



Protocols for Prevalent Medical Conditions

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Policy

A significant number of students are coming to the school system with various medical conditions. This policy addresses four prevalent medical conditions as outlined in **PPM 161- Supporting Children and Students with Prevalent Medical Conditions (Anaphylaxis, Asthma, Diabetes, And Epilepsy) in Schools**.

The Toronto Catholic District School Board (TCDSB) endeavours:

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

Regulations

The procedures and guidelines for the implementation of this policy shall include the following:

1. A specific Student Plan of Care will be created for students with prevalent medical conditions as outlined in PPM 161 (Anaphylaxis, Asthma, Diabetes, and Epilepsy).
2. A generic Student Plan of Care will be created for students with medical conditions other than those outlined in PPM 161.
3. A communication plan for the dissemination of information on life-threatening conditions to parents, pupils and employees.
4. Regular training on dealing with life-threatening conditions for all employees and others who are in direct contact with pupils on a regular basis.
5. A requirement that every school principal develop a Student Plan of Care for each student who has an anaphylactic allergy, asthma, diabetes and/or epilepsy/seizure disorders.
6. A requirement that every school principal maintain a file for each pupil with a medical condition of current treatment and other information, including a administration of medications, copy of any prescriptions and instructions from the pupil's physician or nurse and a current emergency contact list.
7. A requirement that every school principal review the current TCDSB Policy on Medical Conditions with school staff upon appointment and regularly as recommended in the document.
8. A requirement that every school principal keep a record of training sessions and participants in a location within the school.

Cross References

1. Policy/Program Memorandum No. 161, - Supporting Children and Students with Prevalent Medical Conditions (Anaphylaxis, Asthma, Diabetes, And Epilepsy)
2. Policy/Program Memorandum No. 81, July 19, 1984: Provision Of Health Support Services In School Settings
3. Policy/Program Memorandum No. 150, October 4, 2010: School Food And Beverage Policy
4. Policy/Program Memorandum No. 149, September 25, 2009: Protocol for Partnerships with External Agencies for Provision of Services by Regulated Health Professionals, Regulated Social Services Professionals, and paraprofessionals
5. Sabrina's Law, 2005, S.O. 2005, Chapter 7 - An Act to Protect Anaphylactic Pupils
6. Ryan's Law, 2015, Ensuring Asthma Friendly Schools
7. S.M. 08, Food and Beverages Sold in Schools
8. S.M. 13, Cafeteria's-Secondary Schools
9. B.B. 04, Smoke Free Space
10. B.G. 03, Weed Control
11. B.P. 01, Carpet
12. TCDSB Safety Manual
13. TCDSB Excursion Handbook
14. Education Act Part X, Section 265 - Duties of Principal: care of pupils and property – to give assiduous attention to the health and comfort of the pupils,
15. Education Act Regulation 298, Section 20 - Duties of Teachers: ensure that all reasonable safety procedures are carried out in courses and activities for which the teacher is responsible
16. Guidelines for the Care of Students Living with Diabetes at School, 2014: Canadian Diabetes Association (PDF)
17. Canadian Paediatric Society Positioning Statement, 2015:
Managing type 1 diabetes in school-Recommendations for policy and practice:
<http://www.cps.ca/en/documents/position/type-1-diabetes-in-school>
18. <http://epilepsyontario.org/at-work-school/epilepsy-and-education/for-educators>
19. Canadian Paediatric Society Positioning Statement, 2015:
Managing type 1 diabetes in school-Recommendations for policy and practice:
<http://www.cps.ca/en/documents/position/type-1-diabetes-in-school>
20. <https://www.diabetesatschool.ca/> (Diabetes at School is a resource for families, schools and caregivers to help school-aged children with type 1 diabetes. 2016 by Canadian Paediatric Society, Canadian Paediatric Endocrine Group, Diabetes Canada)
21. Ontario Human Rights Code, Part I, Freedom from Discrimination - Services: Every person has a right to equal treatment with respect to services, goods and facilities, without discrimination because of disability.
22. Ontario Human Rights Code, Accommodating Students with Disabilities - Roles and Responsibilities (Fact sheet): Education providers have a duty to accommodate students with disabilities up to the point of undue hardship.
23. <http://epilepsyontario.org/at-work-school/epilepsy-and-education/for-educators>

Overview

Protocol for Students with Medical Conditions

This protocol was created to:

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

The protocol specifically addresses the needs of students with any of the four prevalent medical conditions, outlining procedures for each of the different medical conditions which include:

- a. Anaphylaxis
- b. Asthma
- c. Diabetes
- d. Epilepsy and Seizure Disorders

Students come to school with a variety of needs and medical conditions not outlined in this protocol. As such, this protocol includes a generic template that may be used to support the development of a Student Plan of Care for other unspecified medical conditions not addressed in this protocol.

To address students with concussions, please refer to TCDSB S. 26 Concussion Policy and the Concussion Protocols and Forms found at www.tcdsb.org/Board/Policies/Pages/Concussion-Protocol-Forms.aspx

Outline of Regulations

1. Roles and Responsibilities

a) Parent/Guardian of Children with Prevalent Medical Condition(s)

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

- educate their child about their medical condition(s) with support from their child's health care professional, as needed;
- guide and encourage their child to reach their full potential for self-management and self-advocacy;
- inform the school of their child's medical condition(s) and co-create the Student Plan of Care for their child with the principal or the principal's designate;
- communicate changes to the Student Plan of Care, such as changes to the status of their child's medical condition(s) or changes to their child's ability to manage the medical condition(s), to the principal or the principal's designate;
- confirm annually to the principal or the principal's designate that their child's medical status is unchanged;
- initiate and participate in meetings to review their child's Student Plan of Care;
- supply their child and/or the school with sufficient quantities of medication and supplies in their original, clearly labelled containers, as directed by a health care professional and as outlined in the Student Plan of Care, and track the expiration dates of all medications and supplies provided;
- seek medical advice from a medical doctor, nurse practitioner, or pharmacist, where appropriate;
- complete Consent to Disclose Personal Health Information, Pursuant to the Personal Health Information Protection Act, 2004 (PHIPA) form and/or Request and Consent for the Administration of Oral Medication form, if needed.

b) Student

Depending on their cognitive, emotional, social, and physical stage of development, and their capacity for self-management, students are expected to actively support the development and implementation of their Student Plan of Care. Students should:

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

c) School Staff

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

- review the contents of the Student Plan of Care for any student with whom they have direct contact;
- participate in training, during the instructional day, on prevalent medical conditions, at a **minimum semi-annually**, as required by the school board;
- share information on a student's signs and symptoms with other students, as outlined in the Student Plan of Care and authorized by the parent and/or by the student if the student is 18 years of age or older
- follow school board strategies that reduce the risk of student exposure to triggers or causative agents in classrooms, common school areas, and extracurricular activities, in accordance with the student's Student Plan of Care;
- support a student's daily or routine management, and respond to medical incidents and 9-1-1 medical emergencies that occur during school, as outlined in board policies and procedures
- support inclusion by allowing students with prevalent medical conditions to perform daily or routine management activities in a school location (e.g., classroom), as outlined in their Student Plan of Care, while being aware of confidentiality and the dignity of the student;
- enable students with prevalent medical conditions to participate in school to their full potential, as outlined in their Student Plan of Care.

d) Principal

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

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

- ensure that all Student Plans of Care are posted in a non-public area of the school (e.g., school office and/or staff room) and that a copy is kept in the teacher's day book (or alternative) and/or in supply binders for both teacher and other staff working with the student.

e) Toronto Catholic District School Board

School Boards are expected to communicate, on an annual basis, their policies on supporting students with prevalent medical conditions to parents, school board staff, and others in the school community who are in direct contact with students (e.g., food service providers, transportation providers, volunteers).

TCDSB will make the Medical Conditions Policy and the Student Plan of Care templates available on its public website.

The TCDSB will:

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

2. Student Plans of Care

A Student Plan of Care form contains individualized information on a student with a prevalent medical condition(s). TCDSB Student Plans of Care are accessible on the Special Services Forms Site for staff to create a plan. The Student Plan of Care templates for each prevalent medical condition will also be available on the public website for community access.

The Student Plan of Care includes the following elements:

- preventative strategies to be undertaken by the school to reduce the risk of medical incidents and exposure to triggers or causative agents in classrooms and common school areas
- identification of school staff who will have access to the Student Plan of Care
- identification of routine or daily management activities that will be performed by the student, parent/guardian, or staff volunteer(s), as outlined in the TCDSB policy, or by an individual authorized by the parent/guardian
- a copy of notes and instructions from the student's health care professional, where applicable
- information on daily or routine management accommodation needs of the student (e.g., space, access to food) (where possible, a student should not be excluded from the classroom during daily or routine management activities, unless the student or the parent(s) indicate they prefer exclusion)
- information on how to support or accommodate the student to enable participation to their full potential in all school and school board activities (e.g., field trips, overnight excursions, board-sponsored sporting events)
- identification of symptoms (emergency and other) and response
- emergency contact information for the student
- clear information on the school board's emergency policy and procedures

- details related to storage and disposal of the student's prescribed medication(s) and medical supplies, such as:
 - parental permission for the student to carry medication and/or medical supplies
 - location of spare medication and supplies stored in the school, where applicable
 - information on the safe disposal of medication and medical supplies
- requirements for communication between the parent/guardian and the principal or the principal's designate and/or school staff, as appropriate, including format and frequency
- parental consent to share information on signs and symptoms with other students (or student consent when 16 years of age or older, where appropriate)

The Student Plan of Care for a student with a prevalent medical condition should be co-created, reviewed, and/or updated by the parent(s) in consultation with the principal or the principal's designate, designated staff (as appropriate) and the student (as appropriate), during the **first 30 school days of every school year** and, as appropriate, during the school year (e.g., when a student has been diagnosed with a prevalent medical condition). For secondary schools that have semesters/quads, the Student Plan of Care should be reviewed/updated within **30 days of the start of the term**, as appropriate.

Parent/Guardian have the authority to designate who is provided access to the Student Plan of Care. With authorization from the parents/(student consent if 16 years of age or older), the principal or the principal's designate should share the Student Plan of Care with school staff who are in direct contact with the student with prevalent medical conditions and, as appropriate, others who are in direct contact with students with prevalent medical conditions (e.g., food service providers, transportation providers, volunteers).

3. Facilitating and Supporting Daily or Routine Management

TCDSB encourages supporting the inclusion of students with prevalent medical conditions within classrooms, as appropriate, and the opportunity to manage their daily medical routines in a school location as outlined in their Student Plan of Care.

4. Emergency Response

The Student Plan of Care will include the emergency response pertinent to the student's prevalent medical condition(s) that school staff will follow. Schools will review and implement the medical emergency procedures that are in line with evidence-based materials that have been developed by health professionals and education partners.

Please refer to FACT Sheets in the appendices for more information:

Appendix K – Anaphylaxis Fact Sheet

Appendix L – Asthma Fact Sheet

Appendix M – Diabetes Fact Sheet

Appendix N – Epilepsy and Seizure Disorders Fact Sheet

5. Raising Awareness of Board Policy and Resources

Awareness of Prevalent Medical Conditions are raised at system, school and classroom level through a variety of strategies. At a system level, development of the awareness of medical conditions may include but is not limited to:

- Providing information of prevalent medical conditions on the TCDSB web portal
- Bi-annual communication with administrators or as needed
- Training for all staff

- Sharing of legislation (e.g. Sabrina's law for Anaphylaxis; Ryan's law for Asthma; PPM 161 – Prevalent Medical Conditions)

School level awareness can include but is not limited to:

- Communication through newsletters
- Staff meetings
- Student assemblies
- Catholic School Parent Council (CSPC) meetings
- Partnerships with Toronto Public Health or other organizations, as appropriate

Classroom awareness can be developed through the following:

- Classroom presentations
- Accessing evidence-based resources
- Poster Campaigns, Bulletin Boards
- Awareness Day (e.g., Epilepsy- Purple Day)

The TCDSB ensures awareness of the policies on prevalent medical conditions through a variety of communication methods. This protocol will assist to inform school staff on evidence-based resources that provide information on various aspects of prevalent medical conditions, including triggers or causative agents, signs and symptoms characteristic of medical incidents and of medical emergencies, and TCDSB emergency procedures. Many of the resources included in this document have been developed by health and education partners, and are available through the Ministry of Education in Ontario's Prevalent Medical Conditions web portal.

<http://www.edu.gov.on.ca/eng/healthyschools/medicalconditions.html>

<http://www.edugains.ca/newsite/SafeHealthySchools/medical-conditions/Prevalent-Medical-Conditions.html>

Schools, also raise awareness of prevalent medical conditions that affect students. They can do so, for example, through curriculum content in classroom instruction, other related learning experiences, and classroom leadership opportunities.

Awareness is especially important at times of transition (e.g., the move to a new school, the move from elementary to secondary school), when students have to face social, physiological, and environmental changes. The TCDSB makes appropriate resources available to occasional staff and service providers, such as food service and transportation providers.

6. Training Sessions

The TCDSB policy includes strategies for providing training related to prevalent medical conditions, at a **minimum** bi-annually, for school staff who have direct contact with students with medical condition(s). Particular consideration is given at the school level to the training needs of occasional staff. **Training should take place within the student's first 30 days of school**, where possible, to ensure the safety and well-being of the student, and should be reviewed as appropriate.

The scope of training should include the following:

- strategies for preventing risk of student exposure to triggers and causative agents
- strategies for supporting inclusion and participation in school
- recognition of symptoms of a medical incident and a medical emergency
- information on school staff supports, in accordance with board policy
- medical incident response and medical emergency response
- documentation procedures

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

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

<http://www.edu.gov.on.ca/eng/healthyschools/medicalconditions.html>

7. Safety Considerations

TCDSB Schools will allow the student to carry their medication(s) (including controlled substances) and supplies, as outlined in their Student Plan of Care.

Schools will support the storage (according to the item's recommended storage conditions) and safe disposal of medication and medical supplies in an appropriate place in the school.

Schools will develop a response protocol that considers the needs of students with prevalent medical conditions in the event of a school emergency (e.g., bomb threat, evacuation, fire, "hold and secure," lockdown).

Additionally, schools will ensure that appropriate procedures are in place and recorded in the Student's Plan of Care for activities that take place off school property (e.g., field trip, sporting event). These procedures will be shared with any staff that will be supervising the student outside of school property regardless if they are permanent or occasional staff.

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

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

8. Privacy and Confidentiality

The TCDSB follows the regulations for collection of personal medical information as outlined in the Personal Health Information Protection Act (PHIPA), 2004 and Municipal Freedom of Information and Protection of Privacy Act.

TCDSB obtains parental consent in the Student Plan of Care prior to sharing student health information with school staff or other students. *Parents and school staff should be informed of the measures to protect the confidentiality of students' medical records and information.*

9. Reporting

Subject to relevant privacy legislation, school boards should develop a process to collect data regularly, including, but not limited to, data on the number of students with prevalent medical conditions at their schools, and should monitor the number of occurrences of medical incidents and medical emergencies, as well as the circumstances surrounding these events. School boards should use this data as part of their cyclical policy reviews.

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

10. Liability

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

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

(2) Subsection (1) applies to,

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

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

Subsection 3(4) of Sabrina's Law states:

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

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

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

Definitions

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

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

School staff refers to all school staff, including occasional staff.

“**Self-management**” of medical conditions can be understood to exist along a continuum where students’ cognitive, emotional, social, and physical capacity and stage of development are determinants of their ability to confidently and independently manage their medical condition(s). The students’ journey to reach their full potential along the self-management continuum is not linear and can require varying levels of support over time. A student’s capacity for self-management may be compromised during certain medical incidents, and additional support will be required. As a student’s needs change, the Student Plan of Care would need to be adjusted accordingly.

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

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

A **controlled substance** is a drug or narcotic, as set out under the federal Controlled Drugs and Substances Act.

ANAPHYLAXIS

As per Sabrina's Law, 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 Plan of Care for Anaphylaxis.

TCDSB 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 cognitive ability 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 the parent/guardian to feed their child 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.

Possible Symptoms of Anaphylaxis

One or more of these symptoms may occur within minutes or several hours after exposure to an allergy trigger:

BODY SYSTEM	SYMPTOMS
SKIN	hives (red itchy welts or swelling on skin), itching, warmth, redness
EYES	swollen, itchy, running, or bloodshot, or with mucous
NOSE	nasal congestion or hay fever-like symptoms, running, itchy, stuffy, sneezing
THROAT	sore, swollen
STOMACH/DIGESTIVE SYSTEM	vomiting, cramps, bloating, nausea, diarrhea
URINARY SYSTEM	incontinence
RESPIRATORY SYSTEM	difficulty breathing, severe asthmatic reaction, coughing, wheezing, shortness of breath, chest pain or tightness, throat tightness, trouble swallowing, hoarse voice
CIRCULATORY SYSTEM	drop in blood pressure, unconsciousness, dizziness/lightheadedness, pale/blue colour, weak pulse, fainting, shock, loss of consciousness
NEUROLOGICAL	anxiety, headache
OTHER	disorientation, sense of foreboding, fear or apprehension, sense of doom; uterine cramps

1. Procedures for Staff

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

- As part of the online application for registration (SOAR) to a TCDSB school, the parent/guardian will be asked to identify allergies or medical conditions.
- The principal (or designate) will ask that upon registration at the school for the parent/guardian to inform the school of their child's allergies and clarify if any of these are life threatening.
- The principal will then ensure that the parent/guardian is asked to supply information on life-threatening allergies on the **Request and Consent for the Administration of Injection of Medication in an Emergency** form.
- The principal, in consultation with the parent/guardian will develop a **Student Plan of Care for Anaphylaxis** form.
- The principal will ensure parent/guardian is provided the contact information for Transportation Services to ensure that pertinent school information is shared if/when the student is transported.
- 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 parent/guardian and student of this requirement.

- g) 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 unlocked, and is shared with staff.
- h) 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.
- i) The principal will review the procedure on safety of students with Anaphylaxis with entire staff a **minimum** of two times each year (at the beginning of each term or at the beginning of each semester in semestered secondary schools) and, throughout the school year as required.
- j) 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.
- k) **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 a record of training sessions in a binder in the school labelled **Medical Conditions**, which all staff will be expected to sign annually, once they have completed training for that year. Refer to Appendix Q Medical Conditions Training Log.
- l) 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/sc00.cfm?L=1>
- m) Further information can be obtained from the Toronto Public Health.
- n) The principal will ensure that all occasional teachers and support staff are aware of the **Student Plan of Care for Anaphylaxis** including the listed emergency medical procedures for any students with anaphylaxis in their assigned classroom and that they are asked to review these prior to student arrival.
- o) The principal will ensure that each **Student Plan of Care for 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 any staff (teacher or support staff) working directly with the student in all school settings.
- p) The principal will ensure that staff are made aware of any students that may have a need for emergency medical intervention. (i.e.: Students who have a **Student Plan of Care for Anaphylaxis** posted in a non-public place).
- q) The principal will maintain a file for each student with anaphylaxis including all pertinent forms in the main office.
- r) In the case of an anaphylaxis occurrence, an incident of anaphylactic reaction is documented and reported on the Ontario School Boards Insurance Exchange (OSBIE) Incident Report Form available on the OSBIE website (Appendix C). <http://osbie.on.ca/english/index.cfm>.
- s) **Excursions:** Please refer to the **Board's Excursion Handbook** for specific recommendations regarding students with anaphylaxis while on excursions (**pages 53-55 Section 7.13 and 7.14 "Anaphylaxis-The Life-Threatening Allergic Reaction and Emergency Procedures for Students without a Medical Diagnosis of Anaphylaxis and Prescribed Medication"**). It is advisable to have a parent or other adult relative of an anaphylactic student accompany all class trips where possible. Parents shall be informed of excursions as early as possible in order to research excursion sights for allergic risks.

A minimum of two (2) EpiPens®/Allerjects® must accompany the student on all excursions.

2. Student Plan of Care for Anaphylaxis

The **Student Plan of Care for Anaphylaxis form** shall contain the following:

- a) 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.
- b) Emergency contact information, and a copy of the prescription and/or instructions from the student's physician and consent for the administration of epinephrine should it be required as outlined in the **Request and Consent for the Administration of Injection of Medication in an Emergency** form.
- c) 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).

3. Risk management strategies for students with anaphylaxis

- a) Schools are required to develop strategies to promote an allergen aware environment 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.
- b) As an example, the proactive strategies to support developing an awareness of allergens among students may include but is not limited to the following:
 - i) **Opening School Assembly**- when speaking with students about Safety such as fire drills etc. include reminders about medical safety such as food allergies;
 - ii) **School Agenda** ensure that a section on food allergies is included. Include description of reaction and how to help prevent incidents among peers;
 - iii) **Healthy and Active Living** addressed as part of the Health and Physical Education (HPE) curriculum;
 - iv) **Poster Campaign**: Put up posters around the school reminding the students of food allergies;
 - v) **Bulletin Board** Awareness of Medical Conditions;
 - vi) **Toronto Public Health Nurse**- schools may invite the TPH nurse to present on Food Allergies;
 - vii) Communication about Food Allergies/Keeping Our Students Safe should be sent home as part of a **newsletter**;
 - viii) **School Website**- reminders can be posted.
- c) 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.
- d) Superintendent of Special Services to send a semi-annual email to administrators in schools as a reminder.

- e) Some useful references include:
- i) www.cdnsba.org “Anaphylaxis: A Handbook for School Boards”;
 - ii) <https://thefoodallergychronicles.wordpress.com/2013/11/11/allerject-educational-materials-for-all-ontario-school-and-public-health-units/>
 - iii) www.allergyfoundation.ca brochures—“Anaphylaxis in Schools”; (see links in Appendix B)
 - iv) 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 or instructional posters, videos and presentations.
 - v) Anaphylaxis Resource Kit Website: www.eworkshop.on.ca/allergies
 - vi) For relevant videos, Visit the Allergy Food Canada site at: <http://www.youtube.com/anaphylaxiscanada>
 - vii) 10 tips for Managing food allergy in schools <https://www.youtube.com/watch?v=FzxUd-Ey8Xo>
 - viii) Food Allergy Canada has an education resource at www.allergyaware.ca that offers a course that may be accessed annually.
 - ix) Information on how to use an EpiPen and practice units are available at www.epipen.ca
 - x) *Anaphylaxis in Schools and Other Settings 3rd Edition*. <http://foodallergycanada.ca/anaphylaxis-in-schools-and-other-settings/english/mobile/index.html>

4. Parent Responsibilities

Parents of students who have been diagnosed with Anaphylaxis must:

- ◆ 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/guardian’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.
- ◆ Exchange information **yearly** with the principal about the student's medical condition including medical forms outlined in this manual. This will enable the principal to communicate and plan effectively with the school staff in providing for the safety and welfare of the student.
- ◆ Provide **proprietary medication** as prescribed by a physician. This means that the medication can only be used for the student named in the prescription. **Failure to provide this medication can result in the removal of the student from the school until the medication is available at the school.**

5. Anaphylaxis in the workplace

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

- a) Inform their principal or supervisor 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 proper use of an auto-injector.
- b) Contact the Human Resources Sick Leave and Disability department with the Medical Information when they require an accommodation for allergies. The principal or supervisor will participate in the development of the employee’s accommodation and safety plan.

6. Forms used to document student needs with respect to Anaphylaxis are the following

- a) Request and Consent forms for the Administration of Injection of Medication in an Emergency form (Appendix C)
- b) Student Plan of Care for Anaphylaxis form (Appendix F)
- c) Emergency Allergy form- EpiPen Only (Appendix B)

Definitions related to Anaphylaxis:

Anaphylaxis is a serious allergic reaction that is rapid in onset and may cause death.

Anaphylaxis, the medical term for "allergic shock" or "generalized reaction", can be rapid and deadly. It can develop within seconds of exposure, beginning with itching, hives or swelling of the lips, tongue and face. Within minutes, the throat may begin to close, choking off breathing and leading to 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.

ASTHMA

In accordance with *Ryan's Law – Ensuring Asthma Friendly Schools – 2015*, TCDSB 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.

TCDSB 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.

1. Procedures for Staff:

The following steps are followed when supporting students with asthma:

- a) As part of the online application for registration (SOAR) to a TCDSB school, the parent/guardian will be asked to identify allergies or medical conditions, including asthma.
- b) The principal (or designate) will ask that upon registration at the school the parent/guardian will inform the school if their child has any medical conditions including asthma.
- c) The principal will then ensure that the parent/guardian is asked to supply information on any medical conditions on the **Request and Consent for the Administration of Oral Medication** form.
- d) The principal, in consultation with the parent/guardian will develop a **Student Plan of Care for Asthma** form.
- e) 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. Please refer to the **Board's Excursion Handbook** for specific recommendations regarding students with asthma.
- f) The principal will ensure that all students have easy access to their prescribed reliever inhaler medication.
- g) The principal will ensure that asthma reliever inhalers are kept in a readily accessible place that is **not** locked. The **Student Plan of Care for Asthma** will include signed permission, if the student is under 16 years old, regarding whether he/she has permission from the parent/guardian to carry his or her asthma medication.
- h) The principal will ensure parent/guardian is provided the contact(s) information for Transportation Services to ensure that pertinent school information is shared if/when the student is transported.

- i) The emergency administration of reliever medication is permitted under the following circumstances:
 - i) with the consent of the parent/guardian for students under 16,
 - ii) or if completion of the required consent is not yet available, yet 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.
- j) 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. The principal will complete the Record of Training Sessions form and keep a record of this training in a binder labelled **Medical Conditions**.
- k) 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, child and youth workers, secretary 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.
 - i) 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>
 - ii) Reference the Ophea guide "Creating Asthma Friendly Schools" www.asthmainschools.com
 - iii) Obtain support from Toronto Public Health.
- l) The principal will ensure that all occasional teachers and support staff review as appropriate, each **Student Plan of Care for Asthma** form for any students they will be supporting that have asthma.
- m) The principal will ensure **Student Plan of Care for Asthma** form 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 (or alternate) and/or in supply binders for all staff working with the student.
- n) The principal will maintain a file for each student with asthma including all pertinent forms.
- o) The **Student Plan of Care for 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) An emergency contact information;
 - iii) A copy of the prescription and instructions from the student's physician;
 - iv) 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);
 - v) Confirmation of the plan to involve emergency services by calling 9-1-1 should an asthma attack be deemed an emergency.
- p) Excursions: Please refer to the Board's Excursion Handbook. It is advisable to have a parent or other adult relative of a student with asthma accompany all class trips where possible. Parents shall be informed of excursions as early as possible in order to research excursion sights for allergic risks.

2. Risk Management Strategies for Students with Asthma

- a. Schools are required to develop strategies that reduce the risk of exposure to asthma triggers in the classrooms and common school areas.
- b. 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.
- c. A Student Plan of Care must be put into place and information on life-threatening asthma conditions is to be shared with parent/guardian, student and the staff.
 - i) Asthma resources for schools and educators are available at www.ophea.net.
 - ii) A copy of the OPHEA guide “Creating Asthma Friendly Schools” is available electronically to schools as a resource.
 - iii) Free asthma resources are available to order from the Ontario Lung Association at www.on.lung.ca and from Ophea at www.asthmainschools.com.

3. Asthma in the Workplace

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

- a. Tell their principal or supervisor 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.
- b. Contact the Human Resources Sick Leave and Disability department with the appropriate medical information when an accommodation is required for asthma.
- c. The principal or supervisor will participate in the development of the employee’s accommodation and safety plan.

4. Forms for Asthma

Forms used to document student needs with respect to Asthma are the following:

- a. Request and Consent for the Administration of Oral Medication form (Appendix A)
- b. Student Plan of Care for Asthma form (Appendix G)

Definitions

What is Asthma?

According to the Ontario Lung Association, asthma is a very common chronic (long-term) lung disease that can make it hard to breathe.

People with asthma have sensitive airways that react to triggers. There are many different types of triggers for example poor air quality, mold, dust, pollen, viral infections, animals, smoke and cold air. Symptoms of asthma are variable and can include coughing, wheezing, difficulty breathing, shortness of breath and chest tightness. The symptoms can range from mild to severe and sometimes could be life threatening.

For the purposes of this document, the following words have the following definitions:

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

“Emergency Medication” refers to medication that is administered by a staff member to a student at the time of an asthma exacerbation - for example - reliever inhaler or stand-by-medication.

Medication

“Medication” refers to medications that are prescribed by a health care provider and, by necessity, may 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.”

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.

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. Type 1 diabetes mellitus is a condition in which the pancreas is unable to make insulin. Without insulin, the body cannot transform glucose (sugar) into energy for its various functions. To compensate for the lack of natural insulin, children require must take insulin to every time they eat. Children with diabetes have to constantly manage their blood sugar by balance food, exercise and insulin to achieve their ideal safe and health target range. This constant balancing act can cause the blood sugars to go high or very low.

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, parent/guardian and students are clear and confident in their roles and responsibilities during school time.

Diabetes is an unstable medical condition and 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 regular updating of the Student Plan of Care for Diabetes form is essential to provide school staff with accurate information about how to manage diabetes for individual students and how to respond to incidences that may occur due to 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 depending on their cognitive, emotional, social and physical stage of development. The students should carry out their daily self-management to their full potential as outlined in their Student Plan of Care.

In an emergency situation the student will always require adult supervision and assistance.

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. As part of that role, it is imperative for staff to recognize that even students who are independent in their daily diabetes management may need help sometimes, especially when experiencing low or high blood sugar.

Additionally staff should be aware that any time a student's blood sugar is outside the target range (low or high) the student's mood, behaviour, learning and participation may be affected; therefore students who experience low or high blood sugar during a test/exam may require accommodations.

1. Procedures for staff

The following steps are followed when supporting students with diabetes:

- a) As part of the online application for registration (SOAR) to a TCDSB school, the parent/guardian will be asked to identify allergies or medical conditions, including diabetes.
- b) The principal (or designate) will ask that upon registration at the school the parent/guardian will inform the school if their child has any medical conditions including diabetes.
- c) The principal will then ensure that the parent/guardian is asked to supply information on any medical conditions on the Request and Consent for the Administration of Oral Medication Form.
- d) The principal will ensure that upon registration, parent/guardian is asked to supply information on the support required for diabetes. In such circumstances parent/guardian will be given **Request and Consent for the Administration of Oral Medication** form or the **Request and Consent for the Administration of Injection of Medication in an Emergency** form, **contingent of student's type of Diabetes**.
- e) The principal, in consultation with the parent/guardian, will develop an individual Student Plan of Care for Diabetes outlining the medical and emergency plan for the student to assist in managing their diabetes while at school.
- f) The principal will ensure that blood glucose monitoring kits and supplies are kept in an easily accessible location, where the student will be able to within sufficient time, test their blood/or be tested as required. The principal and school community will support inclusion by allowing students with prevalent medical conditions to perform daily or routine management activities in school locations (e.g., classroom, gymnasium, library, on a school bus, at a field trip location) as outlined in their Student Plan of Care.
- g) The principal will designate staff to be responsible for the administration of medication and/or medical procedures, and routine health management associated with the student's diabetic management plan.
- h) The principal or designate will request additional support as required from a Public Health Nurse or other agencies supporting the school community.
- i) 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 at **minimum** twice a year.
- j) 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, support staff etc.) are aware of students with diabetes in their care and have been briefed in prevention, symptom recognition, and the provision of emergency medical interventions.
- k) The principal will arrange for training of all staff in general diabetes management when there is a student in the school with diabetes, ensuring that staff including occasional staff have a comprehensive understanding of the Student Plan of Care. Annual awareness training for all staff regarding diabetes early in the school year is a good practice to establish even if students are not identified.

- l) For staff supporting an individual student with their management plan for their diabetes as outlined on Student Plan of Care for Diabetes, specific training for individual needs will need to be arranged through the Public Health Nurse. The principal will arrange training for new staff to the school or if there have been significant changes to the student's diabetic management plan.
- m) The principal will ensure that Student Plan of Care for Diabetes form 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 (or alternate) and/or in supply binders for all staff working with the student.
- n) The principal will ensure that medical information has been communicated to occasional teachers, supply educational assistants, and supply office support staff.
- o) 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.
- p) In an emergency, follow the Student Plan of Care for Diabetes, or follow 9-1-1 emergency procedures as appropriate. Staff are to remain with the student and place them in a side lying position. Do not restrain movements or put anything in his/her mouth. Have a glucagon kit provided by parents should be made available if required by Emergency Medical Services (EMS) personnel.
- q) It is within the scope of duties for designated staff to assist with insulin pump management; where necessary and as clearly defined within the Student Plan of Care for Diabetes.
- r) Where routine administration of medication for diabetes management occurs at school, parents will complete;
 - i) the Request and Consent for the Administration of Injections of Medication in an Emergency (Appendix C)
 - ii) the Student Plan of Care for Diabetes (Appendix G).
 - iii) School personnel will log the administration of medication in the School Record of Medical Services (Appendix D).
- s) 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).
- t) Excursions: Please refer to the Board's Excursion Handbook. It is advisable to have a parent or other adult relative of a student with diabetes accompany all class trips where possible. Parents shall be informed of excursions as early as possible in order to research excursion sights for allergic risks.

5. Medical/Emergency Medical Plan for Students with Diabetes

The **Student Plan of Care for Diabetes** shall contain the following:

- a) 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 an accessible location known to student and staff).
- b) Location of the Student Plan of Care for Diabetes, including emergency contact information, and a copy of the prescription and/or instructions from the student's physician (Request and Consent for the Administration of Injections of Medication in an Emergency form) for any medication required to be administered at school. Parents will be responsible for ensuring that any medications are within expiration dates.
- c) Information about storage of insulin if being kept at school for student self- administration or assistance from a health care professional.
- d) Information about the glucometer, lancets, test strips and disposal containers for sharps, for which the parents/guardians will be responsible for supplying and ensuring that supplies are within any expiration dates.
- e) 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.
- f) The plan will need to include clear instructions regarding when physical activity should be restricted based on blood sugar levels being too low. (Note: physical activity is encouraged when it is too high)
- g) 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.
- h) Confirmation of the plan to involve emergency services through a call to 9-1-1 should an emergency arise related to the student's diabetes.

6. Risk Management Strategies for Students with Diabetes

- a) Schools will work to develop strategies that support the daily routine management for a student with diabetes, which includes daily blood glucose monitoring and a schedule of food, insulin and activities. While at school, each student with diabetes must be allowed to:
 - i) Perform blood glucose (sugar) checks whenever and wherever needed (e.g., classroom, gymnasium, etc). 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;
 - ii) Treat hypoglycemia with fast-acting sugar;
 - iii) Self-inject insulin when necessary;

- iv) Eat snacks when necessary;
 - v) Eat lunch at an appropriate time and have enough time to finish the meal;
 - vi) Have free and unrestricted access to water and the bathroom;
 - vii) Participate fully in physical education (gym class) and other extracurricular activities including field trips
 - viii) Carry blood sugar monitoring supplies and source of fast-acting sugar at all times (including on school bus, field trips, and extracurricular activities), unless otherwise specified by the parent/guardian in the student's Student Plan of Care
- b) Establish a formal communication system with all school staff 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. School staff to notify parent/guardian in advance of any upcoming changes in school routine that may impact the student's daily diabetes management – e.g. special events involving food or physical activity, changes to school snack/lunch schedule, etc.
- c) 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).
- d) Display posters symptoms of hypoglycemia/hyperglycemia in key locations throughout the school (e.g. gymnasium, auditorium, staff room, main office, student's classroom).
- e) The school needs to have a readily available supply of fast-acting glucose (provided by the parent/guardian) for treatment of low blood sugar, stored in multiple locations throughout the school (e.g. student's classroom, gymnasium, main office) Location of supplies of fast-acting glucose should be listed in student's Plan of Care. Notify parent/guardian when supplies running low.
- f) A Student Plan of Care must be put in place for students with type1 and type 2 diabetes. Resources for schools are available at www.diabetesatschool.ca, including printable display posters and short animated training videos. Additional information on diabetes is also available from Diabetes Canada at <https://www.diabetes.ca/>.
- g) 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 the Student Plan of Care for Diabetes.
- h) Accommodation of diabetes management technology in the schools including and not limited to continuous glucose monitors, Flash Glucose Monitoring System. These devices may include personal devices such as cell phones etc to display blood glucose information those must be accommodate in school including during academic testing
- i) Accommodation during tests high and low blood sugars.

7. Diabetes in the Workplace

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

- a) Tell their principal or supervisor 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.
- b) Contact the Human Resources Sick Leave and Disability department with the medical information if there is a need that requires accommodation for their diabetes.
- c) The principal or supervisor will participate in the development of the employee's accommodation and safety plan.

8. Forms for Diabetes

Forms used to document student needs with respect to Diabetes are the following:

- a) Request and Consent for the Administration of Oral Medication form (Appendix A)
- b) Request for the Administration of Injection of Medication in an Emergency Form (Appendix C)
- c) Student Plan of Care for Diabetes form (Appendix H)
- d) Emergency Evacuation Form (Appendix R)

Definitions

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 in addition to the effects of physical activity or lack thereof on the body. The balance will be impacted by missing a meal/snack, eating more/less than planned and being more/less physically active than planned. The rapid fluctuation in blood glucose control could be a serious problem as it can easily result in very low blood glucose (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 factors. One way to test blood glucose, an 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. Individuals may also use Continuous Glucose Monitor or Flash Glucose Monitor systems.

Continuous Glucose Monitoring (CGM) is a means of measuring blood glucose levels continuously in order to gain insight into patterns and trends in glucose levels throughout the day and night. A CGM System sensor is worn separately to the pump, inserted under the skin, and measures the level of glucose in the interstitial fluid (fluid in the tissue). The sensor is disposable and changed according to manufacturer recommendations.

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.

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)

Flash Glucose Monitoring is a means of measuring blood glucose levels. Individuals have a sensor inserted on their upper arm and a separate touchscreen reader device. When the reader device is swiped close to the sensor, the sensor transmits both an instantaneous glucose level and eight-hour trend graph to the reader.

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 irritability, hostility and poor behavior, difficulty concentrating, cold clammy or sweaty skin, pallor, shakiness, lack of coordination, staggering gate, fatigue, nervousness, excessive hunger, headache, blurred vision and dizziness, abdominal pain or nausea, fainting and unconsciousness.

Severe Hypoglycemia typically occurs when the amount of blood glucose (sugar) is lower than 2.8 mmol/L. Severe hypoglycemia requires the assistance of another person as unconsciousness may occur. Parents/Caregivers 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 still produces insulin but does not produce enough 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.

EPILEPSY AND SEIZURE DISORDERS

TCDSB 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 important 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 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 cognitive ability of the student, the nature and prevalence of the seizures that tend to be experienced by the student, and the organizational and physical properties of the school.

1. Procedure for Staff

The following procedure is to be followed for students with epilepsy and seizure disorders:

- a) As part of the online application for registration (SOAR) to a TCDSB school, the parent/guardian will be asked to identify allergies or medical conditions, including Epilepsy and Seizure Disorders.
- b) The principal (or designate) will ask that upon registration at the school, the parent/guardian will inform the school if their child has any medical conditions including Epilepsy and Seizure Disorders.
- c) The principal will then ensure that the parent/guardian is asked to supply information on any medical conditions on the Request and Consent for the Administration of Oral Medication form (Appendix A).
- d) The principal, in consultation with the parent/guardian will develop a Student Plan of Care for Epilepsy and Seizure Disorders form.
- e) The principal will ensure parent/guardian is provided the contact information for Transportation Services to ensure that pertinent school information is shared if/when the student is transported.
- f) 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 call 9-1-1 in case of an emergency.
- g) The principal will review the procedures on safety of students with epilepsy or seizure disorders with entire staff twice each year and throughout the school year as required.
- h) 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, support 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.
- i) The principal will ensure that all occasional teachers and support staff are aware the Student Plan of Care for Epilepsy and Seizure Disorders for students in their assigned classroom and that they are asked to review these prior to student arrival.

- j) The principal will ensure that the Student Plan of Care for Epilepsy and Seizure Disorders be 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 (or alternative) and in supply binders for both teachers and all staff working with the student.
- k) The principal will ensure that staff are made aware of any students that may have a need for emergency medical intervention (i.e. Students who have a Student Plan of Care for Epilepsy or Seizure disorders posted in a non-public place).
- l) The principal will maintain a file for each student with Epilepsy and Seizure Disorders including all pertinent forms in the main office.
- m) Excursions: Please refer to the Board's Excursion Handbook. It is advisable to have a parent or other adult relative of a student with epilepsy/seizure disorders accompany all class trips where possible. Parents shall be informed of excursions as early as possible in order to research excursion sights for allergic risks.

2. Medical/emergency medical plan for students with Epilepsy/Seizure Disorders

The Student Plan of Care for Epilepsy and Seizure Disorder shall contain the following:

- a) Emergency contact(s) information;
- b) Details regarding the type of seizures that the student typically has encountered and actions required;
- c) Regimen for any medications required during school hours. A copy of the **Request and Consent for the Administration of Oral Medication** form will be available for completing any directions regarding medications required;
- d) Any known triggers;
- e) Warning signals that indicated seizure may be about to occur;
- f) 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;
- g) 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 Student Plan of Care.
- h) Confirmation of the plan to involve emergency services by calling 9-1-1 should an emergency occur related to the student's Epilepsy and Seizure Disorders. Specific information about alternate transportation if there is a need for one.

3. Risk Managements Strategies for Students with Epilepsy and Seizure Disorders

- a) 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.
- b) Useful references include: <http://epilepsyontario.org> and <http://www.epilepsy.ca>
- c) 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.

4. Epilepsy and Seizure Disorders in the Workplace

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

- a) Tell their principal or supervisor 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.
- b) Contact the Human Resources Sick Leave and Disability department with the Medical Information that requires an accommodation for epilepsy or seizure disorders. Accommodation requirements will be managed by the Human Resources.
- c) The principal or supervisor will participate in the development of the employee's accommodation and safety plan.

5. Forms for Epilepsy and Seizure Disorders

Forms used to document student needs with respect to Epilepsy and Seizure Disorders are the following:

- a) Request and Consent for the Administration of Oral Medication form (Appendix A)
- b) Student Plan of Care for Epilepsy and Seizure Disorders Form form (Appendix I)

Definitions

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.

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.
 - c) **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
- 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.**

OTHER MEDICAL CONDITIONS

There may be situations where medical conditions beyond those listed in PPM 161 may require a school response. For convenience, this protocol includes a Generic Student Plan of Care (Appendix J) to support schools who are working with a student who requires support for an alternate medical condition. It is important to ensure that the appropriate medical practitioners are consulted for medical conditions beyond the scope of this protocol.