



**Brant Haldimand Norfolk
Catholic District School Board**

Catholic Education Centre

**Policy: Students With Prevalent Medical Conditions (Anaphylaxis, Asthma,
Diabetes and /or Epilepsy)**

		Policy Number:	200.05
Adopted:	August 30, 2018	Former Policy Number:	n/a
Revised:	n/a	Policy Category:	Students
Subsequent Review Dates:	TBD	Pages:	2

Belief Statement:

The Brant Haldimand Norfolk Catholic District School Board believes that all persons are created in God’s image. Every individual has an inherent and immeasurable worth and dignity. Each human life is considered sacred. We are committed to providing students with full access to schools in a safe, caring, accepting and healthy learning environment that enables each student to reach his or her fullest potential. While the Board believes that parents/guardians and the medical profession are primarily responsible for children with prevalent medical conditions, the Board supports the individual needs of students diagnosed by a medical doctor or nurse practitioner with asthma, diabetes, epilepsy and/or are at risk for anaphylaxis in accordance with Ontario laws.

Policy Statement:

It is the policy of the Board to support students with prevalent medical/health conditions in all Brant Haldimand Norfolk Catholic District School Board schools and off-site programs.

The Board Shall:

- Ensure that students with prevalent medical conditions are enabled to participate in school life to their fullest potential as outlined in their individual Plan of Care;
- Ensure that daily routine management of activities are performed in such a way as to promote inclusion in a safe, accepting and healthy learning environment that supports well-being;
- Empower students to be confident and capable learners, to reach their full potential for self-management of their medical condition according to their individual Plan of Care; and
- Ensure that the designation of roles and responsibilities for prevalent medical/health conditions support services in school settings does not preclude, in an emergency, the provision of assistance by school board personnel. Staff who provide health support to students under their supervision shall have full coverage under the Brant Haldimand Norfolk Catholic District School Board’s liability coverage.

Glossary of Key Policy Terms

Allergen: A substance capable of causing an allergic reaction (e.g. pollens, molds, animal dander, feathers, dust mites, foods, insect stings, medications etc.)

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

Asthma: Asthma is a respiratory condition marked by spasm in the bronchi of the lungs, causing difficulty with breathing. It usually results from an allergic reaction or other forms of hypersensitivity. Viruses can also act as a trigger.

Asthma Reliever Inhaler: Asthma reliever inhalers work to relieve asthma symptoms when they happen. When inhaled, they open up airways and relieve symptoms such as wheezing, coughing and shortness of breath.

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



Brant Haldimand Norfolk Catholic District School Board

Catholic Education Centre

Type 1 Diabetes: Type 1 Diabetes develops when the body's immune system destroys the insulin producing cells of the pancreas. Insulin is an essential body requirement and without it, carbohydrates (starch and sugars) in food cannot be converted into the energy (glucose) required to sustain life.

Type 2 Diabetes: Type 2 Diabetes is the most common form of diabetes. It usually develops in adulthood, although recently increasing numbers of children in high-risk populations are being diagnosed. It develops when the pancreas does not produce enough insulin or the insulin produced is not used effectively.

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

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

Immunity: *The Act to Protect Pupils with Asthma* states, "No action or other proceedings for damages shall be commenced against an employee for an act of omission done or omitted by the employee in good faith in the execution or intended execution of any duty or power under the Act".

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

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

Prevalent Medical Condition: For the purpose of this document, Prevalent Medical Conditions include anaphylaxis, asthma, diabetes and epilepsy.

Self-Management: A continuum where a student's cognitive, emotional, social and physical capacity and stage of development are determinants of their ability to confidently and independently manage their medical condition(s). The student's journey to reach their full potential along the self-management continuum is not linear and can require varying levels of support over time.

References

Education Act and its Regulations
The Education Act Section 265 - Duties of Principals
The Education Act Section 264 - Duties of Teachers
Reg. 298, s11 Duties of Principals
Reg. 298, s20 Duties of Teachers
Ministry of Education's Policy/Program Memorandum No. 161: Supporting Children and Students with Prevalent Medical Conditions (Anaphylaxis, Asthma, Diabetes and Epilepsy)
Policy/Program Memoranda No. 149: Protocol for Partnerships with External Agencies for Provision of Services by Regulated Health Professionals, Regulated Social Service Professionals and Paraprofessionals
Policy/Program Memoranda No. 81: Provision of Health Support Services in School Settings
Ryan's Law, 2015
Sabrina's Law 2005
Bill 5 – An Act to Establish a Bill of Rights for Pupils with Diabetes
Municipal Freedom of Information and Protection of Privacy Act (MFIPPA)
Admission of Students Policy and Administrative Procedure 200.14
Educational Field Trips and Excursions Policy and Administrative Procedure 500.01
Nutrition – Creating a Healthy Environment Policy and Administrative Procedure 200.01
Transportation of Students Policy and Administrative Procedure 400.19
Volunteers Policy and Administrative Procedure 300.12



**Students with Prevalent Medical Conditions (Anaphylaxis, Asthma, Diabetes
and/or Epilepsy)
AP 200.05**

Procedure for:	All staff	Adopted:	August 30, 2018
Submitted by:	Michelle Shypula, Superintendent of Education	Revised:	N/A
Category:	Students		

Purpose

Ensuring the safety and well-being of students with prevalent medical conditions in a school setting is a shared responsibility that necessitates the cooperation of all partners in the school community, including health care professionals. The ultimate goal is to have the child be as independent as possible with their care. This Policy and Administrative Procedure does not negate the responsibility of students and parents/guardians and the important role they play in student health and safety.

Responsibilities

Superintendent of Education: The Superintendent of Education will monitor and advise principals and vice-principals regarding the implementation of Students with Prevalent Medical Conditions procedures and update schools on any legislative changes that affect this administrative procedure.

Principal/Vice-Principal and/or Designate: Principal and Vice-Principal and/or designate will monitor and advise staff regarding the implementation of Student with Prevalent Medical Conditions procedures.

School Staff: School staff will implement the Students with Prevalent Medical Conditions protocol in their school.

Parents/Guardians: Parents/Guardians will ensure the school receives up to date information regarding their child's medical condition and management.

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.

Transportation Services: Transportation Services will ensure that all drivers are aware of management procedures for students with Prevalent Medical Conditions.

Food Service Providers: Food Service Providers will ensure all staff are in-serviced in anaphylaxis procedures for the Board.

Information- N/A

Procedures

1.0 General Guidelines

It is recognized that in respect to students with prevalent medical conditions:

- 1.1 The parent/guardian has the primary responsibility to inform school authorities about their child's medical/health condition(s) and to communicate relevant information. School procedures must be cooperatively developed to address differentiated strategies for addressing the student's needs in a reasonable manner;
- 1.2 Following an initial review of a student's unique medical/health needs, the principal shall consult with the Special Education Coordinator and if necessary their Superintendent, to discuss options to address the student's needs;



-
- 1.3 Procedures related to health care needs of individual students will adhere to the physician's/nurse practitioner's prescribed care plans and relevant legislation and policies;
 - 1.4 Whenever feasible and authorized, the student or the student's parent/guardian may accept the responsibility of performing the health care service, if required during school hours;
 - 1.5 Where the student or student's parent/guardian can not perform required health services and where the parent/guardian so requests, the health care service is to be requested in accordance with the Provision of Health Support Services in School Setting (Ministry of Education Policy/Program Memorandum No. 81); and
 - 1.6 In responding to such circumstances, the principal or other staff performing such health care services, on a voluntary or emergency basis (i.e. Glucagon injection) is acting according to the principle of "in loco parentis" and not as a health professional.

2.0 Roles and Responsibilities

2.1 Superintendent of Education

The School Board shall:

- 2.1.1 Ensure that pupil registration forms have a section that allows for listing of prevalent medical conditions;
- 2.1.2 Provide annual training and resources on prevalent medical conditions;
- 2.1.3 Ensure that training for Emergency First Aid, CPR and Automated External Defibrillator (AED) is made available to individuals who are involved in the education of students with prevalent medical conditions;
- 2.1.4 Develop expectations with schools in order to support safe storage of medication and medical supplies;
- 2.1.5 Develop strategies that reduce the risk of student exposure to triggers or causative agents in classrooms and common school areas;
- 2.1.6 Provide strategies to support the management of students with prevalent medical conditions;
- 2.1.7 Ensure that a protocol is developed with all transportation carriers to manage students with prevalent medical conditions who attend schools under the jurisdiction of the Brant Haldimand Norfolk Catholic District School Board;
- 2.1.8 Provide transportation and food service providers with copies of the Board's Students with Prevalent Medical Conditions policy and procedures; and
- 2.1.9 Ensure that information in the Students with Prevalent Medical Conditions policy and procedure is added to school agendas/handbooks/Board website.

2.2 Parent/Guardian

As primary caregivers of their child, the parent/guardian is expected to be an active participant in supporting the management of their child's prevalent medical condition while the child is at school. At minimum:

- 2.2.1 Educate their child about the prevalent medical condition with support from their child's health professional, as needed;
- 2.2.2 Review all school and board policies related to the management of their child's medical condition;
- 2.2.3 Guide and encourage their child to reach their full potential for self-management and self-advocacy;
- 2.2.4 Inform the school of their child's prevalent medical condition and co-create the individual Plan of Care for their child with the principal/designate;



-
- 2.2.5 Communicate ongoing changes to the Plan of Care to the principal or designate and provide up-to-date emergency contact information (i.e. names, phone numbers);
 - 2.2.6 Confirm annually (at minimum) to the principal or designate that the student's Plan of Care is unchanged;
 - 2.2.7 Initiate and participate in meetings to review the student's medical/health condition and Plan of Care;
 - 2.2.8 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 replace supplies and medication upon expiration;
 - 2.2.9 Provide medical alert information (e.g. medic alert bracelet which identifies specific allergens/medical condition) that the child and/or their parent/guardian deem appropriate;
 - 2.2.10 Provide the school with copies of any medical reports or instructions from the student's health care provider as appropriate; and
 - 2.2.11 If possible, inform the school staff if a medical incident or medical emergency occurs.

2.3 Principal/Designate

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

- 2.3.1 Clearly communicate to the parent/guardian and appropriate staff the process for the parent/guardian to notify the school of their child's prevalent medical condition as well as the expectation for the parent/guardian to co-create, review and update the Plan of Care with the principal/designate. This process should be communicated to the parent/guardian at a minimum:
 - During the time of registration;
 - Each year during the first week of school; and/or
 - When a child is diagnosed and/or returns to school following a diagnosis.
- 2.3.2 Co-create, review or update the Plan of Care for a student with prevalent medical conditions with the parent/guardian in consultation with the staff (as appropriate) and the student (as appropriate);
- 2.3.3 Maintain a file with the Plan of Care and supporting documentation for each student with a prevalent medical condition which includes up-to-date emergency contacts and telephone numbers;
- 2.3.4 Strongly encourage the parent/guardian to have the child wear a Medical Alert bracelet;
- 2.3.5 Provide relevant information from the student's Plan of Care to the staff and others who are identified in the Plan of Care (e.g. food services, transportation providers, volunteers, occasional staff who will be in direct contact with the student) including any revisions that are made to the Plan of Care;
- 2.3.6 Communicate with parent/guardian on medical emergencies as outlined in the Plan of Care;
- 2.3.7 Encourage the identification of staff who can support the daily or routine management needs of students in the school with prevalent medical conditions;
- 2.3.8 Maintain appropriate storage of medications or medical devices for a student with a prevalent medical condition. Medication should be stored in a safe and accessible location which is known to staff;
- 2.3.9 Permit a student to carry their emergency medication (e.g. asthma reliever inhaler) if the student has the parent/guardian permission to do so;
- 2.3.10 Ensure with consent, an updated photo with key emergency information is placed in a school location for all staff to see on a regular basis;



- 2.3.11 Ensure that a plan is established to support students with prevalent medical conditions in the event of a school emergency (e.g. evacuation, fire, lockdown). This process must also include considerations for occasional staff;
- 2.3.12 Ensure all staff have received annual training including training about prevention strategies, recognition of life-threatening medical situations, emergency protocols and the use of any emergency medical interventions. For example, the principal shall arrange to provide all staff with necessary training on the administration of epinephrine;
- 2.3.13 Maintain a log of all staff who have received training;
- 2.3.14 Maintain a log of administration of medication; and
- 2.3.15 Consult with the physician or nurse practitioner with consent from the parent/guardian for review of the Plan of Care in the event that such a review is required.

2.4 School Staff

The school staff should:

- 2.4.1 Review the contents of the Plan of Care with any students with whom they have direct contact;
- 2.4.2 Participate in annual training on prevalent medical conditions as required;
- 2.4.3 Share information of the student's signs and symptoms with other students, as outlined in the Plan of Care as authorized by the parent/guardian and principal;
- 2.4.4 Follow strategies that reduce the risk of student exposure to triggers or causative agents in classrooms, common school areas and co-curricular activities in accordance with the student's Plan of Care;
- 2.4.5 Support a student's daily or routine management and respond to medical incidents and medical emergencies that occur during school and school related activities as outlined in the Students Plan of Care; and
- 2.4.6 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.

2.5 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 development and implementation of their Plan of Care. Students should:

- 2.5.1 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;
- 2.5.2 Participate in the development of their Plan of Care where appropriate;
- 2.5.3 Participate in meetings to review their Plan of Care where appropriate;
- 2.5.4 Carry out daily or routine self-management of their prevalent medical condition to their full potential as described in their Plan of Care (e.g. carry their medication);
- 2.5.5 Set goals on an ongoing basis for self-management of their prevalent medical condition in conjunction with their parent/guardian and health care professional(s);
- 2.5.6 Communicate with their parents/guardians and school staff if they are facing challenges related to their prevalent medical condition at school;
- 2.5.7 Wear medical alert information (e.g. medic alert bracelet which identifies specific allergens/medical condition) that they and/or their parent/guardian deem appropriate;



-
- 2.5.8 If possible, inform the school staff and/or their peers if a medical incident or medical emergency occurs; and
 - 2.5.9 Students who are 18 years of age or older will take personal responsibility for their personal safety and well-being as well as meet the above student responsibilities.

3.0 Plan of Care

3.1 The Plan of Care templates will include the following elements:

- 3.1.1 Preventative strategies to be undertaken by the school to reduce the risk of a medical incident and exposure to triggers or causative agents in classrooms and common school areas
- 3.1.2 Identification of school staff who have access to the Plan of Care
- 3.1.3 Identification of routine or daily management activities that will be performed by the student, parent/guardian or staff volunteer(s) or by individual authorization by the parent/guardian
- 3.1.4 A copy of notes and instructions from the student's health care professional, where applicable
- 3.1.5 Information on how to support or accommodate the student to enable participation to their full potential in all school and school board activities (e.g. field trips, overnight excursions, board-sponsored sporting events)
- 3.1.6 Identification of symptoms (emergency and other) and response
- 3.1.7 Current emergency contact information
- 3.1.8 Details related to storage and disposal of the student's prescribed medication(s) and medical supplies such as:
 - Parental permission for the student to carry the medication and/or supplies (e.g. asthma inhaler, epinephrine auto-injector);
 - Location of spare medication and supplies stored in the school, where applicable;
 - Information on the safe disposal of medication and medical supplies; and
 - Ensuring that any medication that has reached its expiry date is returned to the parent/guardian/adult student and replaced with up-to-date medication.
- 3.1.9 Requirements for communication between the parent/guardian and principal/designate and/or school staff as appropriate including format and frequency
- 3.1.10 Parental consent to share information on signs and symptoms with other students

4.0 Administration of Medication

- 4.1 When the school has current up-to-date treatment information and the consent of the parent/guardian or adult student, any employee may be preauthorized to administer medication or supervise a student while he/she takes medication in response to a medical condition.
- 4.2 When the school has current up-to-date treatment information and the consent of the parent/guardian or adult student, the principal shall designate a staff member to supervise or administer the required medication in an emergency.
- 4.3 If a staff member has reason to believe that a pupil may be experiencing a medical emergency, the staff member may administer medication prescribed to the student for the treatment of anaphylactic reaction even if there is no preauthorization to do so.
- 4.4 No action or damages shall be instituted respecting any act done in good faith or for any neglect or default in good faith in response to a medical emergency.



5.0 Transportation

- 5.1** When a student with a prevalent medical condition takes student transportation, Student Transportation Services shall ensure that the current Plan of Care received from the school principal is available:
- On file;
 - At the dispatch office; and
 - In the assigned vehicle(s).
- 5.1.1 Ensure there has been adequate in-servicing of all drivers and substitute drivers in response to students with prevalent medical conditions. This in-servicing for responding to students with prevalent medical conditions (e.g. administration of epinephrine auto-injector) shall be provided by Student Transportation Services on an annual basis or “as needed” basis.
- 5.1.2 Ensure that the student Plan of Care provided by the school principal is followed by the service provider. The current standard plan is that the driver radios dispatch for an ambulance and waits for the EMS to arrive, or if close to a hospital, drives there directly.
- 5.1.3 Assign a specific seat to the student, if required; and
- 5.1.4 Be aware that the student will be carrying required emergency medication, if indicated on the Plan of Care.

6.0 Food Service/Food Service Providers

6.1 Food Service/Food Service Providers shall:

- 6.1.1 Ensure that their personnel are trained to reduce the risk of cross-contamination through purchasing, handling, preparation and serving of food.
- 6.1.2 Participate in the school’s anaphylaxis training, which includes the identification of students at risk and how to administer an epinephrine auto-injector in the event of an anaphylactic reaction.

7.0 Liability

- 7.1** The Good Samaritan Act, passed in 2011, protects 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:
- 7.1.1 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.
- 7.1.2 Subsection (1) applies to: (b) an individual... who provides emergency first aid 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.
- 7.2** In the case of anaphylaxis and asthma, both *Sabrina’s Law* (2005) and *Ryan’s Law* (2015) include provisions limiting the liability of individuals who respond to an emergency relating to these conditions.
- 7.3** Section 3(4) of *Sabrina’s Law*: 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 the employee’s gross negligence.



7.4 Section 4(4) of *Ryan’s Law*: No action or other proceedings for damages shall commence 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.

8.0 Anaphylaxis

Anaphylaxis is a serious allergic reaction that is rapid in onset and may cause death (Canadian Pediatric Society). Susceptible students may die if exposed to even minute amounts of the substance that triggers their reaction. Immediate treatment in the form of an injection of epinephrine can be lifesaving.

8.1 Triggers

- 8.1.1 Foods: While any food may cause anaphylaxis, peanuts, tree nuts, seafood, cow’s milk, eggs, wheat and soy seem to more likely trigger a reaction in students; and
- 8.1.2 Non-Food Substances: Insect venom, medications, latex and rarely, vigorous exercise may trigger a reaction.

8.2 Signs and Symptoms

The onset of anaphylaxis can begin within seconds of exposure or after several hours. Any combination of the following symptoms may signal the onset of a reaction.

System	Signs and Symptoms
General/ Central Nervous System	Fussiness, irritability, drowsiness, lethargy, reduced level of consciousness, anxiety, feeling of impending doom, headache, metallic taste in mouth
Skin	Hives, swelling, itching, warmth, redness, rash
Upper/Lower Airway	Coughing, wheezing, shortness of breath, chest pain/tightness, throat tightness/swelling, hoarse voice, nasal congestion, hay fever-like symptoms (runny nose, watery eyes, sneezing), difficulty swallowing
Cardiovascular	Pale/blue colour, weak pulse, passing out, dizzy/lightheaded, shock, cardiac arrest
Gastrointestinal	Nausea, vomiting, diarrhea, abdominal pain

The interval time between onset of the first symptoms and death can be as short as a few minutes, if the reaction is not treated. Even when symptoms have subsided after initial treatment, they can return.

8.3 Emergency Procedure

The Anaphylaxis Plan of Care shall include procedures to:

- 8.3.1 Take note of the time of epinephrine auto-injector administration;
- 8.3.2 Call 911 for an ambulance (inform the emergency operator that the student is having an anaphylactic reaction);
- 8.3.3 Contact the emergency parent/guardian;
- 8.3.4 Give a second dose of epinephrine as early as five minutes after the first dose if there is no improvement in symptoms while waiting for the ambulance. Any subsequent doses to be administered must be under medical supervision; and
- 8.3.5 Transport the student to the hospital by ambulance.



8.4 Location of Epinephrine Auto-Injectors:

- 8.4.1 Epinephrine auto-injectors should be kept in a covered and secure area, but unlocked for quick access. Although epinephrine is not a dangerous drug, the sharp needle of the self-injector can cause injury;
- 8.4.2 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;
- 8.4.3 The parent/guardian can identify on the Anaphylaxis Plan of Care if they wish classmates to be aware of the location of the epinephrine auto-injector; and
- 8.4.4 An up-to-date supply of epinephrine auto-injectors provided by the parent/guardian shall be available in an easily accessible, secure central area of the school (e.g. office or staffroom). The parent/guardian shall provide at least two in case one malfunctions or additional treatment is necessary.

8.5 Peanut Butter Substitutes

Since exposure to peanut butter and/or other nut-containing products could prove harmful or fatal to some students, peanut butter and all products containing nuts of any kind are not permitted in Brant Haldimand Norfolk Catholic District Schools. School administrators, staff and volunteers are not food experts and are not qualified to decide what is (or is not) real peanut butter; peanut butter substitutes are not permitted in schools.

Despite its best efforts to limit the presence of nut-containing food products, parents of anaphylactic children should be aware the Brant Haldimand Norfolk Catholic District School Board cannot and does not guarantee schools are allergen free.

9.0 Asthma

Asthma is a very common chronic (long-term) lung disease that can make it hard to breathe (Ontario Lung Association). It is not possible to reduce the risk to allergens to zero.

9.1 Common Outdoor Triggers

Cold Air: susceptible students with asthma may need to use a neck warmer to cover their mouth and nose, especially prior to and during physical activity; when outdoor cold temperatures are extreme, a well-ventilated indoor site can be used for physical activity.

Air Quality/Smog: outdoor air quality and smog alerts can be monitored through local news/air quality sites (www.airhealth.ca). Well-ventilated indoor sites can be chosen for physical activity on days when air quality is poor.

Pollen, Leaves, Trees: May through August (or until the first frost) grassy or densely treed activity sites should be avoided for physical activity.

9.2 Common Indoor Triggers

Physical activities indoors (e.g. classroom, gymnasium) should be planned to eliminate or minimize common triggers that may cause asthma symptoms. Strong smells (e.g. perfumes, strongly scented markers or paints and cleaning products), dust, chalk, furry or feathered animals may also be triggers.



9.3 Strategies to Assist Schools and Classrooms to Minimize Common Triggers

Take the necessary precautions to create a supportive, safe environment for students with asthma, including but not limited to:

- 9.3.1 Facilitate the use of asthma-friendly school supplies and products, such as scent free markers and cleaning products, dust free chalk etc.;
- 9.3.2 Monitor asthma triggers and take action to reduce exposure to asthma triggers in the classroom and common areas, whenever possible; and
- 9.3.3 Create and support the expectation that students with asthma should be participating in physical activities to the best of their abilities, including recess/nutrition breaks and physical education.

9.4 Signs and Symptoms

Signs and symptoms of asthma are variable and include but are not limited to the following:

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

9.4.1 Responding to Asthma Signs and Symptoms

- Have the student use their asthma reliever inhaler as indicated in Asthma Plan of Care;
- Remove the student from the trigger;
- Have the student remain in an upright position;
- Have the student breathe slowly and deeply; and
- Check symptoms. When all the student's symptoms have subsided, then the student can resume school activities, but should be monitored closely. The student may require additional asthma reliever inhaler medication; and
- If symptoms get worse or do not improve with 5-10 minutes, follow the steps listed below for an emergency response.

9.4.2 Emergency Response

It is an emergency response if the student:

- Has used an asthma reliever inhaler and it has not helped signs and symptoms within 5-10 minutes;
- Has difficulty speaking or is struggling for breath;
- Appears pale, grey or is sweating; and
- Has greyish/blue lips or nailbeds;
OR
- You have any doubt about the student's condition.

9.4.3 Emergency Procedure

- Have the student use, or assist the student in using asthma reliever inhaler;
- If a staff member has reason to believe that a student is experiencing an asthma exacerbation, they can administer asthma medication to the student for the treatment of the exacerbation, even if there is no preauthorization to do so;
- Notify office, call 911 and remain with student;
- Notify the parent/guardian of emergency response



- Have the student sit upright or with arms resting on a table or other support if possible. Continue to give the asthma reliever inhaler every 5-10 minutes until the ambulance arrives; and
- Stay calm and reassure the student. Tell the student to breathe slowly and deeply. Note: Students are transported to hospital by ambulance only.

9.5 Asthma and Exercise

- 9.5.1 While exercise can be an asthma trigger, exercise is important for everyone. Teachers and coaches should be prepared to accommodate and modify activities to promote participation of students with asthma.
- 9.5.2 Have the student warm-up 5-10 minutes prior to exercising and cool down afterward;
- 9.5.3 Some students may need to use their asthma reliever inhaler prior to exercise, as advised by their physician;
- 9.5.4 Be aware of environmental triggers (e.g. extreme temperature, air quality) and be prepared to relocate or reschedule as required; and
- 9.5.5 The student should not participate in physical activity if already experiencing asthma symptoms. If the student has asthma symptoms during the exercise, they should stop until they feel better and use asthma reliever inhaler as directed in the Asthma Plan of Care.

9.6 Facilitating and Supporting Routine Management

The principal must permit a student to carry their asthma medication if the student has their parent's/guardian's permission. An additional inhaler may be kept in the office at the request of the parent/guardian.

10.0 Diabetes

10.1 Type 1 and Type 2 Diabetes

Diabetes is a serious disease that impairs the body's ability to use food properly. There are two types of diabetes, Type 1 and Type 2 and they both cause the body's blood sugar levels to become higher/lower than normal.

Type 1	Type 2
<ul style="list-style-type: none"> • Pancreas produces little or no insulin • Individual must inject insulin several times a day • Occurs in one in every 300 – 400 children • Cannot be prevented or cured 	<ul style="list-style-type: none"> • Pancreas either does not produce enough insulin or insulin doesn't work effectively • May require self-monitoring of blood glucose, medication or insulin • Usually occurs in adults but more recently an increase in children has been reported



10.2 Hypoglycemia (LOW BLOOD GLUCOSE)

Hypoglycemia is a disease resulting from a lack of insulin action. Insulin is a hormone produced by the pancreas. Without insulin, carbohydrates (starch and sugars) in the food we eat cannot be converted into energy (called blood glucose or blood sugar) as required to sustain life. Instead, unused glucose accumulates in the blood and spills into the urine. **Hypoglycemia may develop rapidly. When in doubt, TREAT!**

Causes	Symptoms	Treatment
<p>Low blood glucose usually develops as a result of one or more of the following:</p> <ul style="list-style-type: none"> • Insufficient food due to delayed or missed meal and/or partially eaten meal or snack • More exercise or activity than usual without a corresponding increase in food; and/or • Too much insulin 	<p>The student may say he/she feels 'low', may look unwell, or act in a strange manner.</p> <p>Signs of low blood sugar may include but not limited to:</p> <ul style="list-style-type: none"> • Cold, clammy, sweaty skin • Paleness, quietness • Fatigue, dizziness • Shakiness, lack of coordination • Hunger, irritability • Tearfulness • A staggering gait • Eventually fainting and unconsciousness <p>In addition, the student may complain of:</p> <ul style="list-style-type: none"> • Nervousness • Blurred Vision • Abdominal pain and nausea • Headache 	<p>At the first sign of a low blood sugar, allow the student to check his/her blood sugar level using his/her meter.</p> <p>If it is not possible to check blood sugar OR if in doubt, TREAT! (give fast-acting sugar immediately)</p> <p>If the parents have not provided you with more specific instructions give:</p> <ul style="list-style-type: none"> • 15 grams of glucose in the form of glucose tablets (this is the preferred method) • 15 mL (1 Tablespoon) of sugar dissolved in water • 5 cubes of sugar • 150 mL (2/3 cup) of fruit juice or regular soft drink • 6 Life Savers® • 15 mL (1 Tablespoon) of honey <p>Fifteen minutes after consuming the carbohydrate, check blood sugar again. If it is still low (below 4.0 mmol/L), then consume another 15 grams of carbohydrate, until blood sugar is above 4.0 mmol/L.</p> <p>(Canadian Diabetes Association 2018)</p>

Mild to moderate hypoglycemia is common in the school setting. School personnel need to know the causes, symptoms and treatment of hypoglycemia. School personnel can misinterpret symptoms of mild to moderate hypoglycemia. The nature of the emergency is often misunderstood, placing a student at serious risk. The above chart serves as a guide to be consulted.

Severe hypoglycemia will occur in 3-8/100 students with diabetes per year and occurs most commonly at night. Severe hypoglycemia is rare in a school setting.

If unsure whether the child is hypoglycemic, always give fast-acting sugar. A temporary excess of fast-acting sugar will not harm the child but hypoglycemia is potentially serious/life-threatening.

Do not give food or drink if the child is unconscious. Roll the child on his/her side and activate 911.

10.2.1 Administration of Glucagon

Glucagon is an emergency drug that is used to treat hypoglycemia. It should only be used under the direction of a physician. Glucagon is a naturally occurring substance produced by the



pancreas and it enables a person to produce his or her own blood glucose to correct a hypoglycemic state.

In an emergency, where a student is severely hypoglycemic, trained EMS paramedics and trained staff who have volunteered to administer glucagon may do a glucagon injection. It is important to note that hypoglycemia presenting in a school setting would not normally be an immediate life-threatening condition – that is, ambulances with advanced care paramedics can respond immediately. Paramedics will make the proper assessment and provide treatment, as required.

In general, staff should not make medical judgments or perform invasive procedures (e.g. injections outside of epi-pens). However, in a hypoglycemic emergency whereby:

1. A student is unconscious or unable to swallow safely, and
2. The parent/guardian has provided consent for glucagon administration, and
3. A glucagon kit (not expired) is available, and
4. A staff member **has volunteered** to administer a glucagon injection in the event of a hypoglycemic emergency, and
5. The staff member administering the glucagon injection as a result of a hypoglycemic emergency has received training.

If these criteria have been met, the school response shall be to provide a glucagon injection by a trained person. This will be followed with:

1. Calling 911
2. Contacting parents/guardians or other emergency contacts

10.3 Hyperglycemia (HIGH BLOOD GLUCOSE)

Children with diabetes sometimes experience high blood sugar. Hyperglycemia is NOT an emergency, unless student is vomiting, and it may require accommodations in the classroom.

Causes	Symptoms	Treatment
<p>May develop as a result of one or more of the following:</p> <ul style="list-style-type: none"> • Too much food • Less than usual amount of activity (indoor recess) • Growth spurts • Stress • Not enough insulin • Illness 	<p>The earliest and most obvious symptoms are increased thirst and urination.</p> <p>Other:</p> <ul style="list-style-type: none"> • Dry mouth • Blurred vision • Drowsiness 	<p>Allow the student to check his/her blood sugar since symptoms of high blood sugar can be confused with symptoms of low blood sugar. A blood sugar level of (greater than 14) is usually considered too high, but refer to student's individual plan for specific parameters.</p> <ul style="list-style-type: none"> • Allow the student to drink water at his/her desk • Allow the student to have open bathroom privileges • Do not use exercise to lower blood sugars as this can potentially make the blood sugar go higher



10.4 Blood Glucose (sugar) – Self-Monitoring

Self-monitoring of blood glucose (blood sugar) is mandatory for achieving target blood sugar levels. Blood sugar levels will change with eating, physical activity, stress or illness. Sometimes blood sugars fluctuate for no reason. Knowing blood sugar levels will help the student understand the balance of food, insulin and exercise and assist doctors in adjusting insulin and food requirements. Monitoring of blood sugar levels will provide early warning without onset of symptoms and can avoid consequences of hypo/hyperglycemia.

Guidelines for Blood Glucose (sugar) Monitoring: (to be done by the student or caregiver)

- 10.4.1 Provide a safe and appropriate location for testing;
- 10.4.2 Where requested on the Diabetes Plan of Care, read the meter (i.e. reading is below 4.0), record reading in the student’s diabetic logbook and provide fast-acting sugar, when required;
- 10.4.3 Arrange for safe disposal of lancets, test strips etc. (i.e. a container for sharps is provided by the parent or school); and
- 10.4.4 Where appropriate for clean-up, follow the school procedure regarding Universal Blood and Body Fluid Precautions.

The student when monitoring their blood glucose level may use the following equipment: test strips; glucose meter; lancet; lancet device and logbook.

10.5 Ketone – Self-Monitoring

Ketones are substances that can be detected in the blood by students with diabetes using a blood ketone-testing meter. In hyperglycemia, glucose stays in the blood and the body cannot use it for fuel. The body then breaks down fat for fuel. This process produces ketones as a by-product. Rising ketone levels can spiral into a potentially dangerous condition known as DIABETIC KETOACIDOSIS (DKA).

Causes	Symptoms	Treatment
<p>Too little insulin for the body’s needs. Buildup of ketones can be caused by:</p> <ul style="list-style-type: none"> • Illness (e.g. flu and stomach virus) • Hyperglycemia over 14.0 mmol/l • Frequent vomiting • Over a period of days when blood sugar levels aren’t managed 	<p>Symptoms of ketoacidosis:</p> <ul style="list-style-type: none"> • Excessive thirst • Nausea and vomiting • Weight loss • Leg cramps • Breath smells fruity • Abdominal pain • Blurry vision • Usually develops over several days 	<p>If left untreated, DKA can have serious life-threatening results. Students with diabetes monitor their ketone levels according to guidelines prescribed by their healthcare professional using a blood ketone-testing meter. This monitoring is not usually done daily as with blood glucose testing.</p> <p>Emergency situation if student is vomiting:</p> <ul style="list-style-type: none"> • Contact parent/guardian immediately • If parent/guardian unavailable – CALL 911 • Inform EMS the student has diabetes



10.6 Diabetes and Exercise

- 10.6.1 Students with diabetes should be encouraged to participate in as many activities as they choose. They should not be excluded from school field trips. School sports and other activities can promote self-esteem and a sense of well-being.
- 10.6.2 For students who wish to participate in vigorous physical activity, good planning is essential so that blood glucose balance is maintained. The major risk of unplanned vigorous activity is low blood glucose. Eating additional food can prevent this. Early parent/guardian notification of special days that involve extra activity will ensure the student has extra food to compensate.
- 10.6.3 Sports or other activities that take place during mealtime require some extra planning. Timing of meals and snacks maybe varied and the insulin dose adjusted so that children with diabetes can safely participate. It is advisable that both parent/guardian and the student with diabetes carry some fast-acting sugar such as glucose tablets or juice boxes.

10.7 Safety Considerations

- 10.7.1 Ensure the student has easy access to supplies for blood glucose monitoring and treating low blood sugar;
- 10.7.2 Ensure the student eats meals and snacks on time;
- 10.7.3 Provide the parent/guardian with as much notice as possible about field trips, special events and changes to school routines in order to plan meals and snacks as required;
- 10.7.4 Support the student's self-care by providing a safe, secure, private and comfortable location to allow blood sugar monitoring at any time;
- 10.7.5 Know that the child may need to eat outside a planned meal or snack time; and
- 10.7.6 Ensure that the student has unrestricted bathroom access as well as access to water at all times. This is especially important when blood sugar is high.

10.8 Facilitating and Supporting Routine Management

The ultimate goal of diabetes management within the school setting is to have the student feel safe and supported in their diabetes care and to be encouraged toward independence in age-appropriate steps. This independence includes the specific management of diet, activity, medication (insulin) and blood sugar testing, as required. Independence of care also includes the development of self-advocacy skills and a circle of support among persons who understand the disease and can provide assistance as needed.

Children are diagnosed with diabetes at various stages of their lives. Some will be very young and others older and more mature, some will have special education needs. The goal for all children is to become as independent as possible, as soon as possible, in managing their diabetes. The role of the school is to provide support as the student moves from dependence to independence and to create a supportive environment in which this transition can occur. Nevertheless, the ultimate responsibility for diabetes management rests with the parent/guardian and the student.

Staff members can assist by:

- 10.8.1 Learning as much as possible about diabetes;
- 10.8.2 Communicating openly with parent/guardian;
- 10.8.3 Helping other students in the class understand diabetes; and
- 10.8.4 Encouraging age/appropriate independence.



11.0 Epilepsy

Epilepsy is a common brain disorder characterized by recurrent seizures. Most seizures are brief events that last from several seconds to a couple of minutes and normal brain function will return after the seizure ends. Recovery time following a seizure will vary. Sometimes, recovery is immediate as soon as the seizure is over. Other types of seizures may result in an individual being confused, fatigued, and/or experiencing mood swings. A health care professional may consider epilepsy as a possible diagnosis when a person has had two or more seizures starting in the brain.

11.1 Triggers

11.1.1 Medication

- Not taking one's anti-epileptic medication; and other medications that are taken in addition to anti-epileptic medication

11.1.2 Internal Factors

- Stress, excitement and emotional upset;
 - This type of over-stimulation may lower the student's resistance to seizures by affecting sleeping or eating habits;
- Lack of sleep can change the brain's patterns of electrical activity and can trigger seizures;
- Fevers may make some students more likely to have a seizure; and
- Menstrual cycle:
 - Many females find their seizures increase around this time. This is referred to as catamenial epilepsy

11.1.3 External Factors

- Alcohol can affect the breakdown of anti-epileptic medication;
- Poor diet can affect blood sugar levels resulting in seizures;
- Sudden changes in temperature
- Television, videos and flashing lights; and
- Lack of physical activity

11.2 Signs and Symptoms

Motor Symptoms	Non-Motor Symptoms	Physical Symptoms	Autonomic Symptoms
<ul style="list-style-type: none"> • Jerking (clonic) • Limp or weak muscles • Rigid or tense muscles • Brief muscle twitching • Epileptic spasms • Automatisms or repeated automatic movements (clapping, rubbing hands, lip smacking, chewing) • Lack of movement 	<ul style="list-style-type: none"> • Changes in thinking or cognition • Loss of memory • Blank stares • Repeated words • Appearing dazed • Laughing, screaming, crying 	<ul style="list-style-type: none"> • Abdominal discomfort • Stomach pain • Belching • Flatulence • Vomiting • Pallor • Sweating • Dilation of pupils • Alteration in heart rate and respiration 	<ul style="list-style-type: none"> • Fear, sadness, anger or joy • Sensory • Sees light • Hears buzzing • Feels tingling or numbness • Smells a foul odour • Bad taste in mouth • Funny feeling in the pit of the stomach • Choking sensation



11.3 Emergency Procedure

Emergency response should be detailed for individual students in their Epilepsy Plan of Care. In general, if someone is having a seizure:

11.3.1 Stay Calm:

- Seizure usually ends on its own within a few seconds or a few minutes;

11.3.2 Time It:

- Note the time the seizure begins, ends and length of seizure;

11.3.3 Create a Safe Space:

- Move sharp objects out of the way;
- If the student falls, place something soft under their head and roll them on their side as the seizure subsides;
- If the student wanders, stay by their side and gently steer them away from danger; and
- If the student is in a wheelchair, keep them in their wheelchair and secure harness.

11.3.4 Call 911:

- If the seizure lasts for more than 5 minutes;
- If it repeats without full recovery between convulsive seizures or as directed by neurologist;
- If consciousness or regular breathing does not return after the seizure ends; and
- If you are not sure the student has epilepsy or a seizure disorder.

11.3.5 Provide Assurance:

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

11.3.6 Do Not:

- Restrain the student; and
- Put anything in their mouth.

11.4 Safety Considerations

11.4.1 Ensure that consideration is made on behalf of students with epilepsy in the planning of school events and field trips (e.g. lighting effects for school dances);

11.4.2 Be aware that during physical activities, where climbing may be involved, that the student is properly assisted and does not climb to great heights;

11.4.3 Monitor that fluorescent lighting fixtures in classrooms and common spaces are working correctly (not flickering);

11.4.4 Avoid loud noise as much as possible; and

11.4.5 Ensure that occasional staff are aware of the Epilepsy Plan of Care.



Appendices

[Appendix A: Plan of Care - Sample Letter to Parents](#)

[Appendix B: Plan of Care – Anaphylaxis](#)

[Appendix C: Notification of Child in School with Anaphylaxis – Sample Letter to Parents](#)

[Appendix D: School Allergy Alert](#)

[Appendix E: Notification of an Anaphylactic Student in Child's Class – Sample Letter to Parents](#)

[Appendix F: Notification of an Anaphylactic Student on Child's Bus – Sample Letter to Parents](#)

[Appendix G: School Bus Allergy Alert](#)

[Appendix H: Anaphylaxis Report](#)

[Appendix I: Plan of Care – Asthma](#)

[Appendix J: Notification of Child in School with Asthma – Sample Letter to Parents](#)

[Appendix K: Plan of Care – Diabetes](#)

[Appendix L: Glucagon Injection Training Log](#)

[Appendix M: Request and Consent for the Administration of Diabetes Interventions](#)

[Appendix N: Plan of Care – Epilepsy](#)

[Appendix O: Student Log of Administered Prescribed Medication](#)

Definitions

Allergen: A substance capable of causing an allergic reaction e.g. pollens, molds, animal dander, feathers, dust mites, foods, insect stings, medications etc.

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

Asthma: Asthma is a respiratory condition marked by spasm in the bronchi of the lungs, causing difficulty with breathing. It usually results from an allergic reaction or other forms of hypersensitivity.

Asthma Reliever Inhaler: Asthma reliever inhalers work to relieve asthma symptoms when they happen. When inhaled, they open up airways and relieve symptoms such as wheezing, coughing and shortness of breath.

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

Type 1 Diabetes: Type 1 Diabetes develops when the body's immune system destroys the insulin producing cells of the pancreas. Insulin is an essential body requirement and without it, carbohydrates (starch and sugars) in food cannot be converted into the energy (glucose) required to sustain life.

Type 2 Diabetes: Type 2 Diabetes is the most common form of diabetes. It usually develops in adulthood, although recently increasing numbers of children in high-risk populations are being diagnosed. It develops when the pancreas does not produce enough insulin or the insulin produced is not used effectively.

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

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

Immunity: *The Act to Protect Pupils with Asthma* states, "No action or other proceedings for damages shall be commenced against an employee for an act of omission done or omitted by the employee in good faith in the execution or intended execution of any duty or power under the Act.

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

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

Plan of Care: A form that contains individualized information on a student with a prevalent medical condition. The Brant Haldimand Norfolk Catholic District School Board policies and procedures include Plans of Care for anaphylaxis, asthma, diabetes and epilepsy.



Prevalent Medical Condition: For the purpose of this document, Prevalent Medical Conditions include anaphylaxis, asthma, diabetes and epilepsy.

Self-Management: A continuum where a student is cognitive, emotional, social and physical capacity and stage of development are determinants of their ability to confidently and independently manage their medical condition(s). The student's journey to reach their full potential along the self-management continuum is not linear and can require varying levels of support over time.

References

Education Act and its Regulations
The Education Act Section 265 - Duties of Principals
The Education Act Section 264 - Duties of Teachers
Reg. 298, s11 Duties of Principals
Reg. 298, s20 Duties of Teachers
Ministry of Education's Policy/Program Memorandum No. 161: Supporting Children and Students with Prevalent Medical Conditions (Anaphylaxis, Asthma, Diabetes, and Epilepsy)
Policy/Program Memoranda No. 149: Protocol for Partnerships with External Agencies for Provision of Services by Regulated Health Professionals, Regulated Social Service Professionals and Paraprofessionals
Policy/Program Memoranda No. 81: Provision of Health Support Services in School Settings
Ryan's Law, 2015
Sabrina's Law 2005
Bill 5 – An Act to Establish a Bill of Rights for Pupils with Diabetes
Municipal Freedom of Information and Protection of Privacy Act (MFIPPA)
Admission of Students Policy and Administrative Procedure 200.14
Educational Field Trips and Excursions Policy and Administrative Procedure 500.01
Nutrition – Creating a Healthy Environment Policy and Administrative Procedure 200.01
Transportation of Students Policy and Administrative Procedure 400.19
Volunteers Policy and Administrative Procedure 300.12

Links

<http://www.eworkshop.on.ca/edu/anaphylaxis/sc022.cfm?L=1>
<http://allergyaware.ca/resources/>
<http://foodallergycanada.ca/resources/resources-for-educators/>
OPHEA Asthma Training Program <http://www.ophea.net/node/1411>
Lung Association <http://www.lung.ca/asthma>
www.edu.gov.on.ca/eng/healthyschools/pmc_diabetes_fact_sheet_en.pdf
www.diabetesatschool.ca
<http://www.diabetes.ca/kidsatschool>



[School Letterhead]

[Insert Date]

Re: Prevalent Student Medical Conditions

Dear Parent/Guardian:

The safety and well-being of children in our care is of the utmost importance to the staff within our school. If your child has a prevalent medical condition that requires support or monitoring, we request that you contact the school as soon as possible to ensure that our staff have the necessary information to ensure your child is safe while at school.

The following are medical conditions that require a **Plan of Care** as determined by Brant Haldimand Norfolk Catholic District School Board policy and/or provincial legislation. The **Plan of Care** will be completed in collaboration with the school administrative team:

- **Asthma** – Please complete the Asthma Plan of Care
- **Anaphylactic Reactions** – Please complete the Anaphylaxis Plan of Care
- **Diabetes** – Please complete the Diabetes Plan of Care
- **Epilepsy** – Please complete the Epilepsy Plan of Care

If your child has any of the aforementioned conditions and you have not yet completed the required forms, please contact the school immediately to provide the necessary information and receive a copy of the required forms.

Please note: It is the responsibility of parents to notify schools of any medical concerns and to update the Plans of Care on an annual basis.

For more information regarding specific School Board policies or procedures concerning specific medical conditions, please visit: <http://www.bhncdsb.ca/>.

Sincerely,

Full Name
Title

c: Name – Title, Location (if applicable) *(names are listed alphabetically by last name)*

Attachment or Enclosure (if applicable)
XX:xx (AUTHOR INITIALS:your initials)



Prevalent Medical Conditions: Student Anaphylaxis Plan of Care

Student Information		
Student Name:	Date of Birth:	STUDENT PICTURE HERE 2 " X 3"
Address:		
Ontario Ed. #:	Age:	
Grade:	Teacher(s):	

Emergency contacts (List in Priority)			
Name	Relationship	Daytime Phone	Alternate Phone
1.			
2.			

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?		



Daily/Routine Anaphylaxis Management
Symptoms
A student having an anaphylactic reaction might have ANY of these 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, watery eyes and sneezing), trouble swallowing
Gastrointestinal system (stomach): nausea, vomiting, diarrhea, pain or cramps
Cardiovascular system (heart): paler than normal skin colour/blue colour, weak pulse, passing out, dizziness or lightheadedness, shock
Other: anxiety, sense of doom (the feeling that something bad is about to happen), headache, uterine cramps, metallic taste
<i>Early recognition of symptoms and immediate treatment could save a person's life.</i>

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 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 trashcans, keep food indoors.)
Designated eating area inside school building:
Safety measures:
Other information:
EMERGENCY PROCEDURES (DEALING WITH AN ANAPHYLACTIC REACTION)
ACT QUICKLY. The first signs of a reaction can be mild, but symptoms can get worse quickly.

STEPS¹

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 the symptoms.
4. Go to the nearest hospital immediately (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 to 6 hours).
5. Call emergency contact person; e.g. Parent(s)/Guardians(s).

¹ Food Allergy Canada



Healthcare Provider Information (Optional)	
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 checked="" type="checkbox"/> NO	
After-School program	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
School Bus Driver/Route # (if applicable)		
Food services (if applicable)		
This plan remains in effect for the 20YY – 20YY school year without change and will be reviewed on or before: [Enter Date]. (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/Guardian: _____
Signature

Date: _____

Student (if 18 years or older): _____
Signature

Date: _____

Principal: _____
Signature

Date: _____

Information Collection Authorization

Notice of Collection: The personal information you have provided on this form and any other correspondence relating to your involvement in our programs is collected by the District School Board under the authority of the Education Act (R.S.O. 1990 c.E.2) ss. 58.5, 265 and 266 as amended and in accordance with Section 29(2) of the Municipal Freedom and Protection of Privacy Act, 1989. The information will be used to register and place the student in a school, or for a consistent purpose such as the allocation of staff and resources and to give information to employees to carry out their job duties. In addition, the information may be used to deal with matters of health and safety or discipline and is required to be disclosed in compelling circumstances or for law enforcement matters or in accordance with any other Act. The information will be used in accordance with the Education Act, the regulations, and guidelines issued by the Minister of Education governing the establishment, maintenance, use, retention, transfer and disposal of pupil records. If you have any questions, please contact the school principal and/or the Freedom of Information Officer, Brant Haldimand Norfolk Catholic District School Board, 322 Fairview Drive, Brantford, ON, N3T 5M8 (Telephone 519-756-6505, Ext. 234)



[School Letterhead]

[Insert Date]

Re: Prevalent Student Medical Conditions

Dear Parent/Guardian:

I am sending you this letter on behalf of our school community to seek your cooperation in ensuring the health and safety of all the children in our school family.

A child in our school has a condition called **Anaphylaxis**. This severe allergic condition can result in death for the child. It is vital that we join together to ensure that our school is a safe, secure place where all the children can come and be protected. In this instance, we have a student/students who is/are allergic to _____

It is requested that parents of all students do not pack any foods or send food items containing _____

All students, staff and visitors at our school must adhere to the following guidelines:

1. Snacks are not to be shared with other students.
2. Utensils are not to be shared with other students.
3. Hands are to be washed after eating anything that may contain allergen products. Traces of the allergen can get on the bus seats or playground equipment, desks and personal belongings.

Thank you for your cooperation and support regarding this matter. At [School Name] we are blessed to be able to count on all of our school families to help us create and maintain a safe, secure school environment for all our children. As always, if you have any questions or concerns about this subject, please feel free to contact me at the school office at your convenience.

For more information regarding specific School Board policies or procedures concerning specific medical conditions, please visit: <http://www.bhncdsb.ca/>.

Sincerely,

Full Name
Title

c: Name – Title, Location (if applicable) *(names are listed alphabetically by last name)*

Attachment or Enclosure (if applicable)
XX:xx (AUTHOR INITIALS:your initials)



School Allergy Alert

School Name:	
--------------	--

Please be advised that in this school, there is a student/there are students who suffer severe allergic reactions (anaphylactic shock) to the following allergens:

- Nuts and Nut Products (peanuts, cashews, etc.)
- Bee Stings (wasps, hornets, honey bees, etc.)
- Latex/Latex Products (balloons, gloves, etc.)
- Other:

These items/products are prohibited from certain areas / all areas of this school.

Principal's Signature:

Date:



[School Letterhead]

[Insert Date]

Re: Prevalent Student Medical Conditions

Dear Parent/Guardian:

This year there is a student in your child's classroom who has a severe allergy to_____. This allergy, known as anaphylaxis, is a life-threatening and dangerous condition, which could lead to coma and death. This is a serious concern to all of us since children who suffer from this allergy may go into anaphylactic shock and cease breathing within minutes when they are exposed to even a trace amount of this substance.

At [School Name], providing a safe environment where all children can learn and grow to their fullest potential is of utmost importance. We ask that you do not send_____with your child to school. Your cooperation will help us ensure that all of our children are safe and healthy while in our care. Please speak to your child about not sharing lunches and snacks with other children.

Please feel free to contact me at the school office if you have any questions or concerns about this subject. Your support and care for the safety of all the children in our school family is always appreciated.

For more information regarding specific School Board policies or procedures concerning specific medical conditions, please visit: <http://www.bhncdsb.ca/>.

Sincerely,

Full Name

Title

c: Name – Title, Location (if applicable) (*names are listed alphabetically by last name*)

Attachment or Enclosure (if applicable)

XX:xx (AUTHOR INITIALS:your initials)



[School Letterhead]

[Insert Date]

Re: Prevalent Student Medical Conditions

Dear Parent/Guardian:

At [School Name] School, we have a number of students with severe, life-threatening allergies to _____. The children concerned recognize their situation and are very good about avoiding _____. However, this does not guarantee that an accident will never happen. Therefore, we do have emergency procedures in place at school and for the possibility that an emergency may occur when the student is riding the bus.

As you know, we already have a rule that prohibits eating and drinking on the bus. This rule has always been enforced, but now with the presence of students on your child's bus with a severe allergy to _____, adhering to the rule of not eating on the bus may mean the difference between life and death for a child.

Please discuss the extreme importance of following this rule with your child. In this manner, we can all share in preventing what could become a tragic situation.

As always, I thank you for your cooperation and support with this matter. Please feel free to contact me at the school if you have any questions or concerns on this subject.

Sincerely,

Full Name
Title

c: Name – Title, Location (if applicable) *(names are listed alphabetically by last name)*

Attachment or Enclosure (if applicable)
XX:xx (AUTHOR INITIALS:your initials)



School Bus Allergy Alert

Bus Number:	
School Name:	

Please be advised that on this bus, there is a student/there are students who suffer severe allergic reactions (anaphylactic shock) to the following allergens:

- Nuts and Nut Products (peanuts, cashews, etc.)
- Bee Stings (wasps, hornets, honey bees, etc.)
- Latex/Latex Products (balloons, gloves, etc.)
- Other:

Please be extremely careful with items containing any of the above items/products so as not to endanger this student / these students.

Principal's Signature:

Date:



Anaphylaxis Report

School: _____ November 1 March 1 Principal: _____

Name of Student (Last Name, First Name)	Date of Birth (yyyy/mm/dd)	Emergency Plan in Place
		<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO

EpiPen®, Allerject® Training	
Staff training completed on (date):	
Comments:	

Anaphylaxis Drill	
School Drill completed on (date):	
Term/Semester 1 (to be completed no later than Oct. 31)	_____, 20__.
Term/Semester 2 (to be completed no later than Feb. 28)	_____, 20__.

Communication Completed to:		
Student Body <input type="checkbox"/> YES <input type="checkbox"/> NO	School Staff <input type="checkbox"/> YES <input type="checkbox"/> NO	Parents <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

Principal Signature: _____ Date: _____

Please submit completed form to your Superintendent of Education



Prevalent Medical Conditions: Student Asthma Plan of Care

Student Information		
Student Name:	Date of Birth:	STUDENT PICTURE HERE 2 " X 3"
Address:		
Ontario Ed. #:	Age:	
Grade:	Teacher(s):	

Emergency contacts (List in Priority)			
Name	Relationship	Daytime Phone	Alternate Phone
1.			
2.			

Known Asthma Triggers (check the appropriate boxes)			
<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"/> Dust	<input type="checkbox"/> Mould	
<input type="checkbox"/> Smoke (e.g., tobacco, fire, cannabis, second-hand smoke)	<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?			



Daily/Routine Asthma Management
Reliever Inhaler use at school and during school-related activities
<p>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:</p> <p><input type="checkbox"/> When student is experiencing asthma symptoms (e.g., trouble breathing, coughing, wheezing)</p> <p><input type="checkbox"/> Other (explain): _____</p> <p>_____</p> <p>Use reliever inhaler _____ in the dose of _____</p> <p style="text-align: center;">(Name of Medication) (Number of Puffs)</p> <p>Spacer (valved holding chamber) provided? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>Place a (☑) check mark beside the type of reliever inhaler that the student uses:</p> <p><input type="checkbox"/> Airomir <input type="checkbox"/> Ventolin <input type="checkbox"/> Bricanyl <input type="checkbox"/> Other (Specify): _____</p> <p><input type="checkbox"/> Student requires assistance to access reliever inhaler. Inhaler must be readily accessible.</p>
<p>Reliever Inhaler is kept:</p> <p><input type="checkbox"/> With _____ location: _____ Other location: _____</p> <p><input type="checkbox"/> In locker # _____ locker combination: _____</p> <p><input type="checkbox"/> Student will carry their reliever inhaler at all times including during recess, gym, outdoor and off-site activities.</p> <p>Reliever inhaler is kept in the student's:</p> <p><input type="checkbox"/> Pocket <input type="checkbox"/> Backpack/fanny pack</p> <p><input type="checkbox"/> Case/Pouch <input type="checkbox"/> Other (specify): _____</p>
<p>Does student require assistance to administer reliever inhaler? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Student's spare reliever inhaler is kept:</p> <p><input type="checkbox"/> Main Office (specify location): _____ Other location: _____</p> <p><input type="checkbox"/> In locker # _____ locker combination: _____</p>
Controller Medication Use at School and During School-Related Activities
<p>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).</p>
<p>Use/administer: In the dose of: At the following times:</p> <p style="text-align: center;">(Name of medication)</p>
<p>Use/administer: In the dose of: At the following times:</p> <p style="text-align: center;">(Name of medication)</p>
<p>Note: If an employee has reason to believe a student is experiencing an asthma exacerbation, the employee may administer asthma medication to the student for the treatment of the exacerbation. See the acknowledgement for the Administration of Medication for Asthma in this Plan of Care.</p>



EMERGENCY PROCEDURES

IF ANY OF THE FOLLOWING OCCUR:

- Continuous coughing
- Trouble breathing
- Chest tightness
- Wheezing (whistling sound in chest) (☒Student may also be restless, irritable and/or quiet.)

TAKE ACTION:

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

STEP 2: Check symptoms. Only return to normal activity when all symptoms are gone. If symptoms get worse or do not improve within 10 minutes, **THIS IS AN EMERGENCY!**

Follow steps below.

IF ANY OF THE FOLLOWING OCCUR:

- Breathing is difficult and fast
 - Cannot speak in full sentences
 - Lips or nail beds are blue or grey
 - Skin or neck or chest sucked in with each breath
- (☒Student may also be anxious, restless and/or quiet.)

THIS IS AN EMERGENCY:

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

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

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

While waiting for medical assistance to arrive:

- ✓ Have student sit up with arms resting on a table (do not have student lie down unless it is a 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. Ensure school administration is informed.

ADMINISTRATION OF MEDICATION FOR ASTHMA

Acknowledgement:

I acknowledge that the staff of the Brant Haldimand Norfolk Catholic District School Board are not trained medical personnel. However, I authorize the administration of a Reliever Inhaler, as prescribed by a physician/health practitioner, in the event that my child (full name) _____ experiences an asthma episode on school property or during a school or school board sponsored event.

Parent/Guardian Name: _____ Parent/Guardian Signature: _____

Date: _____ Principal Signature: _____

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. NOTE: Please refer to the Medical Administration Log.



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 checked="" type="checkbox"/> NO	
After-School program	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
School Bus Driver/Route # (if applicable)		
Food services (if applicable)		
This plan remains in effect for the 20YY – 20YY school year without change and will be reviewed on or before: [Enter Date]. (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/Guardian: _____
Signature

Date: _____

Student (if 18 years or older): _____
Signature

Date: _____

Principal: _____
Signature

Date: _____

Information Collection Authorization

Notice of Collection: The personal information you have provided on this form and any other correspondence relating to your involvement in our programs is collected by the District School Board under the authority of the Education Act (R.S.O. 1990 c.E.2) ss. 58.5, 265 and 266 as amended and in accordance with Section 29(2) of the Municipal Freedom and Protection of Privacy Act, 1989. The information will be used to register and place the student in a school, or for a consistent purpose such as the allocation of staff and resources and to give information to employees to carry out their job duties. In addition, the information may be used to deal with matters of health and safety or discipline and is required to be disclosed in compelling circumstances or for law enforcement matters or in accordance with any other Act. The information will be used in accordance with the Education Act, the regulations, and guidelines issued by the Minister of Education governing the establishment, maintenance, use, retention, transfer and disposal of pupil records. If you have any questions, please contact the school principal and/or the Freedom of Information Officer, Brant Haldimand Norfolk Catholic District School Board, 322 Fairview Drive, Brantford, ON, N3T 5M8 (Telephone 519-756-6505, Ext. 234)



[School Letterhead]

[Insert Date]

Re: Prevalent Student Medical Conditions

Dear Parent/Guardian:

The Brant Haldimand Norfolk Catholic District School Board would like to advise all parents that one or more students in our school community has been diagnosed with Asthma. This is a chronic inflammatory disease of the airways, marked by spasm in the bronchi of the lungs, causing difficulty breathing. It usually results from an allergic reaction or other forms of hypersensitivity.

All of our staff have been made aware of this situation and have been instructed in the correct procedures regarding asthma management.

Prevention, of course, is the best approach. Some common triggers of asthma include, but are not limited to dust, grass, pollen, pet fur/hair and strong smells or chemicals. Although this may or may not affect your child's class directly, we would ask for your understanding that in a school setting where children are in contact with a large number of students and staff, exposure to any number of asthma triggers may be increased. We would like to remind parents and students to please be mindful when making decisions such as wearing perfume, cologne or using other products with strong scents. Also, please check to ensure that your child's clothes are as free as possible from pet fur or hair.

We endeavour to make the school a safe environment for all our students. Anyone wishing further information about asthma may contact the school.

Thank you for your continued support.

Sincerely,

Full Name

Title

c: Name – Title, Location (if applicable) *(names are listed alphabetically by last name)*

Attachment or Enclosure (if applicable)

XX:xx (AUTHOR INITIALS:your initials)



Prevalent Medical Conditions: Student Diabetes Plan of Care

Student Information		
Student Name:	Date of Birth:	STUDENT PICTURE HERE 2 " X 3"
Address:		
Ontario Ed. #:	Age:	
Grade:	Teacher(s):	

B. To be completed by the parent/guardian (please sign at the bottom)

<p>SIGNS AND SYMPTOMS OF <u>LOW</u> BLOOD SUGAR ARE:</p> <ul style="list-style-type: none"> • Sweating • Trembling • Dizziness • Mood changes • Hunger • Headaches • Blurred Vision • Extreme tiredness/paleness <p>Other, please specify: _____</p> <p>If the student exhibits any of the above symptoms or feels unwell, or says, they are "low"</p> <p>DO NOT leave the student alone</p> <p>DO NOT allow the student to use stairs</p> <p><u>ACTION</u></p> <p>Ask student to check their blood sugar</p> <p>If the reading is below 4.0 on the meter, student should take one of the following:</p> <ul style="list-style-type: none"> *15 grams of glucose in the form of glucose tablets (this is the preferred method) *15 mL (3 teaspoons) of sugar dissolved in water * 5 cubes of sugar * 150 mL (2/3 cup) of fruit juice or regular soft drink * 6 Life Savers * 15 mL (1 Tablespoon) of honey or _____ <p>If unable to check blood sugar – provide fast-acting sugar, (see above)</p>	<p>SIGNS AND SYMPTOMS OF <u>HIGH</u> BLOOD SUGAR ARE:</p> <ul style="list-style-type: none"> • Extreme thirst • Warm, flushed skin • Blurred vision • Hunger • Frequent urination • Abdominal pain • Headache <p>Other, please specify: _____</p> <p>If student exhibits any of the above symptoms, feels unwell, or says they are "high" (above 14.0) AND the student has either of the following:</p> <ul style="list-style-type: none"> • Vomiting • Rapid, shallow breathing • Fruity breath <p><u>ACTION</u></p> <ol style="list-style-type: none"> 1. If possible, confirm high blood sugar by testing blood glucose 2. Contact parent/guardians or emergency contact
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

<p>Emergency Administration of Glucagon</p> <p>In an emergency, where a student is severely hypoglycemic (i.e. student is unable to swallow or unconscious) trained staff who have volunteered to administer glucagon may do a glucagon injection.</p> <p>In a hypoglycemic emergency whereby:</p> <ol style="list-style-type: none"> 1. Student is unconscious/unable to swallow 2. Parent/Guardian has provided consent for glucagon administration 3. A glucagon kit (not expired) is available 4. Staff member has volunteered to administer a glucagon injection and has received training <p>In the event of a hypoglycemic emergency with the above criteria being met</p> <ol style="list-style-type: none"> 1. Perform a glucagon injection 2. Call 911 3. Contact parent/guardian/emergency contact

(con't)



In the event of a hypoglycemic emergency, with the above criteria being met, I, parent/guardian of [Student Name]: give permission for my child to receive glucagon injection.	
Parent Signature:	
Print Parent Name:	
Date:	

WHEN TO CALL 911

**If student has low blood sugar level AND:
Unresponsive, Unconscious, Having a Seizure**

1. Roll student on their side
2. Call 9-1-1
3. Inform EMS student has type 1 diabetes
4. DO NOT give food or drink

**If student has HIGH blood sugar level AND:
Unwell/Vomiting**

1. Notify parents
2. Call 9-1-1 (if unable to contact parents)
3. Inform EMS student has type 1 diabetes

I agree that the school may post my child's picture, take emergency measures and share this information as necessary, with the staff of the school and healthcare providers.

Date: _____

Parent's signature: _____

NAME OF STUDENT:	
CLASSROOM TEACHER:	
ROUTINE	MANAGEMENT
<p>1. BLOOD SUGAR CHECKING</p> <p><input type="checkbox"/> My child can independently check blood sugar / read meter</p> <p><input type="checkbox"/> My child needs supervision to check blood sugar / read meter</p>	<p>Parent please check appropriate routine blood sugar checking times: Balanced Day or Other</p> <p><input type="checkbox"/> Before 1st nutrition break (time) <input type="checkbox"/> Before Morning Break (time)</p> <p><input type="checkbox"/> Before 2nd nutrition break (time) <input type="checkbox"/> Before Lunch (time)</p> <p><input type="checkbox"/> Before Afternoon Break (time)</p> <p>As a secondary student my child will manage their own blood sugar testing at appropriate times which are routine. Healthy blood sugar range: _____</p> <p>Call parent if blood sugar _____</p>
<p>2. NUTRITION BREAKS / Secondary class breaks and Lunch</p>	<p>1. Student must be able to eat on time.</p> <p>2. Student must be able to eat <u>all of the required food</u> prepared by parent at each break.</p> <p>3. Supervision may be required.</p> <p>My child is +14 years of age and is able to manage their food intake appropriately. **Communication with the parent if the child does not eat required food is important _____</p>
<p>3. INSULIN</p> <p><input type="checkbox"/> My child does not take an insulin injection at school</p> <p><input type="checkbox"/> My child takes insulin at school: <input type="checkbox"/> by injection</p>	<p>Insulin by injection / insulin pump to be administered at the following times</p> <p>Balanced Day or Regular Day</p> <p><input type="checkbox"/> Before 1st nutrition break (time) <input type="checkbox"/> Before Morning Break (time)</p> <p><input type="checkbox"/> Before 2nd nutrition break (time) <input type="checkbox"/> Before Lunch (time)</p> <p><input type="checkbox"/> Before Afternoon Break (time)</p>



<input type="checkbox"/> by insulin pump	NOTE: Educators do not give injections or operate insulin pumps
------------------------------------------	-----------------------------------------------------------------



<input type="checkbox"/> Insulin is given by <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Nurse	As a secondary student, my child will manage their own insulin injection as required. _____
4. EXERCISE PLAN (to help prevent a low blood sugar)	Please indicate what your child must do prior to exercise to help prevent a low blood sugar (i.e. take juice) 1. Before exercise: _____ 2. During exercise: _____ 3. After exercise: _____ Child's blood testing meter kit and fast acting sugar should always be on hand during exercise activities.
5. ILLNESS	Call parent if student vomits. If parents not reached within 30 minutes, call 911 to transfer to nearest hospital. Inform EMS student has type 1 diabetes.
6. SUPPLIES TO BE KEPT AT SCHOOL (Responsibility of the parent)	<input type="checkbox"/> Fast acting sugar, carbohydrate snack in emergency – "low kit" <input type="checkbox"/> Blood glucose meter and test strips, lancets. <input type="checkbox"/> Insulin pen, pen needles or syringes, insulin (in case of pump failure)

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)		
Food services (if applicable)		
This plan remains in effect for the 20YY – 20YY school year without change and will be reviewed on or before: [Enter Date]. (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/Guardian: _____
Signature

Date: _____

Student (if 18 years or older): _____
Signature

Date: _____

Principal: _____
Signature

Date: _____

Information Collection Authorization

Notice of Collection: The personal information you have provided on this form and any other correspondence relating to your involvement in our programs is collected by the District School Board under the authority of the Education Act (R.S.O. 1990 c.E.2) ss. 58.5, 265 and 266 as amended and in accordance with Section 29(2) of the Municipal Freedom and Protection of Privacy Act, 1989. The information will be used to register and place the student in a school, or for a consistent purpose such as the allocation of staff and resources and to give information to employees to carry out their job duties. In addition, the information may be used to deal with matters of health and safety or discipline and is required to be disclosed in compelling circumstances or for law enforcement matters or in accordance with any other Act. The information will be used in accordance with the Education Act, the regulations, and guidelines issued by the Minister of Education governing the establishment, maintenance, use, retention, transfer and disposal of pupil records. If you have any questions, please contact the school principal and/or the Freedom of Information Officer, Brant Haldimand Norfolk Catholic District School Board, 322 Fairview Drive, Brantford, ON, N3T 5M8 (Telephone 519-756-6505, Ext. 234)



Glucagon Injection Training Log

Date: _____

Trainer: _____
Last Name, First Name

- Staff can volunteer to be trained
- Training needs to be done annually
- This training form is to be filed in the school office
- Life Threatening Plans must also be updated each year

Staff Trained:

Name	Signature

(Retain for one year)

Medical Log to be filed for one year



Request and Consent for the Administration of Diabetes Interventions

DATE (yyyy/mm/dd): _____

This form is completed when the school agrees with the parental request to administer diabetes interventions. A new form is required:

- a) at the initiation of this process;
- b) at the beginning of each school year;
- c) when interventions change

Staff agreeing to administer diabetes interventions will do so according to the information on the Diabetes Plan of Care.

A. To be completed by the parent/guardian (please print)

STUDENT NAME:		ADDRESS/POSTAL CODE:	
DATE OF BIRTH (dd/mm/yy)	GENDER: M <input type="checkbox"/> F <input type="checkbox"/>	STUDENT OEN #:	MEDIC ALERT ID? Y <input type="checkbox"/> N <input type="checkbox"/>
GRADE:	ELEM CLASSROOM / HOMEROOM TEACHER:	TEACHER(S):	
NAME OF FATHER:	HOME TEL #:	BUS. TEL #:	CELL TEL #:
NAME OF MOTHER:	HOME TEL #:	BUS. TEL #:	CELL TEL #:
NAME OF GUARDIAN:	HOME TEL #:	BUS. TEL #:	CELL TEL #:
EMERGENCY CONTACT:	HOME TEL #:	BUS. TEL #:	CELL TEL #:

B. To be completed by the parent/guardian (please sign at the bottom)

Statement of Understanding	
Regarding Parent Request to Provide <u>Diabetes Intervention</u> to Students by Employees of the Brant Haldimand Norfolk Catholic District School Board.	
As the parent(s)/guardian (or self if +18) of (print name of student) _____, I (we) accept and endorse the following terms and/or conditions pertaining to my (our) request for Brant Haldimand Norfolk Catholic District School Board employees to provide, under our own authority, my (our) child with interventions listed on the Diabetes Plan of Care. Specifically, I/we understand and accept that:	
<ol style="list-style-type: none"> 1. Board employees are not trained health professionals and, hence, may not recognize the symptoms of my (our) child's medical condition or know how to treat the medical condition; 2. Board employees do not: administer insulin syringe injections; push the release button on the insulin pump (bolus); store insulin overnight; determine procedures for low blood glucose count; supply fast-acting sugar; dispose of sharps; 3. I/we are responsible for supplying and maintaining a limited but adequate supply of fast-acting sugar (e.g. juice boxes); 4. I/we are responsible for supplying our child/s/the student's blood sugar testing items and insulin injection supplies, and I/we agree that such supplies are to be in a safe container, labeled with our child's name for transport and storage in class; 5. I/we are responsible for providing up to date information to the school regarding changes in the medical condition, as well as changes that may affect the treatment as outlined in the Diabetes Plan of Care; 6. I/we release the Brant Haldimand Norfolk Catholic District School Board, its employees and agents from any and all liability for loss, damage or injury, howsoever caused to my/our child's person, or property, or to me/us as a consequence, arising from administering the interventions, failing to administer the interventions correctly and/or failing to administer any intervention. 	
Signature of Parent/Guardian: _____ (or student if over 18 yrs of age)	Date: _____



C. To be completed by a parent/guardian (or student if +18)

(For diabetes interventions to be taken during school hours or school-sponsored events)

DIABETES INTERVENTIONS	DOSE	PROVIDE @ (TIME/SYMPTOMS)	REASON
1.			
2.			
3.			
4.			

Additional instructions as needed: _____

D. To be completed by the parent/guardian (or student if +18)

Request and Consent for the Administration of Diabetes Interventions

Insofar as it concerns my child (Print child's full name) _____,
attending (Print school name) _____, I/We:

1. Have read and understand the information conveyed in this "Request and Consent for the Administration of Diabetes Interventions" form;
2. Agree to comply with the responsibilities described in Part B;
3. Request that the interventions listed in Part C of this form be administered to my/our child according to the information we have provided; and furthermore,
4. Release the Brant Haldimand Norfolk Catholic District School Board, its employees and agents from any and all liability for loss, damage or injury howsoever caused to my/our child's person, or property, or to me/us as a consequence, arising from administering the interventions, and/or failing to correctly administer the interventions in Part C above.

Signature of Parent/Guardian: _____ Date: _____
(or student if +18 years of age)

Information Collection Authorization

Notice of Collection: The personal information you have provided on this form and any other correspondence relating to your involvement in our programs is collected by the District School Board under the authority of the Education Act (R.S.O. 1990 c.E.2) ss. 58.5, 265 and 266 as amended and in accordance with Section 29(2) of the Municipal Freedom and Protection of Privacy Act, 1989. The information will be used to register and place the student in a school, or for a consistent purpose such as the allocation of staff and resources and to give information to employees to carry out their job duties. In addition, the information may be used to deal with matters of health and safety or discipline and is required to be disclosed in compelling circumstances or for law enforcement matters or in accordance with any other Act. The information will be used in accordance with the Education Act, the regulations, and guidelines issued by the Minister of Education governing the establishment, maintenance, use, retention, transfer and disposal of pupil records. If you have any questions, please contact the school principal and/or the Freedom of Information Officer, Brant Haldimand Norfolk Catholic District School Board, 322 Fairview Drive, Brantford, ON, N3T 5M8 (Telephone 519-756-6505, Ext. 234)



Prevalent Medical Conditions: Student Epilepsy Plan of Care

Student Information		
Student Name:	Date of Birth:	STUDENT PICTURE HERE 2 " X 3"
Address:		
Ontario Ed. #:	Age:	
Grade:	Teacher(s):	

Emergency contacts (List in Priority)			
Name	Relationship	Daytime Phone	Alternate Phone
1.			
2.			
Has an emergency rescue medication been prescribed? <input type="checkbox"/> YES <input type="checkbox"/> 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, Fluorescent 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/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	
<p>Note: It is possible for a student to have more than one seizure type. Record information for each seizure type.</p>	
Seizure Type	Actions to take during seizure
(e.g. tonic-clonic, absence, simple partial, complex partial, atonic, myoclonic, infantile spasms)	
Type:	
Description:	
Frequency of seizure activity:	
Typical seizure duration:	

Basic First Aid: Care and Comfort
First Aid Procedure(s):
Does student need to leave classroom after a seizure? <input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, describe process for returning student to classroom:



BASIC SEIZURE FIRST AID

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

FOR TONIC-CLONIC SEIZURE

- Protect Student’s head
- Keep airway open/watch breathing
- Turn student on side

EMERGENCY PROCEDURES

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

CALL 9-1-1 WHEN:

- Convulsive (tonic-clonic) seizure lasts longer than five (5) minutes.
- Student has repeated seizures without regaining consciousness.
- Student is injured or has diabetes.
- Student has a first-time seizure.
- Student has breathing difficulties.
- Student has a seizure in the water.

Notify parent(s)/guardian(s) or emergency contact.

Healthcare Provider Information (Optional)

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 checked="" type="checkbox"/> NO	
After-School program	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
School Bus Driver/Route # (if applicable)		
Food services (if applicable)		
This plan remains in effect for the 20YY – 20YY school year without change and will be reviewed on or before: [Enter Date]. (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/Guardian: _____
Signature

Date: _____

Student (if 18 years or older): _____
Signature

Date: _____

Principal: _____
Signature

Date: _____

Information Collection Authorization

Notice of Collection: The personal information you have provided on this form and any other correspondence relating to your involvement in our programs is collected by the District School Board under the authority of the Education Act (R.S.O. 1990 c.E.2) ss. 58.5, 265 and 266 as amended and in accordance with Section 29(2) of the Municipal Freedom and Protection of Privacy Act, 1989. The information will be used to register and place the student in a school, or for a consistent purpose such as the allocation of staff and resources and to give information to employees to carry out their job duties. In addition, the information may be used to deal with matters of health and safety or discipline and is required to be disclosed in compelling circumstances or for law enforcement matters or in accordance with any other Act. The information will be used in accordance with the Education Act, the regulations, and guidelines issued by the Minister of Education governing the establishment, maintenance, use, retention, transfer and disposal of pupil records. If you have any questions, please contact the school principal and/or the Freedom of Information Officer, Brant Haldimand Norfolk Catholic District School Board, 322 Fairview Drive, Brantford, ON, N3T 5M8 (Telephone 519-756-6505, Ext. 234)



Student Log of Administered Prescribed Medication

(E.g. asthma reliever inhaler)

Student: _____
Last Name, First Name

School: _____ **Year:** _____

Medication	Description of Medication (E.g. pill, liquid)	Specific Administration Instruction (E.g. with food)	Dosage	Date	Time	Signature of Person Administering

(Retain for one year)

Medical Log to be filed for one year