transportation providers, volunteers).

4. Facilitating and Supporting Daily or Routine Management

In their policies, school boards should outline board expectations for providing supports[15] to students with prevalent medical conditions in order to facilitate their daily or routine management activities in school.

Facilitating and supporting daily or routine management involves, 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 a classroom, gymnasium, library, schoolyard; on a school bus; at a field trip location), as outlined in their Plan of Care.

15. In situations where school board staff already provide supports (daily or routine management or other support) to students with diabetes and/or epilepsy, and are already trained appropriately, this memorandum does not intend to prescribe, duplicate, or remove those duties or training.

5. Emergency Response

In their policies, school boards should outline board expectations for school staff responses to medical incidents and/or medical emergencies at school that involve students with prevalent medical conditions. At a minimum, the response should align with existing school board medical emergency procedures (e.g., immediate response, including use of emergency medication, and monitoring and/or calling Emergency Medical Services). The response should also align with the Plan of Care established for the student.

School boards should review their medical emergency procedures, consulting evidence-based materials that have been developed by health and education partners. See the resources available online through the ministry's Prevalent Medical Conditions web portal, referred to on page 2 of this memorandum.

6. Raising Awareness of Board Policy and of Evidence-Based Resources

School boards should raise awareness of their policies on prevalent medical conditions. They should also raise awareness of the range of evidence-based resources that provide information on various aspects of prevalent medical conditions, including triggers or causative agents, signs and symptoms characteristic of medical incidents and of medical emergencies, and school board emergency procedures. As stated above, such resources have been developed by health and education partners, and are available through the ministry's Prevalent Medical Conditions web portal.

Schools, also, should raise awareness of prevalent medical conditions that affect students. They can do so, for example, 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.

School boards should also make appropriate resources available to occasional staff and service providers, such as food service and transportation providers.

7. Training

School board policies should include strategies for providing training related to prevalent medical conditions,[16] at a minimum annually, for school staff who have direct contact with students with medical condition(s). Particular consideration should be given to the training needs of occasional staff. Training should take place within the student's first thirty days of school, where possible, to ensure the safety and well-being of the student, and should be reviewed as appropriate.

The scope of training should include the following:

- 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 a medical emergency
- information on school staff supports, in accordance with board policy

16. As set out in Sabrina's Law, 2005, and Ryan's Law, 2015.

- medical incident response and medical emergency response
- documentation procedures

It is expected that school boards, in consultation with teachers' federations, principals' associations, and education workers' unions, will determine the scope of training required to support implementation of their policies, as well as the mode of delivery of the training and any privacy implications that may arise. The scope of training should be consistent with expected duties of school board staff, as outlined in school board policy.

To support school board training needs, evidence-based materials are available online through the ministry's Prevalent Medical Conditions web portal.

8. Safety Considerations

School board policies should:

- allow for students to carry their medication(s) (including controlled substances[17]) and supplies, as outlined in the Plan of Care;
- set expectations for schools to support the storage (according to the item's recommended storage conditions) and safe disposal of medication and medical supplies;
- include a process and appropriate resources to support students with prevalent medical conditions in the event of a school emergency (e.g., bomb threats, evacuation, fire, "hold and secure", lockdown)[18] or for activities off school property (e.g., field trip, sporting event) (this process should also include considerations for occasional staff).

School boards are expected to provide schools with appropriate supplies to support safe disposal of medication and medical supplies.

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

9. Privacy and Confidentiality

School boards should have a policy in place regarding the confidentiality of students' medical information within the school environment, including practices for accessing, sharing, and documenting information. School boards must 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.

17. A *controlled substance* is a drug or narcotic, as set out under the federal Controlled Drugs and Substances Act.
18. The process should be aligned with the requirements set out in "Appendix B: Provincial Policy for Developing and Maintaining Lockdown Procedures for Elementary and Secondary Schools in Ontario" of the ministry document *Provincial Model for a Local Police/School Board Protocol*, revised 2015.

10. Reporting

Subject to relevant privacy legislation, school boards should develop a process to 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 the circumstances surrounding these events. School boards should use these data as part of their cyclical policy reviews.

Under the authority of paragraph 27.1 of subsection 8(1) of the Education Act, school boards will be required to report to the Minister of Education upon implementation and, upon request thereafter, on their activities to achieve the expectations outlined in this memorandum.

11. Liability

In 2001, the Ontario government passed the Good Samaritan Act 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.

As well, Sabrina's Law and Ryan's Law each include provisions limiting the liability of individuals who respond to an emergency relating to anaphylaxis or asthma, respectively, as cited below.
Subsection 3(4) of Sabrina's Law states:

> 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.

Subsection 4(4) of Ryan's Law states:

> 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.

PROVISION OF HEALTH AND/OR MEDICAL SUPPORT FOR STUDENTS

1) PURPOSE

Hastings and Prince Edward District School Board (HPEDSB) believes that the ultimate goal of health and medical support within the educational setting is to have students be as independent as possible with their own care, recognizing that in some cases coordinated supports are required. Students who are independent also have the ability to develop self-advocacy skills and have a circle of support among persons who understand their needs and can provide assistance as required.

Hastings and Prince Edward District School Board believes that all school personnel and others entrusted with the supervision of students have a duty of care to assist students during medical emergencies, to the extent of their capacity within the means available to them, and having regard to what is reasonable for persons without medical training.

2) TYPES OF HEALTH and MEDICAL SUPPORT IN EDUCATIONAL SETTINGS

This procedure provides for awareness, consistent application and update of processes and procedures, record keeping, and maintenance and reporting related to the medical and health issues some of our students encounter.

This procedure covers the following health and medical support services in educational settings:

General information relating to any medical conditions and procedures and more detailed information relating to each of the conditions outlined above will be found in this procedure.

3) APPLICATION

This procedure does not apply to communicable diseases. School boards are goverened by current provincial public health legislation and as outlined in board Administrative Procedure 164 – Management of Communicable and Infectious Disease.

Staff will administer medication and/or medical procedures as designated appropriate for school board employees to administer under government legislation, including Ministry of Education Policy/Program Memorandum No. 81 Provision of Health Support Services in School Settings and subject to collective agreements.

Before the administration of medication or medical procedures to any student can occur, it must be authorized in writing by the student's parent/guardian and the student's attending physician. Ryan's and Sabrina's law indicate that the emergency administration of epinephrine by way of auto-injector or of asthma reliever medication is permitted, in the absence of advance consent if the principal or another employee has reasonable grounds to believe that the student is experiencing an anaphylactic and/or asthma exarcerbation and is at an immediate risk of harm. Nothing in this procedure precludes staff members from taking appropriate actions in emergencies or unforeseen medical circumstances.

When acting in accordance with the directives set out in this administrative procedure, employees are covered by the Board's liability insurance, and are supported by the Board through the *Education Act* and its attendant regulations when acting in *loco parentis*.

Hastings Prince Edward District School Board partners with the Hastings and Prince Edward Counties Health Unit to provide services for students and training for staff in the district.

4) RESPONSIBILITIES

a) School board

It is the responsibility of the school board to:

i) Develop and review a procedure to support schools' ability to design, implement, monitor and improve their ability to respond to students with different medical conditions.
ii) Establish clear guidelines for standards of practice, incident reporting, consistent record keeping and facilitate implementation
iii) Identify community partners that can support schools with medical expertise to assist in training of staff to assist with particular student medical and health needs
iv) Provide training opportunities for staff related to identified medical conditions

b) Principal

It is the responsibility of the principal to:

i) Inform parents/guardians of the need to let the school know if their son/daughter:
   (1) Has a known medical condition such as anaphylaxis, asthma, diabetes, or epilepsy or other seizure disorder;
   (2) Requires self administration or assistance with administration of medication and or medical procedures, and/or;
   (3) Requires routine health management support such as occupational therapy, physical therapy, feeding or toileting.
ii) Establish a meeting time with parent/guardian to gather information, documentation and establish a Health, Medical and/or Emergency Medical Plan.
iii) Engage with the appropriate community services, staff, and parents/guardians of students in need of care on a regular basis for the purpose of securing, to the degree reasonably possible, the necessary level of support during the school day and at school-sanctioned activities.
iv) Designate personnel to be responsible for the adminstration of medication and/or medical procedures, and routine health management as needed .
v) Inform staff and plan for meeting the needs of a student diagnosed with a medical condition, including emergency situations, as well as those who require routine health/medical management support.
vi) Ensure that all required forms are completed and signed by the appropriate persons.
vii) Ensure that General medical plan (Form 320-5A), General health plan (Form 320-5B), or Medical and/or Emergency Medical Plans (Form 320-6 (A through D) are shared with staff at the beginning of the year for elementary and at the beginning of each semester for secondary
viii) Ensure that all health/medical and/or emergency medical plans are posted in a non-public area of the school (i.e., staff room and/or school office) and in the teacher's and designated person(s) to administer medication or medical procedures supply binders/planners.

ix) Provide information and instruction on any health/medical/emergency medical plans for all staff who work directly with the student(s), every September and as needed. Record awareness sessions as they occur.
x) At the beginning of every school year, update any existing medical conditions, medication and routine health management requirements, to determine if new conditions/needs have developed or if existing conditions/needs have changed. Collect new Forms 320-1 through 320-6 (A-D) as required for each student at the beginning of each school year.
xi) Ensure that all original forms are kept in the OSR and retained according to the records management schedule defined by the board.

c) School staff

It is the responsibility of the school staff to:

i) Review all health plans (Form 320-5B General Health Plan) and/or medical/emergency medical plans (Form 320-5A General Medical Plan or Form 320-6(A-D) Medical/emergency medical plans) and keep copies in supply binders/planners;
ii) Attend awareness training in the prevention, symptom recognition, and the provision of any medication or medical procedure to ensure the safety of students who require any type of health and/or medical support.
iii) Sign and complete required Form 320-3 (Designated personnel for administration of medication and/or medical procedure to students) and Form 320-4 (Administration of Medication Log) if designated to adminster medication and/or medical procedures as either the primary or alternate personnel.
iv) Administer medical procedures and medication in accordance with collective agreements and Ontario Ministry of Education Policy/Program Memorandum 81 – Model for Provision of School Health Support Services.
v) Follow health plan (Form 320-5B, General Health Plan) and medical/emergency medical plan (Form 320-5A General medical plan or Form 320-6(A-D), Medical/emergency medical plans).directives
vi) Practice the use of universal precautions which are standards of infection control practices designed to reduce the risk of transmission of bloodborne infections.
vii) Practice the use of routine procedures which are normal work activities used to protect students and staff from potential infectious diseases, i.e. good hand hygiene.

d) Parents/Guardians

It is the responsibility of the parents/guardians to:

i) Advise school administration of any known medical condition, administration of medication or routine health management support needs required for their son/daughter.
ii) Complete Form 320-1 Parent/guardian release of medical information, and if needed Form 320-2 Parent/guardian request and authorization for staff administration of medication and/or medical procedures to student,
iii) Attend meetings, provide information and documentation that is required, and assist in the development of the Form 320-5B, General health plan and/or Form 5A General medical plan or Form 320-6(A-D) Medical/emergency medical plans
iv) Provide any necessary medication and/or health supports required at school.
v) Inform the school principal of any changes to any known medical condition, administration of medication or routine health management support needs required for their son/daughter throughout the year
vi) Complete Forms 320-1 Parent/guardian release of medical information and 320-2 Parent/guardian request and authorization for staff administration of medication and/or medical procedures to student, annually and participate in the review of Form 320-5A General medical plan, Form 320-5B General health plan and/or Forms 320-6(A-D) Medical/emergency medical plan.
vii) For all students respond cooperatively to requests from school to eliminate or curtail specific allergens or foods from packed lunches and snacks

viii) Encourage children to recognize the critical nature of anaphylaxis and respect procedures to keep their peers safe
ix) Remain informed about medical issues such as anaphylaxis by participating in parent sessions or reading literature provided by the school, etc.

e) Students

It is the responsibiltiy of students to:

a) Assist in the monitoring their medical health as indicated on Form 320-5B General medical plan or Form 320-6(A-D) Medical/emergency medicals and/or General health plan (Form 320-5B) to the extent of their understanding and capability of their needs.
b) Self administer medication and medical procedures within their ability to do so
c) Practice use of universal precautions which are standards of infection control practices designed to reduce risk of bloodborne infections
d) Practice the use of routine procedures which will protect themselves and others from potential infectious diseases, i.e. good hand hygiene
e) Learn to recognize symptons of anaphylactic reactions
f) Avoid sharing food, especially with students with anaphylaxis
g) Follow school rules about keeping allergens out of the classroom, food off the yard (attracting bees), food off the bus, etc.
h) Refrain from bullying or teasing a student with a food allergy

5) PROCEDURE FOR STAFF ADMINISTRATION OF MEDICATION AND/OR MEDICAL PROCEDURES

Glossary of Terms for Administration of Medication or Medical Procedures

Emergency medication is medication that is prescribed for use in a life threatening situation.

Medical procedures include, for example, catheterization and suctioning.

Non-prescription medication is medication for which no prescription is required; i.e., "over the counter" medication.

Oral medication is medication that is taken by mouth, including inhalants.

PRN (*Pro re nata*) is a Latin phrase meaning "in the circumstances" or "as the circumstance arises." In the case of medication, it refers to medication that is administered as needed, based on an assessment.

Prescription medication is medication that is prescribed by a medical practitioner.

Routine health management is support for students with occupational or physical therapy, toileting or feeding needs.

Routine procedures are normal work activities used to protect students and staff from potential infectious diseases. Hand hygiene is one of the most important ways to prevent the spread of infection.

Self administration means that the student accepts full responsibility for the medication regime.

Staff administration occurs when designated personnel provides the required dosage of medication at the prescribed time to a student, and/or provides medical procedures to a student.

Universal Precautions are standards of infection control practices designed to reduce the risk of transmission of bloodborne infections.

a) Procedure for staff

The following steps are to be followed when parents/guardians seek to have medications and/or medical procedures administered by school personnel.

i) A request is made by a parent/guardian that school staff administer medication or medical procedures.

ii) For administration of medication parent/guardian submits completed Form 320-1 Parent/Guardian release of medical information **and** Form 320-2 Parent/Guardian request and authorization for staff administration of medication and/or medical procedures to student. The parent/guardian must indicate in the appropriate location on the forms, the name of the student, the name of the any medication that administration is being requested for, the dosage, the time for administration, duration of the medication, storage instructions and possible side effects, if any. **These requests and forms are required annually at the beginning of each school year or with new registrations in their first year.**

iii) The information as indicated on Form 320-1 Parent release of medical information must be provided by the parent/guardian in consultation with the attending medical practitioner including the physician's signature verifying the information.

iv) Parents/guardians are responsible to provide to the school any prescription medication which the principal has agreed will be administered by designated personnel. All such medication must be provided in a clearly **labelled pharmacy** container which shows the child's name, the physician's name, the name of the medication, the frequency and method of administration, dates for which the authorization applies and the possible side effects, if any.

It is the responsibility of parents/guardians to provide medication that has not exceeded its expiry date and to replace any medication which reaches its expiry date.

The parent/guardian is responsible for the delivery of prescribed medication to the principal at intervals as may be determined by the parents/guardians and/or physician, and the principal shall deliver to the parents any unused medication at the end of the school year or at other times determined by the parents/guardians and/or physician (e.g., prior to Christmas or March break).

v) In exceptional cases, when the duration of the medication prescribed is to be very short term (several days at most), the prescribed medication is in a clearly **labelled pharmacy** container and the parent is unable to obtain the physician's statement on Form 320-1 Parent/Guardian release of medical information before the termination of the prescribed regimen, the principal may, at his/her discretion and in the interest of the student involved, waive the request for the physician's statement and accept a pharmacist's direction on Form 320-1, Parent/guardian release of medical information. The pharmacist would sign indicating their contact information and verifying the information provided.

vi) If this situation occurs, the parent/guardian will be required to provide the medication in accordance with the section (iv) above. In addition, the parent/guardian will be required to sign Form 320-2 Parent/Guardian request and authorization for staff administration of medication and/or medical procedures, which will be appended to include in writing the agreement of the principal to waive the physician's statement.

vii) Should the original prescription be changed at any time, the parent/guardian must present a new Form 320-1 Parent/Guardian release of medical information, completed by the attending medical practitioner.

viii) The principal shall designate a secure, locked place for the storage of medication and shall provide refrigeration when necessary. An exception to the locked storage space occurs with the storage of epinephrine auto-injectors and asthma medications. These medications must be readily accessible at all times and close to the student. Medication must be stored separately, in an unlocked cabinet and apart from First Aid kits and supplies. Staff need to be aware of the location of these emergency medications.

ix) A new **request must be submitted annually for designated personnel to administer medication or medical procedures** using Form 320-2 Parent/Guardian request and authorization for staff administration of medication and/or medical procedures. The annual request must be in this written form, signed by a parent/guardian or adult student and supported by the report of the student's attending medical practitioner on Form 320-1 Parent/Guardian release of medcial information.

x) A request by a parent/guardian may be reviewed by the principal in consultation with the principal's superintendent and the parent/guardian will be informed of the decision as to whether the request will be granted. This will be required in circumstances where additional support staff is being requested to assist with medical or health needs of the student.

xi) Subject to collective agreements, the principal shall determine the designated school personnel to be responsible for the administration of medication and/or medical procedures. Designated school personnel will indicate that they have agreed to accept this responsibility by signing Form 320-3 Designated school personnel responsible for administration of medication and/or medical procedure to students.

xii) Where possible, at least two alternate designated school personnel will be identified and briefed to administer the procedure and/or medication in the absence of the designated person and also sign a Form 320-3 Designated school personnel responsible for administration of medication and/or medical procedure to students as the alternate designate.

xiii) The principal shall ensure that designated personnel (including long term supply personnel) who administer medication and/or perform a medical procedure on a student have been appropriately briefed according to the medical or health plan and/or trained by a health care professional to carry out these duties if required. Advice from the physician, the Health Unit, Community Care Access Centre, or a pharmacist can be solicited if needed.

xiv) In the event of the absence of the primary personnel and alternate personnel designated to administer the medication or medical procedure, the parent or guardian shall be informed immediately that the medication or medical procedure cannot be administered at the school or on a school approved trip during such absences(s).

xv) Designated personnel to administer will not undertake any action which would qualify as a medical assessment of when and how much medication is to be administered. Such procedures (e.g. administration of a PRN – Pro re nata) may be carried out only by medical professionals licensed under the Health Professionals Act.

xvi) The medication and/or medical procedure must be administered in a manner which allows for sensitivity and privacy.

xvii) Form 320-4 Administration of Medication Log is a record of administration of medication. The designated person responsible for administering medication will record every occasion when medication has been administered by school staff. The record of medication administered will include the student's name, date, time, medication, dosage and signature of the person administering the medication.

xviii) A medical, health and/or emergency medical plan is created to support the administration of medication and/or procedures using Form 320-5A General medical plan, Form 320-5B General health plan and/or Form 320-6(A-D) Emergency medical plan.

xix) Form 320-5A General medical plan, Form 320-5B General health plan and/or Form 320-6(A-D) Medical/emergency medical plan is shared with appropriate staff, and a copy is kept in supply binders of the designated persons to administer.

xx) Form 320-5A General medical plan, Form 320-5B General health plan and/or Form 320-6(A-D) Medical/emergency medical plan may include information regarding any or a combination of the following:

(1) Administration of medication in both routine and emergency situations (anaphylactic reactions or asthma exacerbations)
(2) Medical procedures for diabetic monitoring or response to hypoglycemic or hyperglycemic occurrences
(3) Medical procedures for seizure response
(4) Medical procedures for suctioning
(5) Medical procedures for catherization
(6) Emergency protocols in case of a medical emergency

(7) Routine health management (feeding, toileting, occupational or physical therapy, etc.)

xxi) Parent/Guardians will be given the contact information with Tri-board Transportation Services if their child requires transporation to and from school so they can complete their medical release of information form. This form can be found on Triboard's website. It will be the parent's responsibiliy to have any discussions needed regarding dealing with students' medical or health needs enroute to and from school. The school will be responsible for sharing Form 320 – 6A, 6B, 6C or 6D with the bus driver should there be any emergency medical plan developed once triboard has received the medical release of information form.

b) Procedural forms for medication and/or medical procedures

A file of medication instructions and/or medical procedures and arrangements is to be retained in the school office. Such records shall include the appropriate forms from the following list depending upon the student's medical diagnosis and medical needs.

(i) Individual Student Forms
- (a) Form 320-1 – Parent/Guardian release of medical information
- (b) Form 320-2 – Parent/Guardian request and authorization for staff administration of medication and/or medical procedures
- (c) Form 320-3 – Designated school personnel responsible for administration of medication and/or medical procedure to students.
- (d) Form 320-4 – Administration of medication log
- (e) Form 320-5A – Gneral medical plan
- (f) Form 320-5B – General health plan
- (g) Form 320-6A – Medical /emergency medical plan for student with Anaphylaxis
- (h) Form 320-6B – Medical / emergency medical plan for student with Asthma
- (i) Form 320-6C – Medical /emergency medical plan for student with Diabetes
- (j) Form 320-6D – Medical /emergency medical plan for student with Epilepsy

(ii) School Forms
- (a) Form 320-7A – Anaphylaxis – Annual Training Record
- (b) Form 320-7B – Asthma – Annual Training Record
- (c) Form 320-8 – 9-1-1 Protocol

6) PROCEDURE FOR STUDENT SELF-ADMINISTRATION OF MEDICATION

a) Procedure for staff

The following procedure is to be followed when students self-administer medications or in the case of non-prescription medication. This will be more common in secondary school settings.

i) Parents/guardians of students will be asked to inform the school of students who self-administer medications.

ii) Prescription and non-prescription medications which are to be self-administered are to be carried by students in single or daily doses only.

iii) If students may need to self-administer medication in emergency situations, e.g. anaphylactic reaction or asthma exacerbation, diabetic reaction, seizure, there will be a need for parents/guardians to work with staff through the development of an emergency medical plan, Form 320-6A, Emergency medical plan for students with anaphylaxis or Form 320-6B, Emergency medical plan for students with asthma, Form 320-6C, Medical and/or emergency medical plan for students with diabetes, and/or Form 320-6D, Medical and/or emergency plan for students with epilepsy/seizure disorder. There will also be a need for parents/guardians to complete 320 -1 Parent/guardian release of medical information in any case where there may be a medical emergency.

iv) Normally, non-prescription medication will be self administered. If staff members are to be involved in the administration of non-prescription medication this medication must be accompanied by specific instructions from a medical practitioner using Form 320-1 Parent/guardian release of medical information and Form 320-2 Parent/guardian request and authorization for staff administration of medication and/or medical procedures to student. Then there will be a need for staff to complete Form 320-3 Designated school personnel responsible for administration of medication and/or medical procedure to students.

b) Procedural forms for students self administering medication

A file of medication instructions and/or medical procedures and arrangements is to be retained in the school office. Such records for self administration will include the appropriate forms from the following list:

i) Individual Student Forms
   (a) Form 320-1 – Parent/Guardian release of medical information
   (b) Form 320-2 – Parent/Guardian request and authorization for staff administration of medication and/or medical procedures
   (c) Form 320-3 – Designated school personnel responsible for administration of medication and/or medical procedure to students.
   (d) Form 320-4 – Administration of medication log
   (e) Form 320-5A – General medical plan

ii) School Form
   (a) Form 320-8 – 9-1-1 Protocol

7) PROCEDURES FOR STUDENTS REQUIRING HEALTH SUPPORTS

Some students need daily health care support while attending school. Hastings and Prince Edward District School Board endeavours to support learning due to health requirements, providing daily personal care as needed, working with community partners to identify and support fine motor, gross motor and sensory exercises a student may require, provide for hearing and visual impairments.

Hastings and Prince Edward District School Board works closely with other community agencies to ensure that student physical needs are provided for.

a) Procedure for staff

The following procedure is to be followed when parents/guardians seek to have routine health management support administered by school personnel.

.A request is made by a parent/guardian that school staff provide routine health management support.

i) Parents/guardians are responsible to provide to the school with any written reports that provide information related to the student's physcial needs related to their medical condition or any daily personal care needs.

ii) A request by a parent/guardian may reviewed by the principal in consultation with the principal's superintendent and the parent/guardian will be informed of the decision as to whether the request will be granted. This will be required in circumstances where additional support staff is being requested to assist with the health needs of the student.

iii) A general health medical plan is created to support the health care procedures that will support the student. Form 320-5B General health plan will be completed in collaboration with parents/guardians.

iv) Form 320-5B General health plan is shared with appropriate staff, and a copy is kept in supply binders of the designated persons to administer.

v) Form 320-5B General health plan may include information regarding any or a combination of the following:
   (a) Routine health management (feeding, toileting, occupational or physical therapy, etc.)
   (b) Medical procedures related to health that are required at school

vi) If specialized transportation will be required, parent/guardians will be given the contact information with Tri-board Transportation Services and application for specialized transportation will be supported by special education services.

vii) Parents/guardians will be asked to inform and release information to the school from any outside agencies that have provided support for the health issues that the student may require support from school personnel.

b) Procedural forms for health supports

A file regarding medical procedures and arrangements for health supports is to be retained in the school office. Such records shall include appropriate documentation such as:

i) Individual Student Forms
   (a) Form 320-1 – Parent/Guardian release of medical information

(b) Form 320-2 – Parent/Guardian request and authorization for staff administration of medication and/or medical procedures
(c) Form 320-3 – Designated personnel responsible for administration of medication and/or medical procedure to students
(d) Form 320-5B – General health plan

ii) School Form
(a) Form 320-8 – 9-1-1 Protocol

8) PROCEDURES FOR STUDENTS WITH ANAPHYLAXIS

Sabrina's Law states that, if an employee has reason to believe that a pupil is experiencing an anaphylactic reaction, the employee may administer an epinephrine auto-injector or other medication prescribed to the pupil for the treatment of an anaphylactic reaction.The parent/guardian will be informed by the school of such an emergency treatment as soon as possible after the treatment is administered and steps taken within the student's medical plan (Form 320–6A Medical and/or emergency plan for student with anaphylaxis)

Hastings and Prince Edward District School Board and all its employees play an important role in providing a safe environment for anaphylactic students. It is essential that all members of the school community are aware of issues facing students with anaphylaxis and develop strategies to minimize the risk of an allergic reaction, and are equipped to respond appropriately in the event of an emergency in all our schools.

These procedures need to be flexible enough to respond to the age and maturity of the student (e.g. significant differences in issues faced by elementary and secondary schools), the nature and prevalence of the allergen, and the organziational and physical porperties of the school itself.

While the school community recognizes the right of parents and guardians to feed their children whatever they choose, it must assert that the right to life and safety is greater, and provide for the safety of anaphylactic children accordingly.

"Anaphylaxis" is a severe, life-threatening allergic reaction. It can be triggered by by certain types of food (e.g. peanuts and shellfish), insect stings, latex, medicine, exercise and sometimes unknown causes. It requires appropriate avoidance strategies and immediate response in the event of an emergency.

Anaphylaxis can occur wthin minutes or hours after initial contact. It is systemic in nature (involving one or more body systems, i.e., the skin – hives and swelling, respiratory – hoarseness, wheezing, difficultly breathing, rapid drop in blood pressure, leading to unconsciousness); it is life threatening and if left untreated or under treated, can result in death.

GLOSSARY FOR TERMS RELATED TO ANAPHYLAXIS
Anaphylaxis is a serious allergic reaction that is rapid in onset and may cause death.

Allergens are any substance or condition that can bring on an allergic reaction leading to a severe, life-threatening, allergic reaction know as anaphylaxis.

Anaphylactic reaction can develop within seconds to minutes of exposure or may be delayed for several hours. Delayed reactions can be extrememly dangerous because the initial symptoms could be mild but serious symptoms can occur several hours later.

Epinephrine is the drug form of a hormone (adrenaline) that the body produces naturally and is the treatment or drug of choice to treat anaphylaxis. This treatment is life-saving.

POSSIBLE SYMPTOMS OF ANAPHYLAXIS
(One or more of these symptoms may occur within minutes or several hours after exposure to an allergy trigger)
SKIN
hives, swelling, itching, warmth, redness

RESPIRATORY
coughing, wheezing, shortness of breath, chest pain or tightness, throat tightness, trouble swallowing, hoarse voice, nasal congestion or hay fever-like symptoms (sneezing or runny or itchy nose, red, itchy or watery eyes)

GASTROINTESTINAL
nausea, stomach pain or cramps, vomiting, diarrhea

CARDIOVASCULAR
dizziness/lightheadedness, pale/blue colour, weak pulse, fainting, shock, loss of consciousness

NEUROLOGICAL
anxiety, feeling of "impending doom: (feeling that something really bad is about to happen), headache

OTHER
uterine cramps

a) Procedure for staff

The following procedure is to be followed for students with anaphylaxis.

i) The principal will ask that upon registration for the parent/guardian to inform the school of their child's allergies and clarify if any of these are life threatening.

ii) The principal will then ensure that the parent/guardian is asked to supply information on life-threatening allergies by completing Form 320-1 Parent/guardian release of medical information and Form 320-2 Parent/guardian request and authorization for staff administration of medication and/or medical procedures.

iii) The principal, in consultation with the parent/guardian will develop an individual medical and/or emergency medical plan for the student using Form 320-6A Medical and/or emergency medical plan for a student with anaphylaxis

iv) The principal will ensure parent/guardians are given the contact information for Tri-board Transportation Services if their child requires transporation to and from school so they can complete their medical release of information form, this form can be found on Triboard's website. It will be the parent's responsibility to have any discussions needed regarding the students' medical or health needs enroute to and from school. The school will notify the bus driver of any student with anaphylaxis and will be responsible for sharing the Form 320-6A Medical and/or emergency medical plan for a student with anaphylaxis, should there be an emergency medical plan developed. This sharing of the plan will occur once the school has received confirmation that Triboard has received the medical release of information form. The school will not be responsible for the annual training of bus drivers in these situations, that responsibility remains with Triboard.

v) The principal will ensure that the parent/guardian is asked to give signed consent for injection of epinephrine as part of the written plan on Form 320-6A Medical and/or emergency medical plan for students with anaphylaxis.

vi) As with any emergency medical situation school staff will follow 9-1-1 protocol, Refer to Form 320-8, 9-1-1 protocol. However there are occasions where within Form 320-6A Medical and/or emergency medical plan for students with anaphylaxis there will be a need for the development of an emergency transportation plan for transport of the student to the nearest medical centre/hospital without the use of 9-1-1 services. If this is a requirement for a student the principal will ensure that the parent/guardian is asked to provide all details for transportation to emergency medical centre/hospital within the plan and give signed consent within the plan as well.

vii) The parent/guardian will ensure that the student with anaphylaxis is provided with two epinephrine auto-injectors or one dual dose epinephrine auto-injector in good working condition and within any expiration dates. It is the parent's responsibility to ensure that epinephrine auto-injectors are always within expiration dates. Certain school excursions may require the parent to provide more than one injector for the trip.

viii) The principal will require that students with anaphylaxis, for whom epinephrine auto-injectors are prescribed, carry them on their person at all times, and will inform parents/guardians and student of this requirement.

ix) The principal will obtain a back-up epinephrine auto-injector for emergency use in the school that is in a readily accessible location that is not locked, and is well-known to staff.

x) The emergency administration of epinephrine by way of auto-injector is permitted, in the absence of completion of required consent if the principal or another employee has **reasonable grounds to believe** that the student is experiencing an anaphylactic reaction and is at an immediate risk of harm.

xi) The principal will review the procedure on safety of students with Anaphylaxis with entire staff each year in September and throughout the school year as required.

xii) The principal will ensure that staff responsible for the welfare of the students (i.e., teachers, custodians, administrative assistants, educational assistants, long term occasional staff, etc.) are aware of anaphylactic students in their care and have received appropriate training in prevention, symptom recognition, and the use of epinephrine.

xiii) **All staff** will be expected to participate in annual training. This can occur as part of a staff meeting or individually. The principal will maintain **Form 320-7A, Anaphylaxis annual training record,** which all staff will be expected to sign annually once they have completed training for that year. In secondary schools, department heads may assist with ensuring training records are completed for their department and submitted to the principal.

(1) Training on anaphylaxis for all staff is available in an e-learning format on the Ministry of Education website at the following link: http://www.eworkshop.on.ca/edu/anaphylaxis/
(2) Support in training can be obtained from the local Health Unit.

xiv) The principal will ensure that all occasional teachers and support staff are aware of the Form 320-6A, Emergency medical plans for students with anaphylaxis for students in their assigned classroom and that they are asked to review these prior to student arrival.

xv) The principal will ensure that Form 320-6A, Emergency medical plan for students with anaphylaxis is posted in a non-public area of the school (i.e. staff room and/or school office, etc.) and that a copy is kept in the teacher's day book and/or in supply binders for both teacher and educational assistants working in the student's classroom.

xvi) The principal will ensure that staff are made aware of any students that may have a need for emergency medical intervention. (ie. Students who have Form 320-6A-D Medical/emergency medical plans posted in a non-public place).

xvii) The principal will maintain a file for each student with anaphylaxis including all pertinent forms in the main office.

b) Medical / emergency medical plan for students with anaphylaxis
Form 320-6A Medical / emergency medical plan for students with anaphylaxis shall contain the following:

i) Details regarding the type of allergy, monitoring and avoidance strategies, symptom recognition and appropriate treatment, which will be provided to the school for staff who are in direct contact with the student on a regular basis;

ii) A readily accessible Emergency Medical Plan (Form 320-6A) for the student, including emergency contact information, and a copy of the prescription and/or instructions from the student's physician (Form 320-1 Parent/Guardian release of medical information).

iii) Information about storage of epinephrine auto-injectors, for which the parents/guardians will be responsible for supplying and ensuring that they remain in good working condition and within any expiration dates (Parents are encouraged to provide two single dose epinephrine auto-injectors or one dual-dose epinephrine auto-injector)

iv) Written consent for administration of ephinephrine should it be required.

v) Specific information about a preferred method of transportation as well as an alternative, if appropriate in the event of an emergency. In the very rare incident where transportation by private vehicle is included in a plan, this will be indicated by the parent within the plan and consent will be given in writing within the Form 320-6A Medical / emergency medical plan for students with anphylaxis.

c) Risk management strategies for students with anaphylaxis

i) Schools are required to develop strategies that reduce the risk of exposure to anaphylactic causative agents in a manner which preserves normal peer interactions for the student who is subject to anaphylactic reaction. At the same time, such strategies must strive to avoid placing unreasonable restrictions on the normal activities of other children in the school.

ii) As an example, the strategies should include the creation of "nut sensitive/allergy sensitive" zone(s) within the school. These areas might include the school auditorium, cafeteria, gymnasium, hallways, library, main office, playground, student homeroom, designated area in the homeroom, other classrooms & labs, etc. How all encompassing the area where the school maintains no exposure to the allergen source will in part be dependent on the severity of the allergy.These areas of the school shall be identified through use of signage displayed prominently on doors with clear allergen awareness indicating the list of restricted allergens (e.g. Peanuts, eggs, latex, etc.).

iii) Useful references include: www.cdnsba.org "Anaphylaxis: A Handbook for School Boards"; www.allergyfoundation.ca brochures—"Anaphylaxis in Schools"; and www.hpechu.on.ca Hastings and Prince Edward Counties Health Unit. (see links in Appendix B)

iv) A communication plan must be put into place to share information on life-threatening allergies with parents, students and the staff. Parents should be encouraged to support the student who is subject to an anaphylactic reaction by not sending foods to school which

could cause an anaphylactic reaction. Sample newsletter items and parent letters can be found in the "Anaphylaxis in Schools & Other Settings" resource kit that was distributed to all schools by the Ministry of Education in 2006, revised August 2014, 3rd Edition.This kit also contains auto-injector training devices, awareness/instructional posters, videos and presentations.

These resources are available online at *Anaphylaxis in Schools and Other Settings 2nd Edition*. (See link in Appendix B)

d) Anaphylaxis in the workplace

Employees must also have strategies to stay safe and are required to:

i) Contact the Human Resources Co-coordinator with the Medical Information that requires an accommodation for allergies. Accommodation requirements will be managed by the Human Resources Co-coordinator as per Procedure 423 – Accommodation and Return to Work Program for Employees. The Principal or supervisor will participate in the development of the employee's accommodation and safety plan.

ii) Tell their principal or manager about their allergies and where to find their epinephrine auto-injectors. As they may require assistance during an emergency, they are advised to teach other colleagues how to recognize symptoms of anaphylaxis and use an auto-injector properly.

e) Procedural forms for anaphylaxis

A file of medication instructions and/or medical procedures and arrangements is to be retained in the school office. Such records shall include the appropriate forms from the following list:

i) Individual Student File
   (1) Form 320-1 – Parent/Guardian release of medical information
   (2) Form 320-2 – Parent/Guardian request and authorization for staff administration of medication and/or medical procedures
   (3) Form 320-3 – Designated school personnel responsible for administration of medication and/or medical procedure to students.
   (4) Form 320-4 – Administration of medication log
   (5) Form 320-6A – Medical /emergency medical plan for student with Anaphylaxis

ii) School File
   (1) Form 320-7A – Anaphylaxis – Annual Training Record
   (2) Form 320-8 – 9-1-1 Protocol

9) PROCEDURE FOR STUDENTS WITH ASTHMA

In accordance with *Ryan's Law – Ensuring Asthma Friendly Schools – 2015*, Hastings and Prince Edward District School Board has established a procedure for students diagnosed with asthma. The safety of students with a medical condition such as asthma is a shared responsibility of the board, school, family, health care provider and community partners.

Hastings and Prince Edward employees play an important role in providing a safe environment for students with asthma. It is essential that all members of the school community are aware of the issues facing students with asthma and develop strategies that reduce the risk of exposure to asthma triggers in classrooms and common school areas, and are equipped to respond appropriately in the event of an emergency

GLOSSARY FOR TERMS RELATED TO ASTHMA

Asthma is a chronic inflammatory disease of the airways, affects 15 % of children. A worsening of asthma symptoms is referred to as an asthma attack or exacerbation. Triggers like allergens and irritants can make airways react by swelling that makes breathing difficult, and if left untreated, can be life threatening. **Asthma symptoms** are variable and can include coughing, wheezing, difficulty breathing, shortness of breath and chest tightness. The symptoms can range from mild to severe and can become life threatening.

Asthma exacerbation (asthma attack) impacts three parts of the respiratory system. During an exacerbation, the muscles around the bronchi (air tubes) tighten; the inner linings of the bronchi swell; and an excessive amount of mucus is produced making it difficult to breathe. On occasion, any asthmatic child may experience severe breathing difficulties; such episodes should be regarded as emergencies requiring immediate treatment.

Bill 20 Ryan's Law (Ensuring Asthma Friendly Schools), 2015 is legislation now in place to help ensure that students with asthma have a safe school environment where they can learn, play and grow. Requirements include developing an asthma procedure for school boards, developing individual student asthma management plans which principals can use for each student with asthma and provision for training sessions for teachers and other staff.

Causes/Triggers can be considered in two categories. **Common allergens** include molds, dust mites, animals and pollen. **Common irritants** include tobacco smoke, extremes in weather, strong odours (i.e., scented products, cleaning products, art supplies, paint fumes), viral infections (i.e., colds and flu, physical activity, stress, air pollution).

Emergency Medication for asthma is **reliever inhalers** (also called rescue inhalers) are taken to relieve symptoms quickly, and for asthma attacks or exacerbations and emergencies. Relievers open up the airways by relaxing muscles in the airways to relieve asthma symptoms. They are taken on an as needed basis to reverse/relieve asthma symptoms being experienced and **should always be accessible, preferably carried by the person with asthma.**

Medication for asthma that is commonly used on a daily basis to prevent swelling and mucus build up in the airways is **controllers (preventers).** These are typically taken in the morning and before bed and therefore are usually kept and administered at home. Medications that are prescribed by a health care provider including controllers can by necessity be administered to a student, or taken by the student during school hours or school related activities.

Immunity – The Act to Protect Pupils with Asthma states that "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."

a) Procedure for staff

The following steps are followed when supporting students with asthma.

i) The principal will ensure that upon registration, parent/guardian or adult student is asked if student has asthma.

ii) If the student does have an asthma condition, the parent/guardian or adult student will be asked to supply information completing Form 320-1 Parent/Guardian release of medical information in consultation with their physician, and completing Form 320-2 Parent/Guardian request and authorization for staff administration of medication and/or medical procedures if any medication is required at school daily or for emergency situations. As well parent/guardian or adult student will be invited to be a participant in the completion of Form 320-6B Medical and/or emergency medical plan for student with asthma. The parent/guardian will inform the school of their child's asthma and complete required forms.

iii) The principal, in consultation with the parent/guardian or adult student, will develop an individual Health/Medical and/or Emergency Medical Plan for each student who has asthma and ensure that all required forms are completed including Form 320-3 Designated personnel responsible for administration of medication and/or medical procedure to students and those required for Tri-board Transportation and/or the Consent Form for Injection of Epinephrine and/or Provision of Asthma Medication and Transportation to Emergency Medical Centre/Hospital on Form 320-6B.

iv) The parent/guardian will ensure that the student with asthma is provided with necessary medication (reliever inhalers) that are in good working condition and within any expiration dates. Certain school excursions may require the parent to provide more than one reliever inhaler.

v) The principal will ensure that all students have easy access to their prescribed reliever inhaler medication.

vi) The principal will ensure that asthma reliever inhalers are kept in a readily accessible place that is not locked. Details regarding storage of the student's asthma medication must be clearly outlined on Form 320-6B, Medical/emergency medical plan for students with asthma, including, if the student is under 16 years old, whether he/she has permission from the parent/guardian to carry his or her asthma medication.

vii) The principal will obtain a back-up asthma reliever inhaler for emergency use in the school that is in a readily accessible location, and is well-known to staff.

viii) The emergency administration of reliever medication is permitted with the consent of the parent/guardian for students under 16 or if completion of required consent is not yet available and the principal or another employee has **reason to believe** that the student is experiencing an asthma attack and is at an immediate risk of harm.

ix) The principal will review the procedure on safety of students with asthma with the **entire staff** each year in September and throughout the school year when required. A record of this training will be kept by the principal using Form 320-7B, Asthma annual training record.

x) The principal will ensure that staff responsible for the welfare of the students (teachers, long term occasional staff, custodians, administrative, educational assistants, lunch room monitors, etc.) are aware of students with asthma in their care and have received appropriate training in prevention, symptom recognition, and the use of an asthma reliever inhaler.

(1) Training on asthma for all staff is available in an e-learning format on the Ministry of Education website at the following link: http://www.edu.gov.on.ca/eng/healthyschools/anaphylaxis.html

(2) Reference the Ophea guide "Creating Asthma Friendly Schools" (asthmainschools.com)
(3) Obtain support from the local Health Unit.

xi) The principal will ensure that all occasional teachers and support staff review Form 320-6B (Medical and/or emergency medical plan for student with asthma) for students in their classroom;

xii) The principal will ensure that Form 320-6B , Medical and/or emergency medical plan for students with asthma is posted in a non-public area of the school (i.e. staff room and/or school office) and a copy is kept in the Teacher's Day Book and/or in supply binders for all staff working in the student's classroom.

xiii) The principal will maintain a file for each student with asthma including all pertinent forms.

b) Medical / emergency medical plan for students with asthma shall contain the following:

i) Details regarding the asthma condition, monitoring and avoidance strategies, symptom recognition and appropriate treatment, which will be provided to school and transportation personnel who are in direct contact with the student on a regular basis;

ii) A readily accessible medical / emergency medical plan (Form 320-6B, Medical / emergency medical plan for student with asthma) for the student, including emergency contact information, and a copy of the prescription and instructions from the student's physician.

iii) Information about storage of asthma reliever inhaler medications, for which the parents/guardians will be responsible for supplying and ensuring that they remain in good working condition and within any expiration dates (Parents are encouraged to provide additional reliever inhalers);

iv) Confirmation of the plan to involve emergency services through 9-1-1 protocol should an asthma attack be deemed an emergency. Specific information about alternate transportation if there is a need for one. In very rare circumstances when transportation by private vehicle is included in a plan, permission will be given within the Form 320-6B, Medical / emergency medical plan for student with asthma.

c) Risk management strategies for students with asthma

i) Schools are required to develop strategies that reduce the risk of exposure to asthma triggers in the classrooms and common school areas.

ii) As an example, encourage frequent hand washing to prevent the spread of viral infections, use non-toxic cleaning products, schedule building repairs and cleaning when students and staff are least likely to be exposed and uphold the Smoke-Free Ontario Act by making sure that students, staff and visitors do not smoke on school property.

iii) A communication plan must be put into place to share information on life-threatening asthma conditions with parents/guardians, student and the staff. Asthma resources for schools and educators are available at www.ophea.net. A copy of the Ophea guide "Creating Asthma Friendly Schools" is in every school as a resource. Free asthma resources are available to order from the Ontario Lung Association at www.on.lung.ca and from Ophea at www.asthmainschools.com.

d) Asthma in the workplace

Employees must also have strategies to stay safe and are required to:

i) Tell their principal or manager about their asthma and where to find their reliever inhaler medication. As they may require assistance during an emergency, they are advised to

teach other colleagues how to recognize symptoms of asthma and use a reliever inhaler properly.

ii) Contact the Human Resources Co-coordinator with the medical information that requires an accommodation for asthma. Accommodation requirements will be managed by the Human Resources Co-coordinator as per Procedure 423 – Accommodation and Return to Work Program for Employees.

iii) The Principal or supervisor will participate in the development of the employee's accommodation and safety plan.

e) Procedural Forms for Asthma

A file of medication instructions and/or medical procedures and arrangements is to be retained in the school office. Such records shall include the appropriate forms from the following list:

i) For individuals:
   (1) Form 320-1 – Parent/Guardian release of medical information
   (2) Form 320-2 – Parent/Guardian request and authorization for staff administration of medication and/or medical procedures
   (3) Form 320-3 – Designated school personnel responsible for administration of medication and/or medical procedure to students.
   (4) Form 320-4 – Administration of medication log
   (5) Form 320-6B – Medical / emergency medical plan for student with Asthma

ii) For the school:
   (1) Form 320-7B – Asthma – Annual Training Record
   (2) Form 320-8 – 9-1-1 Protocol

10) PROCEDURE FOR STUDENTS WITH DIABETES

The ultimate responsibility for diabetes management rests with the family and the child. However, managing diabetes is a full-time job for the family and student with diabetes. It is important that the people who care for children with diabetes understand their unique needs.

School-age students with diabetes most often have type 1 diabetes and require insulin by injection or by an insulin pump. School-age students with diabetes spend 30-35 hours per week in the school setting. This represents more than half of their waking weekday hours. It is therefore vital that school personnel, parents/guardians and students are clear and confident in their roles and responsibilities during school time.

Diabetes care is unique for each individual student. It is important that the needs of each student with diabetes be recognized and accommodated through careful planning with all parties. Completion and scheduled reviews of Form 320-6C Medical and/or emergency medical plan for student with diabetes is a crucial step in providing school personnel with accurate information about how to manage diabetes for individual students and respond to problems that may likely result due to the diabetes which can place the student's health and safety at risk.

The goal for all students with diabetes is to become as independent as possible, as soon as possible, in managing their diabetes.

The role of the school is to provide support for the student as he/she moves from dependence to independence of care and to encourage the development of a supportive environment for making such a transition.

GLOSSARY FOR TERMS RELATED TO DIABETES

Blood glucose is the amount of glucose (sugar) in the blood at a given time.

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 or hypoglycemia and requires immediate treatment.

Blood glucose monitoring is a regular part of the process for a person with diabetes to assist in achieving their target blood glucose level. Levels will change depending on food consumption, physical activity, stress, illness, problems with insulin delivery system and many other unknown factors. To test blood glucose, the individual pricks his or her finger with a lancing device and places a drop of blood on a blood glucose strip, which is inserted into a blood glucose meter to obtain a reading.

Carbohydrate is one of the main sources of energy (calories). All forms of carbohydrates are broken down into glucose during digestion and increase blood glucose. Carbohydrates are found in fruits, vegetables, milk and grains/starches such as rice, potatoes, corn, and legumes and refined sugars.

Diabetic ketoacidosis (DKA) is an acute and severe complication of diabetes that is the result of high levels of blood glucose and ketones. It is often associated with poor control of diabetes or occurs as a complication of other illnesses. It can be life threatening and requires emergency treatment. Signs and symptoms include fruity odour on the breath, shortness of breath, confusion, nausea, vomiting and weight loss..**School will follow 9-1-1 protocol.**

Fast-acting carbohydrate is a carbohydrate that a person eats or drinks for treatment of mild to moderate hypoglycemia (e.g. orange juice, glucose tablets)

GLOSSARY FOR TERMS RELATED TO DIABETES (CONTINUED)

Glucagon is a hormone that raises blood glucose. An injectable form of glucagon is used to treat severe hypoglycemia.

Glucometer is a medical device used to measure the concentration of sugar in the blood**.**

Glucose is a hormone that the body needs to produce energy. Glucose (sugar) comes from carbohydrates such as breads, cereals, fruit and milk.

Hyperglycemia or high blood glucose is a situation that occurs when the amount of blood glucose (sugar) is higher than an individual's target range. **Symptoms** can include frequent urination, increased thirst, blurred vision, fatigue, headache, fruity-smelling breath, nausea and vomiting, shortness of breath, dry mouth, weakness, confusion, abdominal pain.

Hypoglycemia or low blood glucose occurs when the amount of blood glucose (sugar) is l*ower* than 4.0 mmol/L. Hypoglycemia can be mild, moderate or severe. It can happen within minutes of a person appearing healthy and normal and therefore must be taken care of right away as it may become an emergency situation. **Symptoms** can include cold clammy or sweaty skin, pallor, difficulty concentrating, shakiness, lack of coordination, irritability, hostility and poor behavior, staggering gate, fatigue, nervousness, excessive hunger, headache, blurred vision and dizziness, abdominal pain or nausea, fainting and unconsciousness.
Severe Hypoglycemia typically occurs when the amount of blood glucose (sugar) is lower than 2.8 mmol/L. Severe hypoglycemia requires the assistance of another person as unconsciousness may occur. Guardians should call emergency services immediately. Symptoms of severe hypoglycemia include fainting, a seizure and difficulty speaking.

Insulin is a hormone that facilitates the conversion of glucose to energy and is normally produced by the pancreas. People with type 1 diabetes cannot produce their own insulin, and glucose builds up in the blood instead of being used for energy. Therefore children with diabetes administer insulin by syringe, insulin pens, or insulin pumps.

Insulin pump management is a type of pump often used for children with type 1 diabetes to manage their blood glucose. It allows for more flexibility and eliminates the need for multiple daily insulin injections by delivering a continuous infusion of insulin. A small glucose pump is attached to the child directly and provides insulin to the pancreas.

Sharps are used syringes, insulin pen needles and lancets. These items must be carefully disposed of in appropriate sharp containers.

Target blood glucose range is acceptable blood glucose levels based on the Canadian Diabetes Association's *Clinical Practice Guidelines* and is personalized for the student by the parent/caregiver and other health services professionals (their diabetes care team).

Type 1 diabetes is an autoimmune disease that occurs when the pancreas no longer produces any insulin or produces very little insulin. Type 1 diabetes usually develops in childhood or adolescence and affects approximately 10% of people with diabetes. There is no cure. It is usually treated with lifelong insulin injections and careful attention to diet and physical activity.

Type 2 diabetes is a disease that occurs when the pancreas does not produce enough insulin to meet the body's needs and/or the body is unable to respond properly to the actions of insulin (insulin resistance). Type 2 diabetes usually occurs later in life (although it can occur in children) and affects approximately 90% of people with diabetes. There is no cure. It is treated with careful attention to diet and exercise and usually requires medication (oral antihyperglycemic agents) and/or insulin.

a) Procedure for staff

The following procedure is to be followed when supporting students with diabetes.

i) The principal will ensure that upon registration, parent/guardian is asked to supply information on support required for diabetes. In such circumstances parent/guardian be given Form 320-1 Parent release of medical information and Form 320-2 Parent/Guardian request and authorization for staff administration of medication and/or medical procedures.

ii) The principal, in consultation with the parent/guardian, will develop an individual medical / emergency medical plan. Completing Form 320-6C will assist the school with information that will allow them to support the student with management of their diabetes while at school.

iii) The principal will ensure that blood glucose monitoring kits and supplies are kept in a readilly available clean, private location where the student will be able to within sufficient time, test their blood/or be tested as required.

iv) The principal will designate personnel to be responsible for the adminstration of medication and/or medical procedures, and routine health management associated with the student's diabetic management plan. These personnel will complete, Form 320-3 Designated personnel.

v) The principal will review the procedure on safety of students with diabetes with entire staff each year in September and throughout the school year as required.

vi) The principal will ensure that staff responsible for the welfare of the students (i.e., teachers, custodians, administrative assistants, educational assistants, long term occasional staff, etc.) are aware students with diabetes in their care and have been briefed in prevention, symptom recognition, and the provision of emergency medical interventions.

vii) The principal will arrange for training of all staff in general diabetes management when there is a student in the school with diabetes. Annual awareness training for all staff regarding diabetes as part of an early staff meeting is a good practice to establish even if not students are identified.

viii) For staff supporting an individual student with their management plan for their diabetes as outlined on Form 320-6C Medical /emergency medical plan for student with diabetes; specific training for individual needs will need to be arranged through the diabetic education nurse involved with the student if the staff is new to the position or there have been significant changes to the student's diabetic management plan.

ix) The principal will ensure that Form 320-6C Medical and/or emergency medical plan for students with diabetes is posted in a non-public area of the school (i.e. staff room and/or school office) and a copy is kept in the Teacher's Day Book and/or in supply binders for all staff working in the student's classroom.

x) The principal will ensure that medical information has been communicated to supply teachers, supply educational assistants, and supply office support staff

xi) In non-emergency situations, including routine care, students with diabetes or their parents or a third party health care professional that the parent has identified (e.g. diabetic care nurse) will administer insulin injections. The administration of injections to students with diabetes is outside the scope of the duties of education staff. Therefore injections are not to be administered by staff as outlined in Policy/Program Memorandum No. 81 (Appendix A).

xii) In an emergency, do the following as per Form 320-6C Medical/emergency medical plan for student with diabetes, follow Form 320-8, 9-1-1- protocol. Staff personnel remain with the student and place them in a side lying position. Do not restrain movements or put anything in his/her mouth. Have glucagon kit on site for use by Emergency Measures Services (EMS) personnel.

xiii) It is within the scope of duties for designated educational staff to assist with insulin pump management; where necessary and as clearly defined within Form 320-6C Medical / emergency medical plan for student with diabetes.

xiv) Where routine administration of medication for diabetes management occurs at school, parents will complete Form 320-1 Parent/guardian release of medical information; Form 320-2 Parent/guardian request and authorization for staff administration of medication and/or medical procedure; Form 320-3 Designated school personnel responsible for administration of medication and/or medical procedures to students; and Form 320-4 Administration of medication log will need to be completed and become part of the management plan identified on Form 320-6C Medical/emergency medical plan for students with diabetes.

xv) In emergency, life-threatening situations, where a student is unresponsive, unconscious, or unable to self-administer the appropriate treatment, the school response shall be a 9-1-1 call to Emergency Medical Services (EMS) following Form 320-8, 9-1-1 Protocol.

b) Medical / emergency medical plan for students with diabetes
Form 320-6C Medical / emergency medical plan for students with diabetes shall contain the following:

i) Details regarding the type of diabetes that the student has, management and monitoring requirements for tracking blood glucose levels and avoidance strategies for low or high levels outside the target range. Hyperglycemic and hypoglycemic symptom recognition and appropriate treatment interventions. (e.g. orange juice or glucose tablets kept in accessible location known to student and staff)

ii) Location where Form 320-6C Medical /emergency medical plan for the student, including emergency contact information, and a copy of the prescription and/or instructions from the student's physician (Form 320-1 Parent/Guardian release of medical information) for any medication required to be administered at school. (Form 320-2 Parent/guardian request and authorization for staff administration of medication and/or medical procedures required) Parents will be responsible for ensuring that any medications are within expiration dates.

iii) Information about storage of insulin if being kept at school for student self administration or assistance from a health care professional.

iv) Information about glucometer, lancets, test strips and disposal containers for sharps, for which the parents/guardians will be responsible for supplying and ensuring that lancets are within any expiration dates.

v) Information from parents/guardians or student will need to be included if any required changes from the ususal regime during periods of physical activity, sports, or extracurricular activities and provide clear instructions to the school. For example, any changes to insulin doses should be specified.

vi) The plan will need to include clear instructions regarding when physical activity should be restricted based on blood sugar levels being too low or too high.

vii) Provisions for extra snacks (carbohydrates) will need to be clearly outlined whether this is a daily requirement or for times when blood sugar levels are too low or when student is going to be involved in extra activity.

viii) Confirmation of the plan to involve emergency services through 9-1-1 protocol should an emergency arise related to the student's diabetes. Specific information about alternate transportation if there is a need for one. In very rare circumstances when transportation by private vehicle is included in a plan, written permission by the parent will be required.

c) Risk management strategies for students with diabetes

i) Schools will work to develop strategies that support the daily routine management for a student with diabetes which includes daily blood glucose montioring and schedule of food, insulin and activities. While at school, each student with diabetes must be allowed to:
   (1) do blood level checks (the ages at which students are able to perform self-care tasks are individual and varied. A student's capabilities and willingess to provide self-care should be respected.
   (2) treat hypoglycemia with emergency sugar
   (3) inject insulin when necessary
   (4) eat snacks when necessary
   (5) eat lunch at an appropriate time and have enough time to finish the meal
   (6) have free and unrestricted access to water and the bathroom
   (7) participate fully in physical education (gym class) and other extracurricular activities including field trips.

ii) Establish a formal communication system with all school personnel who come into contact with the student with diabetes. This will include appointing at least one staff member to be a point of contact for the student and parent/guardian. Plan for communicating with parents and the student's medical providers, agree on emergency procedures and list phone numbers required.

iii) Board procedures for administering medications and handling equipment such as meters and pumps must be followed (e.g. Board employees are not currently authorized to perform injections of insulin).

iv) Display posters identifying symptoms of hypoglycemia/hyperglycemia in key locations throughout the school (e.g. gymnasium, auditorium, staff room, main office, student's classroom).

v) A communication plan will need to be in place to inform parent/guardian of any extracurricular activity, so that plans can be made around diabetes management. There is often a higher chance of hypoglycemia in the hours following intense physical activity and other intense activities.

vi) The school needs to have a readily available suppy of fast-acting glucose (provided by the parent/guardian) for treatment of low blood sugar.

vii) A communication plan can be put in place to share information on diabetes, type 1 and type 2 with parents/guardians, student and the staff. Resources on both types of diabetes are available through the Canadian Diabetes Association.

viii) Health care providers can be a source for posters that identify symptoms of hypoglycemia/hyperglycemia. They can act as a resource to provide or arrange diabetes education and training. They can assist and be a partner in the development of Form 320-6C Medical/emergency medical plan for student with diabetes.

d) Diabetes in the workplace

Employees must also have strategies to stay safe and are required to:

i) Tell their principal or manager about their diabetes, type 1 or type 2 and where to find their glucose tablets or such, as they may require assistance during an emergency. They are advised to teach other colleagues how to recognize symptoms of hypoglycemia / hyperglycemia and recognize when they might need assistance.

ii) Contact the Human Resources Co-coordinator with the medical information if there is a need that requires accommodation for their diabetes. Accommodation requirements will be managed by the Human Resources Co-coordinator as per Procedure 423 – Accommodation and Return to Work Program for Employees.

iii) The Principal or supervisor will participate in the development of the employee's accommodation and safety plan.

e) Procedural Forms for Diabetes

A file of medication instructions and/or medical procedures and arrangements is to be retained in the school office. Such records shall include the appropriate forms from the following list:

i) Individual Student File
   (1) Form 320-1 – Parent/Guardian release of medical information
   (2) Form 320-2 – Parent/Guardian request and authorization for staff administration of medication and/or medical procedures
   (3) Form 320-3 – Designated school personnel responsible for administration of medication and/or medical procedure to students.
   (4) Form 320-4 – Administration of medication log
   (5) Form 320-6C – Medical /emergency medical plan for student with Diabetes

ii) School File
   (1) Form 320-8 – 9-1-1 Protocol

11) PROCEDURE FOR STUDENTS WITH EPILEPSY AND SEIZURE DISORDERS

Hastings and Prince Edward District School Board and all its employees play an important role in providing a safe environment that accommodates for the careful monitoring of students that experience epilepsy or other seizure disorders. It is essential that all members of the school community are aware of issues facing students with epilepsy and seizure disorders and develop strategies to minimize the risk for students experiencing seizures. Staff need to be prepared to respond appropriately in the event of an emergency in all our schools.

More than 300 000 Canadians live with epilepsy, 1% of the total population. 44% of people with epilepsy are diagnosed before age 5, 55% by age 10 and 75-80 % by age 18. About 50% of students diagnosed tend to outgrow their epilepsy.

These procedures need to be flexible enough to respond to the age and maturity of the student (e.g. significant differences in issues faced by elementary and secondary schools) and the nature and prevalence of the seizures that tend to be experienced by the student, and the organziational and physical porperties of the school itself.

GLOSSARY FOR TERMS RELATED TO EPILEPSY AND SEIZURE DISORDERS

AEDs are antiepileptic drugs that are used to control and prevent seizures. Includes anticonvulsant drugs.

Aura is a sensation that happens before a seizure – a strange taste or striking smell, a sound or lightheadedness. It may act as a warning sign but is not always followed by a full-scale seizure.

Causes of seizures

- brain injury (caused by tumour, stroke or trauma)
- epilepsy
- birth trauma
- poisoning from substance abuse or environmental contaminants, e.g. lead poisoning
- aftermath of infection, e.g. meningitis
- alteration in blood sugar, e.g. hypoglycemia.

Computerized tomography (CT scan) is a computerized test that shows the relationships of different parts of the brain in order to detect the cause of epilepsy.

Electroencephalograph (EEG) is a test that records and indirectly measures the brain's electrical activity (brain waves) on the skin's surface. An important tool for the detection and diagnosis of epilepsy.

Electrode is a small instrument that is usually attached to the scalp in order to record the brain's electrical activity

Epileptologist is a neurologist who specializes in epilepsy

Epilepsy is a disorder of the central nervous system, characterized by spontaneous, repeated seizures, caused by sudden, brief malfunctions of the brain

Magnetic resonance imaging (MRI) is a scanning test that uses a powerful magnet to look inside the body. The images show abnormalities in the brain and other areas of the body.

Neurology is the specific study of the nervous system, brain and spine.

GLOSSARY FOR TERMS RELATED TO EPILEPSY AND SEIZURE DISORDERS (continued)

Positron emission tomography (PET) is a scanning test that uses low-energy radiation to create computer images of the brain's metabolic activity.

Seizures are periods of sustained hyperactivity in the brain. During, a seizure, the nerve cells leave their normal activities, in synchronized bursts. Seizures may include muscle spasms, mental confusion, distortion of senses, dizziness, loss of consciousness, uncontrolled or aimless body movement (e.g. walking, mumbling), incontinence, and vomiting. Generally behaviours experienced during a seizure cannot be recalled afterwards.

Single photon emission computed tomography (SPECT) is a scanning test that uses low-level radioactivity to measure the blood flow through the brain.

Types of Seizures

1) **Generalized Seizures** involve the entire brain. A secondarily generalized seizure begins in one part, and then spreads throughout the brain.

    a) **Generalized Tonic Clonic** previously called Grand Mals are convulsions in which the body stiffens, student may cry out, fall down, become rigid and lose consciousness. There arms and legs may jerk, breathing become shallow. The student may lose bladder or bowel control, drool or bite their tongue. This seizure lasts anywhere from 30 seconds to a few minutes. Afterwards the student may feel confused or drowsy, need to sleep or have a headache.

    b) **Absence** previously called petit mal seizures resembles daydreaming. It happens so fast that it often goes unnoticed. The student looks like they are not paying attention. When this happens at school, the student may miss information or instructions. Typical Absence seizures are non-convulsive and muscle tone is usually preserved. The seizure event usually lasts for less than 10 seconds. Atypical Absence seizures are longer in duration and may or may not involve a loss of muscle tone and often tonic/clonic like movements are observed.

    c) **Myoclonic** is a sudden startle movement that may cause the student to drop objects. There is no loss of consciousness during this type of seizure. It is often associated with single or repetitive jerking motions of the muscles (myoclonus). Myoclonic seizures are primarily in young children and infants, rarer in adults.

    d) **Tonic** usually lasts less than one minute. The student may lose consciousness. Their muscles stiffen but there is no jerking of arms or legs. If the student is standing they may fall to the ground.

    e) **Atonic (also known as akinetic)** are often called drop attacks/seizures. These seizures are often characterized by sudden loss of muscle control, resulting in an inability to stand and they fall. **Astatic** seizures involve this loss of muscle tone resulting in the inability to stand. This seizure lasts a very short time. While the actual seizures cause little injury to the student, most resulting harmful injuries after the event are usually related to the student falling or injuring themselves from the fall. To help prevent more serious injuries, some parents choose to have the student wear a protective helmet as well as restrict their involvement in certain activities. Atonic seizures are not always astatic in nature.

2) **Partial seizures** start in one specific part of focal point of the brain.
    a) **Simple Partial Seizures** are limited to one area of the brain. Consciousness is not lost, though the child may experience unusual sensations or movements while fully conscious, such as:
        - Uncontrolled stiffening or jerking of the arms and legs.
        - An odd taste, smell or pins and needles
        - Feeling like you want to throw up
        - Intense emotions – like fear, sadness or anger
        - A 'rising' feeling in your tummy

GLOSSARY FOR TERMS RELATED TO EPILEPSY AND SEIZURE DISORDERS (continued)

b) Complex Partial Seizure, also called temporal lobe or psychomotor epilepsy are often preceded by an "aura". They are often identified by the manifestation of complicated motor and sensory action. The student may appear dazed or confused – random walking, mumbling, head turning, or pulling at clothing may be observed. These repeated idiosyncratic motions are often called automatisms and are usually not recalled by the student. There may be some change in consciousness or memory. In children, do not confuse this with absence seizures. CPS often originates in the temporal or frontal lobes of the brain.

3) Photosensitive seizures are rare, even for students with epilepsy (less than 5%). These are not a distinct type of seizure; rather they result of a light related stimulus that may induce the triggering of a seizure. They usually occur around the ages of 8-20 with a higher frequency of cases during puberty. They may be triggered by both natural and artificial light – oscillating or moving patterns.

4) Postictal states commonly follow both tonic-clonic and complex partial seizures. As a student regains consciousness after the seizure, they experience fatigue, confusion and disorientation lasting from 5 minutes, up to hours or even days and rarely, as long as one to two weeks. The student may fall asleep or gradually become less confused until full consciousness is regained.

5) Status Epilepticus, continuous seizure activity is a life-threatening medical emergency. Seizures occur one after another, lasting 5 minutes or more without recovery of consciousness between seizures. **Immediate medical care is required.**

a) Procedure for staff

The following procedure is to be followed for students with epilepsy or seizure disorders.

i) The principal will ask that upon registration for the parent/guardian to inform the school if their child has epilepsy or seizure disorder.

iv) The principal will then ensure that the parent/guardian is asked to supply medical information related to the seizures by completing Form 320-1 Parent/guardian release of medical information and Form 320-2 Parent/guardian request and authorization for staff administration of medication and/or medical procedures.

v) The principal, in consultation with the parent/guardian will develop an individual medical / emergency medical plan for the student using Form 320-6D Medical / emergency medical plan for a student with epilepsy or seizure disorders.

vi) The principal will ensure parent/guardians are given the contact information for Tri-board Transportation Services if their child requires transporation to and from school so they can complete their medical release of information form, this form can be found on Triboard's website. It will be the parent's responsibility to have any discussions needed regarding the students' medical or health needs enroute to and from school. The school will notify the bus driver of any student with epilepsy or seizure disorder and will be responsible for sharing the Form 320-6D Medical / emergency medical plan for student with epilepsy or seizrue disorder developed. This sharing of the plan will occur once the school has received confirmation that Triboard has received the medical release of information form. The school will not be responsible for the annual training of bus drivers in these situations, that will responsibility remains with Triboard.

vii) There may be times with students experiencing seizures as with any emergency medical situation the school staff will determine that this is a medical emergency requiring emergency medical personnel. Staff will follow 9-1-1 protocol, Form 320-8, 9-1-1 protocol.

viii) The principal will review the procedure on safety of students with epilepsy or seizure disorders with entire staff each year in September and throughout the school year as required.

ix) The principal will ensure that staff responsible for the welfare of the students (i.e., teachers, custodians, administrative assistants, educational assistants, long term occasional staff, etc.) are aware of students in their care that have epilepsy or seizure disorders and that they have received appropriate training symptom recognition, and treatment response should a student experience a seizure.

x) Annual awareness training for all staff regarding epilepsy and seizure disorders as part of an early staff meeting is a good practice to establish.

xi) The principal will ensure that all occasional teachers and support staff are aware of Form 320-6D Medical/emergency medical plan for students with epilepsy or seizure disorder for students in their assigned classroom and that they are asked to review these prior to student arrival.

xii) The principal will ensure that Form 320-6D Medical / emergency medical plan for students with epilepsy or seizure disorders is posted in a non-public area of the school (i.e. staff room and/or school office, etc.) and that a copy is kept in the teacher's day book and/or in supply binders for both teacher and educational assistants working in the student's classroom.

xiii) The principal will ensure that staff are made aware of any that may have a need for emergency medical intervention (ie. Students who have Form 320-6D Medical/emergency medical plan for student with epilepsy or seizure disorders posted in a non-public place).

xiv) The principal will maintain a file for each student with epilepsy or seizure disorders including all pertinent forms in the main office.

b) Medical / emergency medical plan for students with epilepsy / seizure disorder

Form 320-6D Medical / emergency medical plan for students with epilepsy or seizure disorders shall contain the following:

i) Form 320-6D Medical/emergency medical plan for student with epilepsy will contain emergency contact information.

ii) Details regarding the type of seizures that the student typically has encountered and actions required.

iii) Regimen for any medications required during school hours. A copy of Form 320-1 Parent/guardian release of medical information will be available for completing any directions regarding medications required.

iv) Any known triggers.

v) Warning signals that indicated seizure may be about to occur.

.

vi) Symptom recognition and appropriate treatment/response if seizure occurs., which will be provided to the school for staff who are in direct contact with the student on a regular basis.

vii) Information from parents/guardians or student will need to be included if any required changes from the ususal daily routines (e.g. any restrictions on physical activity, sports, or extracurricular activities) Clear instructions for the school.will need to be included in the plan in writing

viii) Confirmation of the plan to involve emergency services through 9-1-1 protocol should an emergency arise related to the student's diabetes. Specific information about alternate transportation if there is a need for one. In very rare circumstances when transportation by private vehicle is included in a plan, written permission by the parent will be required..

c) Risk managements strategies for students with epilepsy / seizure disorder

i) Schools are required to develop strategies that allow for monitoring students for signs of seizures which preserves normal peer interactions for the student who is subject to seizures.
ii) Useful references include: http://epilepsyontario.org and http://www.epilepsy.ca
iii) A communication plan must be put into place to share information on epilepsy and seizures with parents, students and the staff. All parties should be encouraged to support the student who is subject to seizures

d) Epilepsy and seizure disorders in the workplace

Employees must also have strategies to stay safe and are required to:

i) Contact the Human Resources Coordinator with the Medical Information that requires an accommodation for epilepsy or seizure disorders. . Accommodation requirements will be managed by the Human Resources Co-coordinator as per Procedure 423 – Accommodation and Return to Work Program for Employees. The Principal or supervisor will participate in the development of the employee's accommodation and safety plan.
ii) Tell their principal or manager about their epilepsy or seizure disorder and what type of seizure symptoms to watch for and usual treatment plan when they experience one. As they may require assistance during an emergency, they are advised to teach other colleagues how to recognize symptoms of seizures and how to respond should they need assistance.

e) Procedural Forms for Epilepsy and Seizure Disorders

A file of medication instructions and/or medical procedures and arrangements is to be retained in the school office. Such records shall include the appropriate forms from the following list:

i) Individual forms
   (1) Form 320-1 – Parent/Guardian release of medical information
   (2) Form 320-2 – Parent/Guardian request and authorization for staff administration of medication and/or medical procedures
   (3) Form 320-3 – Designated school personnel responsible for administration of medication and/or medical procedure to students
   (4) Form 320-4 – Administration of medication log
   (5) Form 320-6D – Medical /emergency medical plan for student with Epilepsy
ii) School Form
   (1) Form 320-8 – 9-1-1 Protocol

Appendices:

- Appendix A –GENERAL MEDICAL RESOURCES
  - Principal's Checklist for Administration of Medication and/or Medical Procedures
  - Administration of Medication - Suggested Newsletter Item
- Appendix B – ANAPHYLACTIC RESOURCES and LINKS
- Appendix C – ASTHMA RESOURCES and LINKS
- Appendix D – DIABETIC RESOURCES and LINKS
- Appendix E – EPILEPSY AND SEIZURE DISORDER RESOURCES and LINKS

Legal references:

- *Education Act*
- *Education Act, Section 265 – Duties of principal*
- *Education Act, section 265 (l) (j) Duties of Principal: Care of Pupils*
- *Health Protection and Promotion Act*
- Ministry of Education Policy/Program Memorandum No. 81 Provision of Health Support Services in School Settings
- *Regulated Health Professions Act section* 27(2) 5
- *Regulation 298 Section 20 – Duties of Teachers*
- *Ryan's law, 2015 – Ensuring Asthma Friendly Schools*
- *Sabrina's Law 2005*

District references:

- Administrative Procedure 149 – Safety and Well-Being of Students and Staff
- Administrative Procedure 153 – Emergency Response
- Administrative Procedure 154 – Automatic Electronic Defibrillators
- Administrative Procedure 162 – Treatment of Injured or Ill Students and Staff Members
- Administrative Procedure 163 – Contracting External Agencies for the Provision of Regulated Social and Health Services
- Administrative Procedure 164 – Management of Communicable and Infectious Disease
- Tri-Board Transportation Student Services, Inc. Student Release of Information Form **(http://www.triboard.ca/assets/pdf/Student_Medical_Release_of_Information.pdf)**

Related district guidelines and administrative resources:

- September Health and Safety Checklists
- First Aid Kit Requirements

Resources:

- www.cdnsba.org "Anaphylaxis: A Handbook for School Boards"
- www.foodallergycanada.ca/resources/print-materials
- http://www.eworkshop.on.ca/edu/anaphylaxis/index.cfm - Ministry of Education Training on use of EpiPen
- www.hpechu.on.ca Hastings and Prince Edward Counties Health Unit Resources:
- http://www.diabetes.ca Kids with Diabetes in School, Canadian Diabetes Association, 1999
- Standards of Care for Students with Type 1 Diabetes in School, 2008 Canadian Diabetes Association
- http://csaci.ca/patient-school-resources "Anaphylaxis in Schools and Other Settings", 3rd Edition.
- OPHEA – Healthy Schools, Healthy Communities - www.ophea.net
- http://www.ophea.net/product/creating-asthma-friendly-schools
- The Lung Association Ontario - www.on.lung.ca
- Ministry of Education - http://www.edu.gov.on.ca/eng/healthyschools/anaphylaxis.html
- Epilepsy South Eastern Ontario http://www.epilepsyresource.org
- Epilepsy Ontario http://epilepsyontario.org/at-work-school
- Epilepsy Canada http://www.epilepsy.ca

12) PROCEDURAL FORMS

a) Form 320-1 – Parent/Guardian release of medical information
b) Form 320-2 – Parent/Guardian request and authorization for staff administration of medication and/or medical procedures
c) Form 320-3 – Designated school personnel responsible for administration of medication and/or medical procedure to students.
d) Form 320-4 – Administration of medication log
e) Form 320-5A – General medical plan
f) Form 320-5B – General health plan
g) Form 320-6A – Medical / emergency medical plan for student with Anaphylaxis
h) Form 320-6B – Medical / emergency medical plan for student with Asthma
i) Form 320-6C – Medical /emergency medical plan for student with Diabetes
j) Form 320-6D – Medical /emergency medical plan for student with Epilepsy
k) Form 320-7A – Anaphylaxis – Annual Training Record
l) Form 320-7B – Asthma – Annual Training Record
m) Form 320-8 – 9-1-1 Protocol

Hastings and Prince Edward District School Board

FORM 320-1	
Adopted	**October 6, 2008**
Last Revised	**June 26, 2012**
Review Date	**June, 2017**

PARENT/GUARDIAN RELEASE OF MEDICAL INFORMATION

(To be completed by parent/guardian and physician)

Personal Data			
Student		**DOB (M/D/Y)**	
OEN #		**Parent/Guardian**	
Grade		**Address**	
Teacher		**Home Phone #**	
School		**Cell Phone #**	

I give consent for the physician to share the following information

_____ _____
Parent/Guardian signature Date

PHYSICIAN INFORMATION (to be completed by physician)

Name of physician: _____ **Telephone number:** _____

Physician Signature: _____ **Date:** _____

Description of Medical Condition/Concern:	Symptoms and/or warning signs;

MEDICATION **(**Completion of this section of the form indicates that medication is required during school hours.)

Name(s) of Medication	Form of Medication (tabs/caps, Liquid, or inhaler	Dosage required at school	Procedures to be followed with administration of medications include storage directions if other than secure, dry storage.	Potential side effects and actions required

☐ Short term medication is required. Pharmacist Name: _____ is providing information for administration of short term medication that is required to be administered during school hours.

Completion of the chart above by the pharmacist indicates that other information from physician is not required for short term.
Pharmacist Signature: _____ Date: _____

MEDICAL PROCEDURES

Medical procedures that are / may be required	Actions required by school staff

Training available to assist board staff members who are required to implement procedures	

Health Care Providers that currently are involved with this student's medical care that may be able to provide further assistance to the school (i.e.. information about student's medical condition, routine health care, etc.)	

The personal information contained in this form is collected under the authority of the *Education Act* and will be protected and used in accordance with the *Municipal Freedom of Information and Protection of Privacy Act.*
It will be used to obtain and verify consent to administer medication and /or medical procedures for the student.
Questions regarding the form should be directed to the school principal.

Hastings and Prince Edward District School Board

FORM 320-2	
Adopted	**October 6, 2008**
Last Revised	
Review Date	

PARENT/GUARDIAN REQUEST AND AUTHORIZATION FOR STAFF ADMINISTRATION OF MEDICATION AND/OR MEDICAL PROCEDURES TO STUDENT

(To be completed by parent/guardian)

Personal Data			
Student		**DOB (M/D/Y)**	
OEN #		**Parent/Guardian**	
Grade		**Address**	
Teacher		**Home Phone #**	
School		**Cell Phone #**	

PARENT/GUARDIAN CONSENT

I hereby request and give permission for the above-named school to administer medication and/or provide medical procedures prescribed herein to my child who is named above, for this school year or the alternate duration indicated by the physician on Form 320-1 Parent Release of Medical Information, whichever is less.

I understand that the medication will be administered and/or medical procedures provided if necessary, by staff members of Hastings Prince Edward District School Board who are not trained medical professionals, but who are lay persons who are administering such medication(s) or medical procedures at my request.

Parent/Guardian signature: _____

Date signed: _____

The personal information contained in this form is collected under the authority of the *Education Act* and will be protected and used in accordance with the *Municipal Freedom of Information and Protection of Privacy Act.*
It will be used to obtain and verify consent to administer medication and /or medical procedures for the student.
Questions regarding the form should be directed to the school principal.

Hastings and Prince Edward District School Board

FORM 320-3	
Adopted	**October 6, 2008**
Last Revised	**June 26, 2012**
Review Date	**June, 2017**

DESIGNATED PERSONNEL RESPONSIBLE FOR ADMINISTRATION OF MEDICATION AND/OR MEDICAL PROCEDURE TO STUDENTS

(To be completed by staff person(s) responsible for administration of medication and/or medical procedures)

Personal Data			
Student		**DOB (M/D/Y)**	
OEN #		**Parent/Guardian**	
Grade		**Address**	
Teacher		**Home Phone #**	
School		**Cell Phone #**	

I have agreed to be the primary **designated person responsible for the administration of medication(s) and/or medical procedures requested by _____ (parent/guardian) and as indicated on Form 320-1, Parent/Guardian request and authorization for staff administration of medication and/or medical procedures by the physician(s) and/or pharmacist.**

I have received briefing and/or any associated training related to the administration of this medication and/or medical procedure on _____ (date).

I agree to maintain a log for the tracking of the administration of medication using Form 320-5 Administration of Medication Log as outlined in Procedure 320 and maintain any records necessary for medical procedures. I understand that I am performing this procedure under the principle of "in loco parentis" and not as a health professional.

_____ _____ _____

Name of Designated Personnel **Signature** **Date**

or

I have agreed to be the alternate **designated person responsible for the administration of medication(s) and/or medical procedures requested by _____ (parent/guardian) and as indicated on Form 320-1 Parent/Guardian request and authorization for staff administration of medication and/or medical procedures by the physician(s) and/or pharmacist.**

I have received briefing and/or any associated training related to the administration of this medication and/or medical procedure on _____ (date).

I agree to maintain a log for the tracking of the administration of medication using Form 320-5 Administration of Medication Log as outlined in Procedure 320 and maintain any records necessary for medical procedures. I understand that I am acting as the alternate designated personnel. I understand that I am performing this procedure under the principle of "in loco parentis" and not as a health professional.

_____ _____ _____

Name of Designated Personnel **Signature** **Date**

The personal information contained in this form is collected under the authority of the *Education Act* and will be protected and used in accordance with the *Municipal Freedom of Information and Protection of Privacy Act.* It will be used to obtain and verify consent to administer medication and /or medical procedures for the student. Questions regarding the form should be directed to the school principal.

Hastings and Prince Edward District School Board

FORM 320-4	
Adopted	**October 6, 2008**
Last Revised	**June 26, 2012**
Review Date	**June, 2017**

ADMINISTRATION OF MEDICATION LOG

(to be completed by staff person(s) responsible for administration of medication)

Personal Data			
Student		**DOB (M/D/Y)**	
OEN #		**Parent/Guardian**	
Grade		**Address**	
Teacher		**Home Phone #**	
School		**Cell Phone #**	

Reminder: Checklist to be completed each time new log page is set up.

- ☐ Compare the information recorded on the request for administration of medication with the pharmacy label on the medication container.
- ☐ Check the expiry date on the medication each time new log sheet is started
- ☐ Confirm student's surname and first name.
- ☐ Record each occasion when medication is given.
- ☐ Record dates when student is absent

STUDENT PHOTO

HASTINGS AND PRINCE EDWARD DISTRICT SCHOOL BOARD
STAFF ADMINISTRATION OF MEDICATION LOG

Beginning on _____ through to _____

Medication & Dosage:	Date	Time or Absent	Signature of Person Administering	Time or Absent	Signature of Person Administering	Time or absent	Signature of Person Administering
e.g. Ritalin –10mg	Jan. 4	11:00	Signature	1:20	Signature	-	-
Atavin – 5 mg	Jan. 4	12:05	Signature	-	-	-	-

The personal information contained in this form is collected under the authority of the *Education Act* and will be protected and used in accordance with the *Municipal Freedom of Information and Protection of Privacy Act.*
It will be used to obtain and verify consent to administer medication and /or medical procedures for the student.
Questions regarding the form should be directed to the school principal.

Hastings and Prince Edward District School Board

FORM 320-5A	
Adopted	**October 6, 2008**
Last Revised	
Review Date	

GENERAL MEDICAL PLAN

STUDENT PHOTO

Personal Data			
Student			
DOB (M/D/Y)			
OEN #			
Grade:			
Teacher			
School		**Plan Dates**	
Parent/Guardian		**Date Created:**	
Address		**Date Revised:**	

Contact Data:			
1. Parent/Guardian Name:	**Home #**	**Cell #**	**Work #**
2. Parent/Guardian Name:	**Home #**	**Cell #**	**Work #**
3. Other *Emergency* **Contact:**	**Home #**	**Cell #**	**Work #**
4. Doctor's Name:	**Phone #**		

Description of Medical Condition (note information from Form 320-1)	Symptoms and/or Warning Signs related to medical condition (Parent/guardian completes and notes information from Form 320-1)
Student wears a medical alert tag **Y** ☐ **N** ☐	

Administration of Routine Medication **– Form 320-1, 320-2 & 320-3 required**					
Name of medication	**Dosage**	**Form (tabs, liquid, inhaler)**	**Frequency**	**Side effects**	**Person to administer**

☐ This medication cannot be taken outside of school hours.
☐ This medication is required for the school year.
☐ This medication is required from _____(date) to _____(date)

General Medical Plan Student's Name _____ Page 2 of 3

Please indicate procedures to be followed in administering medication(s) or medical procedures.

COURSE OF ACTION: (List treatment plan and persons responsible) (To be developed collaboratively by participants in creation of plan noting information on Form 320-1)	
Actions:	Person(s) Responsible

Routine Medical Procedures **(E.g. shallow surface suctioning, clean intermittent catheterization) Form 320-1, 320-3 required**			
Procedure	Description of Required Actions	Frequency	Person(s) responsible
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Medication equipment/supplies required	
List of medical equipment	Storage of medical equipment required

Indicate any training available to lay persons that might assist board staff members who are required to administer medication or medical procedures.

General Medical Plan Student's Name _____ Page 3 of 3

Participants in development/revision of general medical and/or emergency medical plan	Names of participants
Parent(s)/Guardian(s)	
Principal	
Other -School Staff (ISRT/ISEH)	
-School Staff –Classroom teacher	
Other -Board Representatives	
Other -Community Agency	
Other	

Required Forms (if applicable)	Date Completed	N/A
Form 320-1 Parent/Guardian release of medical information		☐
Form 320-2 Parent/Guardian request and authorization for staff administration of medication and/or medical procedures to student		☐
Form 320-3 Person(s) responsible for administration of medication and/or medical procedure identified and form		☐
Form 320-4 Administration of Medication Log		☐
Form 320-5A General Medical Plan		☐
Emergency procedure notation placed on Maplewood SIS and Maplewood SIS flagged		☐

Review date for Form 320 – 5A to be reviewed (minimum is an annual review)			
Date		**Anticipated Location**	
Date		**Anticipated Location**	
Date		**Anticipated Location**	

cc: OSR
Parent/Guardian
Health/ Medical Safety/Emergency Plan Binder/Postings in Staff room and/or Main Office
Health/Medical Safety/Emergency Plan Binder in classroom
Staff Person(s) responsible

The personal information contained in this form is collected under the authority of the *Education Act* and will be protected and used in accordance with the *Municipal Freedom of Information and Protection of Privacy Act.*
It will be used to obtain and verify consent to administer medication and /or medical procedures for the student.
Questions regarding the form should be directed to the school principal.

Hastings and Prince Edward District School Board

FORM 320-5B	
Adopted	**October 6, 2008**
Last Revised	
Review Date	

GENERAL HEALTH PLAN

STUDENT PHOTO

Personal Data			
Student			
DOB (M/D/Y)			
OEN #			
Grade:			
Teacher			
School		**Plan Dates**	
Parent/Guardian		**Date Created:**	
Address		**Date Revised:**	

Contact Data:			
2. Parent/Guardian Name:	**Home #**	**Cell #**	**Work #**
2. Parent/Guardian Name:	**Home #**	**Cell #**	**Work #**
5. Other *Emergency* **Contact:**	**Home #**	**Cell #**	**Work #**
6. Doctor's Name:	**Phone #**		

Description of any medical condition or diagnosis contributing to need for health plan including details about any condition impacting mobility or acts of independent living.
Student wears a medical alert tag **Y** ☐ **N** ☐

HEALTH CARE REQUIRED IN DAILY CARE OF STUDENT: (To be developed collaboratively by participants in creation of plan)		
Category of Health Care Required	Actions Required to support learning due to health requirements. Include procedure, frequency and brief description	Person(s) Responsible
Daily Personal Care ☐ Toiletting ☐ Assistance with toileting ☐ Feeding ☐ Assistance at Meals		
Occupational /Physio therapy ☐ Fine Motor Exercises ☐ Sensory Excercises ☐ Gross Motor Exercises		
Hearing Impairment ☐		
Vision Impairment ☐		

Equipment/supplies required	
List of equipment	Location for equipment in school
e.g. Change table	**Student Accessible washroom in north hall**

	Personal Protective Equipment	**Storage location for equipment**
Student	(e.g. safety vest for transportation)	(e.g. with student)
Staff supporting student	(e.g. arm guards)	(e.g. staff room)

MEDICAL PROCEDURES RELATED TO HEALTH (Physiotherapy, Occupational Therapy) - Attach all professional reports				
Procedure	**Actions required**	**Frequency**	**Person Responsible**	**Training required - (please check Y or N) Indicate Date if training scheduled.**
				☐ **Y** ☐ **N**
				☐ **Y** ☐ **N**
				☐ **Y** ☐ **N**
				☐ **Y** ☐ **N**

General Health Plan Student's Name _____ Page 3 of 3

Participants in development/revision of general health plan	Names of participants
Parent(s)/Guardian(s)	
Principal	
Other -School Staff (ISRT/ISEH)	
-School Staff –Classroom teacher	
Other -Board Representatives	
Other -Community Agency	
Other	

Required Forms (if applicable)	Date Completed	N/A
Form 320-1 Parent/Guardian release of medical information		☐
Form 320-2 Parent/Guardian request and authorization for staff administration of medication and/or medical procedures to student		☐
Form 320-3 Person(s) responsible for administration of medication and/or medical procedure identified and form		☐
Form 320-4 Administration of Medication Log		☐
Form 320 -5B General Health Plan		☐
Emergency procedure notation placed on Maplewood SIS and Maplewood SIS flagged		☐

Review date for Form 320 – 5B to be reviewed (minimum is an annual review)			
Date		**Anticipated Location**	
Date		**Anticipated Location**	
Date		**Anticipated Location**	

cc: OSR
Parent/Guardian
Health/ Medical Safety/Emergency Plan Binder/Postings in Staff room and/or Main Office
Health/Medical Safety/Emergency Plan Binder in classroom
Staff Person(s) responsible

The personal information contained in this form is collected under the authority of the *Education Act* and will be protected and used in accordance with the *Municipal Freedom of Information and Protection of Privacy Act.*
It will be used to obtain and verify consent to administer medication and /or medical procedures for the student.
Questions regarding the form should be directed to the school principal.

Hastings and Prince Edward District School Board

FORM 320-6A	
Adopted	**October 6, 2008**
Last Revised	**June 26, 2012**
Review Date	**June, 2017**

EMERGENCY MEDICAL PLAN FOR STUDENTS WITH ANAPHYLAXIS

Personal Data	
Student	
DOB (M/D/Y):	
Grade:	
School	
Teacher	
Exceptionality	
IEP	**Yes☐ No☐**
Date plan created	
Date plan reviewed	

PHOTO

Contact Data			
Parent/Guardian Name:	**Home #**	**Cell #**	**Work #**
Parent/Guardian Name:	**Home #**	**Cell #**	**Work #**
Other Contact:			
Doctor's Name:	**Phone #**		

Note: students with anaphylaxis, for whom epinephrine auto-injectors are prescribed, must carry them on their person at all times.

Act quickly. The first signs of a reaction can be mild, by symptoms can get worse very quickly.

1. Give epinephrine auto-injector (e.g. EpiPen, Twinject,or Allerject) at the first sign of a known or suspected anaphylactic reaction.
2. Call 9-1-1 or local emergency medical services. Tell them someone is having a life-threatening allergic reaction.
3. Give a second dose of epinephrine in 5 to 15 minutes IF the reaction continues or worsens.
4. Go to the nearest hospital immediately (ideally by ambulance), even if symptoms are mild or have stopped. The reaction could worsen or come back, even after proper treatment. Stay in the hospital for an appropriate period of observation as decided by the emergency department physician (generally about 4 hours)
5. Call emergency contact person (e.g. parent, guardian)

This person has a potentially life threatening allergy (anaphylaxis) to:	Ephinephrine Auto Injector: **(Form 320-1, 320-2 & 320-3 required)**
(check the appropriate boxes) **☐ Peanut ☐ Tree nuts** **☐ Egg ☐ Milk** **☐ Latex ☐ Medication** **☐ Insect stings ☐ Other _____**	**Expiry Date:** **Dosage:** **☐ EpiPen Jr. 0.15mg ☐ EpiPen 0.30 mg** **☐ Twinject 0.15 mg ☐ Twinject 0.30 mg** **☐ Allerject 0.15 mg ☐ Allerject 0.30 mg**
Student wears a medical alert tag Y☐ N☐	**Location of Auto Injector(s):**

A person having an anaphylactic reaction might have ANY of these signs and symptoms.
☐ Previous anaphylactic reaction. Check any reactions observed. Person is at greater risk.

1. **Skin system: ☐hives, ☐swelling, ☐itching, ☐ warmth, ☐redness, ☐ rash**
2. **Respiratory system (breathing): ☐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**
3. **Gastrointestinal system (stomach): ☐ nausea, ☐pain/cramps, ☐vomiting, ☐diarrhea**
4. **Cardiovascular system (heart): ☐pale/blue colour, ☐weak pulse, ☐passing out, ☐dizzy, ☐lightheaded, ☐shock**
5. **Other: ☐anxiety, ☐feeling of "impending doom", ☐ headache, ☐ uterine cramps, ☐ metallic taste**

Early recognition of symptoms and immediate treatment could save a person's life.

☐Asthmatic. Person is at greater risk. If person is having a reaction and has difficulty breath. Give epinephrine auto-injector before asthma medication

Emergency Medical Plan – Anaphylaxis Student's Name: _____ Page 2 of 3

Additional known symptoms and warning signs (To be completed by parent/guardian):
Course of Action (List emergency treatment plan:

EMEMERGENCY MEDICATION (other than Epinephrine) **Forms 320-1, 320-2, 320-3 & 320-4 required**			
Name of Medication	**Dosage**	**Frequency**	**Side Effects**

In the event my/our child experiences an anaphylactic medical emergency, I/we consent to the injection of epinephrine as indicated in this Emergency Medical Plan.

Parent/Guardian: _____ _____ **Date:**_____
Please print **Signature of Parent/Guardian**

TRI-BOARD (Only applicable for student's requiring transportation to school)
Parents will be responsible for communicating with Tri-Board re: their son/daughter's medical needs. Tri-Board services will communicate with contracting companies and DSB owned buses that a student with anaphylaxis is on the bus. Tri-Board Transportation services will be responsible for all training of personnel under their supervision. The school will provide the student's medical/emergency medical plan to the bus driver. The bus driver will be asked to keep this information in a secure location accessible to other driver's that may take their route.

CIRCUMSTANCES FOR EMERGENCY TRANSPORTATION:(For rare incidents when 911 might not be adequate) ☐ N/A for this student, follow 9-1-1 protocol
In the event my/our child experiences a medical emergency, I/we consent to the transportation of my/our child to the hospital by private vehicle as outlined above in this medical plan. _____ _____ Signature of Parent/Guardian Date

Emergency Medical Plan – Anaphylaxis Student's Name _____ Page 3 of 3

Participants in development/revision of Emergency medical plan -Anaphylaxis	Names of participants
Parent(s)/Guardian(s)	
Principal	
Other -School Staff (ISRT/ISEH)	
-School Staff –Classroom teacher	
Other -Board Representatives	
Other -Community Agency	
Other	
Other	

Required Forms (if applicable)	Date Completed	N/A
Form 320-1 Parent/Guardian release of medical information		☐
Form 320-2 Parent/Guardian request and authorization for staff administration of medication and/or medical procedures to student		☐
Form 320-3 Person(s) responsible for administration of medication and/or medical procedure identified and form		☐
Form 320-4 Administration of Medication Log		☐
Form 320 -6A Emergency Medical Plan for Students with Anaphylaxis, including consent for injection of Epinephrine and transportation to emergency medical centre/hospital completed and received		☐
Emergency procedure notation placed on Maplewood SIS and Maplewood SIS flagged		☐

Review date for Form 320 – 6A to be reviewed (minimum is an annual review)			
Date		**Anticipated Location**	
Date		**Anticipated Location**	
Date		**Anticipated Location**	

cc: OSR
Parent/Guardian
Health/Medical Safety/Emergency Plan Binder/Postings in Staff room and/or Main Office
Health/Medical Safety/Emergency Plan Binder in classroom
Staff Person(s) designated for responsibilities related to plan
Bus Driver if applicable

The personal information contained in this form is collected under the authority of the *Education Act* and will be protected and used in accordance with the *Municipal Freedom of Information and Protection of Privacy Act.* It will be used to obtain and verify consent to administer medication and /or medical procedures for the student. Questions regarding the form should be directed to the school principal.

Hastings and Prince Edward District School Board

FORM 320-6B	
Adopted	**October 6, 2008**
Last Revised	**June 26, 2012**
Review Date	**June, 2017**

EMERGENCY MEDICAL PLAN FOR STUDENTS WITH ASTHMA

Personal Data	
Student	
DOB (M/D/Y):	
Grade:	
School	
Teacher	
Exceptionality	
IEP	**Yes ☐ No ☐**
Date plan created	
Date plan reviewed	

PHOTO

Contact Data			
Parent/Guardian Name:	**Home #**	**Cell #**	**Work #**
Parent/Guardian Name:	**Home #**	**Cell #**	**Work #**
Other Contact:			
Doctor's Name:	**Phone #**		

KNOWN ASTHMA TRIGGERS

(check the appropriate boxes)

☐ **Colds/viruses** ☐ **exercise** ☐ **Weather conditions** ☐ **animals** ☐ **Allergies/Other:** _____

☐ **strong smells** ☐ **Anaphylaxis (+ asthma greatly increases severity of breathing difficulties**

MEDICATION: RELIEVER/RESCUE INHALER (Usually blue) (Parent is responsible for tracking expiry date)
(Form 320-1, 320-2 & 320-3 required)

Use reliever inhaler _____ **in the dose of** _____
(name of medication) **(# puffs/doses)**

Reliever inhaler is used: ☐ **to relieve symptoms (see below)**
☐ **to prevent exercise induced asthma, given 10-15 minutes prior to activity.**
(Please specify activity: _____**)**

Location of Reliever Inhaler: ☐ **student carries own inhaler at all times (specify where**_____**)**
☐ **stored in classroom (specify locaton:** _____**)**
☐ **other:** _____

Location of Spare Reliever Inhaler: _____

Student can self administer? ☐ **Yes** ☐ **No, needs assistance**

INSTRUCTIONS FOR MANAGING WORSENING ASTHMA	
MILD ASTHMA SYMPTOMS Look for one or more of • **continuous coughing** • **complaints of chest tightness** • **difficulty breathing** • **wheezing (not always present)** **(These symptoms may also be accompanied by restlessness, irritability, and/or tiredness)**	Action: 1. **Administer reliever inhaler.** If there is no improvement in 5-10 minutes of administering reliever…THIS IS AN ASTHMA EMERGENCY. Call 911 follow instructions below. **2. Stay calm. Remain with child.** **3. Tell the child to breath slowly & deeply.** **4. Notify parent of episode** **5. Child can resume normal activities once feeling better** Note: **If child requires reliever inhaler again in less than 4 hours, medical attention should be sought.**
ASTHMA EMERGENCY ANY of the following symptoms indicate an emergency! • **Unable to catch breath** • **Difficulty speaking a few words** • **Lips or nail bed blue or grey** • **Breathing is difficult and fast (>25 breaths per minute)**	Action: **1, Give reliever inhaler (usually blue) immediately and** CALL 9-1-1 **2. Continue to give reliever inhaler every 5 – 15 minutes until help arrives.** **3. Remain with the child. Have student sit up with arms resting on a table** **4. Stay calm! Reassure student and stay by their side.** **5. Tell child to breathe slowly and deeply.** **6. Notify parent/guardian or emergency contact** ***School personnel should not drive students to hospital.***

CONTROLLER MEDICATION USE AT SCHOOL AND DURING SCHOOL-RELATED ACTIVITIES
Form 320-1, 320-2 and 320-3 required

Controller medications are usually taken regularly every day to control asthma. Usually, they are taken in the morning and at night, so generally not taken to 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)

CONSENT FOR STUDENT TO CARRY AND SELF ADMNISTER ASTHMA MEDICATION
(if student is 16 or older, parental/guardian permission to carry asthma medication is not required)
(Form 320-1, 320-2 will be required and Form 320-3 if assistance to administer needed)

We agree that _____ **can carry his/her medications and delivery devices to manage asthma while at school and during school related activities.**
(Student Name)

☐ **Can self-administer his/her prescribed medications and delivery devices to manage asthma while at school and during school related activities.**

☐ **Requires assistance with administering his/her prescribed medications and delivery devices to manage asthma while at school and during school- related activities.**

We will inform the school of any change in medication or delivery device. We will ensure that the medications do not go beyond the expiry date.

Parent/Guardian Signature _____ Date _____

Emergency transportation if not 9-1-1 **Not Applicable** ☐

The Board utilizes 9-1-1 services whenever possible for medical emergencies, in the very rare circumstances that a child requires an alternate plan it is developed with the parents within this plan. In the event my/our child experiences a medical emergency, I/we consent to the transportation of my/our child to the hospital by private vehicle as outlined above in this medical plan.

Parent/Guardian Signature _____ Date _____

TRI-BOARD (Only applicable for student's requiring transportation to school)

Parents will be responsible for communicating with Tri-Board re: their son/daughter's medical needs.
Tri-Board services will communicate with contracting companies and DSB owned buses that a student with asthma is on the bus. Tri-Board Transportation services will be responsible for all training of personnel under their supervision.
The school will provide the student's medical/emergency medical plan to the bus driver.
The bus driver will be asked to keep this information in a secure location accessible to other driver's that may take their route.

Emergency Medical Plan – Asthma Student's Name _____ Page 3 of 3

Participants in development/revision of Emergency medical plan -Asthma	Names of participants
Parent(s)/Guardian(s)	
Principal	
Other -School Staff (ISRT/ISEH)	
-School Staff –Classroom teacher	
Other -Board Representatives	
Other -Community Agency	
Other	
Other	

Required Forms (if applicable)	Date Completed	N/A
Form 320-1 Parent/Guardian release of medical information		☐
Form 320-2 Parent/Guardian request and authorization for staff administration of medication and/or medical procedures to student		☐
Form 320-3 Person(s) responsible for administration of medication and/or medical procedure identified and form		☐
Form 320-4 Administration of Medication Log		☐
Form 320 – 6B Emergency Medical Plan for Students with Asthma, including consent for provision of asthma medication and transportation to emergency medical centre/hospital completed and received		☐
Emergency procedure notation placed on Maplewood SIS and Maplewood SIS flagged		☐

Review date for Form 320 – 6B to be reviewed (minimum is an annual review)			
Date		**Anticipated Location**	
Date		**Anticipated Location**	
Date		**Anticipated Location**	

cc: OSR
Parent/Guardian
Health/Medical Safety/Emergency Plan Binder/Postings in Staff room and/or Main Office
Health/Medical Safety/Emergency Plan Binder in classroom
Staff Person(s) designated for responsibilities related to plan
Bus Driver if applicable

The personal information contained in this form is collected under the authority of the *Education Act* and will be protected and used in accordance with the *Municipal Freedom of Information and Protection of Privacy Act.* It will be used to obtain and verify consent to administer medication and /or medical procedures for the student. Questions regarding the form should be directed to the school principal.

Hastings and Prince Edward District School Board

FORM 320-6C	
Adopted	**October 6, 2008**
Last Revised	**June 26, 2012**
Review Date	**June, 2017**

MEDICAL / EMERGENCY MEDICAL PLAN FOR STUDENTS WITH DIABETES

Personal Data Diabetes Type I ☐ or Diabetes Type II ☐	
Student	
DOB (M/D/Y):	
Grade:	
School	
Teacher	
Exceptionality	
IEP	**Yes☐ No☐**
Date plan created	
Date plan reviewed	

PHOTO

Contact Data			
Parent/Guardian Name:	**Home #**	**Cell #**	**Work #**
Parent/Guardian Name:	**Home #**	**Cell #**	**Work #**
Other Emergency Contact:			
Doctor's Name:	**Phone #**		
Other Health Care Providers:	**Phone #**		

GOAL RANGE FOR BLOOD GLUCOSE	**Between _____mmol/L and _____ mmol/L.** **Call parent if blood sugar is above: mmol/L or below: mmol/L**
MONITORING BLOOD GLUCOSE TIMES	**(check the appropriate boxes)** **☐ Morning (Time:) ☐Midday (Time:) ☐Afternoon (Time:)** **☐ Night (Time:) ☐Other (Time:)**
LOCATION FOR MONITORING	

TREATMENT OF HYPOGLYCEMIA: If blood glucose level below _____mmol/L or symptoms present.
Hypoglycemia can occur very quickly and needs to be treated immediately. Parents need to provide specific instructions as to treatment needed. If you suspect hypoglycemia but cannot test, treat immediately.

SIGNS AND SYMPTOMS (Check any which are usual for this student if known)	ACTIONS REQUIRED-TREATMENT OF HYPOGYCLEMIA
Mild Hypoglycemia ☐ **Cold, clammy or sweaty skin** ☐ **Pallor** ☐ **Difficulty concentrating** ☐ **Shakiness, lack of coordination (e.g. deterioration in writing or printing skills)** ☐ **Irritability, hostility and poor behaviour** ☐ **Fatigue** ☐ **Nervousness** ☐ **Excessive hunger** ☐ **Headache** ☐ **Blurred vision and dizziness** ☐ **Abdominal pain and/or nausea**	☐ **15 grams of glucose in form of glucose tablets provided** ☐ **I Tbsp of sugar (3 packets) dissolved in water provided** ☐ **¾ cup of juice or regular soft drink provided** ☐ **Other: _____** ☐ **Other _____** **Wait 10 -15 minutes, retest blood glucose levels, if no improvement in glucose level, treat again.** **Ensure student eats his/her next regular meal or snack. If the next meal is more than one hour away or student is going to be active, ensure he/she eats a snack, something with carbohydrates and protein, e.g. granola bar.** Location of provided glucose source:
Moderate Hypoglycemia **The symptoms of mild hypoglycemia, plus:** ☐ **Staggered walking** ☐ **Confusion**	Same treatment as for Mild hypoglycemia
Severe Hypoglycemia **The symptoms of moderate hypoglycemia, plus:** ☐ **Loss of consciousness** ☐ **Fainting** ☐ **A seizure**	DO NOT GIVE FOOD OR DRINK **Roll the student on their side.** FOLLOW 9-1-1 protocol **After calling 9-1-1, contact the parent/guardian**

Hypoglycemia (continued)
Actions: **Never leave the student unsupervised until recovery is complete.** **Student can remain in the classroom and resume regular classroom work.** It is imperative that the student be accompanied by a responsible person if he/she goes home. **Parent/guardians are notified of all incidents of moderate and/or severe hypoglycemia or repeated episodes of mild hypoglycemia.** **Repeated low blood glucose levels are undesirable and unnecessary, parents/guardians will want to discuss this problem with their family doctor or diabetes care team.** **When this student is going to participate in increased physical activity they will require** ☐ **no intervention** ☐ **a high carbohydrate protein snack prior to the activity** ☐ **other_____.**

Hyperglycemia (high blood glucose)	
Hyperglycemia occurs when blood glucose levels are higher than the student's target range. The student may be thirsty, urinate more often and be tired. Emergency treatment is generally not required. Notify parent/guardian if student consistently has high blood glucose levels. For children wearing insulin pumps, untreated hyperglycemia can lead to serious complications. Call parents whenever blood glucose level is over 15 mmol/L	**Strategies for the treatment of hyperglycemia (e.g. reducing a carbohydrate at lunch)**

DIABETES MEDICATION / INSULIN / GLUGACON	Location of medications at school and time for administration
☐ **N/A, student does not require insulin to control diabetes** ☐ **Oral diabetes medication** **_____(please name)** **Form 320-1 & Form 320- 2 will be required**	
If insulin is needed at school, please specify time and health care provider / parent will be administering or assisting student. The following locations in the school are available to provide privacy for the student: **_____.** ☐ **Insulin is by injection (if so, are any injections required during school hours) ☐ Yes ☐ No** ☐ **Insulin by pump**	
☐ **An emergency supply of glugacon is available for emergency personnel to administer**	

Daily Communication Plan between student, parent/guardian and school
☐ **Form 320-4 Medication Administration Log will be completed and kept at school** ☐ **A log of blood glucose levels with time of tests and results will be kept by school staff** ☐ **A log of blood glucose levels with time of tests and results will be kept by the student** ☐ **Copies of log pages will need to be sent home daily** ☐ **Copies of log pages will need to be sent home weekly** ☐ **Copies of log pages can be kept at school, available to parent/guardian upon request** ☐ **A Home communication book will travel between home and school daily with both glucose levels and other pertinent medical related information.**

TRI-BOARD (Only applicable for student's requiring transportation to school)
Parents will be responsible for communicating with Tri-Board re: their son/daughter's medical needs. Tri-Board services will communicate with contracting companies and DSB owned buses that a student with diabetes is on the bus. Tri-Board Transportation services will be responsible for all necessary training of personnel under their supervision. The school will provide the student's medical/emergency medical plan to the bus driver, who will be asked to keep it in a secure location accessible to supply drivers.

Participants in development/revision of Emergency medical plan -Diabetes	Names of participants
Parent(s)/Guardian(s)	
Principal	
Other -School Staff (ISRT/ISEH)	
-School Staff –Classroom teacher	
Other -Board Representatives	
Other -Community Agency	
Other	
Other	

Required Forms (if applicable)	Date Completed	N/A
Form 320-1 Parent/Guardian release of medical information		☐
Form 320-2 Parent/Guardian request and authorization for staff administration of medication and/or medical procedures to student		☐
Form 320-3 Person(s) responsible for administration of medication and/or medical procedure identified and form		☐
Form 320-4 Administration of Medication Log		☐
Form 320-6C Emergency Medical Plan for Students with Diabetes		☐
Emergency procedure notation placed on Maplewood SIS and Maplewood SIS flagged		☐

Review date for Form 320 – 6C to be reviewed (minimum is an annual review)			
Date		**Anticipated Location**	
Date		**Anticipated Location**	
Date		**Anticipated Location**	

cc: OSR
Parent/Guardian
Health/Medical Safety/Emergency Plan Binder/Postings in Staff room and/or Main Office
Health/Medical Safety/Emergency Plan Binder in classroom
Staff Person(s) designated for responsibilities related to plan
Bus Driver if applicable

The personal information contained in this form is collected under the authority of the *Education Act* and will be protected and used in accordance with the *Municipal Freedom of Information and Protection of Privacy Act.* It will be used to obtain and verify consent to administer medication and /or medical procedures for the student. Questions regarding the form should be directed to the school principal.

Hastings and Prince Edward District School Board

FORM 320-6D	
Adopted	**October 6, 2008**
Last Revised	**June 26, 2012**
Review Date	**June, 2017**

EMERGENCY MEDICAL PLAN FOR STUDENTS WITH EPILEPSY/SEIZURE

Personal Data	
Student	
DOB (M/D/Y):	
Grade:	
School	
Teacher	
Exceptionality	
IEP	**Yes☐ No☐**
Date plan created	
Date plan reviewed	

PHOTO

Contact Data			
Parent/Guardian Name:	**Home #**	**Cell #**	**Work #**
Parent/Guardian Name:	**Home #**	**Cell #**	**Work #**
Other Contact:			
Doctor's Name:	**Phone #**		

SEIZURE LOOK FOR's	
☐ **Generalized Tonic-Clonic**	**Sudden Cry – Fall – Rigidity followed by muscle jerks – shallow breathing – bluish skin – possible loss of bladder or bowel control – usually lasts a couple of minutes – may be some confusion or fatigue then return to full consciousness**
☐ **Absence**	**Blank stare – rapid blinking – unaware during seizure but quick return to full awareness – usually lasts a few seconds**
☐ **Simple Partial**	**Jerking in one area of body – sometimes spreads and becomes convulsive – can't stop – person awake and aware- partial sensory seizure may not be obvious to onlooker - experiences distorted environment - feel unexplained fear, sadness, anger, joy - may have nausea**
☐ **Complex Partial**	**Blank stare – unaware of surroundings – dazed – unresponsive – may run – may pick at clothing, try to take clothes off – lasts a few minutes but post seizure confusion can be longer**
☐ **Atonic**	**Student suddenly collapses, falls - after 10 seconds to 1 minute recovers**
☐ **Myclonic**	**Sudden brief massive muscle jerks**

Actions Required in Response to Seizures – ALWAYS TIME any seizures and record in seizure log.	
Convulsive Seizures	Non Convulsive Seizures
1) Keep Calm **2) Protect from Injury** **a) Ease person to floor** **b) Move any hard, sharp or hot objects well away** **c) Protect the person's head and body from injury** **d) Loosen any tight neckwear** 3) DO NOT restrain the person **4) Do not insert anything in the mouth** **5) Roll the person on their side after the seizure subsides. If there is vomit, keep the person on their side and clear out their mouth with your finger** **6) Talk gently to the person**	1) **Stay with the person while the seizure takes its course.** 2) **Move dangerous objects out of the way** 3) DO NOT restrain the person 4) **Gently guide the person away from danger or block access to hazards**
After any type of seizure, comfort and re-assure the person to assist them in re-orienting themselves. The person may need to rest or sleep. If the person wanders, stay with them and talk gently to them. Stay with the student until complete awareness returns.	

If seizure lasts longer than 5 minutes or repeats without full recovery or consciousness does not return after shaking has stopped or if there is not prior history of seizure known.

SEEK MEDICAL ASSISTANCE IMMEDIATELY. FOLLOW 9-1-1 PROTOCOL.

Although this rarely occurs, status epilepticus is life threatening. It is a serious medical emergency

Emergency Medical Plan – Epilepsy/Seizure Disorders Student's Name: _____ Page 2 of 3

An uncomplicated convulsive seizure in someone with epilepsy is not a medical emergency if it stops naturally after a few minutes without any ill effects. After resting, the student can go about his/her regular activities. Occasionally a seizure won't stop naturally, and several other medical conditions can be the cause. These may include: Diabetes, Heat exhaustion, poisoning, high fever, brain infections, pregnancy, hypoglycemia, or head injury. When seizures are continuous or any of these conditions exist or are suspected, immediate medical attention is necessary. Follow 9-1-1 protocol.

Protocol to follow after a seizure.

- **Notify parent of seizure and duration**
- **Record seizure in seizure journal**
- **Administer medication as outlined below**

SEIZURE TRIGGERS TO WATCH FOR

ADMINISTRATION OF ANTI EPILEPTIC MEDICATION: **(Form 320-1, 320-2 & 320-3 required)**
Parent is responsible for tracking expiry date
CRITICAL TO TAKE ANTIEPILEPTIC MEDICATON AS INDICATED AND TIMED

Name of medication	Date Started	Dosage, Form (tabs, liquid) and Frequency	Side Effects	Person to administer

Student wears medic alert bracelet ☐ Yes ☐ No

KETOGENIC DIET

This student is on a high fat, low carbohydrate diet as directed by _____ (name of physician) and indicated on Form 320-1 Parent/guardian release of medical information.

- ☐ **Blood glucose levels need to be closely monitored Times: _____, _____, _____**
- ☐ **All food must be weighed and recorded**
- ☐ **All fluids must be recorded**
- ☐ **Monitor for hypoglycemic reaction (Low blood sugar) Refer to Form 320-6C for particulars regarding Hypoglycemic treatment**

TRI-BOARD (Only applicable for student's requiring transportation to school)

Parents will be responsible for communicating with Tri-Board re: their son/daughter's medical needs.
Tri-Board services will communicate with contracting companies and DSB owned buses that a student with anaphylaxis is on the bus. Tri-Board Transportation services will be responsible for all training of personnel under their supervision.
The school will provide the student's medical/emergency medical plan to the bus driver.
The bus driver will be asked to keep this information in a secure location accessible to other driver's that may take their route.

Emergency Medical Plan – Epilepsy/Seizure Disorders Student's Name _____ Page 3 of 3

Participants in development/revision of Emergency medical plan –Epilepsy/Seizure Disorders	Names of participants
Parent(s)/Guardian(s)	
Principal	
Other -School Staff (ISRT/ISEH)	
-School Staff –Classroom teacher	
Other -Board Representatives	
Other -Community Agency	
Other	
Other	

Required Forms (if applicable)	Date Completed	N/A
Form 320-1 Parent/Guardian release of medical information		☐
Form 320-2 Parent/Guardian request and authorization for staff administration of medication and/or medical procedures to student		☐
Form 320-3 Person(s) responsible for administration of medication and/or medical procedure identified and form		☐
Form 320-4 Administration of Medication Log		☐
Form 320 -6D Consent form for injection of Epinephrine and/or provision of asthma medication and transportation to emergency medical centre/hospital completed and received		☐
Emergency procedure notation placed on Maplewood SIS and Maplewood SIS flagged		☐

Review date for Form 320 – 6D to be reviewed (minimum is an annual review)			
Date		**Anticipated Location**	
Date		**Anticipated Location**	
Date		**Anticipated Location**	

cc: OSR
Parent/Guardian
Health/Medical Safety/Emergency Plan Binder/Postings in Staff room and/or Main Office
Health/Medical Safety/Emergency Plan Binder in classroom
Staff Person(s) designated for responsibilities related to plan
Bus Driver if applicable

The personal information contained in this form is collected under the authority of the *Education Act* and will be protected and used in accordance with the *Municipal Freedom of Information and Protection of Privacy Act.* It will be used to obtain and verify consent to administer medication and /or medical procedures for the student. Questions regarding the form should be directed to the school principal.

Hastings and Prince Edward District School Board

FORM 320-7A	
Adopted	**October 6, 2008**
Last Revised	**June 26, 2012**
Review Date	**June, 2017**

ANAPHYLAXIS - ANNUAL TRAINING RECORD

(Sabrina's Law)

School Year: _____ **School:** _____

Department: (Secondary) _____

Date of Education Session (if done as part of a staff meeting): _____**and/or**

Date Individual staff completed on line training module. All training done by: _____**(date)**

Name and Position (e.g. Office administrator, Educational assistant, custodian, teacher, principal, etc.) of any staff to be trained)	Date individual received or completed training	Signature of Individual staff indicates they have completed or received training for school year.

_____ **Date:**_____

Principal Signature

Hastings and Prince Edward District School Board

FORM 320-7B	
Adopted	October 6, 2008
Last Revised	June 26, 2012
Review Date	June, 2017

ASTHMA - ANNUAL TRAINING RECORD

(Ryan's Law)

School Year: _____ **School:** _____

Department: (Secondary) _____

Date of Education Session (if done as part of a staff meeting): _____ **and/or**
Date Individual staff completed on line training module. All training done by:_____**(date)**

Name and Position (e.g. Office administrator, Educational assistant, custodian, teacher, principal, etc.) of any staff to be trained)	Date individual received or completed training	Signature of Individual staff indicates they have completed or received training for school year.

_____ **Date:**_____

Principal Signature

Hastings and Prince Edward District School Board

FORM 320-8	
Adopted	October 6, 2008
Last Revised	June 26, 2012
Review Date	June, 2017

9-1-1 Protocol

TO BE POSTED BY TELEPHONE IN MAIN OFFICE

1. **This is _____ School**
2. **We are located at:**

   Address: _____

   Nearest Main Intersection: _____

   Telephone Number: _____

3. **For Anaphylaxis**
   We have a student who is allergic to _____, who is having an anaphylactic reaction. We have administered an epinephrine auto-injector. We need an ambulance immediately.

   For Other Emergencies
   We have a student experiencing medical difficulties. Give a brief description

   E.g. Seizure in the classroom, seizure in the school yard,

   fallen on school yard, unable to move student

   We need an ambulance immediately.

4. **The closest entrance for the ambulance is on: _____**

   _____Ave./Road/Street

5. **A staff member will be outside of the school entrance to provide more information**
6. **Do you need any more information?**
7. **How long will it take you to get here?**
8. **Ensure another staff member has called parent/guardian/emergency contact.**

APPENDIX A

GENERAL MEDICAL AND HEALTH SUPPORTS

PRINCIPAL'S CHECKLIST FOR ADMINISTRATION OF MEDICATION and/or MEDICAL PROCEDURES

1) **Receive, acknowledge and file parent and physician requests for administration of medication. Determine if the information meets the requirements of the procedures on staff administration of medication and if the request falls within the parameters of the procedures such that the request will be granted. If any question arises, consult a superintendent. Whatever the decision, the principal will advise the parents of the results of this consideration.**

2) **If the principal decides that the request meets the requirements of the procedures such that the request should be granted, the principal will determine staff member(s) and alternate(s) to administer the medication.**

3) **Ensure that all appropriate forms are completed and signed at the beginning of each school year.**
   a) **Form 320-1 – Parent/Guardian release of medical information**
   b) **Form 320-2 – Parent/Guardian request and authorization for staff administration of medication and/or medical procedures**
   c) **Form 320-3 – Designated school personnel responsible for administration of medication and/or medical procedure to students.**
   d) **Form 320-4 – Administration of medication log**
   e) **Form 320-5A – General medical plan**
   f) **Form 320-5B – General health plan**
   g) **Form 320-6A – Medical /emergency medical plan for student with Anaphylaxis**
   h) **Form 320-6B – Medical / emergency medical plan for student with Asthma**
   i) **Form 320-6C – Medical /emergency medical plan for student with Diabetes**
   j) **Form 320-6D – Medical /emergency medical plan for student with Epilepsy**
   k) **Form 320-7A – Anaphylaxis -Annual Training Record**
   l) **Form 320-7B – Asthma – Annual Training Record**
   m) **Form 320-8 – 9-1-1 Protocol**

4) **Facilitate essential training for designated staff members. Training to administer medication is the responsibility of the parents in conjunction with the principal, with the advice of the physician or Hastings and Prince Edward Counties Health Unit, or the board's Health and Safety Officer.**

5) **Provide for the storage and security of medication.**

6) **Establish an "Administration of Medication File" for the student, including Form 320-4 Administration of Medication Log. Ensure that the file is stored in a secure area in the school.**

7) **For students requiring administration of medication and/or medical procedures including routine health practices, develop a General Medical Plan (Form 320-5A), and/or a General health plan (Form 320-5B) in collaboration with parents.**

8) **For students with anaphylaxis, complete Emergency Medical Plans (Form 320-6A)in collaboration with parents**

9) **For students with asthma, develop a Medical and/or Emergency Medical Plan (Form 320-6B)**

10) **For students with diabetes develop a Medical and /or Emergency Medical Plan (Form 320-6C)**

11) **For students with epilepsy or any seizure disorder, develop a Medical and/or Emergency Medical Plan (Form 320-6D)**

12) **Notify all staff working with the student identified in any medical, health and or emergency medical plan of their medical or health care needs, at the beginning of the year for elementary, and at the beginning of each semester for secondary. Ensure that all school staff members (including occasional teachers and support staff) and transportation personnel who come in direct contact with a student with anaphylaxis, asthma, diabetes or who requires the administration of medication and/or medical procedures are aware of the general medical , general health and/or emergency medical plan**

13) **Ensure that Form 320-5A, General Medical Plan, Form 320-5B, General Health Plan, Form 320-6A Medical/emergency plan for student with anaphylaxis, Form 320-6B Medical/emergency medical plan for student with asthma, Form 320-6C Medical/emergency medical plan for student with diabetes and/or Form 320-6D Medical / emergency medical plan for student with epilepsy/seizure disorder is posted in a non-public area of the school (i.e. staff room and/or school office, classroom etc.) and a copy is kept in the Teacher's Day Book and in the educational assistant's daily planner when they are working with the student.**

14) **Return unused medications to parent/guardian at the end of the duration request or at the end of the school year.**

15) **Consider the need for placement of an "Administration of Medication File" in the student's Ontario Student Record (OSR) file:**
    a) **at the conclusion of the administration regime, and**
    b) at the time of the student's transfer from the school.

16) **Maintain a current list of all students receiving medication. This list may be shared with Hastings & Prince Edward Counties Health Unit with the consent of the student's parent/guardian.**

SAMPLE LETTER TO PARENTS OF ANY CHILD REQUIRING A MEDICAL PLAN

School Letterhead

Date

Dear Parent/Guardian (can personalize by inserting their name)

This letter is in follow up to our discussion of your child's medical condition, we need you to provide the school with the following:

1. **Form 320-1 Parent/guardian release of medical information developed in conjunction with your family physician. This form needs to be completed annually or when there is a change in your child's medical needs.**
2. **Form 320-2 Parent/guardian request and authorization for staff administration of medication and/or medical procedure to student**
3. **Three small current pictures of your child. These will be displayed on your child's emergency medical plan, in the staffroom and/or main office and in the binder kept in the classroom. This will assist staff members to recognize your son/daughter in the event of any support needed regarding your child's medical plan.**
4. **An up to date supply of prescribed medication, clearly labelled. It is your responsibility to replace the medication prior to the shelf life expiry date. Back up medication, including extra EpiPens may be required in relation to your child's individual treatment plan.**

Your attention to providing these items at the beginning of this coming school year is appreciated.

We would also like to arrange a convenient time for you to meet with the school team to develp the General Medcial plan and/or General Health Plan and/or Medical/Emergency Medical plan for students with anaphylaxis or asthma or diabetes or epilepsy, for this coming school year. Please contact the school office at your earliest convenience so we can book a date and time.

Sincerely,

Principal

ONTARIO MINISTRY OF EDUCATION POLICY/PROGRAM MEMORANDUM No. 81 – MODEL FOR PROVISION OF SCHOOL HEALTH SUPPORT SERVICES

MODEL FOR PROVISION OF SCHOOL HEALTH SUPPORT SERVICES				***Policy/Program No. 81***
Support Service	**Administered by**	**Provided by**	**Training and Direction**	**Consultation**
I. Oral Medication	**Pupil as authorized or**	**Pupil**	**Attending Physician**	**local Board of Health**
	Parent as authorized or	**Parent**	**Attending Physician**	**local Board of Health**
	Aide or other personnel	**School Board**	**School Board/Physician**	**local Board of Health**
II. Injection of Medication	**Pupil as authorized**	**Pupil**	**Attending Physician**	**local Board of Health**
	Parent as authorized	**Parent**	**Atteding physician**	**local Board of Health**
	Health Professional	**Ministry of Health**	**Ministry of Health**	**School Board**
III, • **Catheterization** • **Manual expression of bladder/stoma** • **Postual drainage/ suctioning** • **Tube feeding**	**Health Professional**	**Ministry of Health**	**Ministry of Health**	**School Board**
IV. • **Lifting and positioning** • **Assistance with mobility** • **Feeding** • **Toiletting**	**Aide or other personnel**	**School Board**	**School Board and Ministry of Health**	**Ministry of Health**
V. Therapies: **a. Physio/Occupational**				
• **Intensive clinical (treatment)**	**Qualified therapist**	**Ministry of Health**	**Ministry of Health**	**Ministry of Health**

Guidelines for School Staff in Supporting Student Who Require Training of Delegated Medical Procedures

Hastings and Prince Edward District School Board works in partnership with outside agencies; Community Care Access Centre (CCAC), Quinte Healthcare, Quinte Rehabilitation Services, Hastings & Prince Edward Counties Health Unit in supporting students who require medical interventions in order to attend school.

These partnerships provide an integrated delivery of services to students with health-care needs within the school setting. The partnerships involve a team approach to planning with families, schools and agencies.

Training

New Students During the School Year

1) Agency partners working with the student and families will contact Special Education services with information related to students entering the school system who require medical procedures
2) A case conference will be set up by Special education services to introduce the student's medical needs to the school.
3) Prior to school entry, it will be determined working with nursing agencies involved if the the procedure will be delegated, the nurese will then meet with the family to outline the specifics surrounding the delegated procedure.
4) If the procedure is on the list of Delegated procedures according to PPM 81, the outside agency will contact the principal to arrange training and provide to the principal a copy of the specific duties of the delegated procedure.
5) If the procedure cannot be delegated, the agency will contact the principal with the name of the nursing agency and the procedures the nurse will be performing while the student is at school.
6) Training for delegated procedures need to be done on the first day of the student's attendance.
7) Agencies involved in training will be asked to agree that training will continue until school staff are comfortable with the procedure
8) Training can only be performed by the delegated nurse (parents, previous school staff, etc. cannot train other school staff)
9) Parents can perform the procedure themselves in schools, but cannot train school staff.

New School Year Training

1) In early spring of each year, a review of the current list and status of students requiring delegated procedures will be completed and new students for the next school year added
2) Special education services will share this list with Human Resources
3) A case conference will be set to introduce the student's medical needs to the school as part of the transition to school process
4) By the end of June, Special education services will provide outside agencies involved with the child, the name of next year's teacher and principal assigned to the student
5) Prior to the first day of school, agency involved with training will coummincate with the school in writing, bringing to the principal's attention the date and time of the first training for school start up.
6) The principal will share this information with the assigned schoool staff and if there are any question or concerns around the timing of the training, the designated Board staff will communicate that to Special Educaiton services.
7) If nurse training cannot be established for the first day of the student's attendance at school, then the agency will request that the parent perform the procedure until school staff have been trained.

8) Following the general training, the nurse will spend individual time with each student and assigned staff to discuss individual circumstances of the training.

Change in Procedure/Change in Staff involved

1) Educational assistants are the staff that are trained to perform the delegated procedures
2) Training should include 2 educational assistants so that the school has a trained back up staff
3) Any change in procedure or staff involvement, will require re-training by the delegating nurse to school staff prior to scholl staff eprforming the procedure
4) Training will be arranged through special education services and provided by the community nursing agency only.
5) The new proceudre will be given by the nurse to the school staff for the procdures
6) The chart and procedures binder need to be kept current with any changes inserted immediately

SAMPLE LETTER TO PARENTS –ADMINISTRATION OF MEDICATION

Use school letterhead

Date:

Dear Parent/Guardian

RE: STAFF ADMINISTRATION OF MEDICATION

Hastings and Prince Edward District School Board's medical procedure 320 concerning the admnistration of medication to students while they are at school is described below. In the case where medication must be administered to a student at school, Form 320 -1 Parent Release of Medical Information and Form 320-2 Parent/guardian request and authorization for staff administration of medication and/or medical procedures to students must be completed. Part of Form 320-1, Parents Release of medical information must be completed by the student's attending physician. Medications include non prescription as well as prescription medication.

Please find attached copies of both Form 320-1, Parent release of medical information and 320-2. Parent/guardian request and authorization for staff administration of medication and/or medical procedures to students. Please have these forms completed as soon as possible and returned to the school.

STANDARD MEDICATION INFORMATION:

It is understood that, where possible, the timeof medication should be adjusted to avoid administration during school hours. In the event that a student requires prescription medication to be administered orally during school hours in order to attend school, the medication will be administered by school staff members who do not have medical or nursing training. Consequently, our staff may not administer medication by injection, by way of a syringe, or perform any medical procedure which may only be performed by a licensed medical professional.

For staff to administer medication to a student the school does require the completion of both Form 320-1 and Form 320-2 which releases medical information and provides a request and authorization by the parent/guardian for the administration of medication. The information provided by the physician confirms that the medication must be given during the school hours, names the student, names the medication, the dosage, the time for administration, the duration for the medication, storage instructions and possible side effects. A new request is required annually and for any change in the original prescription.

It is the responsibility of the parent to provide an adequate supply of up-to-date medication to the school for the student. If the student is able to take the medication unsupervised, the student MUST carry only a daily dosage. All medication carried by the student must be stored safely and securely on the person of the student. Non-prescription medicaton shall not be admnistered by staff without a physician's written direction.

If the student has a medical issue that requires emergency medication (e.g. allergies which may result in anaphylactic reactions), it is the responsibility of the parent/guardian to inform the school. The parent will be asked to assist in the development of a medical/emergency medical plan which will be shared with all school and transportation personnel associated with the students. Forms 320-1 and Form 320-2 will also be required for these students as well as completion of the appropriate plan(s), Forms 320-5A and/or Form 320-5B and/or Form 320- 6A through 6D.

APPENDIX B

SUPPORTS FOR STUDENTS WITH ANAPHYLAXIS

PLANNING TIPS FOR ACCOMMODATION STUDENTS WITH ALLERGIES AND/OR ANAPHYLAXIS

The following are tips to assist school staff in providing a successful plan for their school.

1) **Determine what student has been diagnosed as being at risk of having an anaphylaxis reaction to. (e.g. corn, dairy, eggs, fish, insect stings, latex, peanuts, sesame, shellfish, soy, sulphites, tree nuts, wheat)**

2) **Decide which areas of the school will become aware areas, areas where the identified allergens will not be permitted to be eaten or used. Keeping in mind the chance of cross contamination. (e.g. auditorium, cafeteria, gymnasium, hallways, library, main office, playground, student's homeroom, designated area in student's homeroom, other classrooms, labs, etc.)**

3) **Management strategies that can be implemented to minimize risk of anaphylactic reaction.**
   - **b) Management strategies for the student's classroom**
     - **i) Daily monitoring by staff of classmate's lunch/snack containers for identified allergens**
     - **ii) Student with food containing identified allergen to consume food in alternate, designated area**
     - **iii) Provision of allergen aware lunches/snacks for students who bring allergens**
     - **iv) Hand washing before and after eating (all students)**
     - **v) Sanitizing of identified student's lunch table before eating and sanitizing of all student's lunch tables after eating**
     - **vi) Identified student eats only food prepared at home or approved for consumption by parent/guardian**
     - **vii) No sharing of food, food containers or utensils by any student**
     - **viii) Food for special events in the classroom prepared by parent/guardian of identified student or by allergen aware commercial producer**
     - **ix) Provision of non-edible items for special events in the classroom (e.g. stickers, pencils, etc.)**
     - **x) Inspection of curricular materials for presence of identified allergens (e.g. Play-Doh, sports equipment, etc.)**

   - c) Identified student has epinephrine Auto-Injector on his/her person
     - ii) **Food for special events in the school is purchased from an allergen aware commercial provider**
     - iii) **School fund-raising activities avoid products containing identified allergens**
     - iv) **All musical instruments that have a mouth piece are sanitized before and after use**
     - v) **Any musical instrument used by an identified student is santized before and after use**
     - vi) **Computer keyboard used by the identified student is sanitized before use**
     - vii) **Identified student uses personally designated computer keyboard and mouse**
     - viii) **Wet wipes available in applicable classrooms. All students in applicable classrooms will be encouraged to wash their hands using a wet wipe after eating and before exiting their classroom and entering common areas of the school.**

4) **Occasional staff, teachers, early childhood educators, and educational assistants should receive training in the use of the epinephrine auto-injector and be provided access to the medical/emergency medical plan (Form 320-6A) for the student with identified allergens.**

5) **When a student with identified allergens participates in an out of school learning experinece the following procedures should be considered.**
   - **a) An out of school learning trip supervisor, trained in administration of epinephrine auto-injector is assigned to the student's group unless the parent /guardian is present with the student.**
   - **b) A copy of the medical/emergency medical plan should be with the supervisor of the trip**
   - **c) The supervisor for the trip has immediate access to a phone or cell phone in case of emergency**
   - **d) Two epinephrine auto-injectors are available in case of an emergency**
   - **e) Identified student has an ephinephine auto-injector on his/her person**

SAMPLE LETTER OF AWARENESS TO ALL PARENTS
Can adjust to use for whole school or just for individual classrooms.

(Insert School Letterhead)

(Insert Date)

Dear Parents/Guardians (of children in _____ 's classroom.
Insert Teacher's Name

This letter is to inform you that we have a student(s) (in our school) (in your child's classroom) who has a severe allergy(ies) to _____, _____, and _____.

Severe allergic reactions are often associated with foods, the most common being peanuts, nuts., milk. Eggs, soya, fish and shellfish. They can also be associated with bee stings and medications such as penicillin. Alergic reactions can be so severe that eating, or even inhaling trace amounts of foods to which they are allergic can trigger a life –threatening reaction. Prompt medical emergency treatment is required.

Although the child is aware of his/her allergy and knows what foods to avoid, all of us must do all that is required to provide this student with a safe environment. We therefore respectifully ask that you discuss this situation with your child. Please explain the improtance of washing hands before and after meals, of not sharing foods with this student and if a food allergic child becomes ill, to seek help immediately from staff.

In addition, the school plans to put in place the following routines and procedures to support this student's well-being.
E.g. We ask that lunches and snacks be peanut and nut free
We ask that no items containing latex be brought into the school building (e.g. Balloons at Fun Fair)
We ask that parents refrain from providing baked goods to the classroom for celebration of birthdays
We can support an inclusive school and classroom environment by providing non edible items (e.g. stickers, pencils),
instead of edible items (e.g. cupcakes) for special events (e.g. birthday celebrations, Valentine's Day, etc.)

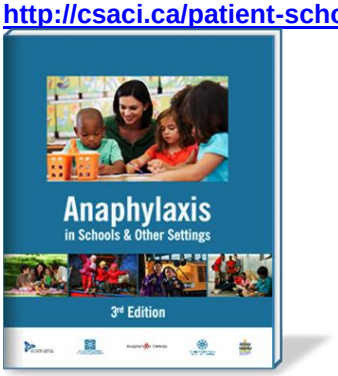
If you require more information or clarification, please do not hesitate to call. Your cooperation in this matter is greatly appreciated.

Sincerely,

Principal (insert name)

Links for Resources related to Anaphylaxis

http://csaci.ca/patient-school-resources



This resource is available on this link.

http://foodallergycanada.ca/resources/print-materials
A variety of print materials including posters available to download from this site.

http://secure.anaphylaxis.ca/en/shop/posters.html
Direct link to posters available for purchase.

www.edu.on.ca/eng/healthyschools/anaphylaxis.html
Ministry of Education materials related to anaphylaxis including an ELearning module

https://www.ontario.ca/laws/statue/05s07
Sabrina's Law available on this site

https://www.ece.gov.nt.ca
Canadian School Board Association publication on Anaphylaxis, pre Sabrina Law
A Handbook for school boards

http://www.epipen.ca/en/school-resources
Understanding Anaphylaxis in schools
Teaching Chlidren Self Management
10 strategies to help reduce the risk of severe allergic reactions
Classroom tips for managing life-threatening allergic reactions
Adolescents and Anaphylaxis
School Communication from principal, from teacher

http://www.epipen.ca/en/school-resources#classroom-posters
Epi Pen Instructional poster
Severe Food Allergy poster

www.hpechu.on.ca
Website for Hastings and Prince Edward Health Unit

APPENDIX C
SUPPORT FOR STUDENTS WITH ASTHMA

PLANNING TIPS FOR PREVENTION

The school principal/designate shall take steps to create a supportive, safe environment for students with asthma, including:

1) Arranging general asthma awareness and education sessions for the entire school on an annual basis through activities such as workshops/seminars, puppet shows/plays/skits, school newsletter activities.access to asthma websites www.asthmainschools.com,
2) Providing opportunities for regular staff education with regards to identifying and managing worsening asthma, proper use of inhalers and identifying and managing asthma triggers
3) Identifying a staff member in the school to act as an asthma resource person for the school community who would identify and review new asthma resources and help organize asthma related activities
4) Facilitating the use of asthma friendly school supplies and products such as scent free markers and cleaning products, dust free chalk, move to use of white boards instead of blackboards, etc.
5) Scheduling extensive building repairs or cleaning at times that reduce the possibility of exposing students and staff to dust, fumes and other irritants
6) Montioring for asthma triggers on an ongoing basis an dtakin gaction to reduce exposure to asthma triggers whenever possible
7) Providing Asthma resources for the school office and school library
8) Creating and supporting the expectation that students with asthma should be participating in physical activities to the best of their abilities, including recess and physical education
9) Ensuring that when a student with asthma is involved in an out of school learning experience, the student has a Reliever inhaler on his/her person and that the supervising teacher has a second reliever inhaler as well as a cell phone to be used in emergency situations

PLANNING TIPS FOR PREVENTION SPECIFIC TO THE CLASSROOM

1) Do not keep furry animals or birds in the classroom
2) If a child is very allergic to specific animals, he or she should not sit next to a child with that type of pet at home
3) Do not ask the student with asthma to clean chalk-filled rags or brushes
4) If a child is allergic to pollen, do not sit him or her next to an open window in the spring or fall
5) Regularly clean and air: gym mats, shoes, lockers, classroom carpeting, and old library books; as they are often loaded with dust and mold.
6) Be aware that strong odours from cosmetics, perfume, chemicals, cleaning fluids and art supplies may be irritating
7) If possible try to make sure the student does not sit next to someone with a respiratory infection.
8) Give the student the option of spending recess indoors on a very cold, humid or windy day
9) Provide the student with a normal classroom experience; treat the student as you do any other student; encourage the student to particpate in activities within his or her limits. Do not regard the student as ill or isolate him/her.

TIPS FOR PHYSICAL EDUCATION AND SPORTS FOR STUDENTS WITH ASTHMA

1) The student should use pre-exercise medication if exercise regularly causes asthma
2) If a student has obvious wheezing, persistent dry cough, or breathing difficulty in spite of pre-medication, exercise will be hazardous and should be avoided. A recent cold or sore throat or a recent asthma attack increases the risk of exercise induced asthma.
3) Warm-up prior to vigorous activity should be progressive
4) Exercise in cold or humid temperatures can be a significant trigger for asthma
5) Students should exercise along with the rest of the class. If coughing, wheezing or chest tightness develops, the student should stop and treat if necessary with medication
6) The frequency of exercise should be the same as for the rest of the class.
7) The intensity of exercise should start at a low level and gradually increase to develop exercises tolerance. This will vary greatly among students with asthma and from day to day for the same student
8) Should a student become wheezy during exercise, stop the activity and treat if necessary with medication
9) Cool down. Avoid stopping the exercise abruptly. Follow the usual “cool down” process

SUGGESTED NEWSLETTER ITEM

- **Include, on school letterhead in the September Newsletter.**

Date: (insert)

Dear Parent/Guardian

***Ryan's Law, 2015*, is a piece of legislation, passed by the Ontario Legislature, that is an important step to support the well-being of students with asthma in Ontario schools. If your child has asthma, we ask that you contact the main office at your school to provide information about your child's asthma medication. With your permission, your child will be allowed to carry their asthma medication.**

A formal process has been put into place at schools to support the well-being and safety of students with asthma.
The Ministry of Education website also has resources on asthma that can be found at :
http://www.edu.gov.on.ca/eng/healthyschools/anaphylaxis.html

As a best practice and to support your child, please let the school know if your child has any medical condition so that the school is aware and can keep this information on file.

If you have any question, please do not hesitate to contact me directly.

Sincerely,

Principal (insert name)

ASTHMA SECONDARY SCHOOL COMMUNICATION WITH PARENTS/GUARDIANS

School Letterhead

Date

Dear Parents/Guardians:

This is to inform you that the Hastings and Prince Edward District School Board has developed an asthma protocol for school sites to manage and accommodate students diagnosed with asthma.

Some of the initiatives of the Asthma protocol include:

1) Providing information and training on asthma to school staff (e.g. asthma symptoms, triggers and instructions for managing worsening asthma).
2) Encouraging and facilitating the use of asthma friendly school supplies and products.
3) Inspecting and maintaining buildings to minimize exposure to allergens.

In order for the schools to provide a safe and nurturing environments for our students and to act in the best interest of your son or daughter during an asthma episode we ask for your support by providing the following:

1) Inform the school if your son/daughter has asthma and their triggers
2) Encourage your son/daughter to carry their inhaler with them at all times or to have their inhaler in close proximity at all times (e.g. field trips)
3) Ensure your son/daughter knows how and when to use their reliever medication properly prior to coming to school
4) Consider providing your son/daughter with a medic alert identification
5) Have your son or daughter carry or have in close proximity their inhaler medication at all times (e.g. school, during physical activity, off site on field trips)
6) To know how and when to use their reliever medication safely
7) To know the triggers to their asthma, and avoid where possible
8) To inform relevant teachers/coachers/supervisors that they have asthma, especially if they have exercise induced asthma or they are experiencing asthma symptoms
9) To tell their friends about their asthma and how they can help
10) To never remove themselves to a secluded spot (e.g. washroom) when they are experiencing asthma symptoms. Inform a teacher/staff member or responsible adult.
11) To inform their parents if they are using the reliever inhaler more than 4 times per week (other than before exercise)

Resources:
If you have a question about asthma, you can talk to an asthma educator by calling: 1-800-668-7682
www.teenasthma.ca

For more information on exercise induced asthma, www.lung.ca/asthma/exercise is available to you.

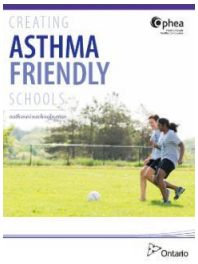
We will continue to work with you and your son/daughter to provide an inclusive educational experience that helps them manage their asthma within the regular school setting.

Links

http://www.hc-sc.gc.ca/ewh-semt/pubs/air/tools_school-outils_ecoles/index_e.html
The *Indoor Air Quality - Tools for Schools Action Kit for Canadian Schools, March 2003 version* was prepared by the Indoor Air Quality working group of the Federal/ Provincial/Territorial Committee on Environmental and Occupational Health (CEOH-IAQ). It is based on a similar document already developed by the US Environmental Protection Agency (EPA).

www.ontla.on.ca/web/bills/bills_detail.do?locale=en&BillID=3012
Ryan's Law, 2015

https://www.ophea.net/product/creating-asthma-friendly-schools



The Creating Asthma Friendly Schools manual was developed to support boards and schools with the implementation of the requirements set out in Ryan's Law, 2015 (Ensuring Asthma Friendly Schools), to support students with asthma.

http://www.on.lung.ca/ryanslaw#Teachers
and http://www.on.lung.ca

A variety of resources as outline below are available through this link.

Asthma Active is a free book of puzzles, games and information to teach children how to control their asthma and stay active. It's a great way to learn that having asthma doesn't mean having to sit on the sidelines.

Asthma and Physical Education. This brochure describes what physical educators and teachers need to know about asthma. Brochure by OPHEA.

This pamphlet discusses the various issues involving students with asthma, including asthma symptoms, triggers, and medications

A colourful 20 page picture book on childhood asthma designed for a parent or caregiver to read to a young child who has asthma. A parent or caregiver can read the story to a child while following along with the wonderful Michael Martchenko illustrations.

Poster showing you what to look for and what to do when a student is having an asthma attack

Understanding the differences and the similarities between asthma, allergies, and anaphylaxis

Videos available for instruction on the use of inhalation devices:

English: http://www.on.lung.ca/inhalationdevicevideos
French: http://www.poumon.ca/videos-inhalateurs

http://www.asthma.ca/adults/community/aas_teachers.php#ophea
Asthma Society of Canada – further teacher and student resources available

APPENDIX D

SUPPORTS FOR STUDENTS WITH DIABETES

PLANNING TIPS FOR ASSISTING WITH MANAGEMENT OF STUDENTS WITH DIABETES

The following guidelines will assist when dealing with a student with diabetes in school. The daily routine of a student with diabetes includes: daily blood glucose monitoring and schedule of food, insulin and activities. Therefore while at school, each student with diabetes must be allowed to:

1) Do blood sugar checks.
2) Treat hypoglycemia with emergency sugar source
3) Inject insulin when necessary
4) Eat snacks when necessary
5) Eat lunch at an appropriate time and have enough time to finish the meal
6) Have free and unrestricted access to water and the bathroom
7) Participate fully in physical education (gym class) and other extracurricular activities, including field trips

In addition:

1) The extent of the student's ability to participate in diabetes care should be agreed upon by the school personnel, the parent/guardian, and the health care team
2) The ages at which students are able to perform self-care tasks are very individual and variable, and a student's capabilities and willingness to provide self-care should be respected
3) Successful management of diabetes in school requires team work between, child, parents/guardians, health care team and the school.

TIPS FOR SUCCESS

To establish an effective management program for diabetes at school:

1) Plan for communication with parents and the student's medical providers, agree on emergency procedures and list phone numbers required.
2) Implement Board procedures for administering medications, and handling equipment such as glucometers and pumps.
3) Identify together specific actions for school personnel to perform in the management program
4) Develop the specific plan of action for handling high and low blood sugar episodes, including appropriate treatment foods and medications to have available
5) List any medications the student receives, noting which ones need to be taken during school hours and follow appropriate permission and documentation processes.

Review of Diabetes knowledge

1) Type 1 diabetes affects 10% of people with diabetes and usally occurs before age 40
2) The management of type 1 diabetes involves balancing food, physical activity and insulin
3) If insulin is not available, the glucose level in the blood stream increases.
4) A student with type 1 diabetes should eat all the meals and snacks prepared by his parents/caregivers
5) Blood glucose monitoring is done using a blood glucose meter
6) Common symptons of hypoglycemia are paleness, shakiness, clamminess, cold sweat and nausea.
7) Treatment for hypoglycemia is 15 grams of glucose tablets or ¾ cup (175 ml) of fruit juice
8) If hypoglycemia is untreated, a student with diabetes may have staggered walking, become irritable and/or lose consciousness
9) A student with diabetes comes to you to join in gym class and says "I feel lo", you would give her some sugar, such as glucose tablets or a small juice box.
10) One day a student with diabetes requests frequent trips to the bathroom and water fountain, you would allow him to go to the bathroom and water fountain. If these symptons are persistent or frequent, or are interfering with his/her schooling, discuss the situation with the student and his/her parents.
11) You find a student with diabetes unconscious. The first thing you do is roll the student on their side and call for an ambulance.

12) The class is having pizza for lunch. A student with diabetes can have the pizza, provided it fits into their meal plan.
13) A student with diabetes wants to participate on the track and field team. In order to do this, the student must always carry some form s of fast-acting sugar and know which days the events are scheduled so they can bring extra food.
14) Eating extra food at snack time could result in raising sugar levels while more activity than usual could lead to a hypoglycemia event
15) It is important for school staff to meet with the parent/caregivers of a student with diabetes to review his usual symptons of hypoglycemia, discuss the preferred treatment for hypoglycemia and become familiar with how often he requires snacks

PHYSICAL ACTIVITY, SPORTS AND EXTRACURRICULAR ACTIVITIES

Students with diabetes should be encouraged to be participants in all school activities.

Planning is essential, so that blood sugar levels are maintained within a safe target range; the major risk of both planned and unplanned activity is hypoglycemia.

In cases of unplanned activity, eating an extra snack may be necessary. Exercise, sports and extracurricular activities are three of many factors which may affect an individual's blood sugar levels. If activities are found to affect blood sugar levels in a predictable manner then, at the request of parent/guardian and according to the student's medical/emergency medical plan, insulin administration may differ from the usual regimen during certain specified activities.

INSULIN PUMP THERAPY IN THE SCHOOL SETTING

Insulin pump therapy for the management of type 1 diabetes in children is becoming more common and therefore school staff will encounter young children using this type of therapy.

It is important to understand how it works.

An insulin pump is a small external device usually worn on a clip or belt. It contains a reservoir of rapid acting insulin which flows through a tiny tubing into the child's body. The pump is preprogrammed to constantly deliver basal insulin and at meal and snack time an amount of insulin needs to be entered into the pump so that the child's body can use the sugar from the meal as energy.

In the primary grades, children will require assistance with performing this task.

It will be the responsibility of the family to mark the snacks and meal with the carbohydrate count and the dose of insulin to be delivered for the food eaten, and the child's responsibility to push the GO or ACT button to deliver the dose.

School staff need to know the basic knowledge about type 1 diabetes especially, prevention, recognition, and treatment of hypo and hyperglycemia.

However there are two major differences between children using insulin by injection and those using the pump.

1) The insulin used in an insulin pump is rapid acting and lasts approximately four hours in the body, therefore it is important that if the 'site' falls out immediate action be taken to replace it.
2) Because the pump uses only Rapid acting insulin, when blood glucose readings are greater than 14 mmo/L it is important that the child check for ketones. This can be done through urine or blood testing and if ketones are positive an injection by insulin pen needs to be given and emergency contacts notified.
3) If a child on a pump has a severe episode of hypoglycemia resulting in loss of consciousness after calling 9-1-1 the child should be disconnected at the 'site'.

Individual Medical/emergency medical plans (Form 320-6C) must be updated yearly in collaboration with parents and the health care team and shared with the staff at the child's school.

Staff responsibilities for assisting student's with their Insulin pump when required.

1) Know how to lock and unlock the pump
2) Know the bolus feature and correction bolus
3) Know how to disconnect at the site

1) Lock – Press OK button and hold down the up and down arrows at the same time. Pump locked will appear on the screen
   Unlock – repeat the same steps as lock and the pump will resume the home screen

2) Bolus: (For bolus dose follow the chart provided by the parents/guardian)
   a) Unlock the pump
   b) Menu in yellow – press OK
   c) Bolus in yellow – press OK
   d) Nomal bolus – press OK
   e) 00's will flash – use arrows to enter the bolus dose

When dose is completed, student presses OK (this may reuqire a confirmation call to parent or designate)

f) Go in yellow – student presses OK

3) Correction Bolus

If correction bolus is needed follow the formula using a calculator to determine the correction amount and then add the amount to the meal bolus.

Other insulin pump related issues:

Hypoglycemia – low blood sugar – Treat with 15 grams of sugar (or juice box)

Repeat blood test in 15 minutes if the sugar is not above 5, disconnect at the site and repeat the juice.

Call parents for further directions

If hypoglycemia occurs just before lunch, treat and wait until after lunch has been eaten before the bolus is given. Bolus may need to be reduced so parents should be called.

If the infusion site comes out, call parents immediately.

If there are any alarms on the pump, call parents immediately.

HYPOGLYCEMIA

What is hypoglycemia?

Hypoglycemia happens when your blood sugar falls too low. Hypoglycemia is a blood sugar level of less than 4 mmol/L.

What are some of the symptoms of hypoglycemia?

Symptons may differ based on the level of blood glucose.

If hypoglycemia is severe (blood glucose less than 2.8 mmol/L) the person might require the assistance of another person. Unconsciousness can also occur.

Symptoms can include:
1. Shaking
2. Sweating
3. Anxiety
4. Hunger
5. Nausea
6. Difficulty concentrating
7. Confusion
8. Weakness
9. Drowsiness
10. Blurred vision
11. Headache
12. Dizziness

Treatment Tips for a person experiencing Hypoglycemia.

1. Test blood sugar if glucometer available
2. If your blood sugar is less than 4 mmol/L, eat or drink 15 grams of carbohydrates. Carbohydrates such as

    a) 15 g of gluceose in the form of glucose tablets
    b) 3 teaspoons (1 Tablespoon , 15ml ,or 3 packets of table sugar dissolved in water
    c) ¾ cup (175 ml) of juice or regular soft drink
    d) 1 Tablespoon (15 ml) of honey
    e) 6 Life savers (2.5 grams of carbohydrate each)
3. Wait 15 minutes
4. Retest blood sugar and if it is still less than 4 mmol/, consume another 15 grams of carbohydrates.
5. Once this episode of hypoglycemia has passed, eat your next meal at its regular time. If that meal is more than 1 hour away, eat a snack that contains 15 grams of carbohydrate, such as one of the following.
    a) 1 slice of bread
    b) ½ cup (125 ml) of cereal
    c) 7 crackers

    and protein such as 1 of the following,
    a) 1 piece of cheese
    b) ¼ cup (60ml) of nuts
    c) 2 tablespoons (30ml) of peanut butter

RESOURCES

http://www.diabetes.ca/getmedia/173678f6-1a4a-4237-bd55-aa7ba469a602/guidelines-for-students-in-school.pdf.aspx
Canadian Diabetes Association resource

http://www.idf.org/education/kids
The KiDS project is an education program designed for the following target groups:
- **Teachers (grades 1-9), school nurses and school staff**
- **School students (aged 6-14 years)**
- **Parents**
- **Policy makers and Government Officials**

The information pack is available free of charge on IDF website in 9 languages (Arabic, Chinese, English, French, Greek, Hindi, Portuguese, Russian and Spanish).

The Canadian Diabetes Association supports the International Diabetes Federation's KiDs pack to ensure the health and safety of children with diabetes and to help them be full and equal school participants without fear of exclusion, stigmatization or discrimination.

http://t1dstars.com/web/:
This website aims to support children in the changes diabetes (type 1) brings to their life, by providing clear, practical information for students, their family, friends and school to help them fit diabetes into their life.
Taking care of diabetes is important, but also talking and sharing their feelings with those that are close to then will help students get the balance right.

Take a look through the website, access useful information, videos, downloadable documents and interactive games. Students can use them by themselves or share them with others.

http://www.diabeteskidsandteens.com.au/staycoolatschool.html
This website provides explanations, ideas, links and references to assist everyone in your circle to gain a better understanding of diabetes and how it affects your life.

http://www.childrenwithdiabetes.com/d_0q_500.htm
Diabetes Management at School: This guide provides an outline for school districts to use in designing a diabetes management program. The specific roles and actions that various staff will need to perform are identified and supporting materials are included. Each page can be displayed in a format that is easy to print so you can use this with your diabetes management plan.

The information in this guide is not intended to replace the advice of the student's diabetes team or Hastings and Prince Edward District School Board, procedural forms.

APPENDIX E

SUPPORTS FOR STUDENTS WITH EPILEPSY /SEIZURE DISORDERS

PLANNING TIPS FOR ASSISTING WITH MANAGEMENT OF STUDENTS WITH EPILEPSY/SEIZURE DISORDERS

SEIZURE RECOGNITION

1) Staring spells and does not respond
2) Periods of confusion about where they are, what class is doing
3) Head dropping
4) Sudden loss of muscle tone
5) Episodes of rapid blinking of eyes or rolling upwards
6) Unusual movements of the mouth or face accompanied by a blank expression
7) Not focused or dazed behaviour
8) Walking aimlessly, mumbling or repetitive movements that seem unusal for the time and environment
9) Involuntary jerking of arm or leg
10) Convulsions may occur in which the body stiffens, the child may cry out, fall unconscious and then undergo massive jerking movements. Bladder and bowel control may be lost and the child may vomit.

TIPS FOR SCHOOLS AND TEACHERS

6) Plan for communication with parents and the student's medical providers, agree on emergency procedures and list phone numbers required.
7) Implement Board procedures for administering medications.
8) Identify together specific actions for school personnel to perform in the management of any seizure episodes.
9) Develop the specific plan of action for handling any epileptic/seizure episodes, including appropriate medications to have available if this is part of the management protocol
10) List any medications the student receives, noting which ones need to be taken during school hours and follow appropriate permission and documentation processes.

IDEAS FOR SUPPORTING STUDENTS WITH EPILEPSY

For Absence seizures

1) Write instructions on board or give student written instructions for assignments
2) Assign a class buddy to help if they missed instructions or place during reading. It is also important to give every student a buddy so that they don't feel like they are receiving special treatment

All seizures

1) Learn the aura's (something that takes place before the seizures) so staff can be prepared
2) Make a chart of the first aid procedure (emergency plan) easily accessible and visible for staff in all areas where student may be.
3) If child is prone to Tonic Clonic seizures have their desk placed so if they fall there is room for the seizure to run its course
4) Hang a poster in the room or a central location in the school that lists the important first aid steps to help someone who is having a seizure
5) Have a buddy system in place for the students in the classroom, so that students are never alone in the bathroom or hallways
6) At the beginning of the year lead a class about respecting each other's differences

PHYSICAL ACTIVITY, SPORTS AND EXTRACURRICULAR ACTIVITIES

Children who have epilepsy can participate in the same activities as any other children. Daily physical activity and involvement in team/group sports increase self-esteem, independence and overall quality of life for all children. Care must be taken to protect all children from head injuries (e.g. wearing a helmet for batting, cycling, etc.). Children with epilepsy who are involved in swimming activities should swim only under supervision (just like any other child!) The lifeguard or instructor at the swimming facility should be made aware that the student has epilepsy before they enter the pool. Serious injuries in children with epilepsy are uncommon and rarely occur during participation in sports. Bathroom floors or school hallways can be mcuh more dangerous than ice skating, hockey or soccer.

SAMPLE SEIZURE JOURNAL

SEIZURE JOURNAL FOR SCHOOL USE

This seizure journal is a resource that school staff and you can use to keep track of important information including: seizure descriptionws, seizure frequency, time of day seizures occur, triggers, medications, possible side effects, etc.

The journal is set up with the following sections: seizure report, seizure diary, medications, trigger report and possible questions for your doctor.

Seizure Journal for _____- (Name)

Seizure Report (the more specific the information, the better)

TYPE (Name of seizure, if known)	TIME & DURATION of Seizure in minutes	BEFORE (What was happening during a seizure)	DURING (How do you behave during a seizure)	AFTER (Were you confused? Do you sleep? Do you feel weak? Can you remember what happened during the seizure? How long does it take you to fully recover?)

Seizure Diary for Month of _____ at school.

(* indicates a seizure on that day)

Monday	Tuesday	Wednesday	Thursday	Friday

"TRIGGERS" REPORT

Date	List of Triggers noted with description

For Medications related to this student refer to Form 320-

Questions the student has mentioned for the doctor.

RESOURCES AND LINKS

http://epilepsyontario.org/at-work-school/epilepsy-and-education/for-educators

If you are a teacher who has a student with epilepsy in your classroom or a parent whose child has epilepsy, we have resources to help you accommodate that student and improve their learning outcomes

Teaching materials

http://epilepsyontario.org/epilepsy-information-teachers-resources/
Epilepsy information, the quick facts.

http://epilepsyontario.org/program-version-ii-the-play-as-presentation/
Tips for putting on your own presentation

http://epilepsyontario.org/grade-4-follow-up-activities-written-and-individual/
written and follow-up activities

http://www.epilepsy.ca/en-CA/Youth-Corner/A-Child-s-Guide-to-Epilepsy.html

REPORT TO **REGULAR BOARD**

LIQUOR WAIVER FOR CARDINAL LEGER

Amos 9:14 I will restore the fortunes of my people Israel, and they shall rebuild the ruined cities and inhabit them; they shall plant vineyards and drink their wine, and they shall make gardens and eat their fruit

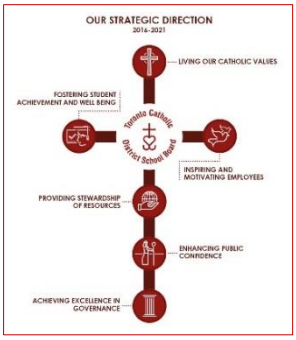
Created, Draft	First Tabling	Review
June 13, 2018	June 14, 2018	Click here to enter a review date

Garry Tanuan, Trustee Ward 8

RECOMMENDATION REPORT

Vision:
At Toronto Catholic we transform the world through witness, faith, innovation and action.

Mission:
The Toronto Catholic District School Board is an inclusive learning community uniting home, parish and school and rooted in the love of Christ.
We educate students to grow in grace and knowledge to lead lives of faith, hope and charity.



R. McGuckin
Director of Education

D. Koenig
Associate Director
of Academic Affairs

T. Robins
Acting Associate Director of
Planning and Facilities

L. Noronha
Executive Superintendent of
Business Services and Chief
Financial Officer

A. EXECUTIVE SUMMARY

Notification was received from Trustee Garry Tanuan that the principal, Olimpia Crosby is planning an event at Cardinal Leger on Thursday, June 28, 2018

B. PURPOSE

A request was received from Olimpia Crosby, Principal to serve alcohol at a retirement celebration event, from 5:30pm – 10:30pm on Thursday, June 28, 2018

C. BACKGROUND

Notification was received from Garry Tanuan to waive Regulation 6, of Appendix A of the Permits Policy B.R. 05, in order to be able to serve alcohol at Cardinal Leger on Thursday, June 28, 2018, for the retirement celebration event.

D. STAFF RECOMMENDATION

Staff recommends that this report be presented for the action of the Board.