

ADMINISTRATIVE PROCEDURES

SUBJECT: SUPPORTING CHILDREN AND STUDENTS WITH PREVALENT MEDICAL CONDITIONS

INTRODUCTION

To promote the safety and well-being of students, the Ministry of Education, through Policy/Program Memorandum No. 161 (PPM 161), requires all school boards in Ontario to develop and maintain a policy or policies to support students in schools who have asthma, diabetes, and/or epilepsy, and/or are at risk for anaphylaxis. These medical conditions, hereafter referred to as prevalent medical conditions, have the potential to result in a medical incident or a life-threatening medical emergency.

The Lambton Kent District School Board (LKDSB) is committed to providing a safe learning environment for all students. In accordance with Board Policy (Supporting Children and Students with Prevalent Medical Conditions) the Board will strive to:

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

ROLES AND RESPONSIBILITIES

The ultimate responsibility for supporting children and students with prevalent medical conditions belongs with the child and the family; however, school staff can play an important support role as students acquire greater independence in the management of their conditions.

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

a) Parents/Guardians of Children with Prevalent Medical Conditions

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

Parents/Guardians should:

- educate their child about their medical condition(s) with support from their child's health care professional, as needed;
- guide and encourage their child, as age appropriate, to reach their full potential for self-management and self-advocacy (e.g., carry their medication and medical supplies; follow school board policies on disposal of medication and medical supplies);
- inform the school of their child's medical condition(s) and co-create the Plan of Care including Emergency Response for their child with the principal or the principal's designate;

- communicate changes to the Plan of Care, such as changes to the status of their child's medical condition(s) or changes to their child's ability to manage the medical condition(s), to the principal or the principal's designate;
- confirm annually to the principal or the principal's designate that their child's medical status is unchanged;
- initiate and participate in annual meetings to review their child's Plan of Care;
- supply their child and/or the school with sufficient quantities of medication and supplies in their original, clearly labelled 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 (Administrative Procedure - Administration of Medication: A-SE-302.1);
- seek medical advice from a medical doctor, nurse practitioner, or pharmacist, where appropriate;
- ensure that emergency contact information is current and communicated to the school;
- encourage their child to wear medical alert identification.

b) Students with Prevalent Medical Conditions

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

Students should:

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

c) School Staff

School staff should follow the LKDSB's policies and procedures as well as the provisions in their collective agreements related to supporting students with prevalent medical conditions in schools.

School staff should:

- review the contents of the Plan of Care including Emergency Response for any student with whom they have direct contact;
- participate in training, during the instructional day, on prevalent medical conditions, at a minimum bi-annually, as required by the Board;
- share information on a student's signs and symptoms with other students, if the parents/guardians give consent to do so and as outlined in the Plan of Care and authorized by the principal in writing;
- follow LKDSB strategies for the specific identified medical conditions that reduce the risk of student exposure to triggers or causative agents in classrooms, common school areas, and extracurricular activities, in accordance with the student's Plan of Care;

- support a student's daily or routine management, and respond to medical incidents and medical emergencies that occur during school, as outlined in their Plan of Care;
- 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 Plans of Care, while being aware of confidentiality and the dignity of the student;
- enable students with prevalent medical conditions to participate in school to their full potential, as outlined in their Plans of Care.

d) Principal

Principals should, in addition to the responsibilities outlined above under "School Staff":

- clearly communicate to parents/guardians and appropriate staff the process for parents/guardians to notify the school of their child's medical condition(s), as well as the expectation for parents/guardians 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/guardians, at a minimum:
 - during the time of registration;
 - each year during the first week of school;
 - when a child is diagnosed and/or returns to school following a diagnosis;
- co-create, review, or update the Plan of Care for a student with a prevalent medical condition with the parent(s)/guardian(s), in consultation with school staff (as appropriate) and with the student (as appropriate);
- maintain a file with the Plan of Care and supporting documentation for each student with a prevalent medical condition;
- provide relevant information from the student's Plan of Care to school staff and others who are identified in the Plan of Care (e.g., food service providers, transportation providers, volunteers, occasional staff who will be in direct contact with the student), including any revisions that are made to the Plan;
- communicate with parent(s)/guardians in medical emergencies, as outlined in the Plan of Care;
- encourage the identification of staff who can support the daily or routine management needs of students in the school with prevalent medical conditions, while honouring the provisions within their collective agreements;
- ensure that, in the event of a school emergency (e.g., bomb threat, evacuation, fire, "hold and secure", lockdown), every reasonable effort shall be made to transport the Plans of Care and necessary medical supplies/resources with the student to the evacuation site.

e) Senior Administration

The LKDSB will communicate, on an annual basis, their policies and procedures on Supporting Students with Prevalent Medical Conditions to parents/guardians, school board staff, and others in the school community who are in direct contact with students (e.g., food service providers, transportation providers, volunteers). The LKDSB will post their policies, procedures and Plan of Care templates on the LKDSB's public website.

Senior Administration will:

- provide annual training for staff and resources on prevalent medical conditions;
- post resources on prevalent medical conditions on the LKDSB website for parents/guardians, school board staff, and others in the school community who are in direct contact with students (e.g., food service providers, transportation providers, volunteers).
- develop strategies that reduce the risk of student exposure to triggers or causative agents in classrooms and common school areas;
- develop and communicate expectations for schools to support the safe storage and disposal of medication and medical supplies;

- 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;
- consider Ministry PPM No. 161 and related LKDSB policies when entering into contracts with transportation, food service, and other providers.

PLAN OF CARE

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

The Plan of Care for a student with a prevalent medical condition will be co-created, reviewed, and/or updated by the parent(s)/guardians in consultation with the principal or the principal's designate, designated staff (as appropriate), and the student (as appropriate), during the first thirty school days of every school year and, as appropriate, during the school year (e.g., when a student has been diagnosed with a prevalent medical condition).

As appropriate, consultation with a health care provider is encouraged. The Plan of Care will be implemented in accordance with the specific medical requirements for each student. The plan will include specific emergency steps.

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

Copies of the Plans of Care, which includes an Emergency Response, will be located in the main office and in the teacher's day planner and shared with those identified in the Plan. With parent permission, as indicated on their child's Plan of Care, plans will be stored and accessible on the 'S: drive'.

The LKDSB has developed specific Plans of Care for each prevalent medical condition:

- Anaphylaxis
- Asthma
- Diabetes
- Epilepsy/Seizure Disorder

EMERGENCY RESPONSE

Expectations for school staff responses to medical emergencies with respect to prevalent medical conditions are outlined in each specific Plan of Care.

RAISING AWARENESS OF BOARD POLICY AND OF EVIDENCE-BASED RESOURCES

The LKDSB is committed to raising awareness of prevalent medical conditions that affect students. This can be achieved through curriculum content in classroom instruction, other related learning experiences, and classroom leadership opportunities. Awareness is especially important at times of transition (e.g., the move to a new school, the move from elementary to secondary school), when students have to face social, physiological, and environmental changes.

The LKDSB will also make appropriate resources available to occasional staff and service providers, such as food service and transportation providers.

TRAINING

Regular training is needed to ensure that school staff and others who are in contact with students understand prevalent medical conditions, including emergency responses. The scope of training includes the following:

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

Annual e-learning module training is required for all LKDSB staff in:

- PPM 161
- Anaphylaxis
- Asthma
- Diabetes
- Epilepsy/Seizure Disorder

To complete the Plans of Care for students with diabetes and/or epilepsy/seizure disorder, school principals and/or staff should make arrangements for individualized training (i.e. contact Diabetic Clinics and Epilepsy Society).

SAFETY CONSIDERATIONS

The LKDSB will:

- allow for students to carry their medication(s) (including controlled substances) and supplies, as outlined in the Plan of Care;
- set expectations for schools to support the storage (according to the item's recommended storage conditions) and safe disposal of medication and medical supplies;
- include a process and appropriate resources to support students with prevalent medical conditions in the event of a school emergency (e.g., bomb threat, evacuation, fire, "hold and secure", lockdown)
- include a process and appropriate resources to support students with prevalent medical conditions in the event of a school field trip and/or educational tour. ([Administrative Procedure – Field Trips and Educational Tours: A-PR-209.](#))

PRIVACY AND CONFIDENTIALITY

The Principal and Staff will:

- comply with applicable privacy legislation regarding the confidentiality of students' medical information within the school environment, including practices for collecting, accessing, sharing, and documenting information;

- obtain written parental/guardian consent on the individual Plan of Care prior to sharing student health information with school staff, other students, food service and transportation providers, and other contacts deemed appropriate.

REPORTING

The Senior Administration will require schools to collect data on the number of students with prevalent medical conditions, including the number of occurrences of medical incidents and medical emergencies and the circumstances surrounding these events. Schools are to complete

Appendix 1. Senior Administration will collect a summary of this data on an annual basis and will record it in Appendix 2. The LKDSB will use this data as part of their cyclical policy reviews.

LIABILITY

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

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

(2) Subsection (1) applies to,

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

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

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

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

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

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

PREVALENT MEDICAL CONDITION: ANAPHYLAXIS

BASIC UNDERSTANDING

Sabrina's Law: An Act to Protect Anaphylactic Pupils came into force January 1, 2006. This law helps to protect pupils with life-threatening allergies and to create a safe and healthy school environment. Sabrina's Law requires every school board to establish and maintain an anaphylaxis policy and every school principal to develop individual plans for any pupil with an anaphylactic allergy.

Anaphylaxis is a serious allergic reaction that is rapid in onset and may cause death. While fatalities are rare, anaphylaxis must always be considered a medical emergency requiring immediate treatment.

Signs and symptoms of a severe allergic reaction can occur within minutes of exposure to an allergen (a substance capable of causing an allergic reaction). The most common allergens include certain foods and insect stings. Less common allergens include medications, latex and exercise.

Peanuts may be the most common allergen causing anaphylaxis in school children, and the most likely of all food allergens to trigger a full-blown anaphylactic reaction. This causes great difficulty in a school setting since peanut butter is a staple food for many children. The viscosity of peanut butter presents particular challenges in schools in terms of cross-contamination and cleaning.

Symptoms of anaphylaxis generally include one or more of these four body systems: skin, respiratory, gastrointestinal and/or cardiovascular. Breathing difficulties and low blood pressure are the most dangerous symptoms and both can lead to death if untreated. Anaphylaxis is an unpredictable condition as signs and symptoms can vary from one person to the next and from one episode to another in the same individual.

Epinephrine is the first line treatment for anaphylaxis. This life-saving medication helps to reverse the symptoms of a severe allergic reaction by opening the airways, improving blood pressure and increasing the heart rate. It is recommended that epinephrine be given at the start of a known or suspected anaphylactic reaction. In normally healthy individuals, epinephrine will not cause harm if given unnecessarily.

Schools must recognize and communicate to parents/guardians that, in spite of their best efforts, accidents may occur. However, once reasonable precautions have been taken, staff, parents/guardians, and/or other students should not feel responsible for accidental exposure. If accidental exposure does occur, appropriate emergency procedures must be in place, and acted upon immediately.

EMERGENCY RESPONSE

Even when schools have taken every reasonable precaution, an anaphylactic student may accidentally come into contact with an allergen at school. Anaphylactic children usually know when a reaction is taking place. It is important to encourage staff to listen to what the student is saying. There is no danger in reacting too quickly, but there is grave danger in reacting too slowly.

Every emergency plan must include specific steps to follow in an emergency:

- 1) **Give epinephrine auto-injector (e.g. EpiPen®) at the first sign of a known or suspected anaphylactic reaction.**
 - When a student self-administers an injection, it is essential that it be done under the direct supervision of an adult because symptoms may develop quickly, and the stress of the situation can cause unconsciousness to occur.
- 2) **Call 9-1-1. Tell them someone is having a life-threatening allergic reaction.**
 - Have a trained staff member stay with the student.

- Reassure the student, make the student comfortable, and lay the student on his/her side in case of vomiting.
 - Be prepared to provide the paramedic with a copy of the Plan of Care and the time and type of medication administered.
- 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) **Transport the child to the hospital.**
- 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).**

ADDITIONAL INFORMATION

Risk Reduction

The key to preventing an anaphylactic emergency is absolute avoidance of the allergen. Unfortunately, it is not possible for schools to reduce the risk to zero for children with anaphylaxis. School administrators need to review the environment in collaboration with their staff and determine if it can be altered to minimize the allergen, thereby reducing the risk of a reaction for the student.

It should be noted that precautions might vary depending on the properties of the allergen, (i.e. peanut butter poses greater difficulties due to its particular viscosity; it can easily be transferred to a variety of surfaces and even minute amounts can trigger a severe reaction).

Decisions on any actions taken by the school should be made in the context of the anaphylactic child's age and maturity. A secondary school student would be encouraged to assume more personal responsibility than an elementary student.

The following strategies should be implemented as part of a school prevention and management plan:

- Where there is a child in an elementary school who is peanut allergic, peanuts, peanut butter, peanut-containing foods or peanut free products having the appearance of peanut butter should not be brought to school.
- Where there is a student in a secondary school who is peanut allergic, complete avoidance policies, while desirable, may not be practical; therefore, allergy-aware classrooms may need to be instituted;
- Promote public education regarding the dangers of peanut allergies and request cooperation limiting peanut use at school;
- Provide visual supports (posters) as reminders of allergy sensitive environments;
- Establish safe lunchroom and eating area procedures:
 - The anaphylactic child should eat only food that has been prepared specifically for him/her, usually at home;
 - There should be no sharing or trading of food, food utensils, or food containers;
 - Establish a hand washing routine before and after meals;
 - Ensure that tables and eating surfaces are cleaned before and after eating;
 - Ensure careful supervision of lunch rooms and food celebrations.
- Food personnel should also be instructed about measures necessary to prevent cross contamination during the handling, preparation and serving of food;

- Ensure staff are made aware of possible allergens present in curricular material (e.g. play dough, beanbags, toys stuffed with peanut shells etc.) and art and craft materials (e.g. food materials, seeds, etc.);
- Take extra caution during field trips to ensure avoidance of allergens;
- Take special caution during special celebrations and school festivities that involve food. Parents/guardians sending food for bake sales, class parties and festivities, and special treats should be reminded that foods must be allergen-free.

Location of Epinephrine Auto-Injectors

- Epinephrine auto-injectors should be kept in a covered and secure area but unlocked for quick access. These easily accessible locations should be known to all staff members.
- As soon as they are old enough, students should carry their own epinephrine auto-injectors. Many young children carry an injection kit in a fanny pack around their waist at all times.
- An up-to-date supply of epinephrine auto-injectors, provided by the parents/guardians, should be available in the school at all times. Parents/guardians should provide at least two (2) auto-injectors in case one malfunctions, or additional treatment is required.

Conditions of Storage for Epinephrine Auto-Injectors

- Epinephrine auto-injectors should be protected from light and stored at room temperature. Do not refrigerate and protect from freezing.

Disposal of Epinephrine Auto-Injectors

- In the case of an emergency a used auto-injector should be sent with the child/student to the hospital.
- Expired auto-injectors should be returned to the parent/guardian for disposal.

RESOURCES

Additional resources are available on the following website:

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

PREVALENT MEDICAL CONDITION — ANAPHYLAXIS

Plan of Care

STUDENT INFORMATION

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

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-Injectors: _____

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

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

Any other medical condition or allergy? _____

DAILY/ROUTINE ANAPHYLAXIS MANAGEMENT**SYMPTOMS**

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

- **Skin system:** hives, swelling (face, lips, tongue), itching, warmth, redness.
- **Respiratory system** (breathing): coughing, wheezing, shortness of breath, chest pain or tightness, throat tightness, hoarse voice, nasal congestion or hay fever-like symptoms (runny, itchy nose and watery eyes, sneezing), trouble swallowing.
- **Gastrointestinal system** (stomach): nausea, vomiting, diarrhea, pain or cramps.
- **Cardiovascular system** (heart): paler than normal skin colour/blue colour, weak pulse, passing out, dizziness or light-headedness, 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 Allergens: _____

Additional Information: _____

EMERGENCY RESPONSE
(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, Nurse Practitioner, Registered Nurse, Pharmacist, Respiratory Therapist, Certified Respiratory Educator, or Certified Asthma Educator.

Healthcare Provider's Name: _____

Profession/Role: _____

Signature: _____ Date: _____

Special Instructions/Notes/Prescription Labels:

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

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

AUTHORIZATION/PLAN REVIEW

INDIVIDUALS WITH WHOM THIS PLAN OF CARE IS TO BE SHARED

1. _____ 2. _____ 3. _____

4. _____ 5. _____ 6. _____

Other individuals to be contacted regarding Plan Of Care: _____

Before-School Program Yes No

After-School Program Yes No

School Bus Driver/Route # (If Applicable) _____

Other: _____

Permission is granted to store this plan on the S:/drive?: Yes No

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

PREVALENT MEDICAL CONDITION: ASTHMA

BASIC UNDERSTANDING

Bill 20, Ryan's Law, an Act to protect pupils with asthma, came into effect April 30, 2015. This law is intended to protect pupils with asthma by ensuring asthma friendly schools. Ryan's Law requires every school board to establish and maintain an asthma policy and every school principal to develop individual plans for any student with asthma. It also stipulates that school principals must allow a student to carry his or her own asthma medication if the student has his or her parent's or guardian's permission. If the student is 16 years or older, he or she is not required to have his or her parent's or guardian's permission.

Asthma is a chronic inflammatory condition that occurs in the smaller airways of the lungs. People with asthma often have trouble breathing when they are in the presence of what are called "triggers." A trigger is anything or condition that causes inflammation in the airways leading to asthma symptoms.

When someone with asthma has asthma symptoms, it means that the flow of air is obstructed as it passes in and out of the lungs. This happens because of one or both of the following reasons:

- The lining of the airways becomes inflamed (irritated, reddened and swollen), and may produce more mucous.
- The muscles that surround the airways become sensitive and start to twitch and tighten, causing the airways to narrow.

Both of these factors cause the airways to narrow, making it difficult for air to pass in and out of them. The more inflamed the airway, the more sensitive it becomes, and this leads to an increase in breathing difficulty. Sudden narrowing of the airways produces what is often called an "asthma attack".

Symptoms of Asthma

Symptoms of asthma include:

- Difficulty breathing
- Shortness of breath
- Coughing
- Wheezing
- Chest tightness

Symptoms can vary in severity; they can be mild or moderate and affect activity levels, or they can be severe and life threatening. Symptoms can be reversed with medication and by reducing exposure to environmental triggers.

Triggers of Asthma

There are several types of triggers that can bring on asthma attacks. Schools can identify and manage asthma triggers through environmental awareness and best practices.

Inflammatory (allergic) triggers can cause inflammation of the lungs' airways or tightening of the airways' muscles. Inflammatory triggers include:

- Dust mites
- Animals
- Cockroaches
- Moulds
- Pollens
- Viral infections (common colds)
- Certain air pollutants

Symptom (non-allergic) triggers generally do not cause inflammation, but they can provoke "twitchy" airways, especially if they are already inflamed. Symptom triggers include:

- Smoke
- Exercise
- Extremes of temperature (cold or hot and humid)
- Chemical fumes and other strong-smelling substances such as perfumes, markers, paint, art supplies, cleaning products and glue
- Certain food additives like sulfites
- Certain air pollutants
- Intense emotions

Treatment of Asthma

Treatment of asthma is generally through medications that work to relieve symptoms in one of two ways. They either control or prevent inflammation and mucous production or relieve the muscle tightness around the airways.

Controller/Preventer Medication: (Flovent, Advair, Qvar, Pulmicort, etc.)

- Used daily, before and after school at home, to prevent asthma attacks (often inhalers are a variety of colours – orange, purple, brown, red)
- Decreases and prevents swelling of the airways
- Can take days to weeks of regular use to work effectively

Reliever Medication (Ventolin/Salbutamol, Bricanyl, etc.):

- Used to relieve symptoms of asthma and often called the 'rescue' inhaler (inhalers are usually blue in colour)
- Needs to be readily accessible at all times
- Provides relief quickly, within minutes
- Relaxes the muscles of the airways
- Taken only when needed or prior to exercise if indicated

Emergency Medication refers to a medication that is administered by a staff member to a student at the time of an asthma exacerbation. Emergency Medication is also considered Reliever Medication.

Anaphylaxis and Asthma

People with asthma who are also diagnosed with anaphylaxis are more susceptible to severe breathing problems when experiencing an anaphylactic reaction. It is extremely important for these asthmatic students to keep their asthma well controlled. In cases where an anaphylactic reaction is suspected, but there is uncertainty whether or not the person is experiencing an asthma attack, epinephrine should be used first. Epinephrine can be used to treat life-threatening asthma attacks as well as anaphylactic reactions. Asthmatics that are at risk of anaphylaxis should carry their asthma medications (e.g. puffers/inhalers) with their epinephrine auto-injector (e.g. EpiPen).

EMERGENCY RESPONSE

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:

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

- 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.
- 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.

ADDITIONAL INFORMATION

Risk Reduction

Creating and maintaining an asthma-friendly environment demonstrates that schools recognize and respond to the needs of students and staff with asthma. Asthma-friendly schools allow students to maximize their potential and experience rewarding educational, social, and health benefits. Empowering students in a supportive environment helps students develop life-long skills for controlling their condition and improving their quality of life.

The Lung Association of Ontario in conjunction with OPHEA has identified the following steps to help ensure an asthma friendly school.

- 1) Establish a process to identify students with asthma.
- 2) Ensure that all students with asthma have easy access to their prescribed reliever inhaler. Encourage students to carry their own inhalers (with permission of parent/guardian). If students are not permitted to carry their inhalers, then the reliever inhaler should be easily accessible at all times. (As outlined in the student's Plan of Care)
- 3) Establish a process for handling worsening symptoms and asthma attacks. Staff need to know how to recognize and manage asthma attacks.
- 4) Identify and reduce exposure to common asthma triggers.
 - Encourage frequent hand washing to prevent the spread of viral infections.
 - Use scent-free markers, non-toxic cleaning products and dust-free chalk.
 - Discourage staff, students and volunteers from using scented products.
 - Regularly maintain and inspect interior surfaces including carpets, rugs, curtains and blinds for dust, detritus and mould.
 - Consider keeping windows closed during high pollen count or poor air quality days (this can be monitored through local weather forecasts).
 - If possible, schedule building repairs and cleaning when students and staff are least likely to be exposed.
 - Exclude pets such as rodents and birds; avoid pet supplies such as sawdust.
 - From May through August consider avoiding activities in areas of high vegetation, i.e. grass, trees, blooming plants.
- 5) Uphold the Smoke-Free Ontario Act — make sure students, staff and visitors do not smoke on school property.
- 6) Encourage students with asthma to join in all activities to the best of their abilities. With controlled asthma, most students can participate in physical activity. Allow adequate time to warm up. Slowly increasing the intensity of the activity can reduce the chances of having asthma symptoms. Some students may need to use a reliever inhaler (usually blue) 10-15 minutes before an activity. Avoid locations with higher levels of air pollution (near large roads/highways or idling school buses).
- 7) Provide staff and students with opportunities to learn about asthma. Schools are encouraged to display Asthma First Aid Posters at various locations around the school.
- 8) School staff, day-care centres, coaches, families and health-care professionals should collaborate to create asthma friendly environments.

Storage of Inhalers

All students with asthma should have easy access to their reliever (rescue) inhalers. Ideally this is either on their person or in an agreed upon location where ease of access has been considered.

The location of inhalers is recorded in the individualized Plan of Care.

Disposal of Inhalers

Refer to [Administrative Procedure – Administration of Medication SE – 302](#): See #12. Disposal of Medication

RESOURCES

Additional resources are available on the following websites:

<https://ophea.net/creating-asthma-friendly-environments>

PLAN OF CARE**PREVALENT MEDICAL CONDITION - ASTHMA****Plan of Care****STUDENT INFORMATION**

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

EMERGENCY CONTACTS (LIST IN ORDER OF 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"/> 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? _____ _____ _____			

DAILY/ROUTINE ASTHMA MANAGEMENT**RELIEVER INHALER USE AT SCHOOL AND DURING SCHOOL-RELATED ACTIVITIES**

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

- When student is experiencing asthma symptoms (e.g., trouble breathing, coughing, wheezing).
 Other (explain): _____

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

Spacer (valved holding chamber) provided? Yes No

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

- Airomir Ventolin Bricanyl Other (Specify) _____

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

Reliever inhaler is kept:

- With _____ – location: _____ Other Location: _____
 In locker # _____ Locker Combination: _____

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

Reliever inhaler is kept in the student's:

- Pocket Backpack/fanny pack
 Case/pouch Other (specify): _____

Does student require assistance to **administer** reliever inhaler? Yes No

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

- In main office (specify location): _____ Other location: _____
 In locker #: _____ Locker combination: _____

CONTROLLER MEDICATION USE AT SCHOOL AND DURING SCHOOL-RELATED 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 RESPONSE**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, Nurse Practitioner, Registered Nurse, Pharmacist, Respiratory Therapist, Certified Respiratory Educator, or Certified Asthma Educator.

Healthcare Provider's Name: _____

Profession/Role: _____

Signature: _____ Date: _____

Special Instructions/Notes/Prescription Labels:

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

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

AUTHORIZATION/PLAN REVIEW

INDIVIDUALS WITH WHOM THIS PLAN OF CARE IS TO BE SHARED

1. _____ 2. _____ 3. _____

4. _____ 5. _____ 6. _____ Other

Individuals To Be Contacted Regarding Plan Of Care:

Before-School Program Yes No _____

After-School Program Yes No _____

School Bus Driver/Route # (If Applicable) _____

Other: _____

Permission is granted to store this plan on the S:/drive?: Yes No

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

PREVALENT MEDICAL CONDITION: DIABETES

BASIC UNDERSTANDING

Your body gets energy by making glucose from foods like bread, potatoes, rice, pasta, milk and fruit. To use this glucose, your body needs insulin. Insulin is a hormone that helps your body to control the level of glucose (sugar) in your blood. Diabetes is a serious disease that impairs the body's ability to use food properly. In students with diabetes, insulin is either not produced or does not work efficiently. There are three types of diabetes. Each type requires different management:

Type 1 Diabetes

Type 1 Diabetes, usually diagnosed in children and adolescents, occurs when the pancreas produces little or no insulin. With this type of diabetes, glucose builds up in the blood instead of being used for energy. The cause of Type 1 Diabetes remains unknown; however, it is not preventable, and it is not caused by eating too much sugar. Approximately 10 per cent of people with diabetes have Type 1 Diabetes.

Insulin therapy is the cornerstone of treatment for Type 1 Diabetes. Insulin can be administered by syringe, pen or pump, according to a regimen prescribed by a doctor.

Type 2 Diabetes

Type 2 Diabetes, which is prevalent in approximately 90 per cent of people with diabetes, occurs when the pancreas does not produce enough insulin or when the body does not effectively use the insulin that is produced. Type 2 Diabetes usually develops in adulthood, although increasing numbers of children in high-risk populations are being diagnosed.

Therapy for Type 2 Diabetes may involve self-monitoring of blood glucose levels, oral medication and in some cases insulin therapy.

Gestational Diabetes

Gestational Diabetes develops in 2-5 per cent of pregnant women. This type of diabetes usually disappears after childbirth but can result in a higher risk of future development of Type 2 Diabetes for the mother.

Signs and Symptoms

When blood glucose is in proper balance, children or adolescents will behave as others. When it is not, diabetes can lead to hypoglycemia or hyperglycemia, which in the most severe cases can be life threatening.

Hypoglycemia (low blood sugar)

This occurs when the amount of blood sugar is lower than an individual's target range. This can develop quickly and requires an immediate response. Be alert for the following symptoms and contact parents/guardians if mild symptoms appear, including:

- Cold, clammy or sweaty skin
- Paleness, quietness
- Shakiness or lack of coordination
- Fatigue, dizziness
- Irritability, hostility and poor behaviour

Severe hypoglycemia can be life-threatening and therefore result in the need for an urgent response. Contact parents/guardians and refer to the Plan of Care for Emergency Response. Symptoms of severe hypoglycemia include:

- Confusion
- Slurred speech
- Staggered gait
- Unresponsiveness

Glucagon

Glucagon is a hormone that raises the level of glucose in the blood. Glucagon injections are only used in a case of severe hypoglycemia.

Hyperglycemia (high blood sugar)

This occurs when the amount of blood sugar is higher than the individual's target range for a prolonged period of time. An urgent response to severe high blood sugar levels is not necessary if there are no symptoms. Be alert for the following symptoms and contact parents/guardians if mild symptoms appear, including:

- Frequent trips to the washroom to urinate
- Excessive thirst
- Blurred vision
- Hunger

Severe hyperglycemia can result in the need for an urgent response. Contact parents/guardians and refer to the Plan of Care for next steps. Symptoms of severe hyperglycemia include:

- Nausea
- Vomiting
- Extreme thirst
- Frequent/excessive urination
- General malaise

EMERGENCY RESPONSE**HYPOGLYCEMIA – LOW BLOOD GLUCOSE
(4 mmol/L OR LESS)****DO NOT LEAVE STUDENT UNATTENDED**

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 to take 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 GLUCOSE
(14 mmol/L OR ABOVE)**

Steps to take for Mild Hyperglycemia

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

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

- Rapid, Shallow Breathing
- Vomiting
- Fruity Breath

Steps to take for Severe Hyperglycemia

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

ADDITIONAL INFORMATION**Safe Handling/Disposal of Sharps**

Sharps are items that are potentially contaminated with blood or body fluids that are capable of causing a cut or puncture in the skin. Sharps include used syringes, insulin pen needles and lancets. Handle all sharps as minimally as possible. Do not re-cap needles. Place used needles and other sharps in a puncture-resistant sharps container. These containers should be marked "biohazard" and are usually disposed of by a parent/guardian through a local pharmacy sharps collection program.

Storage of Insulin and Diabetic Supplies

Refer to Student's Plan of Care.

RESOURCES

Additional resources are available at:

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

- Canadian Diabetes Association: www.diabetes.ca
- Diabetes at School: www.diabetesatschool.ca
- Chatham-Kent Health Alliance Diabetes Education Centre: 519-437-6086
- Bluewater Health Diabetes Education Program: 519-464-4400

PLAN OF CARE

PREVALENT MEDICAL CONDITION — TYPE 1 DIABETES
Plan of Care

STUDENT INFORMATION

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

EMERGENCY CONTACTS (LIST IN PRIORITY)

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

TYPE 1 DIABETES SUPPORTS

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

Method of home-school communication: _____

Any other medical condition or allergy? _____

DAILY/ROUTINE TYPE 1 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	ACTION (CONTINUED)
<p>DIABETES MANAGEMENT KIT (SURVIVAL KIT)</p> <p>Parents/guardians 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/guardians when supplies are low.</p>	<p>Kits will be available in different locations but will include:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Blood Glucose meter, BG test strips, and lancets <input type="checkbox"/> Insulin and insulin pen and supplies. <input type="checkbox"/> Source of fast-acting sugar (e.g. juice, candy, glucose tabs.) <input type="checkbox"/> Carbohydrate containing snacks <input type="checkbox"/> Other (Please list) _____ <p>Location of Kit: _____</p>
<p>ILLNESS</p> <p>When students with diabetes become ill at school, the parent/guardian/caregiver should be notified immediately so that they can take appropriate action. Nausea and vomiting (flu-like symptoms) and the inability to retain food and fluids are serious situations since food is required to balance the insulin. This can lead to hypoglycemia or be the result of hyperglycemia.</p>	<p>Comments:</p>
<p>ADDITIONAL INFORMATION</p> <p>A student with special considerations may require more assistance than outlined in this plan.</p>	<p>Comments:</p>

EMERGENCY RESPONSE**HYPOGLYCEMIA – LOW BLOOD GLUCOSE****(Low of 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)
Fast acting sugar is located _____.
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

* Where necessary, ensure Glucagon needle is available for EMS or volunteer who has been trained in Glucagon administration.

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, Nurse Practitioner, Registered Nurse, Pharmacist, Dietician.

Healthcare Provider's Name: _____

Profession/Role: __________
Signature: __________
Date: _____

Special Instructions/Notes/Prescription Labels:

If medication is prescribed, please include dosage, frequency and method of administration, dates for which

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: _____

Permission is granted to store this plan on the S:/drive?: Yes No**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: _____
SignatureStudent: _____ Date: _____
SignaturePrincipal: _____ Date: _____
Signature

PREVALENT MEDICAL CONDITION: EPILEPSY/SEIZURE DISORDER

BASIC UNDERSTANDING

A seizure disorder is a neurological disorder which causes a sudden burst of hyperactivity in the brain. This hyperactivity produces “seizures” which vary from one person to another in frequency and form. A seizure may appear as a brief stare, an unusual movement of the body, a change of awareness, or a convulsion. A seizure may last a few seconds or a few minutes. Repeated brain seizures usually characterize a seizure disorder sometimes known as epilepsy.

Causes

In approximately 60-75% of all cases, there is no known cause. Of the remaining cases, there are a number of frequently identified causes.

Identifiable Causes:

- aftermath of infection (meningitis);
- alteration in blood sugar (hypoglycemia) or other metabolic illness (hypocalcemia)
- birth trauma (lack of oxygen);
- brain injury to the fetus during pregnancy;
- brain tumour;
- genetics;
- head trauma (car accident, sports injury, shaken baby syndrome);
- poisoning;
- poisoning from substance abuse or environmental contaminants (lead);
- stroke.

Types

There are many different kinds of seizures. Seizures are usually split between two categories: generalized and focal (or partial) seizures. Generalized seizures involve the entire brain; these include absence seizures and tonic-clonic/convulsive seizures, which people often imagine when they think of epilepsy. Focal seizures, on the other hand, only involve one part of the brain; these include simple partial seizures and complex partial seizures.

Treatment

There are a variety of ways to treat epilepsy/seizure disorders which include: medication, surgery, ketogenic diets, and nerve stimulation. Drug therapy is the most common treatment for epilepsy and is usually tried first. Up to 60 per cent of people with epilepsy can control their seizures using medications. The goal of drug treatment is to obtain the best possible seizure control with the fewest side effects.

EMERGENCY RESPONSE

In all types of seizures, the goal is to protect the person from harm until full awareness returns. The Plan of Care outlines how to respond when a seizure happens.

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

Steps to follow in emergency seizure first aid include:

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.

ADDITIONAL INFORMATION

In cases where an emergency rescue medication has been prescribed, a Rescue Medication Plan, including health care provider's orders and authorization from the student's parent(s)/guardian(s) to administer the medication, must be obtained. Rescue medication training for the prescribed rescue medication and root of administration must be done in collaboration with a regulated health care professional.

Prior to creating a Rescue Medication Plan and prior to creating a plan to administer rescue medication, principals need to consult with the Superintendent of Education – Student Support Services/Well-Being.

RESOURCES

Additional resources are available at the following website:

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

PLAN OF CARE**PREVALENT MEDICAL CONDITION — EPILEPSY/SEIZURE DISORDER****Plan of Care****STUDENT INFORMATION**

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

EMERGENCY CONTACTS (LIST IN ORDER OF 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

- | | | |
|--|--|--|
| <input type="checkbox"/> Stress | <input type="checkbox"/> Menstrual Cycle | <input type="checkbox"/> Inactivity |
| <input type="checkbox"/> Changes In Diet | <input type="checkbox"/> Lack Of Sleep | <input type="checkbox"/> Electronic Stimulation
(TV, Videos, Florescent Lights) |
| <input type="checkbox"/> Illness | <input type="checkbox"/> Improper Medication Balance | |
| <input type="checkbox"/> Change In Weather | <input type="checkbox"/> Other _____ | |
| <input type="checkbox"/> Any Other Medical Condition or Allergy? _____ | | |

DAILY MANAGEMENT/ACTIONS

Describe what measures need to be taken to support daily management of epilepsy and avoidance of seizures (i.e. description of dietary therapy, risk to be mitigated, trigger avoidance).

SEIZURE INFORMATION

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

SEIZURE TYPE	DESCRIPTION What does it look like? Duration? Frequency?	ACTION

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 RESPONSE

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, Nurse Practitioner, Registered Nurse, Pharmacist, Epilepsy Educator.

Healthcare Provider's Name: _____

Profession/Role: _____

Signature: _____ Date: _____

Special Instructions/Notes/Prescription Labels:

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

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

AUTHORIZATION/PLAN REVIEW

INDIVIDUALS WITH WHOM THIS PLAN OF CARE IS TO BE SHARED

1. _____ 2. _____ 3. _____

4. _____ 5. _____ 6. _____

Other Individuals To Be Contacted Regarding Plan Of Care:

Before-School Program Yes No _____

After-School Program Yes No _____

School Bus Driver/Route # (If Applicable) _____

Other: _____

Permission is granted to store this plan on the S:/drive?: Yes No

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

Implementation Date: June 14, 2000
Revised: February 13, 2002
March 2004
September 2017,
August 27, 2018
November 26, 2018
April 17, 2023

Reference: LKDSB Policy
Ministry of Education PPM 161

APPENDIX A

Prevalent Medical Conditions: Medical Incident Record Form



STUDENT NAME: _			D.O.B.: _			
Date	Time of	Length of	Events Before Incident	Description of	Events After Incident	Date/Time Parent(s)/Guardian(s) Contacted

APPENDIX 2**Prevalent Medical Conditions: School Summary**

School: _

Administrator: _

School Year: 20 : 20

Prevalent Medical Condition	Number of Students with Condition	Number of Medical Incidents	Number of Medical Emergencies/9-1-1 Calls	Comments
Anaphylaxis				
Asthma				
Diabetes				
Epilepsy/Seizure Disorder				