

Supporting Students with Prevalent Medical Conditions

RATIONALE:

Hamilton-Wentworth District School Board is committed to ensuring a safe, accepting, and healthy learning environment which supports student well-being. This environment empowers students with health/medical needs to reach their full potential for self-management of their condition(s), according to their Plan of Care.

TERMINOLOGY:

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

Asthma is a chronic, inflammatory disease of the airways in the lungs.

Diabetes is a chronic disease, in which the body either cannot produce insulin or cannot properly use the insulin it produces.

Epilepsy is a neurological condition which affects the nervous system. Epilepsy is also known as a seizure disorder or by many people as convulsions.

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

Health Care Provider: may be a Physician or Nurse Practitioner.

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

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

Parents: parent(s) and guardian(s).

Prevalent Medical Condition: for the purpose of this document, includes anaphylaxis, asthma, diabetes, and epilepsy.

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

School board(s) and board(s): district school boards and school authorities

Supporting Students with Prevalent Medical Conditions

School staff: all school staff, including occasional staff.

Self-Management: a continuum where a student's cognitive, emotional, social and physical capacity and stage of development are determinants of their ability to confidently and independently manage their medical condition(s). The 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.

PREVALENT MEDICAL CONDITIONS *(Anaphylaxis, Asthma, Diabetes, Epilepsy)*

REFERENCE:

Ministry of Education, Ontario, *PPM 161: Supporting Children and Students with Prevalent Medical Conditions*, 2018

PROCEDURES:

1.0 Responsibility

1.1 Parents of Children with Prevalent Medical Conditions

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

- 1.1.1 educate their child about their medical condition(s) with support from their child's health care professional, as needed;
- 1.1.2 guide and encourage their child to reach their full potential for self-management and self-advocacy;
- 1.1.3 inform the school of their child's medical condition(s) and co-create the Plan of Care for their child with the principal or the principal's designate;
- 1.1.4 communicate changes to the Plan of Care, such as changes to the status of their child's medical condition(s) or changes to their child's ability to manage the medical condition(s), to the principal or the principal's designate;

Supporting Students with Prevalent Medical Conditions

- 1.1.5 confirm annually to the principal or the principal's designate that their child's medical status is unchanged;
- 1.1.6 initiate and participate in annual meetings to review their child's Plan of Care;
- 1.1.7 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 Plan of Care, and track the expiration dates if they are supplied;
- 1.1.8 provide medical alert identification for their child such as a MedicAlert®;
- 1.1.9 determine when their child is able to take responsibility for carrying and self-administering their medication;
- 1.1.10 supply current photographs of their child if no current school picture exists;
- 1.1.11 provide up-to-date emergency contacts, including telephone numbers; and
- 1.1.12 seek medical advice from a medical doctor, nurse practitioner, or pharmacist, where appropriate.

1.2 Students with Prevalent Medical Conditions

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

- 1.2.1 take responsibility for advocating for their personal safety and well-being that is consistent with their cognitive, emotional, social, and physical stage of development and their capacity for self-management;
- 1.2.2 participate in the development of their Plan of Care;
- 1.2.3 participate in meetings to review their Plan of Care;
- 1.2.4 carry out daily or routine self-management of their medical condition to their full potential, as described in their Plan of Care (e.g., carry their medication and medical supplies; follow school board policies on disposal of medication and medical supplies);

Supporting Students with Prevalent Medical Conditions

- 1.2.5 set goals on an ongoing basis for self-management of their medical condition, in conjunction with their parent(s)/guardian(s) and health care professional(s);
- 1.2.6 communicate with their parent(s)/guardian(s) and school staff if they are facing challenges related to their medical condition(s) at school;
- 1.2.7 wear medical alert identification that they and/or their parent(s) deem appropriate; and
- 1.2.8 if possible, inform school staff and/or their peers if a medical incident or a medical emergency occurs.

1.3 School Staff

School staff should follow the Hamilton-Wentworth District School Board Policy 5.5: Medical Health Supports and the provisions in their collective agreements related to supporting students with prevalent medical conditions in schools. School staff should:

- 1.3.1 review the contents of the Plan of Care for any student with whom they have direct contact;
- 1.3.2 participate in training, during the instructional day, on prevalent medical conditions, at a minimum annually, as required by the school board;
- 1.3.3 share information on a student's signs and symptoms with other students, if the parents give consent to do so and as outlined in the Plan of Care and authorized by the principal in writing;
- 1.3.4 follow the Plan of Care including its Emergency Procedures;
- 1.3.5 follow school board strategies that reduce the risk of student exposure to triggers or causative agents in classrooms, common school areas, and extracurricular activities, in accordance with the student's Plan of Care;
- 1.3.6 support a student's daily or routine management, and respond to medical incidents and medical emergencies which occur during school, as outlined in board policies and procedures (See Administration of Oral Prescription Medication Procedure for Policy 5.5, and also section 7.3 below);
- 1.3.7 support inclusion by allowing students with prevalent medical conditions to perform daily or routine management activities in a school location (e.g., classroom), as outlined in their Plan of Care, while being aware of confidentiality and the dignity of the student; and

Supporting Students with Prevalent Medical Conditions

- 1.3.8 enable students with prevalent medical conditions to participate in school to their full potential, as outlined in their Plans of Care.

1.4 Principal

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

- 1.4.1 clearly communicate to parent/guardian and appropriate staff the process for parents to notify the school of their child’s medical condition(s), as well as the expectation for parents to co-create, review, and update a Plan of Care with the principal or the principal’s designate. This process should be communicated to parents, at a minimum: i) during the time of registration, ii) each year during the first week of school, and/or iii) when a child is diagnosed and/or returns to school following a diagnosis;
- 1.4.2 co-create, review, or update the Plan of Care for a student with a prevalent medical condition with the parent(s), in consultation with school staff (as appropriate) and with the student (as appropriate);
- 1.4.3 indicate an easily accessible location for medication to be stored, as well as when carried by the student, and ensure this is communicated, with parental permission, to relevant staff;
- 1.4.4 maintain a file with the Plan of Care and supporting documentation (e.g. from a physician, nurse practitioner) for each student with a prevalent medical condition;
- 1.4.5 place a copy of the Plan of Care in the Documentation Folder in the Ontario Student Record;
- 1.4.6 provide relevant information from the student’s Plan of Care to school staff and others who are identified in the Plan of Care (e.g., food service providers, transportation providers, volunteers, occasional staff who will be in direct contact with the student), including any revisions that are made to the plan;
- 1.4.7 communicate with parent(s) in medical emergencies, as outlined in the Plan of Care;
- 1.4.8 encourage the identification of staff who can support the daily or routine management needs of students in the school with prevalent medical

Supporting Students with Prevalent Medical Conditions

- conditions, while honouring the provisions within their collective agreements;
- 1.4.9 request parents/guardians to provide a safe means for their child to carry their medication on their person (where relevant to the prevalent medical condition);
 - 1.4.10 discuss communication about Prevalent Medical Conditions with the School Council/Home and School Association;
 - 1.4.11 ensure the data on prevalent medical conditions and up-to-date emergency contact information is entered into the student information system;
 - 1.4.12 post page one of the Plan of Care in staff location only;
 - 1.4.13 keep a record of staff who have completed the annual training session;
 - 1.4.14 discuss risk reduction with any third-party providers who may directly or indirectly have contact with students;
 - 1.4.15 create an accessible storage space for medication (that follows the manufacturers storage guidelines) and medical supplies;
 - 1.4.16 establish safety procedures for field trips and board-sponsored activities, including travel to and from such events;
 - 1.4.17 request a second prescription medication for each student, if possible; and
 - 1.4.18 arrange with parent/guardian for any prescribed medication stored at the school to be picked up or sent home at the end of each school year.

1.5 Transportation Services

Transportation Services will:

- 1.5.1 assist schools in carrying out their responsibility as related to transportation of students with a prevalent medical condition;
- 1.5.2 ensure that Sabrina's Law and Ryan's Law are respected and reflected in contract agreements with carriers; and

Supporting Students with Prevalent Medical Conditions

- 1.5.3 work with carriers to develop strategies to reduce the response of exposure to causative agents for the prevalent medical conditions.

1.6 School Councils

The School Council has the responsibility to

- 1.6.1 assist, through consultation, in the development and revision of the Supporting Students with Prevalent Medical Conditions in Schools.

1.7 All Volunteers, Parents/Guardians Within the School Community

The volunteers, parents/guardians within the school community have the responsibility to

- 1.7.1 be aware of and comply with prevalent medical condition plans of care, and
- 1.7.2 be aware of students with prevalent medical conditions in the school where they are in regular and direct contact with students.

1.8 School Board

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

- 1.8.1 provide training and resources on prevalent medical conditions on an annual basis;
- 1.8.2 develop strategies that reduce the risk of student exposure to triggers or causative agents in classrooms and common school areas;
- 1.8.3 develop expectations for schools to support the safe storage and disposal of medication and medical supplies, and communicate these expectations to schools and support schools in the implementation of the expectations;
- 1.8.4 communicate expectations that students are allowed to carry their medication and supplies to support the management of their medical condition, as outlined in their Plans of Care;

Supporting Students with Prevalent Medical Conditions

- 1.8.5 consider PPM 161 and related board policies when entering into contracts with transportation, food service and other providers; and
- 1.8.6 schools with appropriate supplies to support safe disposal of medication and medical supplies.

Where appropriate, the support and advice of community partners and health care providers should be sought for the purpose of ensuring the safety and wellbeing of students with a prevalent medical condition.

2.0 Plan of Care

A Plan of Care is a form that has information on a student with a prevalent medical condition. The plan should be developed within the first 30 school days of each school year or when a student has been diagnosed with a prevalent medical condition. The plan should be co-created, reviewed and updated annually by the parent/guardian in consultation with the principal or designate, designated staff and the student where appropriate.

To ensure student safety, the Plan of Care should be available to staff or other service providers who have direct involvement with the student. The parent/guardian will authorize the principal or designate to share the plan with relevant school staff, service providers and volunteers. The principal or designate will then share the Plan of Care with school staff who have contact with the student as well as people who come into contact with a student such as volunteers, transportation and food service providers.

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

2.1 Plan of Care Appendices

- Appendix B. Anaphylaxis
- Appendix C. Asthma
- Appendix D. Diabetes
- Appendix E. Epilepsy

3.0 Training

The Hamilton-Wentworth District School has the responsibility to provide annual training to all staff which will include

- 3.1.1 recognition of symptoms of medical incidents and corresponding medical incident and medical emergency responses,

Supporting Students with Prevalent Medical Conditions

- 3.1.2 strategies to minimize or prevent risk of exposure to a causative agent or triggers in the classroom and common areas,
- 3.1.3 strategies to support the inclusion of a student with a prevalent medical condition in school,
- 3.1.4 documentation procedures for prevalent medical conditions, and
- 3.1.5 information on supports for school staffs provided by the Hamilton-Wentworth District School Board.

4.0 Privacy and Confidentiality

Personal information on the plan of care forms will be collected, used, disclosed, retained and safeguarded in accordance with Privacy and Information Management Policy 1.6, the Privacy Procedure and Privacy Breach Response Procedure.

5.0 Reporting

Subject to relevant privacy legislation, the Hamilton-Wentworth District School Board will collect data regularly, including, but not limited to, data on the number of students with prevalent medical conditions at their schools. The school board will use these data as part of cyclical policy reviews and to report to the Minister of Education.

6.0 Liability

The Good Samaritan Act (2001) protects individuals from liability when responding to a medical emergency or providing first aid interventions. Both Ryan's Law and Sabrina's Law have provisions which limit liability for individuals who respond to an emergency situation relevant to each statute

7.0 Safety Considerations

- 7.1 There are a number of safety considerations to be managed when implementing policies/procedures on prevalent medical conditions. These considerations are necessary to ensure the safety of students with prevalent medical conditions and the students and staff who come into contact with them. Some students with these conditions will be required to carry, store and administer medication.
 - 7.1.1 Students will be allowed to carry their medications and supplies as outlined in their Plan of Care.

Supporting Students with Prevalent Medical Conditions

Page 10 of 34

- 7.1.2 School Staff will support the storage of medication and medical supplies according to the manufacturer's recommended storage guidelines.
- 7.2 School Principals or designates will develop a process and resources to support students with anaphylaxis, asthma, diabetes and/or epilepsy in the event of an emergency (e.g. evacuation, fire, lockdown) as well as off-school property events (e.g. sporting event). The process will also include consideration for occasional staff who are in the building.
- 7.3 The Administration of Oral Prescription Medication Procedure is in place to guide stakeholders and should be followed in relation to the four prevalent medical conditions; however, the forms specific to the Administration of Oral Prescription Medication procedure must only be filled out when the medication prescribed is related to anaphylaxis, asthma, diabetes, and/or epilepsy.
- 7.4 In accordance with the requirements 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 Children's Aid and file a formal report.

8.0 Anaphylaxis

TERMINOLOGY

Anaphylaxis: Anaphylaxis is a severe, life-threatening allergic reaction that can begin with seconds or minutes of exposure to an allergen (Canadian Paediatric Society). Students who are susceptible to Anaphylaxis could experience a reaction even from exposure to trace amounts of the allergen. Anaphylaxis could result from food consumption, insect stings, strenuous exercise, environmental factors, etc. Anaphylactic reactions occur when the body's sensitized immune system overreacts in response to the presence of a particular allergen. Anaphylaxis affects multiple body systems, including skin, upper and lower respiratory, gastrointestinal, and cardiovascular.

Medication: The term medication, when used in this procedure, refers only to medication that is prescribed by a physician, or medical professional with the authority to prescribe medication. Non-prescriptive, over-the-counter medication is not to be administered by staff.

Epinephrine: Also known as adrenalin, epinephrine is a naturally occurring hormone. When released into the blood stream, it signals the heart to pump harder, increasing blood pressure, opening airways in the lungs, and narrowing blood vessels in the skin and intestine to increase blood flow to major muscle groups.

Supporting Students with Prevalent Medical Conditions

Auto-injector: Situations may arise that require staff to administer prescribed emergency medication, which is necessary only in specific emergency or life-threatening situations. The administration of epinephrine by an auto-injector is the method by which medication will be delivered.

SOURCES/RESOURCES:

Four Prevalent Medical Conditions

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

Anaphylaxis Quick Facts –Ministry of Education

http://www.edu.gov.on.ca/eng/healthyschools/pmc_anaphylaxis_fact_sheet_en.pdf

[Anaphylaxis in Schools and Other Settings – 3rd Edition](http://foodallergycanada.ca/wp-content/uploads/Anaphylaxis-in-Schools-Other-Settings-3rd-Edition-Revised_a.pdf)

http://foodallergycanada.ca/wp-content/uploads/Anaphylaxis-in-Schools-Other-Settings-3rd-Edition-Revised_a.pdf

[Preventing Anaphylaxis Emergencies – from Anaphylaxis in School and Other Settings – 3rd edition](http://foodallergycanada.ca/resources/resources-for-educators/) <http://foodallergycanada.ca/resources/resources-for-educators/>

[Allergy Aware](https://www.allergyaware.ca) <https://www.allergyaware.ca>

8.1 Triggers

8.1.1 Foods: e.g., peanuts and food derivatives, tree nuts, milk, eggs, wheat, soy, fish, shellfish, sesame seeds/oil, mustard, bananas, avocados, kiwis; and

8.1.2 Non-food items: e.g., insect venom, natural latex products, plants (such as poinsettias for students with latex allergies), vigorous exercise, wild bird seed.

8.2 Preventative Measures

The best way to prevent an anaphylactic reaction is avoidance of a specific allergen. Eliminating allergens to the degree possible within the classroom and common areas will help reduce risk to students who suffer from anaphylaxis. The following are some preventative measures:

8.2.1 Principal

- Request that insect nests be removed or destroyed;
- Ensure that trash cans are covered or moved away from students outdoor play areas;

Supporting Students with Prevalent Medical Conditions

- Reinforce that food must remain indoors; and
- Support parents/guardians with examples of food alternatives when a specific food is identified as a recognized allergen.

8.2.2 Classroom Teacher

- Establish daily routines such as hand washing before and after eating, and not sharing lunches, snacks, utensils or containers;
- Take extra precautions choosing classroom materials and planning classroom activities/field trips/special events, in consultation with parents/guardians; and
- Provide an anaphylaxis awareness session for the classroom, in age-appropriate terms following consultation and approval by the parent.

8.2.3 Students

- Avoid open containers which may contain food refuse;
- Avoid areas where there are nests or where stinging insects congregate;
- Wash hands before and after eating;
- Eat only foods brought from home or those that have been approved by parent/guardian;
- Avoid direct participation in recycling programs;
- Learn to recognize the symptoms of an anaphylactic reaction;
- Monitor your own wellness, and inform an adult as soon as accidental exposure occurs or symptoms appear; and
- Tell an adult if a situation of concern or potential danger arises.

8.2.4 Parents

- Provide safe foods for special occasions for their child; and
- Teach their child to understand their allergy.

8.3 Signs and Symptoms

One or more of the following symptoms may signal an anaphylactic reaction:

System	Signs & Symptoms
Skin	hives, swelling (face, lips, tongue), itching, warmth, redness
Respiratory	coughing, wheezing, shortness of breath, chest pain or tightness, throat tightness, hoarse voice, nasal congestion or hay fever-like symptoms (runny, itchy nose and watery eyes, sneezing), trouble swallowing
Gastrointestinal	nausea, pain or cramps, vomiting, diarrhoea
Cardiovascular	paler than normal skin colour/blue colour, weak pulse, passing out, dizziness or light-headedness, shock

Supporting Students with Prevalent Medical Conditions

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

(From *Anaphylaxis in Schools and Other Settings* (2016), p.10.)

If a student is exposed to an allergen, a rapid response is required at the onset of the initial symptoms. The period of time between the initial symptoms and death can be as little as a few minutes if treatment is not administered.

8.4 Emergency Response

Parents/guardians may ask that peanuts, peanut products or other allergens be banned from the school as part of a prevention plan. Such a request cannot be reliably implemented, and Hamilton-Wentworth District School Board cannot assume responsibility for providing a 'peanut-free' or allergen-free' environment. There is no responsibility for any jurisdiction to reduce the risk of exposure to allergens to zero, as we live in a world that is full of potential allergens. However, with the cooperation and involvement of the entire community, Hamilton-Wentworth District School Board strives to minimize the risk of exposure.

In spite of taking precautions at the school, a student with anaphylaxis may come into contact with an allergen. If such an incident arises, the instructions within the Plan of Care—Emergency Procedures should be put in place immediately. Often students with anaphylaxis know when they are having an allergic reaction. If the student identifies any symptoms which might suggest an anaphylactic reaction is taking place, then staff should initiate the Emergency Procedures portion of the Plan of Care.

8.5 Emergency Procedure

Each Plan of Care—Emergency Response shall include the following procedures at the first sign or a suspected or known anaphylactic reaction:

- 8.5.1 Administer the epinephrine auto-injector (as students mature they may be able to administer their medication, but staff should be aware of the onset of symptoms and/or stress of the situation which may inhibit the young person from doing so);
- 8.5.2 Note the time of the administration of the medication;
- 8.5.3 Call 911 for an ambulance, and inform the operator that the student is having an anaphylactic reaction;
- 8.5.4 Contact the parent/guardian or emergency contact;

Supporting Students with Prevalent Medical Conditions

Page 14 of 34

- 8.5.5 Give a second dose of epinephrine as early as 5 minutes after the first dose if symptoms have not improved while waiting for an emergency medical response;
- 8.5.6 Follow the direction of emergency personnel even when symptoms are mild or have stopped; and
- 8.5.7 Send the student to the hospital in the ambulance with the emergency medical service personnel, along with the empty auto-injector(s).

8.6 Location of Auto-Epinephrine

Auto-injectors should be kept in areas which have easy access but safely out of the reach of young children. The locations of the injectors within the school should be known by all staff. These devices should be kept in an unlocked area of the student's classroom, the office or another central location at the school. To be prepared for all situations including the failure of an injector, at least two devices should be provided by the parent or guardian.

Individuals at risk of anaphylaxis are advised to carry an auto-injector at all times and to tell others where the device is kept, in case of an emergency. As soon as children are mature enough, they should carry their own epinephrine auto-injectors. Children who have demonstrated maturity (usually by the age of 6 or 7) should carry their own epinephrine (Food Allergy Canada, p.16). Children should learn to carry their auto-injector on their person at all times; e.g. around their waist in a fanny pack. Epinephrine auto-injectors provided by the parent /guardian must be stamped with a valid expiry date.

8.7 Field Trips/Other Changes in Routine

Schools should notify families well in advance of pending school trips, and other events such as special sporting events, so that appropriate modifications to the student's routine may be made and to ensure the Plan of Care is included in the planning of the event. Parents should be encouraged to attend school trips and/or events, if possible.

8.8 Information and Awareness

A whole-school approach is required to keep students with life-threatening allergies safe in all learning environments. The cooperation and involvement of the entire community will help to minimize the risk of exposure to allergens.

Principals should consider the following:

Supporting Students with Prevalent Medical Conditions

Page 15 of 34

- 8.8.1 Identification of the student with anaphylaxis to peers. This should only be done once consultation has occurred with the student and the parents/guardians of this young person have given permission;
- 8.8.2 Resources which promote awareness and compassion for peers suffering from a life-threatening allergic reaction are available from online sources noted in the appendix. With awareness and training about allergies, peers are able to support the promotion of safe and inclusive environments. Training for students should be done in a way that is developmentally appropriate; and
- 8.8.3 Information on anaphylaxis and other prevalent medical conditions may be included in health classes.

8.9 Facilitating Routine Management

It is the responsibility of school staff to plan routines which support the Plan of Care for the student with anaphylaxis. This should include

- 8.9.1 providing information for staff including occasional staff and volunteers about the student with an anaphylaxis allergy, including the Plan of Care, following consultation and approval by the parent, and
- 8.9.2 posting instructions on the use of epinephrine auto-injectors in the student's classroom(s) and other learning spaces.

9.0 Asthma

TERMINOLOGY

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, mould, 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.

Emergency Medication: Refers to medication that is administered by a staff member to a student at the time of an asthma exacerbation; for example, a reliever inhaler.

Supporting Students with Prevalent Medical Conditions

Page 16 of 34

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.

SOURCES/RESOURCES

Four Prevalent Medical Conditions

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

Asthma Quick Facts–Ministry of Education

http://www.edu.gov.on.ca/eng/healthyschools/pmc_asthma_fact_sheet_en.pdf

Asthma Canada <https://asthma.ca>

The Lung Association–Managing Asthma Attacks Poster for Schools

<https://lung.healthdiary.ca/Guest/Product.aspx?IDS=oXnnvkXlwFI0laR3rfj%2bAQ%3d%3d>

OPHEA Canada–Managing Asthma in Our Schools (video)

<https://www.youtube.com/watch?v=aCeNK32gSOc&feature=youtu.be>

OPHEA Canada–Creating Asthma Friendly Schools

http://www.asthmafriendly.ca/sites/asthma.ophea.net/files/checklists/ASTM_CAFSWebEN_09SE15.pdf

9.1 Triggers

People with asthma have sensitive airways which react to triggers. A trigger is something that can exacerbate asthma such as poor air quality, mould, dust, pollen, viral infections, animals, smoke and cold air. Triggers are specific to the individual with asthma. School staff will implement strategies to reduce exposure in the classroom and common areas.

9.1.1 Common Triggers: according to the Ontario Lung Association, there are two types of asthma triggers:

- Allergens will affect only those who are allergic to the allergen, and
- Irritants could affect any person with asthma.

9.1.2 Triggers are generally described in the following categories:

- Outdoor triggers may include but not be limited to cold air, air quality, smog, pollen, leaves and trees; and

Supporting Students with Prevalent Medical Conditions

- Indoor triggers may include but not be limited to physical activities, strong smells such as perfumes, scented markers, paints and cleaning products, pet dander, smoke, and dust.

9.2 Preventative Measures

The following strategies will help to minimize triggers in the classroom:

- 9.2.1 replace scented products with scent free ones;
- 9.2.2 use rugs that have low pile or ones that are washable;
- 9.2.3 remove animals that have fur;
- 9.2.4 encourage students to use a scarf to cover their nose and mouth during cold weather;
- 9.2.5 fans are helpful on humid days; and
- 9.2.6 close windows, if possible, when there is a high pollen count.
(From OPHEA Canada, *Creating Asthma Friendly Schools*, 2015)

9.3 Signs and Symptoms

Symptoms of asthma 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. If any of the above-noted symptoms occur:

- 9.3.1 have the student use a fast-acting reliever inhaler, and
- 9.3.2 monitor the student's symptoms for 5 to 10 minutes.

9.4 Emergency Response

- 9.4.1 If any of continuous coughing, trouble breathing, and/or chest tightness occur then take action:
 - use a fast-acting reliever inhaler (usually blue);
 - use spacer if provided; and
 - check symptoms.

Supporting Students with Prevalent Medical Conditions

Page 18 of 34

- 9.4.2 According to the Ontario Lung Association, if any of the following occur 5-10 minutes after the use of the reliever medication, initiate the Plan of Care—Emergency Procedure:
- breathing is difficult and fast;
 - cannot speak in full sentences;
 - lips or nail beds are blue or gray;
 - skin on neck or chest sucked in with each breath; and/or
 - evidence that the student appears anxious, restless and/or very tired then initiate the emergency procedure.

9.5 Emergency Procedure

- 9.5.1 Call 911 for an ambulance. Remain with the student. Notify the school office.
- 9.5.2 Use the reliever medication every 5 to 10 minutes until the ambulance arrives.
- 9.5.3 Have the student sit up with arms resting on a table or another support structure.
- 9.5.4 Contact the parent/guardian or emergency contact.
- 9.5.5 Stay calm, and reassure the student.
- 9.5.6 Stay with the student until the ambulance arrives.

9.6 Field Trips/Other Changes in Routine

Schools should notify families well in advance of pending school trips, and other events such as special sporting events, so that appropriate modifications to the student's routine may be made and to ensure the Plan of Care is included in the planning of the event. Parents should be encouraged to attend school trips and/or events, if possible.

9.7 Information and Awareness

There are two main types of medication for asthma which come in inhaler form: reliever and controller. A controller medication is taken on a regular basis to manage asthma. Reliever medication is a fast-acting medication to open up airways quickly. Reliever medication is usually in a blue inhaler. This type of medication allows the student to breathe more easily. The Principal must allow the student to carry their medication if the parent/guardian has granted

Supporting Students with Prevalent Medical Conditions

permission to do so. The parent/guardian may request that an additional inhaler be kept in the office.

9.8 Asthma and Exercise

It is important to accommodate students with asthma. Knowing that exercise is important for good health but can also be an asthma trigger, physical activities may need to be modified to accommodate students with asthma.

The following are general guidelines from OPHEA Canada to support students with asthma:

- 9.8.1 Ensure students with asthma have access to their inhalers;
- 9.8.2 Some students may need to use their inhaler prior to the activity as outlined in their Plans of Care;
- 9.8.3 Prior to an activity, students should not participate if they are experiencing symptoms until feeling better and use reliever inhaler as necessary;
- 9.8.4 Have students perform a gradual warm up prior to engaging in physical activity;
- 9.8.5 If students experience symptoms during exercise, they should stop participating in the activity until they feel better and use reliever inhaler as necessary;
- 9.8.6 Monitor the student for symptoms. If the symptoms no longer exist, the student may resume activities; and
- 9.8.7 Should symptoms worsen then follow the steps in the Plan of Care—Emergency Response.

9.9 Facilitating and Supporting Routine Management

The principal must permit a student to carry their inhaler medication when permission has been given by the parent/guardian. At the request of the parent an additional inhaler may be kept at the office.

According to the Ministry of Education, facilitating and supporting daily or routine management involves, but is not limited to, supporting inclusion of students with prevalent

Supporting Students with Prevalent Medical Conditions

medical conditions to perform daily or routine management activities in a school location (e.g. within a classroom, library) as outlined in their Plans of Care.

10.0 Diabetes

TERMINOLOGY

Diabetes: According to *Diabetes Canada* and in *Diabetes At School*, diabetes is a chronic disease in which the body either cannot produce insulin or is not able to use the insulin it produces.

Type 1 Diabetes: Type 1 Diabetes is one of the most common chronic diseases of childhood. It develops when the body's immune system destroys the insulin producing cells of the pancreas. Insulin is an essential body requirement, and without it, the body cannot use food for energy. Type 1 Diabetes can only be managed by taking insulin injections. Type 1 Diabetes can be affected by food which increases the amount of glucose in the blood and by exercise and insulin which allows the glucose to be transferred into energy. The goal is to keep blood glucose levels within a healthy range as determined by the student's doctor. Parents should inform the school staff of the optimal range for blood glucose for their child. In most cases, students should be aware of their blood sugar targets.

Type 2 Diabetes: Type 2 diabetes develops when the pancreas does not produce enough insulin or the insulin produced is not used effectively. This condition develops more frequently in adults and can often be managed with exercise, diet and/or medication.

Insulin Blood Glucose: Insulin is a hormone that is required to convert glucose to energy for the body to use. Without insulin, glucose or blood sugar builds in a person's body instead of being used by cells to create energy. Blood glucose is the amount of glucose (sugar) in the blood at a given time. People with diabetes monitor their blood glucose regularly with a glucose meter and work to keep the results within a target range. Levels will change depending on food consumption, physical activity, stress, illness, and many other factors. The target range is personalized for the student.

Glucagon-Injection: Glucagon is a hormone that causes the liver to release glucose into the blood. It is used to quickly increase blood sugar levels in diabetics with low blood sugar (hypoglycaemia). Due to the process required for administration, Glucagon is not administered by board personnel. An emergency response within the Plan of Care must be developed to support students who may require the administration of Glucagon by emergency medical services personnel.

Supporting Students with Prevalent Medical Conditions

Page 21 of 34

Hypoglycaemia is low blood sugar. It occurs when blood glucose falls below the target range noted in a student's plan of care.

Hyperglycaemia is high blood sugar. It occurs when blood sugar is higher than the target range noted in a student's plan of care.

Insulin Pumps: The insulin pump is a medical device used for the administration of insulin. It is also known as continuous subcutaneous insulin infusion therapy. The device includes the pump itself (including controls, processing module, and batteries), a disposable reservoir for insulin (inside the pump), and a disposable infusion set, which delivers insulin under the skin. An insulin pump is an alternative to multiple daily injections of insulin by insulin syringe or an insulin pen and allows for intensive insulin therapy when used in conjunction with blood glucose monitoring and carbohydrate counting.

SOURCES/RESOURCES

Four Prevalent Medical Conditions

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

Diabetes Quick Facts – Ministry of Education

http://www.edu.gov.on.ca/eng/healthyschools/pmc_diabetes_fact_sheet_en.pdf

Diabetes at School - [Canadian Paediatric Society](#), in partnership with [Diabetes Canada](#), the [Canadian Paediatric Endocrine Group](#) offers a number of resources including videos as well as the following:

- Low Blood Sugar: What it is and what to do
<https://www.diabetesatschool.ca/uploads/docs/D@S-Hypo.pdf>
- High Blood Sugar: What it is, and what to do
<https://www.diabetesatschool.ca/uploads/docs/D@S-Hyper.pdf>
- Key Concepts of Managing Diabetes at School
<https://www.diabetesatschool.ca/tools/video-series>

Canadian Diabetes Association, *Guidelines for the Care of Students Living with Diabetes at School*

<http://www.diabetes.ca/getmedia/173678f6-1a4a-4237-bd55-aa7ba469a602/guidelines-for-students-in-school.pdf.aspx>

10.1 Triggers

Supporting Students with Prevalent Medical Conditions

10.1.1 Hypoglycaemia is an emergency situation requiring a response. It occurs when blood glucose or sugar falls below 4 mmol/L. Blood sugar can fluctuate within minutes and must be treated immediately. Changes in blood sugar may be caused by

- too much insulin injected,
- not enough food before exercise or physical activity
- missing a meal or snack, and/or
- engaging in an unplanned activity without considering food or insulin requirements.

10.1.2 Hyperglycaemia is not usually an emergency situation requiring immediate treatment. It occurs when blood glucose or sugar is higher than 15mmol/L. Prevention is key to avoiding serious health issues. Multiple incidents of hyperglycaemia should be reported to the parents to help them develop long-term management routines. Hyperglycaemia may be caused by one or a combination of the following factors according to *Diabetes At School*:

- extra food, without extra insulin,
- not enough insulin,
- decreased activity, and/or
- illness, stress, excitement.

10.2 Preventative Measures

10.2.1 According to the Canadian Paediatric Society in *Diabetes at School*, the following measures could prevent a diabetic emergency:

- frequent blood checks,
- eating meals and snacks on time (or as planned), and/or
- reacting quickly to signs of low blood sugar.

10.2.2 Specific preventative measures to manage diabetes are noted in the Plan of Care.

10.3 Signs and Symptoms

Trigger	Signs and Symptoms
Hypoglycaemia	shakiness, cold, sweaty skin, paleness, dizziness, confusion, headache, blurred vision, weakness or fatigue, irritability, poor behaviour, hunger, and/or lack of coordination.

Supporting Students with Prevalent Medical Conditions

Severe Hypoglycaemia	fainting, loss of consciousness, and/or seizures
Hyperglycaemia	extreme thirst, headache, hunger, frequent urination, blurry vision, warm, flushed skin, and/or irritability.
More Serious Hyperglycaemia	rapid, shallow breathing, vomiting, and/or fruity breath.

(Adapted from Canadian Paediatric Society, *Diabetes at School*)

10.4 Emergency Response

In the event of possible emergencies, it is essential that the Plan of Care—Emergency Procedure is implemented.

10.4.1 Steps to take for Mild Hypoglycaemia (when the student is in a responsive state):

- Check blood glucose, give the number of grams (noted in the Plan of Care) of a carbohydrate such as juice or skittles.
- Re-check blood glucose in 15 minutes.
- If glucose is still below the target range, repeat the first two steps noted above until the blood glucose is at the target level.

10.4.2 Steps to take for Severe Hypoglycaemia (student is unresponsive; can become life threatening):

- Roll the student on his/her side in the recovery position.
- Call 911. Do not provide drink or food.
- Stay with the student until emergency medical service personnel arrives.
- Contact parent/guardian or emergency contact.

10.4.3 Steps to take for Mild Hyperglycaemia:

- Allow the student free use of bathroom
- Encourage the student to drink only water
- Contact the parent/guardian if blue glucose is above the target level

10.4.4 Steps to take for Severe Hyperglycaemia;

If severe hyperglycaemia is suspected, the protocol below should be followed:

- if possible, confirm the hyperglycaemia by testing blood glucose, and

Supporting Students with Prevalent Medical Conditions

- contact parent/guardian or emergency contact.

10.5 Information and Awareness

Diabetes is a serious disease which will require students to manage the complexities of it for the rest of their lives. Knowing this can be quite overwhelming, principals may wish to consider the following:

- 10.5.1 Identification of the student with diabetes to peers. This should only be done once consultation has occurred with the student and the parents/guardians of this young person have given permission. This should only be done in a manner which reflects the student's age and level of maturity.
- 10.5.2 Resources that promote awareness and compassion for peers of students suffering from diabetes are available.

10.6 Field Trips/Other Changes in Routines

Schools should notify families well in advance of pending school trips, and other events such as special sporting events, so that appropriate modifications to the student's routine may be made and the Plan of Care included in the planning of the event. Parents should be encouraged to attend school trips and/or events, if possible.

10.7 Facilitating and Supporting Routine Management

Children are diagnosed with diabetes at various points in their lives. Some will be very young, and others more mature. The goal for all of these children is to become as independent as possible in managing their diabetes. Independence relating to diabetes involves diet and managing activity including medication (insulin) and blood sugar testing as necessary. Independence also relates to self-advocacy. The school is to provide support as the student moves from dependence to independence and to create a supportive environment in which this transition can occur. The ultimate responsibility for diabetes management rests with the family and the child.

- 10.7.1 Parents should provide a Diabetes Management Kit with items described in section 10.7.6 below.
- 10.7.2 If a student is not yet able to safely manage his/her diabetes independently then the following steps will be taken:

Supporting Students with Prevalent Medical Conditions

Page 25 of 34

- The Principal will submit a completed Application for School Health Support Services (SHSS – see Appendix D) form to the Local Health Integration Network (LHIN) with signed, parental permission and call the Pediatric Team at (905) 523-8600 x2185 or x2319 to advise that the referral is being faxed (fax no.: (905) 639-8704 or toll free 1-866-655-6402).
- The SHSS form will be received by the Intake Department at the LHIN and directed to the appropriate case manager. If you are unsure who your school case manager is, contact a case management assistant at (905) 523-0886 x2180 or x2233 to obtain that information.
- The LHIN Case Manager will determine the eligibility of the student to receive nursing services.
- The LHIN Case Manager will inform the school as to whether or not the student is eligible to receive nursing services.
- If the student is eligible to receive nursing services:
- The principal or designate arranges a case conference with the parents and if necessary, invites the LHIN Case Manager. The principal or designate will also determine which school-based staff should attend the case conference.
- At the case conference:
 - an emergency/medical plan will be collaboratively developed.
 - the school and the family will develop a schedule to review the plan at least annually, and as needed according to any changes in the student's medical condition.
 - And should additional support be required at this meeting, the LHIN Case Manager will present a service plan to address the student's needs.

10.7.3 If the student is not eligible to receive nursing services:

- other options will need to be explored. This may include having the family monitor the student. If this is not possible, then the Principal should contact his/her Superintendent to discuss other alternatives.

10.7.4 Supporting routine management for students with diabetes involves but is not limited to performing daily or routine management in a school location as outlined in their Plans of Care. Students with diabetes should be able to participate in all activities. Participation may require pre-planning by the school staff as well as monitoring of the student during activities. The Canadian Paediatric Society, in *Diabetes At School*, has identified the following considerations which will support successful routine management:

- Ensure that the student has unrestricted bathroom access, as well as access to water at all times. This is especially important when blood sugar is high.

Supporting Students with Prevalent Medical Conditions

- Ensure that the student eats snacks and meals on time.
- Ensure the student has easy access to supplies for blood glucose monitoring and treating low blood sugar.
- Provide parents with as much notice as possible about field trips, special events and changes to the school routine, especially where food or activity is involved.
- Know that a student may need to eat outside a planned meal or snack time to prevent low blood sugar.
- Support the student's self-care by allowing blood sugar monitoring at any time or anywhere, respecting the student's wish for privacy.
- Ensure that information about the student's daily tasks and emergency plan is available to occasional staff.

10.7.5 Staff can further help routine management for students with diabetes by

- learning about diabetes including signs, symptom;
- communicating with the student's parents at the start of the school year or following diagnosis, and
- arranging for the parents to provide a Diabetes Management Kit which include the following items as identified in *Diabetes At School*:
 - equipment to check blood sugar: glucose meter, test strips, lancets,
 - fast-acting sugar (juice, glucose tabs, candy) for low blood sugar, and
 - carbohydrate snack(s).
- And some kits may include the following:
 - insulin pen, pen needles, insulin (in case of pump failure),
 - extra batteries for meter, and
 - Glucagon Ketone urine strips and/or a meter for measuring ketones in blood.

11.0 Epilepsy

TERMINOLOGY

Epilepsy: According to Epilepsy Ontario and Epilepsy Canada, epilepsy is a common brain disorder characterized by recurrent seizures. "Epilepsy is a physical condition characterized by sudden, brief changes in how the brain works. It is a symptom of a neurological disorder - a disorder that affects the brain and shows itself in the form of seizures. It is a disorder, not a disease". A person diagnosed with epilepsy will have had more than one seizure which is unrelated to another medical condition. Seizures are usually brief in nature, lasting from several seconds to a couple of minutes. Usually recovery occurs following the end of the seizure.

Supporting Students with Prevalent Medical Conditions

Page 27 of 34

Seizure: “A seizure is a brief disruption in normal brain activity that interferes with brain function. The brain is made up of billions of cells called neurons which communicate by sending electrical messages. Brain activity is a rhythmic process characterized by groups of neurons communicating with other groups of neurons. During a seizure, large groups of brain cells send messages simultaneously which *temporarily* disrupts normal brain function in the regions where the seizure activity is occurring” (from Epilepsy Ontario)

Medication: Refers to medications that are prescribed by a regulated health care provider and, by necessity, may be administered to a student or taken by the student during school hours or school-related activities.

SOURCES/RESOURCES

Four Prevalent Medical Conditions

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

Epilepsy Quick Facts – Ministry of Education

http://www.edu.gov.on.ca/eng/healthyschools/pmc_epilepsy_fact_sheet_en.pdf

Epilepsy Ontario – Resources <http://epilepsyontario.org/>

[Types of Seizures:](http://epilepsyontario.org/wp-content/uploads/2018/02/SparkSeizureTypes_Eng.pdf)

http://epilepsyontario.org/wp-content/uploads/2018/02/SparkSeizureTypes_Eng.pdf

A Guide For Teachers:

<http://epilepsyontario.org/wp-content/uploads/2017/12/guideforteachers.pdf>

Videos on Seizures:

<https://epilepsyontario.org/research-and-resources/seizure-videos/>

Epilepsy Canada: <http://www.epilepsy.ca/>

11.1 Triggers

The following is a list of possible seizure triggers from Epilepsy Ontario:

11.1.1 Medication

- Not taking one’s anti-epileptic medication; and or
- Other medications which are taken in addition to anti-epileptic medication.

11.1.2 Internal Factors

- Stress, excitement and/or emotional upset

Supporting Students with Prevalent Medical Conditions

- This type of over-stimulation may lower the person’s resistance to seizures by affecting sleeping or eating habits.
- Boredom
 - Research shows that individuals who are happily occupied are less likely to have a seizure.
- Lack of sleep can change the brain’s patterns of electrical activity and can trigger seizures.
- Fevers may make some children more likely to have a seizure.
- Menstrual cycle
 - Many females find their seizures increase around the time of their period. This is a result of changes in hormone levels, increased fluid retention, and changes in anti-epileptic drug levels in the blood.

11.1.3 External Factors

- Poor diet
 - Many seizures take place when blood sugar is low.
 - Stimulants such as tea, coffee, chocolate, sugar sweets, soft drinks, excess salt, spices and animal proteins may trigger seizures by suddenly changing the body’s metabolism.
- Very warm weather, hot baths or showers, especially when there is a sudden change in temperature
- Fevers Television, videos, and flashing lights
 - The “strobe effect” from fast scene changes on a bright screen rapidly changing colours, or fast-moving shadows or patterns can all trigger seizures.
- Lack of physical activity

11.2 Prevention

Seizures could be prevented by reducing or avoiding, where possible, the triggers which are noted in section 11.1 above, as well as by avoiding any known seizure triggers identified in the student’s Plan of Care.

11.3 Signs and Symptoms

Autonomic	Abdominal discomfort or nausea, stomach pain, belching, flatulence and vomiting. pallor, flushing, sweating, dilation of the pupils, alterations in heart rate and respiration, and urination.
Emotional or other	Emotions such as fear, sadness, anger, or joy, bad taste, funny feeling in the pit of the stomach or a choking sensation.
Motor	Jerking or convulsive movement, spasms, twitching, repeated movements such as clapping, lip smacking, chewing, running, rigid muscles

Supporting Students with Prevalent Medical Conditions

Sensory	Seeing lights, hearing a buzzing sound, feeling numbness
Other	Loss of memories, blank stare or appearing dazed, changes in thinking, laughing or crying

(Adapted from Epilepsy Ontario)

11.4 Emergency Response

In the event of possible emergencies, it is essential that the Plan of Care including the Emergency Procedure is implemented. All staff should be aware of how the Emergency Procedure is to be implemented. If a medication is prescribed it will be provided to the school in a premeasured form.

11.5 Emergency Procedure

The emergency procedure should be noted in the Plan of Care for a student with epilepsy. The following is a general protocol from Epilepsy Ontario if a student has a seizure:

- 11.5.1 Stay calm and track the time and duration of seizure.
 - Seizures usually end on their own within seconds or a few minutes
 - Note the times the seizure begins and ends.

- 11.5.2 Keep the student safe.
 - Protect the student's head.
 - Move sharp objects out of the way.
 - If the person falls, place something soft under his/her head and roll them on his/her side as the seizure subsides, and
 - If the person wanders, stay by his/her side and gently steer him/her away from danger.

- 11.5.3 Do not restrain or interfere with the student's movements

- 11.5.4 Keep airway open/watch breathing, and do not put anything in the student's mouth.

- 11.5.5 If this is a tonic-clonic (convulsive) seizure, turn the student on his/her side.

- 11.5.6 Call 911, if
 - the seizure lasts more than 5 minutes,
 - it repeats without full recovery between seizures,
 - if consciousness or regular breathing does not return after the seizure ends,
 - the person is pregnant, has diabetes, appears injured or is in water,
 - if this is the student's first-time seizure and/or

Supporting Students with Prevalent Medical Conditions

- you are not sure the person has epilepsy or a seizure disorder.

11.5.7 Contact the parent/guardian or emergency contact.

11.5.8 Provide reassurance.

- When the seizure ends, stay with the person until complete awareness returns.

11.6 Field Trips/Other Changes in Routines

Schools should notify families well in advance of pending school trips, and other events such as special sporting events, so that appropriate modifications to the student's routine can be made and the Plan of Care included in the planning of the event. Parents should be encouraged to attend school trips and/or events, if possible.

11.7 Information and Awareness

Epilepsy is a treatable disorder. A significant number of people with epilepsy are able to control their seizures with medication. A lesser number of people need to rely on other treatment options.

11.7.1 Types of Seizures:

As identified by Epilepsy Ontario, for students diagnosed with epilepsy, there are two main types of seizures:

- *Focal (or partial) seizures* occur when seizure activity is limited to a part of one brain hemisphere. There is a site, or a focus, in the brain where the seizure begins. There are two types of focal seizures:
 - Focal seizures with retained awareness: this type of focal seizure was previously known as a simple partial seizure, and
 - Focal seizures with a loss of awareness: this type of focal seizure may also be called a focal dyscognitive seizure (previously known as complex partial seizures).
- *Generalized seizures* occur when there is widespread seizure activity in the left and right hemispheres of the brain. The different types of generalized seizures are:
 - absence seizures (formerly known as petit mal),
 - tonic-clonic or convulsive seizures (formerly known as grand mal),
 - atonic seizures (also know as drop attacks),
 - clonic seizures,
 - tonic seizures, and
 - myoclonic seizures.

11.8 Safety Considerations

Supporting Students with Prevalent Medical Conditions

- 11.8.1 When planning events and activities, consideration of possible triggers for students diagnosed with epilepsy should be taken into account. Examples of things to consider for a student with epilepsy might include
- monitoring fluorescent light fixtures are working well,
 - avoiding loud noise where possible,
 - assisting students during physical activities that could involve climbing, and/or
 - minimizing the use of videos during instructional time, where possible.
- 11.8.2 In addition, the Principal will
- ensure that occasional staff are aware of the Plan of Care including the Emergency Procedure.

11.9 Facilitating and Supporting Routine Management

- 11.9.1 Supporting routine management for students with epilepsy involves, but is not limited to, supporting inclusion by allowing students with epilepsy to perform daily or routine management in a school location as outlined in their Plan of Care. Participation may require pre-planning by the school staff as well as monitoring of the student during activities.
- 11.9.2 Students are allowed to carry their medications as outlined in their Plans of Care.

RELATED POLICIES AND PROCEDURES:

Medical Health Support – Policy No. 5.5
Freedom of Information and Protection of Privacy – Policy No. 1.6
Administration of Oral Prescription Medication Procedure - Procedure 5.5

APPENDICES

APPENDIX A. Sources and Resources

SOURCES AND RESOURCES:

Education Act, R.S.O. 1990
PPM 161: Supporting Children and Students with Prevalent Medical Conditions, 2018

Supporting Students with Prevalent Medical Conditions

Page 32 of 34

(Anaphylaxis, Asthma, Diabetes and/or Epilepsy) in Schools 2017

Sabrina's Law: <https://www.ontario.ca/laws/statute/05s07>

Ryan's Law: <https://www.ontario.ca/laws/statute/15r03>

Four Prevalent Medical Conditions

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

Healthy Schools, Ministry of Education:

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

Ontario Education Services Corporation, *Prevalent Medical Conditions* (2017) <http://www.oesc-cseo.org/en-ca/Pages/Prevalent-Medical-Conditions.aspx>

Ontario Education Services Corporation, *Administrative Framework—Developing a Board Policy on Prevalent Medical Conditions* (2018) http://www.oesc-cseo.org/en-ca/Documents/PMC_Admin_Framework_Final_Feb28-18.pdf

Food Allergy Canada, <http://foodallergycanada.ca/resources/print-materials/>

Allergy Aware: www.allergyaware.ca (Free online courses about food allergy and anaphylaxis for school, child care and community settings).

Anaphylaxis Quick Facts –Ministry of Education

http://www.edu.gov.on.ca/eng/healthyschools/pmc_anaphylaxis_fact_sheet_en.pdf

Anaphylaxis Quick Facts –Ministry of Education

http://www.edu.gov.on.ca/eng/healthyschools/pmc_anaphylaxis_fact_sheet_en.pdf

[Anaphylaxis in Schools and Other Settings – 3rd Edition](http://www.foodallergycanada.ca/wp-content/uploads/Anaphylaxis-in-Schools-Other-Settings-3rd-Edition-Revised_a.pdf)

http://www.foodallergycanada.ca/wp-content/uploads/Anaphylaxis-in-Schools-Other-Settings-3rd-Edition-Revised_a.pdf

[Preventing Anaphylaxis Emergencies – from Anaphylaxis in School and Other Settings – 3rd edition](http://www.foodallergycanada.ca/resources/resources-for-educators/)

<http://www.foodallergycanada.ca/resources/resources-for-educators/>

Asthma Quick Facts–Ministry of Education

http://www.edu.gov.on.ca/eng/healthyschools/pmc_asthma_fact_sheet_en.pdf

Asthma Canada <https://asthma.ca>

The Lung Association–Managing Asthma Attacks Poster for Schools

<https://lung.healthdiary.ca/Guest/Product.aspx?IDS=oXnnvkXlwFIOLaR3rfj%2bAQ%3d%3d>

OPHEA Canada–Managing Asthma in Our Schools (video)

<https://www.youtube.com/watch?v=aCeNK32gSOc&feature=youtu.be>

OPHEA Canada–Creating Asthma Friendly Schools

http://www.asthmafriendly.ca/sites/asthma.ophea.net/files/checklists/ASTM_CAFSWebEN_09S_E15.pdf

Diabetes Quick Facts – Ministry of Education

http://www.edu.gov.on.ca/eng/healthyschools/pmc_diabetes_fact_sheet_en.pdf

Diabetes at School: <http://www.diabetesatschool.ca/>

Low Blood Sugar: What it is and what to do

<https://www.diabetesatschool.ca/uploads/docs/D@S-Hypo.pdf>

High Blood Sugar: What it is, and what to do

<https://www.diabetesatschool.ca/uploads/docs/D@S-Hyper.pdf>

Supporting Students with Prevalent Medical Conditions

Page 33 of 34

Key Concepts of Managing Diabetes at School

<https://www.diabetesatschool.ca/tools/video-series>

Canadian Diabetes Association, *Guidelines for the Care of Students Living with Diabetes at School*

<http://www.diabetes.ca/getmedia/173678f6-1a4a-4237-bd55-aa7ba469a602/guidelines-for-students-in-school.pdf.aspx>

Epilepsy Quick Facts – Ministry of Education

http://www.edu.gov.on.ca/eng/healthyschools/pmc_epilepsy_fact_sheet_en.pdf

Epilepsy Ontario – Resources <http://epilepsyontario.org/>

[Types of Seizures:](#)

http://epilepsyontario.org/wp-content/uploads/2018/02/SparkSeizureTypes_Eng.pdf

A Guide For Teachers:

<http://epilepsyontario.org/wp-content/uploads/2017/12/guideforteachers.pdf>

Videos on Seizures:

<https://epilepsyontario.org/research-and-resources/seizure-videos/>

Epilepsy Canada: <http://www.epilepsy.ca/>

APPENDIX B. Anaphylaxis Plan of Care

APPENDIX C. Asthma Plan of Care

APPENDIX D. Diabetes Plan of Care

APPENDIX E. Epilepsy Plan of Care

APPENDIX F. Authorization of Administration of Oral Prescription Medication

APPENDIX G. FORMS:

Appendix G1 – School Personnel Prevalent Medication Condition Training Record

Appendix G2 – Medical Incident Record Form

Appendix G3 – Consent Form to Carry and Administer Medication/Disclose Personal Information

Appendix G4 – LHIN Application for School Health Support Services

HWDSB

ANAPHYLAXIS Plan of Care

STUDENT INFORMATION

Student Name _____ Date Of Birth _____

OEN # _____ Age _____

Grade _____ Teacher(s) _____

Student Photo (optional)

EMERGENCY CONTACTS (LIST IN PRIORITY)

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

KNOWN LIFE-THREATENING TRIGGERS

CHECK (☑) THE APPROPRIATE BOXES

Food(s): _____ Insect Stings: _____

Other: _____

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

Dosage: EpiPen® Jr. 0.15 mg EpiPen® 0.30 mg Location Of Auto-Injector(s): _____

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

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

Any other medical condition or allergy? _____

Post copy of page one in staff only area

DAILY/ROUTINE ANAPHYLAXIS MANAGEMENT

SYMPTOMS

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

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

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

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

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

Food(s) to be avoided: _____

Safety measures: _____

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

Designated eating area inside school building: _____

Safety measures: _____

Other information: _____

EMERGENCY PROCEDURES

(DEALING WITH AN ANAPHYLACTIC REACTION)

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

STEPS

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

HEALTHCARE PROVIDER INFORMATION

Healthcare provider may include: Physician or Nurse Practitioner

Healthcare Provider's Name: _____

Profession/Role: _____

Signature: _____ Date: _____

Special Instructions/Notes/Prescription Labels:

If medication is prescribed, please complete the Authorization of Administration of Oral Prescription Medication (Appendix F).

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

AUTHORIZATION/PLAN REVIEW

INDIVIDUALS WITH WHOM THIS PLAN OF CARE IS TO BE SHARED

1. _____ 2. _____ 3. _____

4. _____ 5. _____ 6. _____

Other Individuals To Be Contacted Regarding Plan Of Care:

Before-School Program Yes No _____

After-School Program Yes No _____

School Bus Driver/Route # (If Applicable) _____

Other: _____

This plan remains in effect for the 20____— 20____ school year without change and will be reviewed on or before: _____. (It is the parent(s)/guardian(s) responsibility to notify the principal if there is a need to change the plan of care during the school year.)

Parent(s)/Guardian(s): _____ Date: _____
Signature

Student: _____ Date: _____
Signature

Principal: _____ Date: _____
Signature

Information on this form is collected under the legal authority of the Education Act and in accordance with Sections 28 and 29 of the Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990 (MFIPPA). The purpose of the form is to support children with prevalent medical conditions and foster healthy and safe environments in which students can learn. We take your privacy seriously and have policies in place to make sure your information is protected (see our Privacy and Information Management Policy 1.6). Questions or concerns should be directed to your school principal.

File in student Prevalent Medical Conditions folder with Plan of Care. Also file a copy in the OSR. Retain until superseded or no longer in effect.

HWDSB

ASTHMA Plan of Care

STUDENT INFORMATION

Student Name _____	Date Of Birth _____	Student Photo (optional)
Ontario Ed. # _____	Age _____	
Grade _____	Teacher(s) _____	

EMERGENCY CONTACTS (LIST IN PRIORITY)

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

KNOWN ASTHMA TRIGGERS

CHECK (✓) ALL THOSE THAT APPLY

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

Post copy of page one in staff only area

DAILY/ ROUTINE ASTHMA MANAGEMENT

RELIEVER INHALER USE AT SCHOOL AND DURING SCHOOL-RELATED ACTIVITIES

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

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

Other (explain): _____

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

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

Airomir Ventolin Bricanyl Other (Specify) _____

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

Reliever inhaler is kept:

With _____ – location: _____ Other Location: _____

In locker # _____ Locker Combination: _____

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

Reliever inhaler is kept in the student's:

Pocket

Backpack/fanny Pack

Case/pouch

Other (specify): _____

Does student require assistance to **administer** reliever inhaler?

Yes

No

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

In main office (specify location): _____ Other Location: _____

In locker #: _____ Locker Combination: _____

CONTROLLER MEDICATION USE AT SCHOOL AND DURING SCHOOL-RELATED ACTIVITIES

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

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

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

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

EMERGENCY PROCEDURES

IF ANY OF THE FOLLOWING OCCUR:

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

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

TAKE ACTION:

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

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

IF ANY OF THE FOLLOWING OCCUR:

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

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

THIS IS AN EMERGENCY:

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

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

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

While waiting for medical help to arrive:

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

HEALTHCARE PROVIDER INFORMATION

Healthcare provider may include: Physician or Nurse Practitioner

Healthcare Provider's Name: _____

Profession/Role: _____

Signature: _____ Date: _____

Special Instructions/Notes/Prescription Labels:

If medication is prescribed, please complete the Authorization of Administration of Oral Prescription Medication (Appendix F).

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

AUTHORIZATION/PLAN REVIEW

INDIVIDUALS WITH WHOM THIS PLAN OF CARE IS TO BE SHARED

1. _____ 2. _____ 3. _____

4. _____ 5. _____ 6. _____

Other Individuals To Be Contacted Regarding Plan Of Care:

Before-School Program Yes No

After-School Program Yes No _____

School Bus Driver/Route # (If Applicable) _____

Other: _____

This plan remains in effect for the 20____— 20____ school year without change and will be reviewed on or before: _____. (It is the parent(s)/guardian(s) responsibility to notify the principal if there is a need to change the plan of care during the school year).

Parent(s)/Guardian(s): _____ Date: _____
Signature

Student: _____ Date: _____
Signature

Principal: _____ Date: _____
Signature

Information on this form is collected under the legal authority of the Education Act and in accordance with Sections 28 and 29 of the Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990 (MFIPPA). The purpose of the form is to support children with prevalent medical conditions and foster healthy and safe environments in which students can learn. We take your privacy seriously and have policies in place to make sure your information is protected (see our Privacy and Information Management Policy 1.6). Questions or concerns should be directed to your school principal.

File in student Prevalent Medical Conditions folder with Plan of Care. Also file a copy in the OSR. Retain until superseded or no longer in effect.

HWDSB

Appendix D

DIABETES Plan of Care

STUDENT INFORMATION

Student Name _____ Date Of Birth _____

OEN # _____ Age _____

Grade _____ Teacher(s) _____

Student Photo (optional)

EMERGENCY CONTACTS (LIST IN PRIORITY)

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

DIABETES SUPPORTS

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

Method of home-school communication: _____

Any other medical condition or allergy? _____

Post copy of page one in staff only area

DAILY/ROUTINE DIABETES MANAGEMENT

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

Yes

No

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

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

ROUTINE

INSULIN

- Student does not take insulin at school.
 - Student takes insulin at school by:
 - Injection
 - Pump
 - Insulin is given by:
 - Student
 - Student with supervision
 - Parent(s)/Guardian(s)
 - Trained Individual
- * All students with Type 1 diabetes use insulin. Some students will require insulin during the school day, typically before meal/nutrition breaks.

ACTION (CONTINUED)

Location of insulin: _____

Required times for insulin: _____

Before school: Morning Break:
 Lunch Break: Afternoon Break:
 Other (Specify) _____

Parent(s)/Guardian(s) responsibilities: _____

School Responsibilities: _____

Student Responsibilities: _____

Additional Comments: _____

ACTIVITY PLAN

Physical activity lowers blood glucose. BG is often checked before activity. Carbohydrates may need to be eaten before/after physical activity. A source of fast-acting sugar must always be within students' reach.

Please indicate what this student must do prior to physical activity to help prevent low blood sugar:

1. Before activity: _____
2. During activity: _____
3. After activity: _____

Parent(s)/Guardian(s) Responsibilities: _____

School Responsibilities: _____

Student Responsibilities: _____

For special events, notify parent(s)/guardian(s) in advance so that appropriate adjustments or arrangements can be made. (e.g. extracurricular, Terry Fox Run)

ROUTINE**ACTION (CONTINUED)****DIABETES MANAGEMENT KIT**

Parents must provide, maintain, and refresh supplies. School must ensure this kit is accessible all times. (e.g. field trips, fire drills, lockdowns) and advise parents when supplies are low.

Kits will be available in different locations but will include:

- Blood Glucose meter, BG test strips, and lancets
- Insulin and insulin pen and supplies.
- Source of fast-acting sugar (e.g. juice, candy, glucose tabs.)
- Carbohydrate containing snacks
- Other (Please list) _____

Location of Kit: _____

SPECIAL NEEDS

A student with special considerations may require more assistance than outlined in this plan.

Comments:

EMERGENCY PROCEDURES

HYPOGLYCEMIA – LOW BLOOD GLUCOSE (4 mmol/L or less)

DO NOT LEAVE STUDENT UNATTENDED

Usual symptoms of Hypoglycemia for my child are:

- | | | | |
|---|--|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Shaky | <input type="checkbox"/> Irritable/Grouchy | <input type="checkbox"/> Dizzy | <input type="checkbox"/> Trembling |
| <input type="checkbox"/> Blurred Vision | <input type="checkbox"/> Headache | <input type="checkbox"/> Hungry | <input type="checkbox"/> Weak/Fatigue |
| <input type="checkbox"/> Pale | <input type="checkbox"/> Confused | <input type="checkbox"/> Other _____ | |

Steps to take for Mild Hypoglycemia (student is responsive)

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

Steps for Severe Hypoglycemia (student is unresponsive)

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

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

Usual symptoms of hyperglycemia for my child are:

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

Steps to take for Mild Hyperglycemia

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

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

- | | | |
|---|-----------------------------------|--|
| <input type="checkbox"/> Rapid, Shallow Breathing | <input type="checkbox"/> Vomiting | <input type="checkbox"/> Fruity Breath |
|---|-----------------------------------|--|

Steps to take for Severe Hyperglycemia

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

HEALTHCARE PROVIDER INFORMATION

Healthcare provider may include: Physician or Nurse Practitioner

Healthcare Provider's Name: _____

Profession/Role: _____

Signature: _____ Date: _____

Special Instructions/Notes/Prescription Labels:

If medication is prescribed, please complete the Authorization of Administration of Oral Prescription Medication (Appendix F).

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

AUTHORIZATION/PLAN REVIEW

INDIVIDUALS WITH WHOM THIS PLAN OF CARE IS TO BE SHARED

1. _____ 2. _____ 3. _____

4. _____ 5. _____ 6. _____

Other Individuals To Be Contacted Regarding Plan Of Care:

Before-School Program Yes No _____

After-School Program Yes No _____

School Bus Driver/Route # (If Applicable) _____

Other: _____

This plan remains in effect for the 20____— 20____ school year without change and will be reviewed on or before: _____ (It is the parent(s)/guardian(s) responsibility to notify the principal if there is a need to change the plan of care during the school year).

Parent(s)/Guardian(s): _____ Date: _____

Signature

Student: _____ Date: _____

Signature

Principal: _____ Date: _____

Signature

Information on this form is collected under the legal authority of the Education Act and in accordance with Sections 28 and 29 of the Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990 (MFIPPA). The purpose of the form is to support children with prevalent medical conditions and foster healthy and safe environments in which students can learn. We take your privacy seriously and have policies in place to make sure your information is protected (see our Privacy and Information Management Policy 1.6). Questions or concerns should be directed to your school principal.

EPILEPSY Plan of Care

STUDENT INFORMATION

Student Name _____ Date Of Birth _____
OEN # _____ Age _____
Grade _____ Teacher(s) _____

Student Photo (optional)

EMERGENCY CONTACTS (LIST IN PRIORITY)

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

Has an emergency rescue medication been prescribed? Yes No

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

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

KNOWN SEIZURE TRIGGERS

CHECK (☑) ALL THOSE THAT APPLY

- Stress
- Menstrual Cycle
- Inactivity
- Changes In Diet
- Lack Of Sleep
- Electronic Stimulation
(TV, Videos, Florescent Lights)
- Illness
- Improper Medication Balance
- Change In Weather
- Other _____
- Any Other Medical Condition or Allergy? _____

DAILY/ROUTINE EPILEPSY MANAGEMENT

**DESCRIPTION OF SEIZURE
(NON-CONVULSIVE)**

ACTION:

(e.g. description of dietary therapy, risks to be mitigated, trigger avoidance.)

DESCRIPTION OF SEIZURE (CONVULSIVE)

ACTION:

SEIZURE MANAGEMENT

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

SEIZURE TYPE

ACTIONS TO TAKE DURING SEIZURE

(e.g. tonic-clonic, absence, simple partial, complex partial, atonic, myoclonic, infantile spasms)

Type: _____

Description: _____

Frequency of seizure activity: _____

Typical seizure duration: _____

BASIC FIRST AID: CARE AND COMFORT

First aid procedure(s): _____

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

If yes, describe process for returning student to classroom: _____

BASIC SEIZURE FIRST AID

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

FOR TONIC-CLONIC SEIZURE:

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

EMERGENCY PROCEDURES

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

Call 9-1-1 when:

- Convulsive (tonic-clonic) seizure lasts longer than five (5) minutes.
- Student has repeated seizures without regaining consciousness.
- Student is injured or has diabetes.
- Student has a first-time seizure.
- Student has breathing difficulties.
- Student has a seizure in water
- *Notify parent(s)/guardian(s) or emergency contact.

HEALTHCARE PROVIDER INFORMATION

Healthcare provider may include: Physician or Nurse Practitioner

Healthcare Provider's Name: _____

Profession/Role: _____

Signature: _____ Date: _____

Special Instructions/Notes/Prescription Labels:

If medication is prescribed, please complete the Authorization of Administration of Oral Prescription Medication (Appendix F).

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

AUTHORIZATION/PLAN REVIEW

INDIVIDUALS WITH WHOM THIS PLAN OF CARE IS TO BE SHARED

1. _____ 2. _____ 3. _____

4. _____ 5. _____ 6. _____

Other Individuals To Be Contacted Regarding Plan Of Care:

Before-School Program Yes No _____

After-School Program Yes No _____

School Bus Driver/Route # (If Applicable) _____

Other: _____

This plan remains in effect for the 20__— 20__ school year without change and will be reviewed on or before: _____ (It is the parent(s)/guardian(s) responsibility to notify the principal if there is a need to change the plan of care during the school year).

Parent(s)/Guardian(s): _____ Date: _____
Signature

Student: _____ Date: _____
Signature

Principal: _____ Date: _____
Signature

Information on this form is collected under the legal authority of the Education Act and in accordance with Sections 28 and 29 of the Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990 (MFIPPA). The purpose of the form is to support children with prevalent medical conditions and foster healthy and safe environments in which students can learn. We take your privacy seriously and have policies in place to make sure your information is protected (see our Privacy and Information Management Policy 1.6). Questions or concerns should be directed to your school principal.

AUTHORIZATION OF ADMINISTRATION OF ORAL PRESCRIPTION MEDICATION

A new form must be completed at the beginning of each school year, or when the medication changes.
This form is to be retained until the end of the school year.

Student's Name:	School:	Class:	Room:
Date of Birth:	Home Phone:	Business Phone:	
Emergency Contact Name and Relationship to Student:	Emergency Phone:		

Note: The administration of oral prescription medication during school or related activities on any day is subject to the school having sufficient and appropriate resources available that day for the safe use and administration of such oral prescription medication.

PART 1: TO BE COMPLETED BY ATTENDING PHYSICIAN

This is to advise that I have prescribed the administration of the following oral medication which must be taken during school hours.

Name of Medication:	Method of Administration:
Dosage:	Time(s)
How long is the child likely to need this medication?	
Possible hazards or side effects:	
Action to be taken should a reaction develop:	
Additional information if applicable (i.e. storage of meds, other allergies):	
Physician's Name (Print):	Address & Phone:
Physician's Signature:	
Date:	

PART 2: TO BE COMPLETED BY PARENT/GUARDIAN

- I understand that I am responsible to provide the medication in its original prescription container supplied by the pharmacist, which is properly labeled indicating the student's name and administration directions.
- I request and authorize the principal or designated staff member to administer the medication according to the Physician's directions.
- I understand it is my responsibility to ensure the school has a supply of medication on hand at any given time, and to remove the medication at the end of the school year.

Signature of Parent/Guardian:

Date:

PART 3: TO BE COMPLETED BY PRINCIPAL

Staff member designated to
supervise/administer medication:

Alternate:

Location of medication in the school:

Signature of Principal:

Date:

The "Medication Administration Record" form must be run on the backside of this page.

MEDICATION ADMINISTRATION RECORD

School Year _____

Student's Name:	Designated Staff Member:
Medication:	Alternate Staff Member:
Dosage:	Time of Administration:

**Initial each time that medication is administered.
Record abnormal or unusual circumstances related to the administration of the medication.**

Date	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	June
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										
21										
22										
23										
24										
25										
26										
27										
28										
29										
30										
31										

File in student Prevalent Medical Conditions folder with Plan of Care. Also file a copy in the OSR. Retain until superseded or no longer in effect.

HWDSB

Appendix G1

School Personnel Prevalent Medication Condition Training Record

PREVALENT MEDICAL CONDITION TRAINING - ATTENDANCE RECORD

SCHOOL: _____

PRINCIPAL: _____

DESCRIPTION OF PRESENTATION: _____
(e.g. face-to-face training, webcast, video, etc)

DATE OF TRAINING SESSION: _____

Name	Position (e.g. Principal, Teacher, Support Staff, Coach, Volunteer, Food Service Provider)	Signature

File in student Prevalent Medical Conditions folder with Plan of Care. Also file a copy in the OSR. Retain until superseded or no longer in effect.

HWDSB

Appendix G2

MEDICAL INCIDENT RECORD FORM

STUDENT NAME: _____

D.O.B. _____

Date:	Time of Incident	Length of Incident	Events before Incident	Description of Incident	Events after Incident	Date/Time Parent(s)/Guardian(s) Contacted

HWDSB

Appendix G3

CONSENT FORM

TO CARRY AND ADMINISTER MEDICATION/DISCLOSE PERSONAL INFORMATION

TO BE SIGNED BY PARENT/GUARDIAN UNLESS THE STUDENT IS 18 YEARS OF AGE OR OLDER

ADMINISTRATION OF MEDICATION

In the event of my child _____ experiencing a medical emergency, I consent to the administration of _____ (specify type of medication) by an employee of the _____ (school board) as prescribed by the physician and outlined in the Emergency Procedures of the Prevalent Medical Conditions Policy/Administrative Procedure.

PLEASE PRINT
Student's Name: _____

Class/Teacher: _____

Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Date: _____

Signature of Student: _____
(if 18 years of age or older)

Date: _____

MAINTENANCE OF MEDICATION

I understand that it is the responsibility of my child _____ to carry _____ (specify type of medication) on his/her person.

PLEASE PRINT
Student's Name: _____

Class/Teacher: _____

Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Date: _____

Signature of Student: _____
(if 18 years of age or older)

Date: _____

Name of Physician: _____

Physician Phone #: _____

COLLECTION, DISCLOSURE AND USE OF PERSONAL INFORMATION

Authorization for the collection and maintenance of the personal information recorded on the Prevalent Medical Conditions form is the Municipal Freedom of Information and the Protection of Privacy Act. Users of this information should be directed by the principal of the school.

OPTIONAL:

Additionally, I further consent to the disclosure and use of the personal information collected herein to persons, including persons who are not the employees of the _____
(School Board) through the posting of photographs and medical information of my child
(Plan of Care/Emergency Procedures) in the following key locations:

- classroom staffroom lunchroom other
 office school bus gym

and through the provision of personal information contained herein to the following persons who are not employees of the Board: please check (✓) all applicable boxes

- Food service providers Child care providers
 Board approved transportation carriers Other _____
 School volunteers in regular direct contact with my child

Signature of Parent/Guardian: _____ Date: _____

Signature of Student: _____ Date: _____
(if 18 years of age or older)

Signature of Principal: _____ Date: _____

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

PLEASE NOTE THIS CONSENT EXPIRES AT THE END OF THE CURRENT SCHOOL YEAR

Application for School Health Support Services (SHSS)

A. STUDENT INFORMATION (please print)		
Surname:	First Name:	
Date of Birth (dd/mmm/yyyy):	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	
Address:	City:	Postal Code:
Health Card Number (HCN):	Version Code (VC):	
<i>Mandatory: HCN as well as applicable and up to date VC are required by HNHB LHIN in accordance with the Long-Term Care Act, 1994 to determine a student's eligibility for LHIN Services</i>		
Medical Diagnosis:		
Language Spoken in Home (if other than English):		
B. CONTACT INFORMATION (please print)		
1. Parent/Guardian (please print name):		
Legal Guardian: <input type="checkbox"/> Yes <input type="checkbox"/> No	Living with: <input type="checkbox"/> Yes <input type="checkbox"/> No	Relationship:
Home #: ()	Work #: ()	Cell #: ()
2. Parent/Guardian (please print name):		
Legal Guardian: <input type="checkbox"/> Yes <input type="checkbox"/> No	Living with: <input type="checkbox"/> Yes <input type="checkbox"/> No	Relationship:
Home #: ()	Work #: ()	Cell #: ()
3. Family Physician (please print name):		Phone: ()
4. Other Medical/Professional Personnel:		Phone: ()
<i>Please note that if Parent/Guardian information is not completed on this form, the application will be considered incomplete</i>		
C. SCHOOL INFORMATION (please print)		
<input type="checkbox"/> Public <input type="checkbox"/> Separate <input type="checkbox"/> Private <input type="checkbox"/> Home Specify Board:		
School:	City:	
Resource Teacher:	Phone: ()	Fax: ()
D. SERVICES REQUESTED		
<input type="checkbox"/> Nursing**		
<input type="checkbox"/> Occupational Therapy**	<input type="checkbox"/> Safety / Accessibility	
<input type="checkbox"/> Physiotherapy**	<input type="checkbox"/> Equipment	
<input type="checkbox"/> Nutrition	<input type="checkbox"/> Re – referral	
<input type="checkbox"/> Speech Therapy**		
For 'Private and Home School' only: <input type="checkbox"/> Personal support <input type="checkbox"/> Equipment		
<i>**Mandatory – Supporting documentation (Medical Orders or Information Forms) must accompany referral</i>		

NAME OF STUDENT:	HCN:
------------------	------

E. RELEASE OF INFORMATION & CONSENT TO ASSESSMENT

I do hereby give consent to the school to release/share information, including Third Party records, relevant to the care and status of my child to the Hamilton Niagara Haldimand Brant Local Health Integrated Network (HNHB LHIN) as deemed necessary for assessment of School Health Support Services. I consent to the following:

- HNHB LHIN will enter the referral information into its database;
- HNHB LHIN will share referral information with their contracted Service Providers;
- HNHB LHIN will exchange and share information with school / school will exchange and share information with HNHB LHIN.

Parent/Guardian or Student (if 16 years+) *Printed Name*: _____

Parent/Guardian or Student *Signature* (if 16 years+): _____

Date: _____
(dd/mmm/yyyy)

Principal/Designate *Signature*: _____

****Please note that the name and signature of the parent/guardian or student should match information given in section B or the application will be considered incomplete. The principal/designate signature is also required for the application to be considered complete.

As a HNHB LHIN client, or as a guardian acting on behalf of a client, you have the right to refuse to provide personal information for the purposes explained above. Refusal to provide this information may impact on HNHB LHIN's ability to provide services. No information is released for any other purpose without your consent, unless required by law.

File in student Prevalent Medical Conditions folder with Plan of Care. Also file a copy in the OSR. Retain until superseded or no longer in effect.

Fax completed form with supporting documentation to:

HNHB LHIN Intake (1-866-655-6402) / (905) 639-8704

OR Mail the same to:

HNHB LHIN Intake ♦ 440 Elizabeth Street, 4th Floor ♦ Burlington, ON, L7R 2M1