



Health Support

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Administrative Procedures

These procedures provide directions for the following:

- Prevalent Medical Conditions
- Prescription Drugs
- Anaphylaxis
- Asthma
- Diabetes
- Epilepsy
- Appendix A: *Summary of Ministry of Education PPM #81*
- Appendix B: *Request for School Assistance in Health Care*
- Appendix C: *Individual Student Log of Prescription Medication Administered*
- Appendix D: *Anaphylaxis Plan of Care*
- Appendix E: *Consent for a Child to Carry and Self Administer Asthma Medication*
- Appendix F: *Student Asthma Plan of Care*
- Appendix G: *Diabetes Plan of Care*
- Appendix H: *Student Epilepsy Management Plan of Care*
- Appendix I: *Staff Member Epilepsy and Seizure Disorder Management Information Form*

PREVALENT MEDICAL CONDITIONS

1. Responsibilities

1.1 Role of Parent/Guardian

- 1.1.2 Educate their child about their medical condition(s) with support from their child's health care professional as needed.
- 1.1.3 Guide and encourage their child to reach full potential for self-management advocacy.
- 1.1.4 Annually notify the school Principal of their child's medical condition(s) and co-create with the principal or the principal's designate the Plan of Care for their child. The Plan of Care will indicate if the child requires or may require medication.



- 1.1.5 Complete the *Request for School Assistance in Health Care (Appendix B)* form giving authorization for medical intervention.
- 1.1.6 Submit the completed *Request for School Assistance in Health Care (Appendix B)* form accompanied by the authorization from the prescribing licenced medical practitioner.
- 1.1.7 Supply their child and/or the school with sufficient quantities of medication and supplies in their original, clearly labelled container 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 the school with a description of the medication outlining any side effects (this information is readily obtained from the pharmacist).
- 1.1.9 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.
- 1.1.10 Immediately communicate changes in dosage and administration to the school and a **new** *Request for School Assistance in Health Care (Appendix B)* form must be completed.
- 1.1.11 Initiate and participate in meetings to review their child's plan of care.
- 1.1.12 Seek medical advice from a medical doctor, nurse practitioner, of pharmacist where appropriate.

1.2 Role of the Principal

- 1.2.1 Clearly communicate to parents and appropriate staff the process for parents to notify the school of their child's medical condition(s), as well as the expectation for parents to co-create, review, and update a Plan of Care with the principal or the principal's designate. This process should be communicated to parents, at a minimum:
 - During the time of registration;
 - Each year during the first week of school;
 - When a child is diagnosed and/or returns to school following a diagnosis.
- 1.2.2 Co-create, review or update the Plan of Care of a student with a prevalent medical condition with the parent(s), in consultation with the school staff (as appropriate) and with the student (as appropriate);
- 1.2.3 Maintain a file with the Plan of Care and supporting documentation for each student with a prevalent medical condition.

- 1.2.4 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;
- 1.2.5 Communicate with parent(s) in medical emergencies, as outlined in the Plan of Care;
- 1.2.6 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.
- 1.2.7 Consult with the physician, with consent from the parent/guardian for review of the Plan of Care, in the event that such a review is required.

1.3 Role of School Staff

- 1.3.1 Review the contents of 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 student's signs and symptoms with other students, if parents give consent to do so, as outlined in Plan of Care and authorized by the principal in writing.
- 1.3.4 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;
- 1.3.5 Support a student's daily or routine management, and respond to medical incidents and medical emergencies that occur during school, as outlined in board policies and procedures (in situations where school board staff already provide supports to students with prevalent medical conditions, and are already trained appropriately.
- 1.3.6 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;
- 1.3.7 Enable students with prevalent medical conditions to participate in school to their full potential, as outlined in their Plan of Care.

1.4 Role of School Board

- 1.4.1 Provide training and resources on prevalent medical conditions on an annual basis;
- 1.4.2 Develop strategies that reduce the risk of student exposure to triggers or causative agents in classrooms and common school areas;
- 1.4.3 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;
- 1.4.4 Communicate expectations that students are allowed to carry their medication and supplies to support the management of their medical condition, as outlined in the Plan of Care;
- 1.4.5 Consider PPM #161 related board policies when entering into contracts with transportation, food service, and other providers.

1.5 Role of Student

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

- 1.5.1 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;
- 1.5.2 Participate in the development of their Plan of Care;
- 1.5.3 Participate in meetings to review their Plan of Care;
- 1.5.4 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);
- 1.5.5 Set goals on an ongoing basis for self-management of their medical condition, in conjunction with their parent(s) and health care professional(s);
- 1.5.6 Communicate with their parent(s) and school staff if they are facing challenges related to their medical condition(s) at school;
- 1.5.7 Wear medical alert identification that they and/or their parent(s) deem appropriate;
 - If possible, inform school staff and/or their peers if a medical incident or a medical emergency occurs.



2. Expectations

- 2.1 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.
- 2.2 School staff are required to follow their school board's policies and the provisions in their collective agreements related to supporting students with prevalent medical conditions in schools.
- 2.3 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.
- 2.4 Students are expected to actively support the development and implementation of their Plan of Care, depending on their cognitive, emotional, social and physical stage of development, and their capacity for self-management

PRESCRIPTION DRUGS

3. Responsibilities

1.1 Role of Parent/Guardian

- 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 full potential for self-management advocacy.
- 1.1.3 Annually notify the school Principal that the child requires or may require medication.
- 1.1.4 Complete the Request for School Assistance in Health Care (Appendix B) form giving authorization for medical intervention.
- 1.1.5 Submit the completed Request for School Assistance in Health Care (Appendix B) form accompanied by the authorization from the prescribing licenced medical practitioner.
- 1.1.6 Supply medication in original container as prescribed by the attending licenced medical practitioner.



- 1.1.7 Provide the school with a description of the medication outlining any side effects (this information is readily obtained from the pharmacist).
- 1.1.8 Immediately communicate changes in dosage and administration to the school and a new Request for School Assistance in Health Care (Appendix B) form must be completed.
- 1.1.9 Initiate and participate in meetings to review their child's plan of care.
- 1.1.10 Seek medical advice from a medical doctor, nurse practitioner, or pharmacist where appropriate.

1.2 Role of Principal

- 1.1.1 The Principal will send the Request for School Assistance in Health Care (Appendix B) form to parents.
- 1.1.2 The Principal will ensure that the form Request for School Assistance in Health Care (Appendix B) form is completed for the student prior to the administration of medication.
- 1.1.3 The Principal is responsible for deciding if a Medical Plan is necessary. If deemed necessary, the Principal shall in collaboration with the parents and if necessary, members of the medical community, devise a Medical Plan.
- 1.1.4 The Principal will provide and use a locked container for the storage of medication.
- 1.1.5 The Principal will ensure the medication is clearly labeled for each student in the original container, has clearly indicated dosages, and is securely stored to ensure administration to the correct student and to avoid loss or tampering.
- 1.1.6 The Principal will inform the appropriate staff members about the medical needs of the student. If a Medical Plan is deemed necessary, staff members will be informed of the medical needs of the student and the intervention outlined in the Medical Plan.
- 1.1.7 The Principal will maintain the Individual Student Log of Prescription Medication Administered (Appendix C) or designate a staff member to maintain it. Each student must have an individual log maintained. A copy of the record will be made available for parents upon request.
- 1.1.8 The staff person administering medication to the student shall maintain the Individual Student Log of Prescription Medication Administered (Appendix C). On dates when the pupil is absent, the log should reflect such pupil absence. The "comments" section should reflect abnormal or unusual circumstances related to

such administration. The monthly log sheet is to be kept on file by the Principal with the authorization form.

- 1.1.9 Assistance in training to administer medication is the responsibility of the parent in conjunction with the Principal. Assistance or advice should be sought from the licenced medical practitioner or the Health Unit if necessary.
- 1.1.10 The Principal will ensure that staff members who undertake the responsibility of administering medication or intervening in a medical situation with a student who has chronic health needs will have at least a minimal background understanding of the medical situation and have received specific direction and annual training in order to perform their role.
- 1.1.11 The Principal will be responsible for completing the section in the O.S.R. indicating medical needs.
- 1.1.12 The student will take the medication in the presence of the person responsible for the administration of the medication.
- 1.1.13 The Principal will ensure that the medication is administered in a manner which allows for sensitivity and privacy and which encourages the student to take an appropriate level of responsibility for his/her medication.

4. Expectations

- 2.1 Prescription drugs include any medication that is prescribed by a licenced medical practitioner. The use of prescription medication is discouraged for use at school, however, the Board recognizes that on occasion there may be the need for students to receive medication during the school day in order to enable education of the student to continue.
- 2.2 Ministry of Education Policy Program Memorandum #81 summarized in *Appendix A* outlines roles and responsibilities that boards are expected to follow.
- 2.3 If injection medication is required, the arrangements for the injection of medication must be made by the parents or guardians. School personnel can assume no responsibility for injections (e.g. juvenile diabetic requiring mid-day insulin).
- 2.4 In order for prescribed medication to be administered parents or guardians must provide the necessary authorizations and school administrators must follow the guidelines as outlined in the policy.
- 2.5 Board personnel will not administer non-prescription drugs. Non-prescription drugs include any medication that is not prescribed by a licenced medical practitioner such as aspirins, ointments, creams, cough syrups, cough drops, etc.



- 2.6 The Principal will establish and maintain, in the school office, a file for each student receiving medication by school personnel including:
- a *Request for School Assistance in Health Care (Appendix B)*
 - any request/authorization for changes
 - all records of administrations of medication by school personnel (*Appendix C*)
 - all plans established for the administration of medication or the support of students with medical needs
 - *Diabetes Support Plan & Medical Alert Information (Appendix G)*
- 2.7 **A revised authorization form shall be completed for each school year or whenever a modification of prescribed medication is directed by the licenced medical practitioner.**
- 2.8 The Principal will ensure that these procedures are followed, where appropriate, while students are participating in educational excursions (reference: Student Excursion Policy <http://www.st-clair.net/policies.aspx>)
- 2.9 Parents and licenced medical practitioners should be advised that staff will not administer medication when instruction from the licenced medical practitioner calls for discretion on the part of the individual administering it, e.g. "*when deemed necessary*" or "*as per required need*". This provision may be waived as part of a specific management plan.
- 2.10 It is understood that the staff person is administering medication under the Principle of "*in loco parentis*" and not as a health professional. When acting under these regulations and procedures, staff is covered by the Board liability insurance.

ANAPHYLAXIS AND ASTHMA

ANAPHYLAXIS

1. Responsibilities

1.1 Role of Parent/Guardian

- 1.1.1 *Request for School Assistance with Health Care (Appendix B)* will be completed for each school year or whenever the licensed medical practitioner directs a modification of a prescribed medication or procedure. A licensed medical practitioner's statement must accompany the parental request and authorization for school assistance in health care. *Request for School Assistance in Health Care form (Appendix B)*
- 1.1.2 It is the obligation of the pupil's parent or guardian and the pupil to ensure that the information in the pupil's file is kept up-to-date with the medication that the pupil is taking.

- 1.1.3 It is the obligation of the student's parents or guardians to ensure that any changes in the student's anaphylaxis condition is reported to the school administrator in a timely fashion, as well as any changes in parent/guardian contact information.
- 1.1.4 The parent/guardian of a child with anaphylaxis will have the opportunity of completing, in consultation with the school, administrator or designate a *Student Individual Plan for Anaphylaxis Emergency Plan (Appendix D)*. This document allows the development of strategies that address unique student symptoms and treatment options. The Plan will include: e.g.
- details informing permanent, part time and occasional employees and others who are in direct contact with the student on a regular basis of the type of allergy, monitoring and avoidance strategies and appropriate treatment.
 - readily accessible emergency procedure for the student including emergency contact information.
 - location and storage of epinephrine auto-injectors (EpiPen or Allerject).
- 1.1.5 Students are required to have access to two (2) Epipens or Allerjects.
- 1.1.6 Parents/Guardians will work with school personnel to support anaphylactic students in their goal of achieving independent self-management of their life threatening allergy and the development of self-advocacy skills and a circle of support among the school and larger community.

1.2 Role of Principal

- 1.2.1 The Principal will send the *Request for School Assistance in Health Care (Appendix B)* form to parents.
- 1.2.2 The Principal will ensure that the form *Request for School Assistance in Health Care (Appendix B)* form is completed for the student prior to the administration of medication.
- 1.2.3 The Principal will facilitate annual training for staff in order for the staff to be educated on the issue, and be able to administer the medication or procedures. The Principal will keep a record of such training so it can be produced if necessary.
- 1.2.4 The Principal, in cooperation with the parents, staff and health practitioners, if necessary, will be responsible for creating an individual plan for a pupil with an anaphylactic allergy. The individual plan shall include:
- Details informing employees and others who are in direct contact with the pupil on a regular basis of the type of allergy, monitoring and avoidance strategies and appropriate treatment.
 - A readily accessible emergency procedure for the pupil, including emergency contact information.

- Storage for epinephrine auto-injectors, where necessary. Medication is to be clearly labelled in the original container, and is to be kept in secured locked storage, unless deemed otherwise through a specific Medical Intervention Plan for the student.

- 1.2.5 The Principal has the responsibility to communicate information and familiarize staff with the individual emergency procedures to be followed for students with anaphylaxis and to post in key locations instructions on the use of the epinephrine auto-injector along with a list of symptoms and emergency procedures.
- 1.2.6 The Principal will determine which staff members will be preauthorized to administer medication or supervise a pupil while he or she takes medication in response to an anaphylactic reaction, if the school has up-to-date treatment information and the consent of the parent, guardian or pupil, as applicable. If an employee has reason to believe that a pupil is experiencing an anaphylactic reaction, the employee may administer an epinephrine auto-injector or other medication prescribed to the pupil for the treatment of an anaphylactic reaction, even if there is no preauthorization to do so. *Individual Student Log of Prescription Medication Administered (Appendix C)* under short term or long term routine conditions must be kept and retained for record purposes for one year. Administration of medication in response to an emergency procedure must be documented in an incident report under OSBIE guidelines.
- 1.2.7 The Principal will develop a communication plan for parents, pupils and employees for the dissemination of information of life-threatening allergies.
- 1.2.8 Where appropriate, the Principal will ensure that strategies are in place that eliminate or reduce the risk of exposure to life threatening allergens in the classroom and common school areas. (Check the student's individual school plan)

1.3 Role of School Staff

- 1.3.1 School personnel will support all students with life threatening allergies by becoming familiar with the disorder and strategies used to assist the student in managing their anaphylactic condition when symptoms indicate an emergency.
- 1.3.2 School personnel will endeavour to keep open and frequent lines of communication with parents and guardians, as appropriate.
- 1.3.3 School personnel will demonstrate a positive attitude toward student participation in school activities.
- 1.3.4 School personnel will monitor, as appropriate, the self-care practices and routines being carried on by the student.

2. Expectations



2.1 In accordance with Bill 3, 2005 otherwise known as Sabrina’s Law: *An Act to Protect Anaphylactic Pupils* and with Bill 20, 2015 otherwise known as Ryan’s Law: *Ensuring Asthma Friendly Schools*, the St. Clair Catholic District School Board is committed to providing a safe learning environment for all its pupils. To work toward accomplishing this goal, the board recognizes it is necessary for administrators and staff to take steps to safeguard students with life threatening allergies and to safeguard students with asthma.

2.2 Location of Epinephrine Auto Injectors

2.2.1 The epinephrine auto injector must be located in proximity to the student for easy access.

2.2.2 The second EpiPen is to be located in a secure (NOT locked) readily accessible location at all times. All school staff are to be informed of the location of the epinephrine auto injectors (e.g. school office).

2.2.3 Conditions for storage: protect from direct sunlight, store at room temperature. Do not refrigerate.

2.3 Administration of EpiPen

2.3.1 Employees are preauthorized to administer epinephrine auto injector or supervise a student while he or she takes epinephrine auto injector in response to an anaphylactic reaction where the school has up-to-date treatment information.

2.3.2 If an employee has reason to believe that a student is experiencing an anaphylactic reaction, the employee must administer an epinephrine auto injector or other medication prescribed to the student for the treatment of an anaphylactic reaction, even if there is no preauthorization to do so.

2.3.3 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 the Act, unless the damages are the result of the employee’s gross negligence.

ASTHMA

1. Responsibilities

1.1 Role of Parent/Guardian

1.1.1 Request for School Assistance with Health Care form (Appendix B) will be completed for each school year or whenever the licensed medical practitioner directs a modification of a prescribed medication or procedure. A licensed medical practitioner’s statement must accompany the parental request and authorization



for school assistance in health care.

- 1.1.2 It is the obligation of the pupil's parent or guardian and the pupil to ensure that the information in the pupil's file is kept up-to-date with the medication that the pupil is taking.
- 1.1.3 It is the obligation of the student's parents or guardians to ensure that any changes in the student's asthma condition are reported to the school administrator in a timely fashion, as well as any changes in parent/guardian contact information.
- 1.1.4 Parents/guardians must complete Consent for a Child to Carry and Self Administer Asthma Medication form (Appendix E) if they wish their child to carry their inhaler while at school or on school-related activities.
- 1.1.5 The parent/guardian of a child with asthma will have the opportunity of completing in consultation with the school administrator/designate an Asthma Management Plan (Appendix F). This document allows the development of strategies that address unique student symptom and treatment options. The Asthma Management Plan will include e.g.
 - triggers, Reliever/Rescue inhaler;
 - instructions for managing an asthma attack;
 - details informing permanent, part time and occasional employees and others who are in direct contact with the student on a regular basis of the type of allergy, monitoring and avoidance strategies and appropriate treatment;
 - readily accessible emergency procedure for the student including emergency contact information;
 - location and storage of rescue inhaler(s) and/or medication.
- 1.1.6 Students are required to have access to two (2) inhalers.
- 1.1.7 Parents/Guardians will work with school personnel to support students who have asthma in their goal of achieving independent self-management of their condition and the development of self-advocacy skills and a circle of support among the school and larger community.

4.1 Role of Principal

- 1.2.1 The Principal will send the *Request for School Assistance in Health Care (Appendix B)* form to parents.
- 1.2.2 The Principal will ensure that the form *Request for School Assistance in Health Care (Appendix G)* form is completed for the student prior to the administration of medication.
- 1.2.3 The Principal will facilitate annual training for staff in order for the staff to be educated on the issue, and be able to administer the medication or procedures.

The Principal will keep a record of such training so it can be produced if necessary.

- 1.2.4 The Principal, in cooperation with the parents, staff and health practitioners, if necessary, will be responsible for creating an Asthma Management Plan for a pupil with asthma. *The Asthma Management Plan (Appendix F)* shall include:
 - a. Details informing employees and others who are in direct contact with the pupil on a regular basis of the monitoring and avoidance strategies and appropriate treatment.
 - b. Readily accessible emergency procedure for the pupil, including emergency contact information.
 - c. Details relating to the storage of the pupil's asthma medication, including:
 - i. if the pupil is under 16 years old, whether the pupil has his or her parent's or guardian's permission to carry his or her asthma medication, and
 - ii. whether any spare medication is kept in the school and, if so, where it is stored.
 - d. A readily accessible emergency procedure for the pupil, including emergency contact information.
- 1.2.5 The Principal has the responsibility to communicate information and familiarize staff with the individual emergency procedures to be followed for students with asthma and to post in key locations instructions on the use of the inhalers along with a list of symptoms and emergency procedure.
- 1.2.6 Students are required to have access to two (2) inhalers.
- 1.2.7 Parents/Guardians will work with school personnel to support students who have asthma in their goal of achieving independent self-management of their condition and the development of self-advocacy skills and a circle of support among the school and larger community.

4.2 Role of School Staff

- 1.3.1 School personnel will support all students with asthma by becoming familiar with the disorder and strategies used to assist the student in managing their asthma when symptoms indicate an emergency situation.
- 1.3.2 School personnel will endeavour to keep open and frequent lines of communication with parents and guardians, as appropriate.
- 1.3.3 School personnel will demonstrate a positive attitude toward student participation in school activities.
- 1.3.4 School personnel will monitor, as appropriate, the self-care practices and routines being carried on by the students (e.g. checking that the student has access to inhaler during activities and educational excursions).

5. **Expectations**

2.1 In accordance with Bill 3, 2005 otherwise known as Sabrina’s Law: *An Act to Protect Anaphylactic Pupils* and with Bill 20, 2015 otherwise known as Ryan’s Law: *Ensuring Asthma Friendly Schools*, the St. Clair Catholic District School Board is committed to providing a safe learning environment for all its pupils. To work toward accomplishing this goal, the board recognizes it is necessary for administrators and staff to take steps to safeguard students with life threatening allergies and to safeguard students with asthma.

2.2 Location of Reliever Inhalers

2.2.1 Students in Grades 1–12, where capable of doing so and with parental permission, unless 16 years of age or older, are to carry their reliever inhaler with them at all times. *Consent for a Child to Carry and Self Administer Asthma Medication (Appendix E)*

2.2.2 Where age, pupil capacity (intellectual/physical), activity or location prevents safe carrying of the reliever inhaler, it must be located in proximity to the student for easy access.

DIABETES

1. Responsibilities

1.1 Role of Parent/Guardian

1.1.1 Parents/guardians will inform the school of the child’s diabetes and complete a *Request for School Assistance with Health Care form (Appendix B)*.

1.1.2 Parents/guardians will participate in a case conference with school Principal and teacher and involved health professionals as required.

1.1.3 Parents/guardians will inform the school administration regarding any changes in the child’s health, lifestyle, diabetes procedures management and updates emergency contact numbers on an ongoing basis.

1.1.4 Parents/guardians will provide and maintain at the school a supply of fast acting sugar (carbohydrates) e.g. oral glucose, juice.

1.1.5 Parents/guardians will provide a safe container for blood sugar monitoring items, insulin Injection items and medication. All items will be labeled with the child’s name.

1.1.6 Parents/guardians will provide and replenish all necessary diabetic related supplies.

- 1.1.7 Parents/guardians will teach their child to: wear Medic Alert identification, communicate clearly to adults that he or she has diabetes, report any symptoms of unwellness, and participate in an age-appropriate level in their *Diabetes Management Plan*. (Appendix G)

1.2 Role of Principal

- 1.2.1 The Principal will send the *Request for School Assistance in Health Care (Appendix B)* form to parents.
- 1.2.2 The Principal will ensure that the form *Request for School Assistance in Health Care (Appendix B)* form is completed for the student prior to the administration of medication.
- 1.2.3 The Principal will meet with parent/guardian to complete the following: Administration of Prescribed Medication, *Diabetes Management Plan*. (Appendix G)
- 1.2.4 The Principal will convene a case conference, which may include parent/guardian, the student if appropriate and school staff, to gather medical information related to the condition including identification and management of an individual student's diabetes. In some instances, CCAC Case Manager and or Diabetic Care Educators may also be part of the case conference.
- 1.2.5 The Principal will review Administrative Procedure: Diabetes Management with entire staff each year in September and throughout the school year as required.
- 1.2.6 The Principal will advise teaching staff, including occasional teachers to review the individual *Diabetes Management Plans* (Appendix G) for students in their assigned classrooms.
- 1.2.7 The Principal will develop and maintain a file for each student including but not limited to current *Diabetes Management Plan* (Appendix G).
- 1.2.8 The Principal will ensure that appropriate training on managing diabetes is delivered to school-based staff and others who are in direct contact with students. This should include an understanding of diabetes, recognition of causes, as well as signs and symptoms of hypoglycemia and hyperglycemia.
- 1.2.9 The Principal will provide information for school staff regarding how to respond to emergency situations regarding diabetes
- 1.2.10 The Principal will provide a discreet location where the student may self-monitor and/or self-administer medication.



- 1.2.11 The Principal will provide a secure location(s) for the student's emergency and other essential supplies and ensure that supplies and equipment are labelled with the student's name.
- 1.2.12 The Principal will provide appropriate supervision, during self-monitoring of medication.
- 1.2.13 The Principal will notify cafeteria staff, lunchroom supervisors, other school-based staff and volunteers of the individual student's *Diabetes Management Plan (Appendix G)*.
- 1.2.14 The Principal will notify transportation department with a list of students with diabetes riding the school bus. (through CLASS).
- 1.2.15 The Principal will communicate procedures for the safe disposal of sharps, lancets and testing strips.
- 1.2.16 The Principal will communicate universal precautions for blood and body fluids.
- 1.2.17 The Principal will ensure that the parent/guardian is called in and emergency action is taken as required when the student has not responded to the actions outlined in the *Diabetes Management Plan (Appendix G)*. Where necessary arranges for transport of student to an emergency medical facility
- 1.2.18 The Principal will inform School Council of the Board procedure on Diabetes Management.
- 1.2.19 The Principal will ensure that *Diabetes Management Plan (Appendix G)* is posted in a non-public area (i.e. staff room, office, classroom etc.) and the Teacher's Day Book.
- 1.2.20 The Principal will obtain consent from parent/guardian and student with diabetes to share information with staff and other approved individuals (this consent is part of *Diabetes Management Plan*). (*Appendix G*)
- 1.2.21 The Principal will work closely with the parent/guardian and student with diabetes to provide ongoing support.
- 1.2.22 The Principal will request that parent/guardian provides all required supplies and food for their children.
- 1.2.23 The Principal will ensure that CCAC is contacted for all students who are unable to manage their blood glucose (sugar) monitoring, insulin injections or pump independently (unless this responsibility is assumed by parent/guardian) as well as to request support for training and education of involved school personnel.



1.2.24 The Principal will obtain consent from parent/guardian and student with diabetes to share information with staff and other approved individuals (this consent is part of *Diabetes Management Plan*). (*Appendix G*)

1.2.25 The Principal will work closely with the parent/guardian and student with diabetes to provide ongoing support.

1.3 Role of Student

With an understanding of diabetes as is age appropriate and according to ability:

1.3.1 The student will wear his/her Medic Alert identification at all times during the school day.

1.3.2 The student will take responsibility for following an established eating plan.

1.3.3 The student will participate in blood glucose checking, insulin administration and safe disposal of sharps.

1.3.4 The student will inform an adult promptly that he/she has diabetes as soon as symptoms of low blood sugar appear or when experiencing feeling of being unwell

1.3.5 The student will self-monitor his/her blood glucose regularly with a glucose meter and keeps the results within a target range.

1.4 Role of School Staff

Preparation

1.4.1 Teachers and classroom support staff will review and monitor *Diabetes Management Plan (Appendix G)*, including Emergency Response. Ensures that any suggested changes to protocol are referred to administration.

1.4.2 Teachers and classroom support staff will participate in case conferences with parent/guardian, Principal and health professionals as required.

1.4.3 Teachers and classroom support staff will permit students with diabetes to take action to prevent or treat low blood glucose (sugar).

1.4.4 Teachers and classroom support staff will inform parent/guardian when the supply of fast acting sugar (oral glucose, juice etc.) is running low.

1.4.5 Teachers and classroom support staff will follow the individual student *Diabetes Management Plan (Appendix G)* during school-sanctioned excursions and provides it to other individuals as required.

EPILEPSY

1. Responsibilities

1.1 Role of Parent/Guardian

- 1.1.1 *Request for School Assistance with Health Care form (Appendix B)* will be completed for each school year or whenever the licensed medical practitioner directs a modification of a prescribed medication or procedure. A licensed medical practitioner's statement must accompany the parental request and authorization for school assistance in health care.
- 1.1.2 It is the obligation of the pupil's parent or guardian and the pupil to ensure that the information in the pupil's file is kept up-to-date with the medication that the pupil is taking.
- 1.1.3 It is the obligation of the student's parents or guardians to ensure that any changes in the student's epileptic condition and/or medication are reported to the school administrator in a timely fashion, as well as any changes in parent/guardian contact information.
- 1.1.4 The parent/guardian of a child with epilepsy will have the opportunity of completing, in consultation with the school administrator or designate the *Student Epilepsy Management Plan form (Appendix H)*.

1.2 Role of Principal

- 1.2.1 The Principal will send the *Request for School Assistance in Health Care (Appendix B)* form to parents.
- 1.2.2 The Principal will ensure that the form *Request for School Assistance in Health Care (Appendix B)* form is completed for the student prior to the administration of medication.
- 1.2.3 The Principal will meet with parent/guardian to complete the following: Student Epilepsy Management Plan (*Appendix H*). When completing the form, the principal will include a plan for incontinence, during the loss of consciousness. (e.g. blankets, change of clothes)
- 1.2.4 The principal will provide a copy of the completed Student Epilepsy Management Plan (*Appendix H*) to the student's teacher(s) and review its contents.
- 1.2.5 The principal will have a process in place to provide a copy of the Student Epilepsy Management Plan (*Appendix H*) to occasional teachers working in the student's classroom and review its contents.
- 1.2.6 The Principal will review Administrative Procedure for epilepsy management with entire staff each year in September and throughout the school year as required.

- 1.2.7 The principal will provide the classroom teacher and other staff that come in contact with the student on a regular basis with a copy of the Staff Member Epilepsy and Seizure Disorder Management Information Form (Appendix I) and review its contents.
- 1.2.8 The Principal will develop and maintain a file for each student including but not limited to current Student Epilepsy Management Plan (Appendix H).
- 1.2.9 The Principal will provide a secure location(s) for the student's emergency and other essential supplies and ensure that supplies and equipment are labelled with the student's name.
- 1.2.10 The Principal will notify transportation department with a list of students with epilepsy riding the school bus. (through CLASS).
- 1.2.11 The Principal will ensure that the parent/guardian is called in and emergency action is taken as required when the student has not responded to the actions outlined in the Student Epilepsy Management Plan (Appendix H). Where necessary arrangements for transport of student to an emergency medical facility are included.
- 1.2.12 To require the child's classroom teacher to keep a copy of each individual Epilepsy Management Plan (Appendix H) in a place where it will be readily accessible by occasional teachers. (i.e. the teacher's daybook)

1.3 Role of School Staff

- 1.3.1 Teachers and classroom support staff will review and monitor Student Epilepsy Management Plan (Appendix H) including Emergency Response. Ensures that any suggested changes to protocol are referred to administration.
- 1.3.2 Teachers and classroom support staff will participate in case conferences with parent/guardian, Principal and health professionals as required.
- 1.3.3 Teachers and classroom support staff will follow the individual Student Epilepsy Management Plan (Appendix H) during school-sanctioned excursions and provides it to other individuals as required.
- 1.3.4 To leave medical information in an organized, prominent and accessible format for occasional teachers.

1.4 Role of Student

- 1.4.1 To have an age-appropriate understanding of his/her seizure disorder.
- 1.4.2 To comply with taking medications as required.

2. Expectations

Open communication and planning is a collaborative effort between parents/guardians, students, school staff and community personnel, as required, to best support the student.

Definitions

Prevalent Medical Conditions

To promote the safety and well-being of students, the Ministry of Education expects 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.

Anaphylaxis

Anaphylaxis means a severe systemic allergic reaction which can be fatal; resulting in circulatory collapse or shock.

In general, individuals who are having an anaphylactic reaction will need assistance in administering their life saving medication - epinephrine auto injector (Epi Pen).

Asthma

Asthma is a chronic inflammatory disease of the airway. When in the presence of allergens (triggers) the airways to the lungs react by narrowing and/or filling with mucus which makes breathing difficult. Asthma can be life threatening if not treated appropriately. Students with asthma must minimize contact with allergens (triggers) and take controller medication and a reliever inhaler (inhaler) when appropriate.

Diabetes

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 percent 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 percent 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.

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 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. Symptoms of severe hypoglycemia include:

- Confusion
- Slurred speech
- Staggered gait
- Unresponsiveness

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 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. Symptoms of severe hyperglycemia include:

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

Epilepsy

Epilepsy results from sudden bursts of hyperactivity in the brain; this causes seizures which vary in form, strength and frequency, depending on where the brain activity is found.

References

Education Act, 265. Duties of a Principal:
care of pupils and property – to give assiduous attention to the health and comfort of the pupils,

Education Act Regulations 298 s20 Duties of Teachers:
ensure that all reasonable safety procedures are carried out in the courses and activities for which the teacher is responsible.

Policy/Program Memorandum No. 81 July 19, 1984
Provision of Health Support Services in School Setting

Policy/Program Memorandum No. 150 October 4, 2010
School Food and Beverage Policy

Caring and Safe Schools in Ontario, 2010

Sabrina's Law (Royal Assent June 13, 2005) – an Act to Protect Anaphylactic Students

Ryan's Law (Bill 20) Ensuring Asthma Friendly Schools, 2015

Policy/Program Memorandum No. 161 September 1, 2018
Supporting children and students with prevalent medical conditions (anaphylaxis, asthma, diabetes, and/or epilepsy) in schools

Appendix A

**MINISTRY OF EDUCATION - POLICY/PROGRAM MEMORANDUM #81
MODEL FOR PROVISION OF SCHOOL HEALTH SUPPORT SERVICES**

SUPPORT SERVICE	ADMINISTERED BY	PROVIDED BY	TRAINING AND DIRECTION	CONSULTATION
ORAL MEDICATION	Pupil as authorized or Parent as authorized	Pupil	Attending Physician	Local Board of Health
	Aide or other personnel	Parent	Attending Physician	Local Board of Health
		School Board	School Board/Physician	Local Board of Health
INJECTION OF MEDICATION	Pupil as authorized or Parent as authorized	Pupil	Attending Physician	Local Board of Health
	or Health Professional	Parent	Attending Physician	Local Board of Health
		Ministry of Health	Ministry of Health	School Board
CATHETERIZATION - Clean Intermittent	Pupil as authorized or Aide or other personnel	Pupil	Parent	Ministry of Health
		School Board	Ministry of Health	Ministry of Health
		Ministry of Health	Ministry of Health	Ministry of Health
- Sterile Intermittent	Health Professional	Ministry of Health	Ministry of Health	Ministry of Health
- Manual Expression of Bladder/Stoma	Health Professional	Ministry of Health	Ministry of Health	School Board
SUCTIONING - Shallow Surface (e.g., oral or nasal suction)	Aide or other personnel	School Board	Parent or Ministry of Health	Ministry of Health
		Ministry of Health	Ministry of Health	Ministry of Health
- Deep (e.g., throat and/or chest suction or drainage)	Health Professional	Ministry of Health	Ministry of Health	Ministry of Health
TUBE FEEDING	Health Professional	Ministry of Health	Ministry of Health	School Board
LIFTING AND POSITIONING	Aide or other personnel	School Board	School Board Ministry of Health	Ministry of Health
- Assistance with Mobility	Aide or other personnel	School Board	School Board Ministry of Health	Ministry of Health
- Feeding	Aide or other personnel	School Board	School Board Ministry of Health	Ministry of Health
- Toileting	Aide or other personnel	School Board	School Board Ministry of Health	Ministry of Health
THERAPIES (a) Physio/ Occupational - Intensive Clinical - General Maintenance exercises (b) Speech - Speech Pathology (Treatment) - Speech Correction and Remediation	Qualified Therapist	Ministry of Health	Ministry of Health	Ministry of Health
	Aide or other personnel	School Board	Ministry of Health	Ministry of Health
	Speech Therapists/Pathologists	Ministry of Health	Ministry of Health	Ministry of Health
		School Board	School Board	Ministry of Health

Appendix B

Page 1

REQUEST FOR SCHOOL ASSISTANCE IN HEALTH CARE

STUDENT INFORMATION

Surname _____ Given Name _____ D.O.B.: _____ Current Age: _____
year/month/day

Address (Street/Town/Postal Code) _____ Telephone: _____ School: _____

Grade: _____ Principal: _____

TYPE OF HEALTH CARE ASSISTANCE

Administration of Medication: Prescription
 Supervision of student's self-administration of medication

Type		Schedule	
<input type="checkbox"/> Oral	<input type="checkbox"/> Injected (Epi-pen, Epi-pen Jr.)	<input type="checkbox"/> Short-term	<input type="checkbox"/> On-going
<input type="checkbox"/> Inhaled	<input type="checkbox"/> Other (specify) _____		<input type="checkbox"/> Emergency
<input type="checkbox"/> External (specify) _____	<input type="checkbox"/> Trial		<input type="checkbox"/> 2 nd Treatment available
<input type="checkbox"/> Asthma Inhaler (specify) _____	(see licenced medical practitioner's statement)		

Expiry date for medication, if applicable: _____

Is refrigeration for medication required? Yes No

NOTE: Expiry date is of particular importance for emergency use which is stored for long periods (i.e. Epi-pen®).

Reason for taking medication: _____

Child wears MedicAlert™ Bracelet Necklace

LICENCED MEDICAL PRACTITIONER'S STATEMENT FOR HEALTH CARE ASSISTANCE DURING SCHOOL HOURS

In my opinion, the following procedures are medically appropriate for the above-named student and should be administered during school hours.

- Name of procedure(s) or medication(s): _____
- Administration during school day: _____ a.m. _____ p.m.
- Administration/procedure required for: _____ days remainder of school year
 emergency only 2nd treatment recommended if medical help unavailable within _____ minutes

Name of Licenced Medical Practitioner: _____ Telephone: _____

Signature of Licenced Medical Practitioner: _____ Date: _____



Appendix B Page 2

PARENT/GUARDIAN APPROVAL

I hereby authorize and request the administration of the above medication(s)/procedure(s) for the above-named child in the manner and duration stated by the licenced medical practitioner. I will provide the medication to the school in a container clearly labelled by the pharmacist and give any necessary instruction as to the storage of same medication.

Parent/Guardian Signature: _____ Date: _____

1. A new authorization form must be submitted each school year and whenever the medication(s)/procedure(s) are modified. This form must be retained in the school for one year after termination of medication/procedure.
2. It is understood that the staff person is administering medication or providing service under the principle of "in loco parentis" and not as a health professional.
3. In the event that a "licenced medical practitioner's statement" does not accompany the Request for School Assistance in Health Care form, the St. Clair Catholic District School Board assumes no responsibility for the administration of medication or the self-administration of medication by students. Principals are to advise a parent requesting school assistance in health care without a licenced medical practitioner's statement of this in writing.

* * * * *

NOTICE

Authorization for the collection and maintenance of the personal information recorded on this form is the Education Act, R.S.O. 1980, S.265 (d) and S.266 and the Municipal Freedom of Information and Protection of Privacy Act. Users of this information are Supervisory Officers, Principals and teachers at the school. Any questions regarding the collection of personal information should be directed to the Principal of the school.

I/We hereby consent to the use of personal information contained herein by the persons above-named and by such other officers or employees of the Board who may need the personal information in the performance of their duties as employees of the St. Clair Catholic District School Board.

Signature of Parent/Guardian: _____ Date: _____

By signing in the space below I agree that the school may post my child's picture and display pertinent information to the staff of the school and health care providers.

Signature of Parent/Guardian: _____ Date: _____

FOR SCHOOL OFFICE USE

Medical Intervention Plan necessary: Yes No

If yes, attach a copy of the completed plan.

NOTE: Medical Intervention Plan must be completed for anaphylactic shock and may be necessary for diabetes or epilepsy.

SUPERVISION: Person(s) designated to supervise/administer medication(s)/procedure(s) and to maintain record:

Name: _____ Alternate: _____
(Signature) (Signature)

Principal's Signature: _____ Date: _____

Distribution: O.S.R.
School Office

Appendix C

INDIVIDUAL STUDENT LOG OF PRESCRIPTION MEDICATION ADMINISTERED

Name of Student: _____

School: _____

When Medication is to be Administered: _____ Form: [] Pill [] Capsule [] Liquid

Medication Designate: Designate 1: _____

Designate 2: _____

Date (MM/DD/YR)	Time	Medication	Dosage	Signature of Person Administering	Comments

Appendix D

Page 1

PREVALENT MEDICAL CONDITION — ANAPHYLAXIS 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 LIFE-THREATENING TRIGGERS			
CHECK (✓) THE APPROPRIATE BOXES			
<input type="checkbox"/> Food(s): _____		<input type="checkbox"/> Insect Stings: _____	
<input type="checkbox"/> Other: _____			
Epinephrine Auto-Injector(s) Expiry Date (s): _____			
Dosage: <input type="checkbox"/> EpiPen® Jr. 0.15 mg		<input type="checkbox"/> EpiPen® 0.30 mg	
Location Of Auto-Injector(s): _____			

<input type="checkbox"/> Previous anaphylactic reaction: Student is at greater risk.			
<input type="checkbox"/> Has asthma. Student is at greater risk. If student is having a reaction and has difficulty breathing, give epinephrine before asthma medication.			
<input type="checkbox"/> Any other medical condition or allergy? _____			

Appendix D

Page 2

DAILY/ROUTINE ANAPHYLAXIS MANAGEMENT
SYMPTOMS A STUDENT HAVING AN ANAPHYLACTIC REACTION MIGHT HAVE <u>ANY</u> OF THESE SIGNS AND SYMPTOMS:
<ul style="list-style-type: none"> • 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, <u>pain</u> 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. <p>EARLY RECOGNITION OF SYMPTOMS AND IMMEDIATE TREATMENT COULD SAVE A PERSON'S LIFE.</p>
Avoidance of an allergen is the main way to prevent an allergic reaction.
<p>Food Allergen(s): eating even a small amount of a certain food can cause a severe allergic reaction.</p> <p>Food(s) to be avoided: _____</p> <p>Safety measures: _____</p> <p>Insect Stings: (Risk of insect stings is higher in warmer months. Avoid areas where stinging insects nest or congregate. Destroy or remove nests, <u>cover</u> or move trash cans, keep food indoors.)</p> <p>Designated eating area inside school building _____</p> <p>Safety measures: _____</p> <p>Other information: _____</p>

Appendix D

Page 3

<p style="text-align: center;">EMERGENCY PROCEDURES (DEALING WITH AN ANAPHYLACTIC REACTION)</p> <p>ACT QUICKLY. THE FIRST SIGNS OF A REACTION CAN BE MILD, BUT SYMPTOMS CAN GET WORSE QUICKLY.</p>

STEPS

1. Give epinephrine auto-injector (e.g., EpiPen®) at the first sign of known or suspected anaphylactic reaction.
2. Call 9-1-1 or local emergency medical services. Tell them someone is having a life-threatening allergic reaction.
3. Give a second dose of epinephrine as early as five (5) minutes after the first dose if there is no improvement in symptoms.
4. Go to the nearest hospital immediately (ideally by ambulance), even if symptoms are mild or have stopped. The reaction could worsen or come back, even after 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).



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Page 4

HEALTHCARE PROVIDER INFORMATION (OPTIONAL)	
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	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
After-School Program	<input type="checkbox"/> Yes <input type="checkbox"/> 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): _____	Signature _____	Date: _____
Student: _____	Signature _____	Date: _____
Principal: _____	Signature _____	Date: _____

Appendix D
 Page 5

Using EpiPen®/ EpiPen® Jr is as easy as 1-2-3

1. Remove yellow or green cap from carrying case
 - Grasp unit with black tip pointing downward
 - Pull off grey activator cap



2. Jab black tip firmly into outer thigh so it "clicks" AND HOLD on thigh approximately 10 seconds
 - Massage injected area for 10 seconds



3. Seek medical attention



After Using EpiPen®/ EpiPen® Jr Follow 3 Easy Safety Steps:

1. Carefully place used auto-injector, needle-end first, into storage tube



2. Screw cap of carrying case on completely.
 - This automatically bends needle back and secures pen so it won't fall out of tube



3. Take unit with you to hospital Emergency Department



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EPIPEN®
 EPIPEN® Jr

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ALLEREX® LABORATORY LTD
 P.O. Box 13307, Kanata, Ontario K2K 1X5
 Tel.: (613) 831-7733, Fax: (613) 831-7738
www.epipen.ca

Appendix E

CONSENT FOR A CHILD TO CARRY AND SELF ADMINISTER ASTHMA MEDICATION

I hereby agree that _____:

- ___ can carry his/her prescribed medication and delivery devices to manage asthma while at school and during school related activities.
- ___ can self-administer his/her prescribed medication and delivery devices to manage asthma while at school and during school related activities.
- ___ requires assistance with administering his/her prescribed medications and delivery devices to manage asthma while at school and during school related activities.

I will provide the medication to the school in a container clearly labelled by the pharmacist and give any necessary instruction as to the storage of same medication. I will also inform the school of any change in medication or delivery device. I acknowledge that the medication supplied to the school cannot be beyond the expiration date.

Parent/Guardian Signature: _____ Date: _____

1. *A new authorization form must be submitted each school year and whenever the medication(s)/procedure(s) is modified. This form must be retained in the school for one year after termination of medication/procedure.*
2. *It is understood that the staff person is administering medication or providing service under the principle of "in loco parentis" and not as a health professional.*

NOTICE

Authorization for the collection and maintenance of the personal information recorded on this form is the Education Act, R.S.O. 1980, S.265 (d) and S.266 and the Municipal Freedom of Information and Protection of Privacy Act. Users of this information are Supervisory Officers, Principals and teachers at the school. Any questions regarding the collection of personal information should be directed to the Principal of the school.

I/We hereby consent to the use of personal information contained herein by the persons above-named and by such other officers or employees of the Board who may need the personal information in the performance of their duties as employees of the St. Clair Catholic District School Board.

Signature of Parent/Guardian: _____ Date: _____

FOR SCHOOL OFFICE USE

Medical Intervention Plan necessary: Yes No

If yes, attach a copy of the completed plan.

NOTE: Medical Intervention Plan must be completed for anaphylactic shock and asthma and may be necessary for diabetes or epilepsy.

SUPERVISION: Person(s) designated to supervise/administer medication(s)/procedure(s) and to maintain record:

Name: _____ Alternate: _____
(Signature) (Signature)

Principal's Signature: _____ Date: _____

Distribution: O.S.R.
School Office

Appendix F
Page 1

PREVALENT MEDICAL CONDITION — ASTHMA Plan of Care	
STUDENT INFORMATION	
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 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? _____				





Appendix F
Page 2

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:		
<input type="checkbox"/> When student is experiencing asthma symptoms (e.g., trouble breathing, coughing, wheezing). <input type="checkbox"/> Other (explain): _____		
Use reliever inhaler _____ (Name of Medication)	in the dose of _____ (Number of Puffs)	
Spacer (valve holding chamber) provided? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Place a (✓) check mark beside the type of reliever inhaler that the student uses:		
<input type="checkbox"/> Airomir	<input type="checkbox"/> Ventolin	<input type="checkbox"/> Bricanyl <input type="checkbox"/> Other (Specify)
<input type="checkbox"/> Student requires assistance to access reliever inhaler. Inhaler must be readily accessible .		
Reliever inhaler is kept:		
<input type="checkbox"/> With _____ – location: _____ Other Location: _____ <input type="checkbox"/> In locker # _____ Locker Combination: _____		
<input type="checkbox"/> 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:		
<input type="checkbox"/> Pocket <input type="checkbox"/> Backpack/fanny Pack <input type="checkbox"/> Case/pouch <input type="checkbox"/> Other (specify): _____		
Does student require assistance to administer reliever inhaler? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Student's spare reliever inhaler is kept:		
<input type="checkbox"/> In main office (specify location): _____ Other Location: _____ <input type="checkbox"/> 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 _____ (Name of Medication)	In the dose of _____	At the following times: _____
Use/administer _____ (Name of Medication)	In the dose of _____	At the following times: _____
Use/administer _____ (Name of Medication)	In the dose of _____	At the following times: _____

Appendix F
Page 3

MANAGING ASTHMA ATTACKS

MILD ASTHMA ATTACK	
<p>If ANY of the following occur:</p> <ul style="list-style-type: none"> • Continuous coughing • Trouble breathing • Chest tightness • Wheezing (whistling sound in chest) <p>Student may also be restless, irritable and/or very tired</p>	
<p>Step 1: Immediately use fast-acting reliever inhaler (usually blue inhaler)</p>	
<p>Step 2: Check symptoms. Only return to normal activity when all symptoms are gone.</p> <p>If symptoms get worse or do not improve within 10 minutes, this is an emergency – follow steps below.</p>	
ASTHMA EMERGENCY	
<p>If ANY of the following occur:</p> <ul style="list-style-type: none"> • Breathing is difficult and fast • Cannot speak in full sentences • Lips or nail beds are blue or grey • Skin on neck or chest sucked in with each breath <p>Student may also be anxious, restless and/or very tired</p>	
<p>Step 1: Immediately use fast-acting reliever inhaler (usually blue inhaler)</p> <p>CALL 911 (9-911) for an ambulance. If possible, stay with person.</p>	
<p>Step 2: If symptoms continue, use reliever inhaler every 5 to 15 minutes until medical help arrives.</p>	
<p style="text-align: center;">While waiting for medical help to arrive:</p> <ul style="list-style-type: none"> ✓ Have student sit up with arms resting on table (do not have student lie down unless it is an anaphylactic reaction) ✓ Stay Calm, reassure the student and stay by his/her side ✓ Notify parent/guardian or emergency contact 	



Appendix G
Page 1

PREVALENT MEDICAL CONDITION — TYPE 1 DIABETES		
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.			

TYPE 1 DIABETES SUPPORTS
<p>Names of trained individuals who will provide support with diabetes-related tasks: (e.g., designated staff or community care allies.)</p> <p>Method of home-school communication:</p> <p>Any other medical condition or allergy?</p>

Appendix G

Page 2

DAILY/ROUTINE TYPE 1 DIABETES MANAGEMENT	
<p>Student is able to manage their diabetes care independently and does not require any special care from the school.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> If yes, go directly to page five (5) — Emergency Procedures</p>	
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 mealtimes 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 <u>all</u> 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>School Responsibilities: _____</p> <p>_____</p> <p>Student Responsibilities: _____</p> <p>Special instructions for meal days/ special events: _____</p> <p>_____</p>

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ROUTINE	ACTION (CONTINUED)
<p>DIABETES MANAGEMENT KIT</p> <p>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.</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>_____</p> <p>Location of Kit: _____</p> <p>_____</p>
<p>SPECIAL NEEDS</p> <p>A student with special considerations may require more assistance than outlined in this plan.</p>	<p>Comments:</p>



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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 <u>Mild</u> 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 <u>Severe</u> 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 EMS 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 <u>Mild</u> 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 <u>Severe</u> Hyperglycemia			
1. If possible, confirm hyperglycemia by testing blood glucose			
2. Call parent(s)/guardian(s) or emergency contact			



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HEALTHCARE PROVIDER INFORMATION (OPTIONAL)	
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:	
<p>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.</p>	

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	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
After-School Program	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
School Bus Driver/Route # (If Applicable) _____		
Other: _____		
<p>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).</p>		
Parent(s)/Guardian(s): _____	Signature _____	Date: _____
Student: _____	Signature _____	Date: _____
Principal: _____	Signature _____	Date: _____



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Page 1

STUDENT EPILEPSY MANAGEMENT PLAN

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.			

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? _____		

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STUDENT EPILEPSY MANAGEMENT PLAN

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: _____	

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STUDENT EPILEPSY MANAGEMENT PLAN

BASIC FIRST AID: CARE AND COMFORT
First aid procedure(s): _____
Does student need to leave classroom after a seizure? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, describe process for returning student to classroom: _____
<p>BASIC SEIZURE FIRST AID</p> <ul style="list-style-type: none"> • 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 <p>FOR TONIC-CLONIC SEIZURE:</p> <ul style="list-style-type: none"> Protect student's head Keep airway open/watch breathing Turn student on side
EMERGENCY PROCEDURES
<p>Students with epilepsy will typically experience seizures as a result of their medical condition.</p> <p>Call 9-1-1 when:</p> <ul style="list-style-type: none"> • 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.

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STUDENT EPILEPSY MANAGEMENT PLAN

HEALTHCARE PROVIDER INFORMATION (OPTIONAL)
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 <input type="checkbox"/> Yes <input type="checkbox"/> No _____
After-School Program <input type="checkbox"/> Yes <input type="checkbox"/> 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): _____ Signature	Date: _____
Student: _____ Signature	Date: _____
Principal: _____ Signature	Date: _____



Appendix I

Page 1

Staff Member Epilepsy and Seizure Disorder Management Information Form

The following information has been developed to support teachers in managing an individual experiencing both a convulsive and non-convulsive seizure.

Generalized Convulsive Seizure Response

1. KEEP CALM AND STAY WITH THE PERSON

- a. Take note of the time when the seizure begins and how long it lasts (e.g., stopwatch), record the time.

2. DO NOT RESTRAIN OR INTERFERE WITH THE PERSON'S MOVEMENTS

- a. Do not try to stop the seizure, let the seizure take its course.

3. PROTECT FROM FURTHER INJURY WHEN POSSIBLE

- a. Move hard or sharp objects away from the path of the individual.
- b. Place something soft under the head (e.g., pillow, article of clothing).
- c. Loosen tight clothing especially at the neck.

4. DO NOT PLACE OR FORCE ANYTHING IN THE PERSON'S MOUTH

- a. Doing so may cause harm to the teeth, gums or even break someone's jaw.
- b. It is physically impossible to swallow the tongue.
- c. The person may bite their tongue and/or inside their mouth.

5. ROLL THE PERSON TO THEIR SIDE AFTER THE SEIZURE SUBSIDES

- a. Sometimes during and after a seizure a person may vomit or drool a lot. To prevent choking, simply roll the person on their side. That way, fluids will drain out instead of blocking off the throat and airway.
- b. *DO NOT BE FRIGHTENED* if a person having a seizure appears to stop breathing momentarily.

Partial Non-Convulsive Seizure Response

1. KEEP CALM, STAY WITH THE PERSON

- a. Do not try to stop the seizure, let the seizure take its course.
- b. Talk gently and reassure the person that everything is ok, and you are here to help.
- c. The person will be unaware of his/her actions and may or may not hear you.
- d. Using a light touch, guide the student away from hazards.



Appendix I

Page 2

Staff Member Epilepsy and Seizure Disorder Management Information Form

After All Types of Seizures (The students will be groggy and disoriented)

1. Talk gently to comfort and reassure the person that everything is OK.
2. Stay with them until they become re-oriented.
3. Provide a place where the student can rest before returning to regular activity.

The following information has been documented to support staff in identifying the side effects of medication taken for seizure disorders and to support staff in dealing with incontinence when a student loses consciousness as the result of a seizure.

Side Effect of Medication taken for Seizure Disorders Include:

- Concentration concerns
- Short term memory loss
- Fatigue/drowsiness/lethargy
- Hyperactivity
- Motor capacity can be affected: eye-hand coordination, balance, speech coordination
- General well-being can be affected dizziness, unsteadiness, vomiting
- Mood changes: depression, aggressiveness, anti-social behaviours
- Hair loss, weight gain or loss

Knowledge of these side effects can help educators plan activities accordingly, make daily adjustment as needed, and help the educator to be more understanding toward the student.

Incontinence

Where a student may experience incontinence, when unconscious, as a tonic clonic seizure emphasize to teachers and staff member to address the situation in a calm and sensitive manner. For example:

- Cover the student with a blanket or article of clothing
- Remove classmates and/or other student/spectators from the area
- When appropriate provide the student with an opportunity to clean up
- Where appropriate have the student put on a change of clothes
- Contact the custodian to follow the Board's biologic clean up procedures