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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:

Medical and health issues needing support	Page reference in procedure
a) Staff administration of medication or medical procedures	Pages 5 – 8
b) Student self-administration of medication	Pages 9
c) Students requiring health supports (e.g. Physiotherapy, occupational health, therapy, daily care such as toileting and feeding)	Pages 11
d) Students with Anaphylaxis	Pages 12 – 16
e) Students with Asthma	Pages 17 – 20
f) Students with Diabetes	Pages 21 – 26
g) Students with Epilepsy or other Seizure disorder	Pages 27 – 31
h) Procedural Forms 320-1 through 320-8	Pages 33 – 59

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 governed 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 exacerbation 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 administration 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 administer 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 responsibility 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 symptoms 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 medical 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 catheterization
 - (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 transportation 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 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 – 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
- (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 physical 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 organizational and physical properties 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 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 within 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, difficulty 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 known as anaphylaxis.

Anaphylactic reaction can develop within seconds to minutes of exposure or may be delayed for several hours. Delayed reactions can be extremely 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 transportation 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 epinephrine 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 anaphylaxis.

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.
- x i) 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;
- x ii) 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.
- x iii) 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 lower 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 gait, 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 readily 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 administration 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 usual 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 monitoring 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 willingness 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 supply 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 organizational and physical properties 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. Their 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 transportation 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 seizure 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 usual 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.foodallergy.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.



FORM 320-4

Adopted	October 6, 2008
Last Revised	June 26, 2012
Review Date	June, 2017

(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 #	

<p>Reminder: Checklist to be completed each time new log page is set up.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Compare the information recorded on the request for administration of medication with the pharmacy label on the medication container. <input type="checkbox"/> Check the expiry date on the medication each time new log sheet is started <input type="checkbox"/> Confirm student's surname and first name. <input type="checkbox"/> Record each occasion when medication is given. <input type="checkbox"/> Record dates when student is absent 	<p>STUDENT PHOTO</p>
---	--------------------------

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

Beginning on _____ through to _____

[illegible]

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

GENERAL MEDICAL PLAN

FORM 320-5A

Adopted	October 6, 2008
Last Revised	
Review Date	

STUDENT
PHOTO

Personal Data			
Student			
DOB (M/D/Y)			
OEN #			
Grade:			
Teacher			
School			
Parent/Guardian			
Address			
Contact Data:			
1. Parent/Guardian Name:	Home #	Cell #	Work #
2. Parent/Guardian Name:	Home #	Cell #	Work #
3. Other <i>Emergency</i> 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)
<p>Student wears a medical alert tag Y ____ N ____</p>	

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

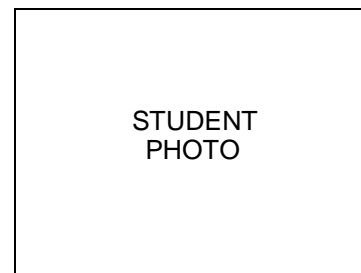
The personal information contained in this form is collected under the authority of the *Education Act* and will be protected and used in accordance with the *Municipal Freedom of Information and Protection of Privacy Act*. It will be used to obtain and verify consent to administer medication and /or 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



Personal Data			
Student			
DOB (M/D/Y)			
OEN #			
Grade:			
Teacher			
School			
Parent/Guardian			
Address			
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 <input type="checkbox"/> Toileting <input type="checkbox"/> Assistance with toileting <input type="checkbox"/> Feeding <input type="checkbox"/> Assistance at Meals		
Occupational /Physio therapy <input type="checkbox"/> Fine Motor Exercises <input type="checkbox"/> Sensory Exercises <input type="checkbox"/> Gross Motor Exercises		
Hearing Impairment		
Vision Impairment		

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

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 <input type="checkbox"/> No <input type="checkbox"/>
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, but 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: (check the appropriate boxes) <input type="checkbox"/> Peanut <input type="checkbox"/> Tree nuts <input type="checkbox"/> Egg <input type="checkbox"/> Milk <input type="checkbox"/> Latex <input type="checkbox"/> Medication <input type="checkbox"/> Insect stings <input type="checkbox"/> Other _____	Epinephrine Auto Injector: (Form 320-1, 320-2 & 320-3 required) Expiry Date: Dosage: <input type="checkbox"/> EpiPen Jr. 0.15mg <input type="checkbox"/> EpiPen 0.30 mg <input type="checkbox"/> Twinject 0.15 mg <input type="checkbox"/> Twinject 0.30 mg <input type="checkbox"/> Allerject 0.15 mg <input type="checkbox"/> 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 breathing. 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:

EMERGENCY 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: _____ <div style="display: flex; justify-content: space-between;"> Please print Signature of Parent/Guardian </div>	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 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)
<input type="checkbox"/> 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.
<div style="display: flex; justify-content: space-between;"> _____ Signature of Parent/Guardian _____ Date </div>

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.

Adopted	October 6, 2008
Last Revised	June 26, 2012
Review Date	June, 2017

Personal Data	
Student	
DOB (M/D/Y):	
Grade:	
School	
Teacher	
Exceptionality	
IEP	Yes <input type="checkbox"/> No <input type="checkbox"/>
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 #		

(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)

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. **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.**

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.***

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

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 ADMINISTER 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
(Student Name)

devices to manage asthma while at school and during school related activities.

☐ 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 <input type="checkbox"/> or Diabetes Type II <input type="checkbox"/>
Student	
DOB (M/D/Y):	
Grade:	
School	
Teacher	
Exceptionality	
IEP	Yes <input type="checkbox"/> No <input type="checkbox"/>
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:) <input type="checkbox"/> Midday (Time:) <input type="checkbox"/> Afternoon (Time:) Night (Time:) <input type="checkbox"/> Other (Time:)
LOCATION FOR MONITORING	

<p>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.</p>	
<p>SIGNS AND SYMPTOMS (Check any which are usual for this student if known)</p> <p>Mild Hypoglycemia</p> <p><input type="checkbox"/> Cold, clammy or sweaty skin</p> <p><input type="checkbox"/> Pallor</p> <p><input type="checkbox"/> Difficulty concentrating</p> <p><input type="checkbox"/> Shakiness, lack of coordination (e.g. deterioration in writing or printing skills)</p> <p><input type="checkbox"/> Irritability, hostility and poor behaviour</p> <p><input type="checkbox"/> Fatigue</p> <p><input type="checkbox"/> Nervousness</p> <p><input type="checkbox"/> Excessive hunger</p> <p><input type="checkbox"/> Headache</p> <p><input type="checkbox"/> Blurred vision and dizziness</p> <p><input type="checkbox"/> Abdominal pain and/or nausea</p>	<p>ACTIONS REQUIRED-TREATMENT OF HYPOGYCLEMIA</p> <p><input type="checkbox"/> 15 grams of glucose in form of glucose tablets provided</p> <p><input type="checkbox"/> 1 Tbsp of sugar (3 packets) dissolved in water provided</p> <p><input type="checkbox"/> ¾ cup of juice or regular soft drink provided</p> <p><input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> Other _____</p> <p>Wait 10 -15 minutes, retest blood glucose levels, if no improvement in glucose level, treat again.</p> <p>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.</p> <p>Location of provided glucose source:</p>
<p>Moderate Hypoglycemia</p> <p>The symptoms of mild hypoglycemia, plus:</p> <p><input type="checkbox"/> Staggered walking</p> <p><input type="checkbox"/> Confusion</p>	<p>Same treatment as for Mild hypoglycemia</p>
<p>Severe Hypoglycemia</p> <p>The symptoms of moderate hypoglycemia, plus:</p> <p><input type="checkbox"/> Loss of consciousness</p> <p><input type="checkbox"/> Fainting</p> <p><input type="checkbox"/> A seizure</p>	<p>DO NOT GIVE FOOD OR DRINK</p> <p>Roll the student on their side.</p> <p>FOLLOW 9-1-1 protocol</p> <p>After calling 9-1-1, contact the parent/guardian</p>

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

Hypoglycemia (continued)
<p>Actions:</p> <p>Never leave the student unsupervised until recovery is complete.</p> <p>Student can remain in the classroom and resume regular classroom work.</p> <p>It is imperative that the student be accompanied by a responsible person if he/she goes home.</p> <p>Parent/guardians are notified of all incidents of moderate and/or severe hypoglycemia or repeated episodes of mild hypoglycemia.</p> <p>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.</p> <p>When this student is going to participate in increased physical activity they will require</p> <p><input type="checkbox"/> no intervention</p> <p><input type="checkbox"/> a high carbohydrate protein snack prior to the activity</p> <p><input type="checkbox"/> other _____.</p>

Hyperglycemia (high blood glucose)	
<p>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</p>	<p>Strategies for the treatment of hyperglycemia (e.g. reducing a carbohydrate at lunch)</p>

DIABETES MEDICATION / INSULIN / GLUGACON	Location of medications at school and time for administration
<p><input type="checkbox"/> N/A, student does not require insulin to control diabetes</p> <p><input type="checkbox"/> Oral diabetes medication _____ (please name)</p> <p>Form 320-1 & Form 320- 2 will be required</p>	
<p>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:</p> <p>_____.</p> <p><input type="checkbox"/> Insulin is by injection (if so, are any injections required during school hours) ____ Yes ____ No</p> <p><input type="checkbox"/> Insulin by pump</p>	
<p><input type="checkbox"/> An emergency supply of glugacon is available for emergency personnel to administer</p>	

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

TRI-BOARD (Only applicable for student's requiring transportation to school)
<p>Parents will be responsible for communicating with Tri-Board re: their son/daughter's medical needs.</p> <p>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.</p>

Emergency Medical Plan – Diabetes

Student's Name _____ Page 3 of 3

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.



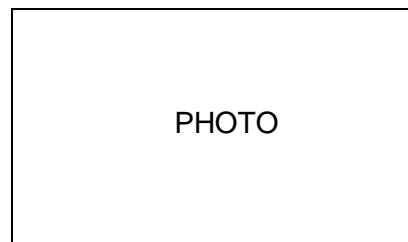
Hastings and Prince Edward District School Board

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 <input type="checkbox"/> No <input type="checkbox"/>
Date plan created	
Date plan reviewed	



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

SEIZURE LOOK FOR's	
<input type="checkbox"/> 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
<input type="checkbox"/> Absence	Blank stare – rapid blinking – unaware during seizure but quick return to full awareness – usually lasts a few seconds
<input type="checkbox"/> 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
<input type="checkbox"/> 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
<input type="checkbox"/> Atonic	Student suddenly collapses, falls - after 10 seconds to 1 minute recovers
<input type="checkbox"/> 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 MEDICATION 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.

**FORM 320-7A**

Adopted	October 6, 2008
Last Revised	June 26, 2012
Review Date	June, 2017

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)

[illegible]

Date: _____

**FORM 320-7B**

Adopted	October 6, 2008
Last Revised	June 26, 2012
Review Date	June, 2017

(Ryan's Law)

Department: (Secondary) _____

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

[illegible]

Date: _____



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 develop the General Medical 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	Attending physician	local Board of Health
	Health Professional	Ministry of Health	Ministry of Health	School Board
III, <ul style="list-style-type: none"> • Catheterization • Manual expression of bladder/stoma • Postual drainage/suctioning • Tube feeding 	Health Professional	Ministry of Health	Ministry of Health	School Board
IV. <ul style="list-style-type: none"> • Lifting and positioning • Assistance with mobility • Feeding • Toileting 	Aide or other personnel	School Board	School Board and Ministry of Health	Ministry of Health
V. Therapies:				
a. Physio/Occupational				
<ul style="list-style-type: none"> • 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 epforming 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 administration 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 time of 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 medication shall not be administered 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 sanitized 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 experience 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 epinephrine 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. Allergic 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 respectfully ask that you discuss this situation with your child. Please explain the importance 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.)

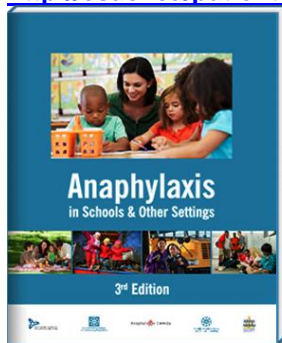
If you require more information or clarification, please do not hesitate to call. Your cooperation in this matter is greatly appreciated.

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/statute/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 Children 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) Monitoring for asthma triggers on an ongoing basis and taking action 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 participate 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

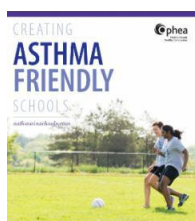
http://www.hc-sc.gc.ca/ewh-semt/pubs/air/tools_school-outils_ecoles/index_e.html

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>

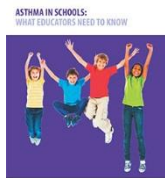
A variety of resources as outline below are available through this link.



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 usually 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 symptoms of hypoglycemia are paleness, shakiness, clamminess, cold sweat and nausea.
- 7) Treatment for hypoglycemia is 15 grams of glucose tablets or $\frac{3}{4}$ 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 symptoms 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 symptoms 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 mmol/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) Normal bolus – press OK
 - e) 00's will flash – use arrows to enter the bolus dose

When dose is completed, student presses OK (this may require 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?

Symptoms 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 glucose in the form of glucose tablets
 - b) 3 teaspoons (1 Tablespoon, 15ml, or 3 packets of table sugar dissolved in water)
 - c) $\frac{3}{4}$ 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/L, 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) $\frac{1}{2}$ cup (125 ml) of cereal
 - c) 7 crackersand protein such as 1 of the following,
 - a) 1 piece of cheese
 - b) $\frac{1}{4}$ 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 them 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 unusual 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 much 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 descriptions, 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>