Students With Prevalent Medical Conditions (Anaphylaxis, Asthma, Diabetes and/or Epilepsy) #200.05

Adopted:	August 30, 2018
Last Reviewed/Revised:	September 23, 2025
Responsibility:	Superintendent of Education
Next Scheduled Review:	2028 - 2029

POLICY STATEMENT:

The Brant Haldimand Norfolk Catholic District School Board is committed to fostering a safe, inclusive, and accepting learning environment that upholds the dignity and well-being of all students. In alignment with our Catholic values and the Ontario Human Rights Code, the Board recognizes the right of students with prevalent medical conditions to fully participate in school life and to be supported in managing their health needs with dignity, compassion, and care.

The Board shall:

- Support full participation of students with prevalent medical conditions (anaphylaxis, asthma, diabetes, and/or epilepsy) in all curricular and co-curricular school activities, as outlined in their individualized *Plan of Care*;
- Promote inclusive practices by ensuring that the routine management of medical conditions is embedded into daily school operations in a manner that fosters safety, acceptance, and student well-being;
- Empower students as confident and capable learners by supporting progressive independence in self-management, according to their developmental readiness and individualized *Plan of Care*;
- Define clear roles and responsibilities for staff and caregivers while affirming that, in an emergency situation, Board employees may act in good faith to provide assistance. Staff who provide health support under their supervision are covered by the Board's liability insurance in accordance with applicable legislation and Board policy.

APPLICATION AND SCOPE:

Rooted in our Catholic faith, the Brant Haldimand Norfolk Catholic District School Board affirms that all individuals are created in the image and likeness of God, possessing inherent dignity, infinite worth, and the sacredness of life. Guided by these principles, the Board is committed to fostering school communities that are safe, compassionate, inclusive, and responsive to the diverse needs of all learners.

The Board recognizes its responsibility to provide equitable access to education in an environment that supports student health, safety, well-being, and achievement. This includes accommodating and supporting students diagnosed by a medical doctor or nurse practitioner with prevalent medical conditions—specifically asthma, diabetes, epilepsy, and/or those at risk for anaphylaxis—so they may participate fully in all aspects of school life.

While primary responsibility for the diagnosis and medical management of these conditions rests with families and healthcare providers, the Board, in accordance with applicable Ontario legislation and Ministry directives (e.g., PPM 161, Sabrina's Law, Ryan's Law), will partner with families and community healthcare professionals to ensure each student's individual needs are met through collaborative development and implementation of a personalized *Plan of Care*.

REFERENCES:

- Education Act, R.S.O. 1990, and Regulations
- Section 264 – Duties of Teachers
- Section 265 – Duties of Principals
- Ontario Regulation 298 – Operation of Schools
- PPM No. 161 – *Supporting Children and Students with Prevalent Medical Conditions*
- PPM No. 81 – *Provision of Health Support Services in School Settings*
- PPM No. 149 – *Protocol for Partnerships with External Agencies*
- Sabrina's Law (2005) – *Anaphylaxis Management in Schools*
- Ryan's Law (2015) – *Asthma Management in Schools*
- Bill 5 (2018) – *Diabetes Management Provisions in Education Act*
- Ontario Human Rights Code
- Municipal Freedom of Information and Protection of Privacy Act (MFIPPA)
- Ontario Student Record (OSR) Guideline
- OPHEA Health & Physical Education Safety Guidelines
- Board Policy & Administrative Procedure 200.14 – Admission of Students
- Board Policy & Administrative Procedure 500.01 – Educational Field Trips and Excursions
- Board Policy & Administrative Procedure 400.19 – Transportation of Students
- Board Policy & Administrative Procedure 200.01 – Nutrition and Healthy Environment
- Board Policy & Administrative Procedure 300.12 – Volunteers

DEFINITIONS:

Allergen
A substance that can trigger an allergic reaction. Common allergens include pollens, molds, animal dander, feathers, dust mites, certain foods, insect stings, and medications.

Anaphylaxis
A sudden, severe, and potentially life-threatening allergic reaction that requires immediate medical attention and intervention, typically through the administration of epinephrine.

Asthma
A chronic respiratory condition characterized by inflammation and narrowing of the airways, leading to difficulty breathing. Common triggers include allergens, cold air, exercise, and viral

infections.

Asthma Reliever Inhaler
A fast-acting medication used to relieve asthma symptoms such as wheezing, coughing, and shortness of breath. Also known as a bronchodilator, it works by relaxing the muscles around the airways.

Diabetes
A chronic metabolic condition in which the body is unable to produce or effectively use insulin, resulting in abnormal blood glucose (sugar) levels.

- **Type 1 Diabetes**
  An autoimmune condition in which the body's immune system attacks and destroys insulin-producing cells in the pancreas. Individuals require insulin injections multiple times daily to manage their condition.
- **Type 2 Diabetes**
  A condition often associated with insulin resistance, where the body does not use insulin effectively or does not produce enough. Increasingly seen in children and adolescents in high-risk populations.

Emergency Medical Services (EMS)
A public emergency service that provides urgent pre-hospital medical care and transportation to a hospital. EMS should be contacted during any medical emergency as outlined in a student's Plan of Care.

Epilepsy
A neurological disorder characterized by recurrent seizures, which are sudden surges of electrical activity in the brain. Seizures can present with a variety of physical, cognitive, and behavioural symptoms.

Epinephrine Auto-Injector
A medical device used to treat severe allergic reactions (anaphylaxis) by injecting a measured dose of epinephrine. Common brand names include EpiPen®, Allerject®, and Auvi-Q®.

Glucagon
A hormone administered via injection or nasal spray to treat severe hypoglycemia (low blood sugar) in individuals with diabetes who are unconscious or unable to safely consume sugar orally.

Health Care Professional
A regulated practitioner registered with a college under Ontario's *Regulated Health Professions Act, 1991* (e.g., medical doctor, nurse practitioner, registered nurse, pharmacist).

Immunity (Legal Protection)
As outlined in applicable legislation such as *Ryan's Law* and *Sabrina's Law*, employees acting in good faith to provide emergency assistance related to prevalent medical conditions are protected from legal liability under the law.

Medical Emergency
A serious, acute health event that poses an immediate threat to a person's life or long-term well-being, requiring the intervention of trained personnel and activation of Emergency Medical Services (EMS).

Medical Incident
A health-related event requiring an immediate response and close monitoring, with the potential to escalate into a medical emergency.

Plan of Care (POC)
A written, individualized plan that outlines the required accommodations, emergency response procedures, and daily management strategies for a student with a prevalent medical condition. Co-developed by the parent/guardian and the school, and based on medical recommendations.

Prevalent Medical Condition
For the purposes of this Administrative Procedure, refers to the medical conditions most commonly seen in school settings that require ongoing care and individualized planning: anaphylaxis, asthma, diabetes, and epilepsy.

School Board Personnel
Employees of the school board, including principals, teachers, educational assistants, support staff, and other staff members who may have direct or indirect responsibility for student well-being during the school day or related activities.

Self-Management
A developmental continuum reflecting a student's ability to understand, monitor, and respond to their own medical needs, with support as required. Self-management varies by age, capacity, and confidence, and may evolve over time. Staff support must be responsive and respectful of this journey toward independence.

Training (Medical Conditions)
Annual instruction provided to school staff on the recognition, prevention, and response strategies for students with prevalent medical conditions. This includes the use of emergency medications such as epinephrine and glucagon, as well as response protocols aligned with Ontario legislation.

Trigger
Any substance, situation, or condition that may cause the onset or worsening of a medical condition such as asthma, anaphylaxis, epilepsy, or diabetes (e.g., dust, peanuts, physical exertion, missed insulin, flashing lights).

Universal Precautions
Infection control procedures that assume all human blood and body fluids are potentially infectious. These include the use of personal protective equipment and safe disposal practices to reduce the risk of disease transmission in the school setting.

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While primary responsibility for the diagnosis and medical management of these conditions rests with families and healthcare providers, the Board, in accordance with applicable Ontario legislation and Ministry directives (e.g., PPM 161, Sabrina's Law, Ryan's Law), will partner with families and community healthcare professionals to ensure each student's individual needs are met through collaborative development and implementation of a personalized *Plan of Care*.

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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

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Universal Precautions
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ADMINISTRATIVE PROCEDURES:

The Brant Haldimand Norfolk Catholic District School Board recognizes the importance of supporting students with prevalent medical conditions through a collaborative and responsive approach. The safety, inclusion, dignity, and well-being of each student must guide all decisions and practices.

1.0 General Guidelines

1.1 **Primary Responsibility of Parents/Guardians**
Parents and guardians hold the primary responsibility to inform the school of their child's diagnosed medical condition(s) and to share relevant medical information. Schools will work in partnership with families to develop appropriate and reasonable accommodations tailored to the individual needs of the student.

1.2 **Collaborative Planning**
Following the disclosure of a student's medical needs, the principal will consult with the Special Education Consultant, and where necessary, the Superintendent of Education, to collaboratively identify supports and strategies that promote safety, independence, and well-being for the student.

1.3 **Adherence to Medical Direction**
All procedures related to medical care in the school setting will align with the physician's or nurse practitioner's direction, and comply with relevant legislation, Board policies, and Ministry memoranda (e.g., PPM 161, PPM 81).

1.4 **Family and Student-Led Care Where Feasible**
Whenever developmentally appropriate, and with proper authorization, students and/or their parent/guardian may assume responsibility for performing the necessary medical care or daily health tasks during school hours, in accordance with the student's *Plan of Care*.

1.5 **Board-Facilitated Health Support Services**
When neither the student nor the parent/guardian is able to provide required health services, and the parent/guardian has formally requested support, the Board will facilitate access to health services in accordance with *PPM 81: Provision of Health Support Services in School Settings*.

1.6 **Voluntary/Emergency Care by School Staff**
In emergency situations, or when trained staff members have voluntarily agreed to assist with health care (e.g., administering a glucagon injection), they are acting under the principle of *in loco parentis*—in the place of a caring parent—and not as regulated health professionals. Staff acting in good faith in these circumstances are protected by Board liability coverage and relevant legislation.

2.0 Roles and Responsibilities

2.1 Superintendent of Education

The Superintendent of Education is responsible for ensuring that system-level structures, training, and partnerships are in place to support the safe and effective management of prevalent medical conditions across all schools within the Brant Haldimand Norfolk Catholic District School Board.

The Superintendent shall:

2.1.1 Ensure that student registration and enrolment processes include a designated section to disclose prevalent medical conditions for early identification and planning;

2.1.2 Oversee the provision of annual training and access to resources for school staff regarding the prevention, recognition, and management of prevalent medical conditions, in alignment with *PPM 161* and other applicable legislation;

2.1.3 Ensure that Emergency First Aid, CPR, and Automated External Defibrillator (AED) training is available and accessible for school personnel who may support students with medical needs;

2.1.4 Develop and communicate expectations for the safe storage of emergency medication, supplies, and devices, including accessibility for authorized staff and security for student safety;

2.1.5 Support schools in implementing environmental strategies that minimize student exposure to medical triggers in classrooms, shared spaces, and during co-curricular activities;

2.1.6 Provide guidance and system-wide risk reduction strategies to promote well-being and support the individualized management needs of students with prevalent medical conditions;

2.1.7 Ensure that a transportation protocol is developed and maintained with all contracted student transportation providers to address the needs and emergency procedures for students with medical conditions;

2.1.8 Collaborate with transportation and food service providers to ensure they receive and adhere to the Board's *Students with Prevalent Medical Conditions* policy and procedures;

2.1.9 Ensure that current, accessible information related to the policy and procedure is included in school agendas, handbooks, newsletters, and the Board's website to promote awareness among staff, families, and the wider community.

2.2 Parent/Guardian

As primary caregivers, parents/guardians play a central role in supporting their child's health, safety, and well-being at school. The Brant Haldimand Norfolk Catholic District School Board values a collaborative partnership with families in managing medical conditions and creating a supportive learning environment.

Parents/guardians are expected to be active participants in the development and ongoing implementation of their child's *Plan of Care*. At a minimum, they shall:

2.2.1 Educate their child, in partnership with health care professionals as needed, about their medical condition and how to manage it in age-appropriate ways;

2.2.2 Review all relevant Board and school policies and procedures related to the prevention, recognition, and management of their child's medical condition;

2.2.3 Support and encourage their child's independence, self-advocacy, and self-management, recognizing that these abilities develop along a continuum;

2.2.4 Inform the school of their child's diagnosed medical condition and co-create the individualized *Plan of Care* with the principal or designate, ensuring it reflects current medical direction;

2.2.5 Communicate any changes to the medical condition or Plan of Care to the principal/designate in a timely manner and provide up-to-date emergency contact information (e.g., names, phone numbers);

2.2.6 Confirm the accuracy of the Plan of Care annually (at minimum), or sooner if changes occur;

2.2.7 Initiate or participate in meetings to review their child's medical needs and the Plan of Care when necessary;

2.2.8 Provide the school with medication and medical supplies in their original, clearly labelled containers as directed by a regulated health professional, and replace items as needed upon expiration;

2.2.9 Provide appropriate medical alert information, such as a medic alert bracelet, where applicable and based on family preference;

2.2.10 Share relevant medical documentation or instructions from their child's health care provider, as appropriate, to inform school planning and staff training;

2.2.11 Inform school staff of any incidents or medical emergencies that may have occurred outside of school hours that could impact the student's school-day experience or require adjustments to the Plan of Care.

2.3 Principal/Designate

In addition to the responsibilities outlined under **School Staff**, the principal or designate plays a leadership role in ensuring the successful implementation of the *Plan of Care* for students with prevalent medical conditions. This includes fostering a proactive, informed, and inclusive school environment. The principal/designate shall:

2.3.1 **Clearly communicate the notification and planning process** to parents/guardians and appropriate staff, including the expectation to co-create, annually review, and update the *Plan of Care* with the school. This communication shall occur:

- At the time of registration;
- During the first week of each school year;
- When a student is newly diagnosed or returns to school following a diagnosis.

2.3.2 **Collaboratively co-create, review, or revise** the *Plan of Care* in partnership with the parent/guardian, and when appropriate, the student and relevant staff.

2.3.3 **Maintain a secure and confidential file** that includes the current *Plan of Care*, up-to-date emergency contact information, and supporting documentation for each student with a prevalent medical condition.

2.3.4 **Encourage the use of medical alert identification**, such as bracelets or tags, in consultation with parents/guardians.

2.3.5 **Share relevant information** from the *Plan of Care* with identified staff, volunteers, and third-party providers (e.g., food services, transportation), ensuring they are aware of and understand the necessary supports and emergency procedures.

2.3.6 **Maintain ongoing communication** with parents/guardians regarding medical incidents or emergencies, in alignment with the student's *Plan of Care*.

2.3.7 **Identify and encourage staff members** who are willing and able to support students in the routine or daily management of their medical condition(s).

2.3.8 **Ensure safe and accessible storage** of prescribed medications and medical devices in a secure location known to designated staff, in accordance with Board policy.

2.3.9 **Permit students to carry their emergency medication** (e.g., inhaler, epinephrine auto-injector) with written parent/guardian consent, as outlined in their *Plan of Care*.

2.3.10 **Display, with consent, an updated photo** and key emergency information for each student with a medical condition in a location accessible to staff (e.g., staffroom or office), ensuring student dignity and privacy.

2.3.11 **Develop and implement a safety plan** for students with prevalent medical conditions in the event of school-wide emergencies (e.g., evacuations, lockdowns), with explicit guidance for occasional staff.

2.3.12 **Coordinate annual staff training** on prevalent medical conditions, including prevention strategies, recognition of symptoms, emergency protocols, and the administration of emergency interventions (e.g., epinephrine).

2.3.13 **Maintain a log of trained staff**, documenting completion of required annual training.

2.3.14 **Maintain a record of medication administration**, in accordance with the student's *Plan of Care* and Board procedures.

2.3.15 **Consult with a regulated health professional**, with parent/guardian consent, when a review of the *Plan of Care* is medically required or recommended.

2.4 School Staff

All school staff have a shared responsibility to promote the safety, inclusion, dignity, and well-being of students with prevalent medical conditions. Staff must implement the student's *Plan of Care* with consistency, discretion, and compassion, and contribute to a responsive and supportive school environment.

The school staff shall:

2.4.1 **Review the contents of the student's *Plan of Care*** for any students in their care and understand their responsibilities in implementing the plan;

2.4.2 **Participate in annual training** provided by the Board on the prevention, recognition, and management of prevalent medical conditions, including emergency response procedures;

2.4.3 **Communicate relevant information** regarding the student's medical signs and symptoms to other students only when outlined in the *Plan of Care* and explicitly authorized by the parent/guardian and principal/designate;

2.4.4 **Implement prevention strategies** to minimize student exposure to known triggers or causative agents in all learning environments, including classrooms, common areas, co-curricular activities, and off-site events, as per the *Plan of Care*;

2.4.5 **Provide support for routine and emergency health needs**, including daily health management and immediate response to medical incidents or emergencies, in accordance with the student's *Plan of Care*;

2.4.6 **Promote student independence and inclusion** by enabling students to carry out daily or routine medical management in a safe and private manner, with due regard for confidentiality, dignity, and developmental appropriateness.

2.5 Students with Prevalent Medical Conditions

Students with prevalent medical conditions are important partners in the development and implementation of their *Plan of Care*. Depending on their cognitive, emotional, social, and physical stage of development—and their individual capacity for self-management—students are encouraged to actively contribute to decisions and strategies that support their health, safety, and well-being at school. Students are expected to:

2.5.1 **Advocate for their personal safety and well-being**, in ways that reflect their individual stage of development and readiness for self-management;

2.5.2 **Participate in the creation and review** of their *Plan of Care*, when appropriate, in collaboration with their parent/guardian, school staff, and healthcare providers;

2.5.3 **Attend meetings related to their medical needs**, as appropriate, to share their voice, experiences, and preferences;

2.5.4 **Carry out daily or routine self-management tasks**—such as carrying and using emergency medication—according to their *Plan of Care*, to the extent that they are able;

2.5.5 **Set personal goals for self-management**, in partnership with their parent/guardian and health care team, and work toward increasing independence as appropriate;

2.5.6 **Communicate with parents/guardians and school staff** if they are experiencing difficulties managing their medical condition during the school day;

2.5.7 **Wear medical alert identification** (e.g., bracelet or tag) that identifies their condition(s), if appropriate and agreed upon with their parent/guardian;

2.5.8 **Inform school staff and/or peers immediately**—if possible—if they experience or witness a medical incident or emergency;

2.5.9 **Assume full responsibility** for their health and well-being at school upon reaching the age of majority (18 years), including fulfilling the above responsibilities independently.

3.0 Plan of Care

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

3.1.1 Preventative strategies to reduce the risk of exposure to known triggers or causative agents within classrooms, shared school spaces, transportation, and co-curricular settings;

3.1.2 Identification of school staff who have access to and responsibilities related to implementing the *Plan of Care*;

3.1.3 Description of daily or routine medical management tasks, and the person(s) responsible for performing them—whether the student, parent/guardian, or trained staff—based on mutual agreement and authorization;

3.1.4 Copies of instructions or notes from the student's healthcare provider, where applicable, to inform safe and effective care;

3.1.5 Accommodations to support the student's full participation in school life, including classroom activities, field trips, overnight excursions, co-curricular programs, and Board-sponsored events;

3.1.6 Identification of symptoms—both routine and emergency—and the appropriate response procedures for each;

3.1.7 Up-to-date emergency contact information, including names and phone numbers for the parent/guardian and alternate contacts;

3.1.8 Details related to medication and medical supply management, including:

- Written parental/guardian permission for the student to carry and/or self-administer medication (e.g., inhaler, epinephrine auto-injector);
- Location of spare medication and supplies stored at school, if applicable;
- Instructions for the safe storage and disposal of medication and medical equipment;
- A process to return expired medication to the parent/guardian or adult student and to ensure timely replacement;

3.1.9 Communication requirements, outlining how and when information is shared between the parent/guardian and school staff, including the format (e.g., email, phone, in-person) and frequency of updates;

3.1.10 Parental consent to share information, if appropriate, regarding the student's signs, symptoms, or condition with peers or other students, in the interest of safety and inclusion.

4.0 Administration of Medication

The Brant Haldimand Norfolk Catholic District School Board is committed to supporting students who require medication during the school day, including during emergencies. All medication administration must align with current medical guidance, legal requirements, and the student's *Plan of Care*.

4.1 Where current and up-to-date medical direction is on file, and written consent has been provided by the parent/guardian or adult student, a designated school employee may be pre-authorized to administer medication or supervise the student's self-administration as outlined in the *Plan of Care*.

4.2 In emergency situations, and with valid medical direction and parent/guardian (or adult student) consent on file, the principal shall designate a staff member to administer or supervise the administration of the required medication.

4.3 If a staff member has reasonable grounds to believe that a student is experiencing a medical emergency (e.g., anaphylactic reaction), the staff member may administer emergency medication (such as epinephrine) prescribed for the student, even if preauthorization is not in place, in accordance with applicable legislation (e.g., *Sabrina's Law*, *Ryan's Law*).

4.4 No action for damages shall be instituted against any employee who, in good faith, administers or withholds medication in response to a medical emergency, as protected under the *Good Samaritan Act*, *Sabrina's Law*, and *Ryan's Law*.

5.0 Transportation

Safe and reliable transportation is essential for students with prevalent medical conditions. The Board, in collaboration with Student Transportation Services and transportation providers, ensures that all necessary procedures and supports are in place to protect students during transit to and from school.

5.1 When a student with a prevalent medical condition requires student transportation, Student Transportation Services shall ensure that the current *Plan of Care*, as provided by the school principal, is accessible and securely stored:

- In the dispatch office;
- On file with the transportation provider; and
- In the assigned vehicle(s), in accordance with privacy protocols.

5.1.1 Provide in-service training for all drivers and substitute drivers on the identification and management of prevalent medical conditions. This training shall include emergency response procedures (e.g., use of an epinephrine auto-injector) and shall be delivered:

- Annually, and
- On an as-needed basis, including when a new student with medical needs is assigned to a vehicle.

5.1.2 Ensure adherence to the *Plan of Care* by all transportation service providers. Standard emergency procedure requires drivers to:
- Contact dispatch immediately and request an ambulance if a medical emergency occurs; or
- If in close proximity to a hospital, proceed directly to the hospital with dispatch support, as per established protocols.

5.1.3 Assign a specific seat to the student, if required, to support quick access by the driver in the event of a medical incident.

5.1.4 Be informed that the student may carry their emergency medication (e.g., inhaler, epinephrine auto-injector), if this is indicated in their *Plan of Care*.

6.0 Food Service/Food Service Providers

Schools must work in partnership with food service providers to create a safe environment for students with food-related medical conditions - particularly those at risk for anaphylaxis. All staff involved in food preparation or distribution must follow practices that prevent allergen exposure and support the student's *Plan of Care*.

6.1 Food Service/Food Service Providers shall:

6.1.1 Ensure all personnel are trained in strategies to minimize the risk of cross-contamination during the purchasing, handling, preparation, and serving of food. This includes awareness of hidden ingredients and shared food surfaces.

6.1.2 Participate in anaphylaxis training offered by the school or Board, which includes:
- Identification of students at risk of anaphylaxis;
- Prevention and response protocols; and
- Proper administration of epinephrine auto-injectors in the event of a severe allergic reaction.

7.0 Liability

School staff and volunteers who act in good faith to support students during medical emergencies are protected under various pieces of legislation. These protections are intended to encourage timely, compassionate, and responsible action without fear of legal consequence when responding to urgent medical needs.

7.1 Under Ontario's Good Samaritan Act (2001), individuals who voluntarily provide emergency first aid or medical assistance are protected from liability if they act in good faith and without expectation of compensation.

7.1.1 The Act states that individuals are not liable for damages resulting from negligence in providing emergency assistance unless it is proven that the assistance was given with gross negligence.

7.1.2 This applies to individuals providing aid at the immediate scene of an accident or emergency involving illness, injury, or unconsciousness.

7.2 In cases involving anaphylaxis or asthma, school personnel are further protected by legislation specific to those conditions:

- Sabrina's Law (2005) protects staff responding in good faith to an anaphylactic reaction.
- Ryan's Law (2015) provides similar protections for responses to asthma-related emergencies.

7.3 Sabrina's Law – Section 3(4)
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 Ryan's Law – Section 4(4)
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 rapid-onset, life-threatening allergic reaction that requires immediate medical attention. Without prompt treatment, anaphylaxis can lead to serious complications, including death. Even minute exposure to a known allergen can trigger a severe reaction in a susceptible individual.
The administration of epinephrine via auto-injector (e.g., EpiPen®) is the first-line and most effective emergency treatment for anaphylaxis. Delays in epinephrine administration significantly increase the risk of fatal outcomes.
(Canadian Pediatric Society, 2023)

8.1 Triggers

8.1.1 **Food Triggers**

- Peanuts
- Tree nuts (e.g., almonds, walnuts, cashews)
- Seafood (e.g., shellfish, fish)
- Cow's milk
- Eggs
- Wheat
- Soy

8.1.2 Non-Food Triggers

- Insect venom (e.g., bee or wasp stings)
- Prescription or over-the-counter medications
- Latex
- In rare cases, vigorous physical activity or exercise-induced anaphylaxis may occur

8.2 Signs and Symptoms

Anaphylaxis symptoms can appear within seconds to several hours after exposure to an allergen. A combination of the following signs—often from multiple body systems—may indicate the onset of an anaphylactic reaction:

System	Signs and Symptoms
Central Nervous System	Irritability, anxiety, confusion, drowsiness, lethargy, sense of impending doom, headache
Skin	Hives, swelling face/lips/tongue), itching, warmth, redness, rash
Respiratory	Coughing, wheezing, tighteness of chest, difficulty breathing, throat constriction, hoarse voice, nasal congestion, hay fever-like symptoms (runny nose, watery eyes, sneezing), difficulty swallowing
Cardiovascular	Pale/blue colour, weak pulse, dizziness, fainting, shock, cardiac arrest
Gastrointestinal	Nausea, vomiting, diarrhea, abdominal pain
Other	Metallic taste in mouth, swelling of eyes, lips, or tongue, or general sense of being unwell

Important: Anaphylaxis can progress rapidly. Even if initial symptoms appear mild, they may escalate without warning. Emergency protocols must always be followed once symptoms are observed or suspected

8.3 Emergency Procedure

The *Anaphylaxis Plan of Care* must outline clear and immediate steps for responding to an allergic reaction. Timely administration of epinephrine and rapid access to emergency medical services are critical and can be lifesaving.

In the event of a suspected or confirmed anaphylactic reaction, staff shall:

8.3.1 Note the exact time the epinephrine auto-injector was administered to accurately inform emergency responders and medical staff.

8.3.2 Immediately call 911, and clearly state that the student is experiencing a life-threatening anaphylactic reaction. Request urgent ambulance transport to the nearest hospital.

8.3.3 Notify the student's parent/guardian or emergency contact as soon as it is safe to do so, following established school communication protocols.

8.3.4 Administer a second dose of epinephrine if symptoms do not improve within five minutes of the initial dose and EMS has not yet arrived. Subsequent doses beyond two must only be given under direct medical supervision.

8.3.5 Ensure the student is transported to the hospital by ambulance for continued medical assessment and monitoring—even if symptoms appear to have resolved.

Note: Epinephrine should always be administered at the first sign of a severe allergic reaction. There are no contraindications to using epinephrine in anaphylaxis. **Do not delay.**

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

To protect students with life-threatening allergies, particularly to peanuts and tree nuts, the Brant Haldimand Norfolk Catholic District School Board maintains a **strict no-nut policy** in all schools and Board-operated facilities.

Peanut butter and all products containing nuts of any kind are not permitted. This includes products made with or containing:

- Peanuts
- Tree nuts (e.g., almonds, walnuts, cashews, hazelnuts)
- Nut oils or flours

Due to the difficulty in visually distinguishing between real peanut butter and imitation or nut-free alternatives, peanut butter substitutes (e.g., soy-based spreads like WowButter®) are not permitted in schools. School staff, volunteers, and administrators are not trained to assess food safety or ingredient accuracy and must prioritize student protection.

Important: The Board cannot guarantee an allergen-free environment. While every effort is made to limit the presence of nut-containing foods, families of students with anaphylaxis are reminded that schools are allergy-aware, not allergy-proof. Vigilance, collaboration, and proactive communication between home and school remain essential.

9.0 Asthma

Asthma is a chronic (long-term) inflammatory condition of the airways that can cause difficulty breathing. It is one of the most common medical conditions affecting school-aged children and may be triggered by a wide range of environmental and physical factors. While asthma cannot be cured, with proper support and planning, students can lead full and active school lives. (*Source: Ontario Lung Association*)

The Brant Haldimand Norfolk Catholic District School Board is committed to reducing exposure to common triggers and supporting safe and active participation in all aspects of school life for students with asthma.

9.1 Common Outdoor Triggers

Environmental triggers vary by student. Schools should take preventive action where possible, particularly when physical activity is involved.

- **Cold air**: Students may benefit from wearing a scarf or neck warmer to cover the nose and mouth, especially during outdoor activities in winter. Indoor alternatives should be offered during extreme temperatures.
- **Air quality/smog**: Schools should monitor local air quality using reliable sources (e.g., airhealth.ca) and move activities indoors when smog levels are high.
- **Pollen/leaves/trees**: During allergy seasons (typically May to August), physical activity in grassy or heavily treed areas should be limited for susceptible students.

9.2 Common Indoor Triggers

Indoor settings may expose students to common irritants. Staff should take care to minimize the following:

- Strong scents (e.g., perfumes, cleaning agents, scented markers)
- Dust and chalk dust
- Animal dander (e.g., furry or feathered classroom pets)
- Mold or mildew in poorly ventilated areas

9.3 Strategies to Assist Schools and Classrooms to Minimize Common Triggers

To support students with asthma, schools should:

9.3.1 Use asthma-friendly supplies (e.g., scent-free markers, dust-free chalk, low-odour cleaning products).

9.3.2 Proactively monitor and address indoor and outdoor triggers in classrooms and common areas.

9.3.3 Promote inclusive participation in physical activities, encouraging students with asthma to participate to the best of their abilities.

9.4 Signs and Symptoms

Asthma symptoms can vary widely but commonly include:

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

If symptoms appear:

- Have the student use their asthma reliever inhaler as directed in their *Asthma Plan of Care*
- Remove the student from exposure to the trigger
- Keep the student in an upright position to ease breathing
- Encourage slow, deep breaths
- Monitor the student: if symptoms resolve, they may resume activities with caution
- If symptoms persist or worsen after 5–10 minutes, initiate emergency procedures

9.4.1 Responding to Early Symptoms of Asthma

If symptoms appear:

- Have the student use their asthma reliever inhaler as directed in their *Asthma Plan of Care*
- Remove the student from exposure to the trigger
- Keep the student in an upright position to ease breathing
- Encourage slow, deep breaths
- Monitor the student: if symptoms resolve, they may resume activities with caution
- If symptoms persist or worsen after 5–10 minutes, initiate emergency procedures

9.4.2 Emergency Response Criteria

Call 911 if the student:

- Has used a reliever inhaler and symptoms persist beyond 5–10 minutes
- Is visibly struggling to breathe or speak
- Appears pale, grey, or is sweating
- Has blue-tinged lips or nail beds
- If there is **any doubt** about the student's condition

9.4.3 Emergency Procedure

- Assist the student with their reliever inhaler, if necessary
- A staff member may administer asthma medication if a severe asthma attack is suspected, even without preauthorization (*Ryan's Law*)
- Call 911 and notify the school office
- Notify the parent/guardian
- Keep the student seated upright; continue administering reliever inhaler every 5–10 minutes until EMS arrives
- Remain calm and offer reassurance; remind the student to breathe slowly and deeply
- All students requiring ambulance transport will be taken to hospital

9.5 Asthma and Exercise

Asthma should not prevent students from participating in school activities. Staff should ensure the following:

9.5.1 Encourage warm-up (5–10 minutes) and cool-down periods for all exercise
9.5.2 Permit pre-exercise use of reliever medication, as directed in the *Plan of Care*
9.5.3 Adapt or reschedule activities in response to poor air quality, cold weather, or other triggers
9.5.4 Students showing symptoms should pause activity, use their inhaler, and resume only when

9.6 Supporting Routine Asthma Management

- With written parental consent, students are permitted to carry their reliever inhaler at all times
- A spare inhaler may also be kept in the school office for emergency use
- School staff should be familiar with the *Asthma Plan of Care* and understand when and how to respond to both routine needs and emergencies

10.0 Diabetes

Diabetes is a chronic condition that affects how the body regulates blood glucose (sugar) levels. When untreated or not well-managed, blood sugar levels can become dangerously high (hyperglycemia) **or** low (hypoglycemia)**,** both of which can impact a student's ability to learn, focus, and participate safely in school activities**.**

Students with diabetes may require support with blood sugar monitoring, food intake, physical activity, and medication—including insulin injections or pump management—during the school day. Each student's needs will be outlined in their individualized *Diabetes Plan of Care.*

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
• Pancreas produces little or no insulin • Students must inject insulin several times daily or use an insulin pump. • Occurs in one in every 300 – 400 children • Typically develops in childhood or adolescence. • Cannot be prevented or cured	• The pancreas produces insufficient insulin or the body is resistant to insulin. • May require self-monitoring of blood glucose, medication or insulin • Historically diagnosed in adults, but rates in children and adolescents are increasing, especially in high-risk populations. • May be managed with diet, exercise, oral medication, or insulin.

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. Hypoglycemia occurs when a student's blood glucose level drops too low—typically below 4.0 mmol/L—and the body does not have enough sugar to use for energy. This condition can develop quickly and may impair a student's physical or cognitive functioning.

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.

When in doubt, treat for hypoglycemia. Delaying treatment can lead to serious complications.

Causes	Symptoms	Treatment
Hypoglycemia often results from one or more of the following: • Delayed, missed, or incomplete meals/snacks • Increased physical activity without additional food intake • Administration of too much insulin or medication	The student may say he/she feels 'low', may look unwell, or act in a strange manner. Signs of low blood sugar may include but not limited to: • Cold, clammy, sweaty skin • Paleness, quietness • Fatigue, dizziness • Shakiness, lack of coordination • Hunger, irritability • Tearfulness • A staggering gait • Eventually fainting and unconsciousness In addition, the student may complain of: • Nervousness • Blurred Vision • Abdominal pain and nausea • Headache	If the student recognizes symptoms or if hypoglycemia is suspected: 1. **Check blood sugar immediately** (if equipment is available and the student is capable). 2. **If a blood sugar check is not possible or you are unsure—TREAT.** • Provide **15 grams of fast-acting sugar** using one of the following options: • 15 g of glucose tablets (preferred) • 150 mL (2/3 cup) of juice or regular (non-diet) pop • 6 Life Savers® or other suitable candy • 1 tablespoon (15 mL) of honey or sugar dissolved in water 3. **Wait15 minutes**, then recheck blood glucose. • If the level is still **below 4.0 mmol/L**, **repeat the treatment** with another 15 g of carbohydrate. • Repeat this cycle until blood glucose is above 4.0 mmol/L and symptoms have resolved.

Important: Students with diabetes should always have easy access to fast-acting sugar sources and be supported in recognizing and managing symptoms. All staff supervising students with diabetes must be familiar with the student's *Plan of Care*.

(*Source: Diabetes Canada, 2018*)

Special Considerations and Emergency Cautions

Mild to moderate hypoglycemia is common in school environments, especially during transitions, physical activity, or missed meals. However, it is also frequently misunderstood, which can delay treatment and place the student at serious risk.

School staff must:

- Be familiar with the student's specific symptoms, as outlined in their *Plan of Care*;
- Never assume a student is simply tired, misbehaving, or inattentive—these can be early signs of low blood sugar;
- Consult the reference chart in this procedure and the *Plan of Care* if symptoms are suspected.

Severe hypoglycemia, while rare in school settings, may occur in approximately 3–8 out of every 100 students with diabetes per year. It most often occurs at night but can still happen during school hours.

If you are ever unsure whether a student is experiencing hypoglycemia:

- Always treat with fast-acting sugar. It is better to treat unnecessarily than to miss a serious incident.
- A small excess of sugar will not harm the child, but delayed treatment of hypoglycemia can lead to unconsciousness, seizures, or other medical complications.

If the student is unconscious, unresponsive, or unable to swallow safely:

- Do not give food or drink.
- Roll the student onto their side to protect their airway.
- Call 911 immediately.
- Notify the school office and the student's parent/guardian.

10.2.1 Administration of Glucagon

Glucagon is an emergency medication used to treat **severe hypoglycemia** (low blood sugar), particularly when a student is unconscious, having a seizure, or otherwise unable to safely consume oral sugar. It works by stimulating the liver to release glucose into the bloodstream and can be administered by injection or nasal spray.

Glucagon must only be administered by trained staff, under the conditions outlined in the student's *Plan of Care*, and with appropriate consent.

Key Considerations:

- Glucagon should be administered only in cases of severe hypoglycemia.
- It is intended for use only when the student cannot safely eat or drink, and other interventions are not possible.
- School staff should not perform medical procedures or make clinical judgments, except in emergencies where specific training and consent exist.

Criteria for Administration by School Staff

A staff member may administer glucagon only if all of the following conditions are met:

1. The student is unconscious, unresponsive, or unable to swallow safely;
2. Written consent for glucagon administration has been provided by the parent/guardian;
3. A non-expired glucagon kit is readily available at the school;
4. A staff member has voluntarily agreed to administer glucagon in an emergency;
5. The staff member has received appropriate training in glucagon administration.

Emergency Response Steps

Once the above criteria are met and glucagon has been administered:

1. Call 911 immediately and report that the student has diabetes and is experiencing a severe hypoglycemic episode;
2. Inform the school office and contact the student's parent/guardian or designated emergency contact as soon as it is safe to do so;
3. Stay with the student and monitor closely until EMS arrives.

Important: Most hypoglycemic episodes in school settings are mild to moderate and can be treated with fast-acting sugar. Glucagon should be reserved for emergency use only, and school staff are never expected to administer it unless fully trained and comfortable doing so.

10.3 Hyperglycemia (High Blood Glucose)

Hyperglycemia occurs when blood glucose levels become too high, typically defined as greater than 14.0 mmol/L, though specific thresholds may vary based on the student's *Plan of Care*. While high blood sugar is generally not an immediate emergency, it requires monitoring and may impact a student's ability to concentrate, stay alert, or participate fully in school activities.

Hyperglycemia becomes a medical emergency if the student is vomiting, showing signs of dehydration, or exhibiting other serious symptoms. Follow the student's Plan of Care and notify the parent/guardian and/or call EMS as needed.

Causes	Symptoms
Hyperglycemia may occur due to: • Consumption of excess food or sugary drinks • Reduced physical activity (e.g., indoor recess) • Stress or emotional upset • Growth spurts or hormonal changes • Insufficient insulin or insulin delivery problems • Illness or infection	Common Symptoms of Hyperglycemia • Increased thirst and frequent urination (early and common signs) • Dry mouth • Blurred vision • Drowsiness or fatigue • Headache • Irritability

Response and Treatment

When hyperglycemia is suspected:

1. Allow the student to check their blood glucose level, as high and low blood sugar symptoms can be similar.

2. Follow the guidelines in the student's *Diabetes Plan of Care*. Blood glucose levels above 14.0 mmol/L are generally considered high, but target ranges may vary.

Do not attempt to lower blood sugar through physical activity, as this can potentially cause blood glucose to rise further, especially if insulin is insufficient.

Support the student by:

- Providing access to water to help flush excess glucose
- Allowing unrestricted bathroom use
- Monitoring for signs of worsening condition, such as nausea, vomiting, or abdominal pain—if these are present, follow emergency procedures

Staff should notify the parent/guardian if hyperglycemia is sustained or worsening, and consult the *Plan of Care* to determine whether medical attention is required.

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
Too little insulin for the body's needs. Buildup of ketones can be caused by: • 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	Symptoms of ketoacidosis: • Excessive thirst • Nausea and vomiting • Weight loss • Leg cramps • Breath smells fruity • Abdominal pain • Blurry vision • Usually develops over several days	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. **Emergency situation if student is vomiting:** • **Contact parent/guardian immediately** • **If parent/guardian unavailable – CALL 911** • **Inform EMS the student has diabetes**

10.6 Supporting Students with Diabetes During Physical Activity

Physical activity plays a critical role in the well-being of students with diabetes. With proper planning and accommodations, students can participate fully and safely in recess, physical education, intramurals, and extracurricular sports.

Blood sugar levels may drop during or after physical activity. Staff and coaches must follow the student's *Diabetes Plan of Care* to prevent and manage low blood glucose (hypoglycemia) before, during, and after exercise.

Key Guidelines for Safe Participation

10.6.1 Encourage inclusion and participation.

Diabetes should never prevent a student from participating in physical activities. Staff must support full involvement through reasonable accommodations and health planning.

10.6.2 Pre-activity planning is essential.

The student may require:

- Blood glucose testing before activity
- A snack to prevent low blood sugar
- Access to water and a safe space to rest
- Easy access to their reliever medication or fast-acting sugar

10.6.3 Warm-up and cool-down routines

Encourage 5–10 minutes of warm-up and cool-down activity to support glucose stability and safe participation.

10.6.4 Environmental considerations

Adjust for:

- Weather (e.g., extreme cold or heat)
- Smog or poor air quality
- Length and intensity of the activity

10.6.5 Be prepared to pause activity

If the student experiences symptoms of hypoglycemia (e.g., dizziness, sweating, shakiness), they should:

- Stop the activity immediately
- Check blood glucose if possible
- Use fast-acting sugar as outlined in their *Plan of Care*

10.6.6 Responsibilities of Staff and Coaches

- Know the signs of hypoglycemia and hyperglycemia and how to respond.
- Ensure the student has immediate access to:
  - Glucose tablets or fast-acting sugar
  - Their blood glucose monitoring kit
  - Their Plan of Care
- Allow students to eat or test their blood glucose without restriction before, during, or after activity.
- Ensure a private, comfortable space for testing if the student prefers discretion.
- Communicate with parents/guardians about upcoming high-activity days (e.g., field trips, tournaments) to allow for additional planning.

10.7 Safety Considerations

10.7.6 Ensure the student has easy access to supplies for blood glucose monitoring and treating low blood sugar;

10.7.7 Ensure the student eats meals and snacks on time;

10.7.8 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;

10.7.9 Support the student's self-care by providing a safe, secure, private and comfortable location to allow blood sugar monitoring at any time;Know that the child may need to eat outside a planned meal or snack time; and

10.7.10 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:

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

11.0 Epilepsy

Epilepsy is a neurological disorder characterized by recurrent, unprovoked seizures caused by abnormal electrical activity in the brain. It is one of the most common chronic conditions affecting children and adolescents, and seizure types, triggers, and recovery patterns can vary significantly between individuals.
A seizure may present as a sudden loss of awareness, involuntary movements, altered behaviour, or confusion, and can last from a few seconds to several minutes. Most seizures resolve without intervention and do not cause long-term harm. However, some may require emergency medical assistance.

11.1 Triggers

While not all seizures have identifiable causes, certain factors can increase the likelihood of a seizure in students with epilepsy. Understanding these common internal and external triggers can help staff and caregivers prevent episodes and support student well-being.

11.1.1 Medication-Related Triggers

- Missed doses of prescribed anti-epileptic medication
- Drug interactions involving medications taken in addition to anti-epileptic treatment

Consistency in medication adherence is critical for seizure control.

11.1.2 Internal (Physiological or Emotional) Triggers

- Stress, excitement, or emotional upset, which can disrupt sleep or eating patterns and lower seizure threshold
- Sleep deprivation or irregular sleep routines
- Fever or illness**,** which may make some students more vulnerable to seizures
- Menstrual cycle fluctuations sometimes leading to a pattern known as catamenial epilepsy

11.1.3 External (Environmental or Lifestyle) Triggers

- Alcohol exposure (typically relevant for older adolescents)
- Poor nutrition or blood sugar instability
- Sudden changes in temperature
- Flashing lights**,** including strobe effects from video games, movies, or lighting systems (particularly in students with photosensitive epilepsy)
- Lack of physical activity**,** which can negatively impact sleep and stress management

Not every student with epilepsy will have identifiable triggers. Staff should monitor for patterns and follow the strategies outlined in each student's *Plan of Care*.

11.2 Seizure Types and Symptoms

Seizures can present in a wide variety of ways depending on where in the brain they begin and how far they spread. It is important to understand that not all seizures involve convulsions or loss of consciousness**.**

Each student's *Plan of Care* will describe their **specific seizure type(s)** and symptoms. Below is a general overview of common seizure categories and their associated signs.

11.2.1 Motor Seizures (Involving Movement)

Type	Common Feature
Tonic-Clonic (formerly "grand mal")	Sudden loss of consciousness, stiffening of muscles (tonic phase), followed by jerking movements (clonic phase); possible incontinence or vocalization
Clonic	Repetitive, rhythmic jerking movements, usually of limbs or face
Tonic	Muscle stiffening without jerking; may cause sudden falls
Myoclonic	Sudden, brief muscle jerks (like a startle reflex); often affects arms or legs
Atonic ("drop seizures")	Sudden loss of muscle tone, causing a person to slump or fall to the ground
Focal Motor Seizures	Involuntary movements in one area of the body (e.g., one arm or one side of the face)

11.2.2 Non-Motor Seizures (Affecting Awareness, Emotions, or Senses)

Type	Common Feature
Absence Seizures (formerly "petit mal")	Brief lapses in awareness (5–20 seconds), blank staring, eye fluttering; often mistaken for daydreaming
Focal Impaired Awareness Seizures	Sudden confusion or unresponsiveness; may involve staring, lip-smacking, hand rubbing, or wandering
Focal Sensory Seizures	Unusual sensations (e.g., tingling, smells, visual disturbances, “funny” feelings in the stomach)
Emotional/Affective Seizures	Sudden fear, sadness, laughter, or crying with no clear trigger; may be accompanied by other focal symptoms

11.2.3 Autonomic Symptoms

Some seizures affect the autonomic nervous system, which controls involuntary functions. Signs may include:

- Nausea or abdominal discomfort
- Pallor or facial flushing
- Dilated pupils
- Altered heart rate or breathing
- Goosebumps or chills

Seizures are often misunderstood. Staff should be familiar with each student’s typical seizure presentation and know that not all seizures involve dramatic or visible symptoms.

11.3 Emergency Procedure: Responding to a Seizure

Every student with epilepsy must have an Epilepsy Plan of Care that outlines their personalized emergency protocol. However, the following general guidelines should be followed when any student experiences a seizure at school.

11.3.1 Stay Calm:

- Most seizures **end on their own** within a few seconds to a few minutes.
- Keeping calm helps reassure the student and others nearby.

11.3.2 Time the seizure:

- Record the start and end time of the seizure.
- Document the duration and any unusual features.

This information is critical for both medical professionals and parent/guardian follow- up.

11.3.3 Ensure the Student's Safety:

- Take the following steps to create a safe environment:
- Clear the area of sharp or hard objects.
- Do not restrain the student or try to stop their movements.
- Do not put anything in their mouth.
- If the student falls, place something soft (e.g., jacket, sweater) under their head.
- Once convulsions stop, gently roll them onto their side to help maintain an open airway (recovery position).
- If the student is in a wheelchair, keep them securely in place and gently support their head if needed.
- If the student wanders or exhibits repetitive motion, calmly guide them away from danger and remain close by.

11.3.4 Call 911 if:

- The seizure lasts longer than 5 minutes**;**
- The student has multiple seizures without regaining full consciousness between them;
- The student has trouble breathing or does not regain consciousness after the seizure;
- The student sustains an injury during the seizure;
- You are unsure whether this is a seizure or if the student has epilepsy;
- The student's *Plan of Care* or neurologist **instructs emergency intervention** under specific conditions.

11.3.5 Provide Assurance After the Seizure:

- Stay with the student until they have fully recovered.
- Reassure them calmly and allow them to rest**.**
- Document the event and notify the principal and parent/guardian as soon as possible.

11.3.6 What Not to Do:

- Do not restrain the student.
- Do not insert anything into the student's mouth (they cannot swallow their tongue).

Note: Seizure responses must always be student specific. All staff responsible for supervising a student with epilepsy should be familiar with their Plan of Care and emergency protocol.

11.4 Safety Considerations

Students with epilepsy can safely participate in the full range of school activities when thoughtful precautions are in place. The following safety considerations should be applied across classroom settings, school-wide events, extracurriculars, and off-site trips, in accordance with the student's *Epilepsy Plan of Care*.

11.4.1 Inclusive Planning for Events and Trips

- Consider potential seizure triggers (e.g. flashing lights, sleep disruption, stress) when organizing school dances, assemblies, overnight trips, or spirit events.
- Modify or remove lighting effects, strobe lights, or sudden sound blasts when necessary.

11.4.2 Physical Activity Precautions

- Avoid unsupervised or high-risk climbing (e.g. ropes, ladders, high playground equipment).
- Support the student with **spotters or equipment modifications** when engaging in elevated activities (e.g. gymnastics, climbing walls).
- Ensure staff are prepared to respond to a seizure during physical education or sports.

11.4.3 Lighting Environment

- Regularly inspect classroom and hallway fluorescent lighting to ensure fixtures are functioning properly and not flickering, which may provoke photosensitive seizures in some students.

11.4.4 Sensory Environment

- Avoid excessively loud noise, sharp audio changes, or prolonged sensory overstimulation, particularly in assemblies or performances.
- Create calming spaces where students can recover from post-seizure fatigue or avoid overstimulation when needed.

11.4.5 Communication with Occasional and Support Staff

Ensure all occasional teachers, educational assistants, lunchroom supervisors, and other temporary personnel:

- Are informed of the student's Epilepsy Plan of Care
- Know how to recognize seizure symptoms
- Understand their role in responding to a medical emergency

Proactive planning helps reduce risks and supports students with epilepsy in fully participating in the life of the school while maintaining their dignity, safety, and confidence.

Sources Consulted

Anaphylaxis and Allergies

- Food Allergy Canada – Resources for educators and school communities
- Allergy Aware (developed by Food Allergy Canada, Canadian Society of Allergy and Clinical Immunology, and Leap Learning Technologies Inc.)
- Ontario Ministry of Education – Anaphylaxis Support Resources *(formerly available through eWorkshop on anaphylaxis education)*

Asthma

- Ontario Physical and Health Education Association (OPHEA) – Asthma Education and Awareness Training Program
- Lung Health Foundation (formerly Ontario Lung Association) – Asthma information and support materials

Diabetes

- Diabetes Canada – Kids at School and School Resources Fact Sheets
- Diabetes@School – Joint initiative of Diabetes Canada, Canadian Paediatric Society, and Canadian Paediatric Endocrine Group

Epilepsy

- Epilepsy Ontario – Educational tools, seizure first aid, and safety planning in schools
- Epilepsy Canada – Overview of seizure types, triggers, and responses
- Canadian Epilepsy Alliance – Guidelines for managing epilepsy in educational settings
- Seizure Response Education for Schools – Developed by local epilepsy support agencies in partnership with boards of education
- Canadian League Against Epilepsy (CLAE) – Best practices in epilepsy care and public awareness
- Ontario Ministry of Education – PPM 161 – *Supporting Children and Students with Prevalent Medical Conditions*, including epilepsy
- Canadian Paediatric Society – *Position statements on seizure management and school safety*

General

- Ontario Ministry of Education – *Policy/Program Memorandum No. 161: Supporting Children and Students with Prevalent Medical Conditions*
- Canadian Diabetes Association (now Diabetes Canada) – School Guidelines and Hypoglycemia Protocols

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 <IDENTIFY PRODUCT> 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**
		☐ YES ☐ NO
		☐ YES ☐ NO
		☐ YES ☐ NO
		☐ YES ☐ NO
		☐ YES ☐ NO
		☐ YES ☐ 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 ☐ YES ☐ NO	School Staff ☐ YES ☐ NO	Parents ☐ YES ☐ NO

Principal Signature:_____ Date: _____

Please submit completed form to your Superintendent of Education

BRANT HALDIMAND NORFOLK
Catholic District School Board

Appendix I
AP #200.05

ASTHMA
Plan of Care (Sample)

STUDENT INFORMATION

Insert Photo

Student Name _____ Date Of Birth _____

Ontario Ed. # _____ Age _____

Grade _____ Teacher(s) _____

Any other medical condition or allergy? MedicAlert® ID ☐ Yes ☐ No

EMERGENCY CONTACTS (LIST IN PRIORITY)

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

KNOWN ASTHMA TRIGGERS

CHECK (✓) ALL THOSE THAT APPLY

☐ Colds/Flu/Illness	☐ Weather (cold/hot/humid)	☐ Pets/Animals	☐ Strong Smells
☐ Vape/Smoke (e.g., tobacco, fire, cannabis, second-hand smoke)	☐ Mould ☐ Dust	☐ Pollution	☐ Pollen
☐ Physical Activity/Exercise	☐ Strong Emotions (e.g., anxiety, stress, laughing, crying, etc.)	☐ Other (Specify)	
☐ At Risk For Anaphylaxis (Specify Allergen)			
☐ Asthma Trigger Avoidance Instructions: _____			

DAILY/ ROUTINE ASTHMA MANAGEMENT

RELIEVER INHALER USE AT SCHOOL AND DURING SCHOOL-RELATED ACTIVITIES

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

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

☐ Other (explain): _____

Use of _____ in the dose of _____ as needed.
(Name of Medication) (Number of Puffs)

Spacer (valved holding chamber) provided? ☐ Yes ☐ No

Place a (✓) check mark beside the type of reliever inhaler that the student uses:
☐ Airomir/Salbutamol ☐ Ventolin/Albuterol ☐ Bricanyl/Terbutaline ☐ Other (Specify) _____

☐ Student requires assistance to **access** reliever inhaler. Inhaler must be **readily accessible (i**n accordance to Ryan's Law)

Reliever inhaler is kept:

☐ With _____ Location: _____ Other Location: _____

☐ In locker # _____ Locker Combination: _____

☐ Student **will carry** their reliever inhaler **at all times** including in the classroom, outside the classroom (e.g., library, cafeteria/lunchroom, gym) and off-site (e.g., field trips/excursions)

Reliever inhaler is kept in the student's:

☐ Pocket ☐ Backpack/fanny Pack
☐ Case/pouch ☐ Other (specify): _____

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

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

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

☐ In locker #: _____ Locker Combination: _____

CONTROLLER MEDICATION USE AT SCHOOL AND DURING SCHOOL-RELATED ACTIVITES

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

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

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

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

Note: Ask parents/guardians for the child's **Asthma Action Plan** and go over it with them. Download the Action Plan here or visit https://lunghealth.ca/resource-library/

EMERGENCY PROCEDURES

FOR MANAGEMENT

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.

FOR AN EMERGENCY

IF ANY OF THE FOLLOWING OCCUR:

- Reliever puffer **lasts less** than 3 hours
- Breathing is difficult and fast
- Cannot speak in full sentences
- Lips or nail beds are blue or grey
- Skin on neck or chest sucked in with each breath

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

EMERGENCY ACTION:

STEP 1: IMMEDIATELY USE ANY FAST-ACTING RELIEVER (USUALLY A BLUE INHALER). USE A SPACER IF PROVIDED.
Call 9-1-1 for an ambulance. Follow 9-1-1 communication protocol with emergency responders.

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

While waiting for medical help to arrive:

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

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 ☐ Yes ☐ No _____

After-School Program ☐ Yes ☐ No _____

School Bus Driver/Route # (If Applicable) _____

Other: _____

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

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

Student: _____ Date: _____
Signature

Principal: _____ Date: _____
Signature

[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)

BRANT HALDIMAND NORFOLK
Catholic District School Board

Appendix K
AP #200.05

TYPE 1 DIABETES
Plan of Care (Sample)

STUDENT INFORMATION

Student Name _____ Date Of Birth _____

Ontario Ed. # _____ Age _____

Grade _____ Teacher(s)_____

Any other medical condition or allergy? _____ MedicAlert® ID ☐ Yes ☐ No

Insert Photo

EMERGENCY CONTACTS (LIST IN PRIORITY)

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

TYPE 1 DIABETES SUPPORTS

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

_____

Method of home-school communication: _____

Does the student require use of a cellphone to monitor their blood glucose levels? ☐ Yes ☐ No

Note: Diabetes Canada recommends that "schools should permit a student living with diabetes to carry their **cell phone as a tool** to help manage their blood glucose levels and prevent emergency events. For many students with type 1 diabetes, a cell phone works with insulin pumps and continuous glucose monitoring systems to provide essential information to inform diabetes treatment decisions." This recommendation is in alignment with Policy/Program Memorandum 128, The Provincial Code of Conduct and School Board Codes of Conduct which allows for the use of mobile devices for health and medical purposes.

DAILY/ROUTINE TYPE 1 DIABETES MANAGEMENT

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

☐ Yes ☐ No

☐ If Yes, go directly to Emergency Procedures section

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

ROUTINE	ACTION (CONTINUED)
INSULIN ☐ Student does not take insulin at school. ☐ Student takes insulin at school by: ☐ Injection ☐ Pump ☐ Insulin Pen ☐ Insulin is given by: ☐ Student independently ☐ Student with supervision ☐ Parent(s)/Guardian(s) ☐ Trained Individual ✸ All students with Type 1 diabetes use insulin. Some students will require insulin during the school day, typically before meal/nutrition breaks.	Location of insulin (if not using an insulin pump): _____ _____ Required times for insulin: _____ ☐ Before school: ☐ Morning Break: ☐ Lunch Break: ☐ Afternoon Break: ☐ Other (Specify): _____ Parent(s)/Guardian(s) responsibilities: _____ School Responsibilities: _____ Student Responsibilities: _____ Additional Comments: _____
PHYSICAL ACTIVITY PLAN Physical activity lowers blood glucose. BG is often checked before activity. Carbohydrates may need to be eaten before/after physical activity. A source of fast-acting sugar must always be within students' reach.	Please indicate what this student must do prior to physical activity to help prevent low blood sugar: 1. Before activity: _____ 2. During activity: _____ 3. After activity: _____ Parent(s)/Guardian(s) Responsibilities: _____ School Responsibilities: _____ Student Responsibilities: _____ For special events, notify parent(s)/guardian(s) in advance so that appropriate adjustments or arrangements can be made. (e.g. extracurricular, Terry Fox Run)

ROUTINE	ACTION (CONTINUED)
DIABETES MANAGEMENT KIT Parents/Guardians must provide, maintain, and refresh supplies. School must ensure this kit is accessible all times. (e.g. field trips, fire drills, lockdowns) and advise parents when supplies are low.	Diabetes Management Kits will be available in different locations and may include: ☐ Blood Glucose meter, BG test strips, and lancets ☐ Insulin/Syringes, insulin pens and supplies. ☐ Source of fast-acting sugar (e.g. juice, candy, glucose tabs.) ☐ Carbohydrate-containing snacks (e.g. granola bar, crackers) ☐ Batteries for BG meter ☐ Other (Please list) _____ _____ **Location of Kit:** _____
SPECIAL NEEDS A student with special considerations may require more assistance than outlined in this plan.	Comments:

EMERGENCY PROCEDURES

HYPOGLYCEMIA – LOW BLOOD GLUCOSE
(4 mmol/L or less)
DO NOT LEAVE STUDENT UNATTENDED

Usual symptoms of Hypoglycemia for my child are:

☐ Shaky ☐ Irritable/Grouchy ☐ Dizzy ☐ Trembling
☐ Blurred Vision ☐ Headache ☐ Hungry ☐ Weak/Fatigue
☐ Pale ☐ Confused ☐ Other _____

Steps to take for Mild Hypoglycemia (student is responsive)

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

Steps for Severe Hypoglycemia (student is unresponsive)

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

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

Usual symptoms of hyperglycemia for my child are:

☐ Extreme Thirst ☐ Frequent Urination ☐ Headache
☐ Hungry ☐ Abdominal Pain ☐ Blurred Vision
☐ Warm, Flushed Skin ☐ Irritability ☐ Other: _____

Steps to take for Mild Hyperglycemia

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

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

☐ Rapid, Shallow Breathing ☐ Vomiting ☐ Fruity Breath

Steps to take for Severe Hyperglycemia

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

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 ☐ Yes ☐ No _____

After-School Program ☐ Yes ☐ No _____

School Bus Driver/Route # (If Applicable) _____

Other: _____

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

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

Student: _____ Date: _____
Signature

Principal: _____ Date: _____
Signature

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 ❒ F ❒	STUDENT OEN #:	MEDIC ALERT ID? Y ❒ N ❒
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 Diabetes Intervention 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:

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: _____ Date: _____
(or student if over 18 yrs of age)

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)

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

(Medical Log to be Retained and Filed for one year)