



# Administration of Medication Manual

April 2020

## Table of Contents

Medications Other than Cannabis .....	3
Procedures for Medicinal Cannabis .....	4
School Operations.....	4
APPENDIX A: Supervision/Administration Designation Form .....	6
APPENDIX B: Student Medication Record .....	7
APPENDIX C: Medical Certification for the Use of Medical Cannabis at School.....	8
APPENDIX D: Administration of Medicinal Cannabis at School – Checklist .....	9
APPENDIX E: Administration of Medication Verification Form.....	10
APPENDIX F: Administration of Medication Form.....	11

## Medications Other than Cannabis

As a general rule teaching personnel should not become involved with the administration of medication to, and/or the performance of physical procedures for pupils because such matters are primarily the responsibility of pupils' parents or guardians, in conjunction with trained medical personnel as parents or guardians deem appropriate.

This recognizes, however, through the Ontario Ministry of Education and Training Policy Memorandum 81, that there will sometimes be the need for school staff to administer medication to pupils and/or to perform physical procedures for them during the school day in order to enable the education of such pupils to continue, or in emergency situations. The following outlines the conditions under which the administration of medication to and/or performance of physical procedures for pupils by school personnel may be carried out.

1. No teacher or principal employed by the Board is required to administer medication to, and/or perform physical procedures for a pupil. However, in an emergency situation all employees may have to administer first aid, which may include auto-injector or inhalers because of the life-threatening nature of the incident.
2. An Administration of Medication Verification Form shall be sent home to be completed and forwarded to the principal of the school (to be housed in the Ontario Student Record) prior to the administration of any medication by school personnel. Communication verbally with parent/guardian will occur when the form is sent home in order to build collaborative and productive relationships that will enhance understanding of the specific health concerns of the student and to ensure that the parent/guardian understands the expectations outlined in the form.
3. A revised Administration of Medication Verification Form shall be completed by the parents or guardians and forwarded to the principal for each school year, or whenever a modification of the prescribed medication occurs. The revised authorization form must be received prior to medication being administered.
4. The principal shall maintain a current list of all pupils receiving medication. Such list may be shared with the local Health Unit with the consent of the pupil's parents and will be shared with the Ministry of Education upon request.
5. Parents are responsible to ensure that the school is advised of any changes in medication. Each parent shall be responsible for the delivery of prescribed medication to the principal (or designate) at intervals as may be determined by the parents and/or medical practitioner, and the principal (or designate) shall deliver to the parents any unused medication at the end of the school year or other times as determined by the parents and/or medical practitioner.
6. A staff person volunteering to supervise the self-administration of medication by a pupil shall consent to such supervision by signing the Supervision/Administration Designation Form (Appendix A).
7. A staff person volunteering to administer medication to a pupil shall consent to participating in administration by signing the Supervision/Administration Designation Form (Appendix A).
8. The staff person shall maintain the "Student Medication Record" (Appendix B) which includes both administration and self-administration of medication. On dates when the pupil is absent, the log should reflect such pupil absence. The "Comments" section should reflect abnormal or unusual circumstances related to such administration. The monthly log sheet is to be filed in the Ontario Student Record by the principal with the signed authorization form.
9. Medication will be administered in a manner which allows for sensitivity, privacy and dignity of the student, while also encouraging the student to take as much responsibility for own medication as is appropriate.

10. Assistance in training to administer medication is the responsibility of the parents, in conjunction with the principal. Parent/guardian should seek advice from the medical practitioner or the Health Unit if necessary.
11. The principal will ensure that medication:
  - a) is clearly labelled for each pupil;
  - b) has clearly indicated dosage; and
  - c) is securely stored to ensure administration to the correct child, and to avoid loss or tampering.
12. Non-health care professionals are not authorized to administer injections; therefore, requests made by parents in relation to administering injections shall be denied. The exemption is when administering auto-injectors for anaphylaxis in an emergency.
13. It is understood that the staff person is administering medication under the principle of "in loco parentis", and not as a health professional.
14. Personal assistance for pupils with physical disabilities such as lifting, toileting, feeding, catheterization, etc. shall not be the responsibility of the teacher in charge of the pupil. Personal assistance support may be carried out by non-teaching personnel assigned such responsibility by the principal supported by the recommendations of health care providers.

## Procedures for Medicinal Cannabis

School administrators have an obligation to accommodate students in the provision of medical assistance at school. Medicinal cannabis is prescribed as part of several medical interventions and should parallel the administration of any other medication.

Each request regarding medicinal cannabis will be treated individually. Administrators must ensure that the following provisions are in place prior to permitting medicinal cannabis on school property.

Smoking of medicinal cannabis and the use of edibles on school property is prohibited.

## School Operations

1. Medical Certification for the Use of Medicinal Cannabis at School (Appendix C) must be completed and provided to the principal.
2. Students are not permitted to keep medicinal cannabis on their person during the school day.
3. There must be procedures put into place to maintain the security of medicinal cannabis at school.
4. There must be procedures put into place for transporting medicinal cannabis to its storage location.
5. There must be a determination as to how much medicinal cannabis will be stored for the student.
6. A staff person volunteering to supervise the self-administration of medicinal cannabis by a pupil shall consent to such supervision by signing the Supervision/Administration Designation Form (Appendix A).
7. A staff person volunteering to administer medicinal cannabis to a pupil shall consent to participating in administration by signing the Supervision/Administration Designation Form (Appendix A).
8. The staff person shall maintain the "Student Medication Record" (Appendix B) which includes both administration and self-administration of medication. On dates when the pupil is absent, the log should reflect such pupil absence. The "Comments" section should reflect

- abnormal or unusual circumstances related to such administration. The monthly log sheet is to be filed in the Ontario Student Record by the principal with the signed authorization form.
9. Medicinal cannabis will be administered in a manner which allows for sensitivity, privacy and dignity of the student, while also encouraging the student to take as much responsibility for own medication as is appropriate
  10. Assistance in training to administer medicinal cannabis is the responsibility of the parents, in conjunction with the principal. Parent/guardian should seek advice from the medical practitioner or the Health Unit if necessary.
  11. The principal will ensure that medicinal cannabis:
    - a) is clearly labelled for each pupil;
    - b) has clearly indicated dosage; and
    - c) is securely stored to ensure administration to the correct child, and to avoid loss or tampering.
  12. It is understood that the staff person is administering medicinal cannabis under the principle of “in loco parentis”, and not as a health professional.
  13. Administrators will determine who needs to be informed of the student’s use of medicinal cannabis at school.
  14. With respect to certain courses and activities, there must be procedures put into place where use of medicinal cannabis could be a safety concern. (For example, physical education, science, tech subjects)
  15. There must be procedures for disposing of medicinal cannabis left behind by a student who no longer attends the school.
  16. There must be procedures for students using medicinal cannabis when attending field trips.
  17. The Family of Schools Superintendent should be informed of any request to use medicinal cannabis at school.

### APPENDIX A: Supervision/Administration Designation Form

In consideration for exercising the method of administration of the medication as indicated above, the Grand Erie District School Board and its employees, contract workers and volunteers are hereby released and forever discharged from any and all liabilities, covenants, claims, actions and damages arising as a result of exercising such procedure.

I hereby further agree to indemnify and save harmless, the Grand Erie District School Board and its employees, contract workers and volunteers from and against any loss, damage, claim or expense suffered or incurred by them as a result of exercising the method of administration as outlined above.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### SUPERVISION/ADMINISTRATION

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

Name \_\_\_\_\_ (Print Name) \_\_\_\_\_ (Signature)

Alternate: \_\_\_\_\_ (Print Name) \_\_\_\_\_ (Signature)

Alternate: \_\_\_\_\_ (Print Name) \_\_\_\_\_ (Signature)

Alternate: \_\_\_\_\_ (Print Name) \_\_\_\_\_ (Signature)

Principal's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### NOTICE

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

I/We hereby consent to the use of personal information contained herein by the persons above-named and by such other officers or employees of the Board who may need the personal information in the performance of their duties as employees of the Grand Erie District School Board. I/We also consent to the use of this personal information contained herein by the Ministry of Education and the local public health unit, upon request.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**File:** OSR

**Retention:** E + 10 years (E = retirement of student)



## APPENDIX C: Medical Certification for the Use of Medical Cannabis at School

**Medical Certification for the use of Medicinal Cannabis at School**

This is to certify that: \_\_\_\_\_ Student Name \_\_\_\_\_  
 has a medical diagnosis that requires the use of Medical Cannabis at school.

Medical Practitioner’s Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Medical Practitioner’s Signature \_\_\_\_\_ Date \_\_\_\_\_

Medication	Dosage	Frequency
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## APPENDIX D: Administration of Medicinal Cannabis at School – Checklist

- Personal prescription with specific dosage prescribed requiring administration during the school day for the student (signed by a physician or nurse practitioner) specifically for medicinal cannabis attached. A copy of the prescription will be kept on file.
- Student personal license requiring the use medicinal cannabis attached. A copy of the license will be kept on file.
- Proof of an authorized medicinal cannabis supplier attached. A copy of this documentation will be kept on file.
- A secure location for storage of medical cannabis has been established.
- A procedure for transporting medicinal cannabis has been established.
- The amount of medicinal cannabis to be stored at school at any given time has been established.
- A procedure for disposal of medicinal cannabis has been established.

## APPENDIX E: Administration of Medication Verification Form



APPENDIX E- Administration of Medication Verification Form

**Student Name**  
Administration of Medication

**Grand Erie District School Board**  
349 Erie Avenue, Brantford, Ontario N3T 5V3

**Administration of Medication - Open**

**Student Name**

**DOB**

**Gender**

---

**MEDICATION INFORMATION: TO BE FILLED IN BY PARENT/GUARDIAN**

**Name of Dispensing Pharmacy:**

**Pharmacy Address:**  **Phone:**

**Name of Physician:**

**Physician Address:**  **Phone:**

---

**MEDICATION INFORMATION: To be filled in by Parent/Guardian**

**Reason for Medication:**

---

Medication Prescribed	Dosage	Time of Administration	Possible side effects (if any)	Duration of continuing medication
<input style="width: 95%; height: 20px;" type="text"/>				
<input style="width: 95%; height: 20px;" type="text"/>				
<input style="width: 95%; height: 20px;" type="text"/>				
<input style="width: 95%; height: 20px;" type="text"/>				
<input style="width: 95%; height: 20px;" type="text"/>				
<input style="width: 95%; height: 20px;" type="text"/>				

---

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## APPENDIX F: Administration of Medication Form



APPENDIX F - Administration of Medication Form  
**Grand Erie District School Board**  
 349 Erie Avenue, Brantford, Ontario N3T 5V3

**Student Name**  
 Administration of Medication

Administration of Medication - Open				
Name School	OEN Family	Board Id # DOB	Grade Gender	
Created By: _____ on: 2019.09.11		Last Edit by on: _____ 2019.09.11		Status: Open Finalized on: 2019.09.11
MEDICATION INFORMATION: TO BE FILLED IN BY PARENT/GUARDIAN				
Name of Dispensing Pharmacy: _____				
Pharmacy Address: _____			Phone: _____	
Name of Physician: _____				
Physician Address: _____			Phone: _____	
MEDICATION INFORMATION: To be filled in by Parent/Guardian				
Reason for Medication: _____				
Medication Prescribed	Dosage	Time of Administration	Possible side effects (if any)	Duration of continuing medication
_____				
_____				
Parent/Guardian Signature: _____ Date: _____				



# Medical Plan Anaphylaxis Manual

April 2020

## Table of Contents

Policy SO30 – Management of Potentially Life-Threatening Health Conditions, Including Administration of Medication in Schools .....	3
Evidence-Based Resources .....	3
Anaphylaxis – What is It? .....	3
Sabrina’s Law – An Act to Protect Anaphylactic Pupils.....	3
Privacy and Confidentiality .....	4
Avoidance .....	4
Steps to Prevention.....	4
Safe Lunchroom and Eating-Area Procedures .....	4
Peanut Butter Substitutes .....	5
Roles and Responsibilities .....	5
Responsibilities of PARENTS/GUARDIANS .....	5
Responsibilities of STUDENTS with Anaphylaxis.....	6
Responsibilities of SCHOOL STAFF .....	6
Responsibilities of the SCHOOL PRINCIPAL.....	6
Responsibilities of the SCHOOL BOARD.....	7
Board Expectations for Providing Supports to Students with Anaphylaxis in Order to Facilitate and Support Daily Routines and Management Activities at School .....	8
Anaphylaxis Management Training for School Staff.....	8
Emergency Response.....	8
Reporting.....	8

## Appendices

APPENDIX A – School Anaphylaxis Emergency Response Plan .....	9
APPENDIX B – Anaphylaxis Verification Form Template.....	10
APPENDIX C – Anaphylaxis Medical Plan Template .....	12
APPENDIX D – Administration of Medication Verification Form .....	15
APPENDIX E – Administration of Medication Form .....	16
APPENDIX F – 9-1-1 Anaphylaxis Script Protocol .....	17
APPENDIX G – Sample Letter to School Parents/Guardians from the Principal.....	18
APPENDIX H – Sample Items for School Newsletters/Websites .....	19
APPENDIX I – Steps to Identify an Anaphylactic Student in the Student Information System .	20

## Policy SO30 – Management of Potentially Life-Threatening Health Conditions, Including Administration of Medication in Schools

In Grand Erie, Policy SO30- Management of Potentially Life-Threatening Health Conditions, Including Administration of Medication, in Schools provides direction to staff of how to support students with the management of anaphylaxis, asthma, diabetes and/or seizure disorder at school. The policy is accompanied by medical plan manual for each prevalent medical condition.

### Evidence-Based Resources

Evidence-based resources that provide information on various aspects of these prevalent medical conditions, including triggers or causative agents and signs and symptoms characteristic of medical incidents and medical emergencies can be found at the following links:

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

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

### Anaphylaxis – What is It?

Anaphylaxis -- sometimes called “allergic shock” or “generalized allergic reaction” -- is a severe allergic reaction that can lead to rapid death, if untreated. Like less severe allergic reactions, anaphylaxis occurs when the body’s immune system reacts to harmless substances as though they were harmful invaders. However, instead of developing the familiar runny nose or rash, sufferers of anaphylaxis respond with an extreme body reaction. The reaction may begin with itching, hives, vomiting, diarrhea, or swelling of the lips or face; within moments, the throat may begin to close, choking off breathing and leading to unconsciousness and death.

Peanuts, tree nuts and other nuts are one of the most common triggers of anaphylaxis, and the most likely of all food allergens to trigger a full-blown anaphylactic reaction. As a result, all schools in Grand Erie are “nut aware” and foods containing peanuts, tree nuts or other nuts are not to be brought to school.

### Sabrina’s Law – An Act to Protect Anaphylactic Pupils

In accordance with Sabrina’s Law – An Act to Protect Anaphylactic Pupils, the Grand Erie District School Board is required to establish and maintain a policy for students diagnosed with anaphylaxis, as well as provide training for all staff on dealing with life-threatening allergies. The safety of students with a medical condition such as anaphylaxis is a shared responsibility of the board, school, family, health care provider and community partners. The goals of the policy are:

- to support students with anaphylaxis to fully access school in a safe, accepting and healthy learning environment that supports their well-being
- to empower students, as confident and capable learners, to reach their full potential for self-management of their anaphylaxis according to their Medical Plan

With respect to the administration of emergency medication at the time of an anaphylactic emergency, “*Sabrina’s Law*” is very clear:

- “If an employee has reason to believe that a pupil is experiencing an anaphylactic reaction, the employee may administer an epinephrine auto-injector or other medication prescribed to the pupil, even if there is no preauthorization to do so under subsection (1).: 2005, s. 3 (3)
- “No action for damages shall be instituted respecting any act done in good faith or for any neglect or default in good faith in response to an anaphylactic reaction in accordance with this Act, unless the damages are the result of an employee’s gross negligence” 2005, s. 3 (4).

## Privacy and Confidentiality

Parent/guardian consent will be obtained prior to the sharing of student health information with school staff or other students. Parents and school staff will be informed of the measures to protect the confidentiality of students' medical records and information.

## Avoidance

Grand Erie's goal is to provide a safe environment for children with life-threatening allergies, **but it is not possible to reduce the risk to zero.**

School procedures are designed to be flexible enough to allow schools and classrooms to adapt to the needs of individual children and the allergens which trigger reactions, as well as the organizational and physical environment in different schools.

All recommendations should be considered in the context of the anaphylactic child's age and developmental and cognitive maturity. As children mature, they should be expected to take increasing personal responsibility for avoidance of their specific allergens.

## Steps to Prevention

The school principal/designate shall take steps to protect students with potentially life-threatening allergies from exposure to allergenic substances, which may include the following, depending on the nature of the allergic/anaphylactic condition:

- With parent/guardian consent, inform the students, parents/guardians and school community about the nature of allergies and anaphylactic reactions
- Provide a comprehensive awareness workshop for students in the class of the student who is at risk of anaphylaxis;
- Post signs at the door of the classroom to which the at risk child is assigned;
- Post board approved signage at school entrances indicating Allergen Aware Environment
- Establish safe lunchroom and eating area procedures
- Consider and attempt to avoid allergens hidden in materials used within the school (e.g. pet foods, play dough, stuffed toys, etc.);
- Take special precautions with respect to the food provided for school celebrations and extra-curricular activities;
- Shared technology and musical instruments should be wiped before and after use.
- Communicate general information about allergies and anaphylactic reactions to student/staff and parents/guardians on a yearly basis;
- Share the schools Anaphylaxis Emergency Response Plan with all persons who may be in regular contact with students at risk to have anaphylactic reactions;
- If possible, ensure that the student at risk has an epinephrine auto-injector with them and whenever possible that supervising staff have a second epinephrine auto-injector kept in a readily accessible location as well as a cell phone to be used in emergency situations
- Ensure that the student has their auto-injector with them for fire drills, lock downs, hold and secures, shelter in place and bomb threats, or there is one readily available
- Ensure that school maintenance staff routinely check for active bee/hornet/wasp hives/nests around school property and cover/remove garbage containers to reduce the risk of anaphylaxis for insect allergic students; and
- Document the strategies which are adopted by the school to prevent an anaphylactic reaction from occurring in the Medical Plan

## Safe Lunchroom and Eating-Area Procedures

Create an allergen aware environment.

- Do not allow the allergen to be present in the classroom or school.
- Discourage the sharing of food, utensils and containers.
- Establish a hand-washing routine before and after eating.

- If the school has a cafeteria, keep the allergen, including all products with the allergen as an ingredient, off the menu. Provide in-service for cafeteria staff, with special emphasis on cross-contamination and labelling issues.
- If the school has a vending machine, ensure that products containing the allergen are not available.
- Ensure that tables and other eating surfaces are washed clean after eating, using a cleansing agent approved for school use.

### **Peanut Butter Substitutes**

The following information is to be shared with all school community members including staff and parents/guardians on an annual basis or as necessary due to changes in the school's anaphylactic population through school newsletters or websites:

#### **Peanut-Free "Peanut Butter"**

There's a peanut-free soy nut butter product on the market that says it's a peanut butter substitute and safe for schools. Grand Erie does not permit peanut butter substitutes in schools.

If it's peanut-free, then what's the big deal? This product looks, smells, and tastes like peanut butter. The concern is that some children might mistakenly think it is okay to bring peanut butter sandwiches in their lunches when they see their classmates eating the soy product. We simply cannot run the risk of any student or staff member being exposed to peanuts, as this may cause an allergic reaction. The safety and health of our students and staff must come first.

### **Roles and Responsibilities**

A whole school approach is needed to support students with anaphylaxis, where parents/guardians, students and school personnel must all understand and fulfill their responsibilities.

#### **Responsibilities of PARENTS/GUARDIANS**

Parents/guardians are expected to be active participants in supporting the management of their child's medical condition while the child is at school. Parents/guardians should:

- Educate their child about their medical condition with support from their child's health care professional, as needed
- Guide and encourage their child to reach their full potential for self-management and self-advocacy
- Inform the school of their child's medical condition
- Complete the Administration of Medication Verification Form
- Provide the school with up-to-date emergency contact names and telephone numbers
- Provide the school with instructions and consent for administering medication
- Provide the school with sufficient quantities of medication and supplies in their original, clearly labelled containers, as directed by a health care professional Medical and track the expiration dates if they are supplied
- Co-create and review with school staff at least annually, or when there is a change in the medical condition, the Medical Plan
- Communicate changes to the Medical Plan, such as changes to the status of their child's medical condition or changes to their child's ability to manage the medical condition to the principal or designate
- Confirm annually to the principal or designate that their child's medical status is

unchanged

- Initiate and participate in regular meetings to review their child's Medical Plan
- Seek medical advice from a medical doctor, nurse practitioner, or pharmacist where appropriate

### **Responsibilities of STUDENTS with Anaphylaxis**

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

- Take responsibility for advocating for their personal safety and well-being
- Participate in the development of their Medical Plan
- Participate in meetings to review their Medical Plan
- Carry out daily or routine self-management of their medical condition to their full potential as described in their Medical Plan (e.g. carry their medication and medical supplies, including controlled substances, follow school board policies on disposal of medication and medical supplies)
- Set goals on an ongoing basis for self-management of their medical condition, in conjunction with their parents/guardians and health care professionals
- Communicate with their parents/guardians and school staff if they are facing challenges related to their medical condition at school
- Wear medical alert identification that they and/or their parents/guardians deem appropriate
- If possible, inform school staff and/or their peers if a medical incident or a medical emergency occurs
- Take as much responsibility as possible for avoiding allergens and causative agents

### **Responsibilities of SCHOOL STAFF**

School staff will follow their school board's policies and provisions in their collective agreements related to supporting students with prevalent medical conditions in schools. School staff should:

- display a photo/poster in the classroom, with parental approval
- Review the contents of the Medical Plan for any student with whom they have direct contact
- Participate annually in training at school on prevalent medical conditions, or as required
- Share information on a student's signs and symptoms with other students if the parents/guardians give consent and the principal authorizes to do so as outlined in the Medical Plan
- Follow school board strategies that reduce the risk of student exposure to triggers or causative agents in classrooms, common school areas, and extracurricular activities, in accordance with the student's Medical Plan
- Support a student's daily or routine management, and respond to medical incidents and medical emergencies that occur during school as outlined in board policies and procedures
- Support inclusion by ensuring students with prevalent medical conditions are able to perform daily or routine management activities in a school location (i.e. classroom) as outlined in their Medical Plan while also maintaining confidentiality and dignity of the student
- Enable students with prevalent medical conditions to participate in school to their full potential, as outlined in their Medical Plan

### **Responsibilities of the SCHOOL PRINCIPAL**

The school principal will assume all responsibilities of school staff and should:

- Clearly communicate to parents/guardians and appropriate staff the process for parents/guardians to notify the school of their child's medical condition, as well as the

expectation for parents/guardians to co-create, review and update the Medical Plan with the principal or designate

- Co-create, review and update the Medical Plan with parent/guardian at a minimum at the following times
- during the time of registration for new students
- each year before the end of June for existing students
- when a child is diagnosed and/or returns to school following a diagnosis
- Ensure that an Anaphylaxis Verification Form has been completed in Lite
- Ensure that an Anaphylaxis Medical Plan has been completed in Lite
- Ensure that parent/guardian has completed the Administration of Medication Verification Form
- Maintain a file with the Medical Plan and supporting documentation for each student with a prevalent medical condition
- Provide relevant information from the student's Medical Plan to school staff and others who are identified in the Medical Plan (e.g. food service providers, transportation providers, volunteers and occasional staff who will be in direct contact with the student), including any revisions that are made to the plan
- Communicate with parents/guardians in medical emergencies, as outlined in the Medical Plan
- Encourage the identification of staff who can support the daily routine management of needs of students in the school with prevalent medical conditions, while honouring the provisions outlined within collective agreements

### **Responsibilities of the SCHOOL BOARD**

School boards are expected to communicate, on an annual basis, their policies on supporting students with prevalent medical conditions to parents, school board staff and others in the school community who are in direct contact with students (e.g. food service providers, transportation providers, volunteers). School boards will:

- Make policies and Medical Plan templates available on the public website
- Provide training and resources on prevalent medical conditions on an annual basis
- Develop strategies that reduce risk of student exposure to triggers or causative agents in classrooms and common areas
- Develop expectations for schools to support the safe storage and disposal of medication and medical supplies, and communicate these expectations to schools and support schools in the implementation of the expectations (e.g. provide schools with appropriate supplies to support safe disposal of medication and medical supplies)
- Develop expectations for schools to include a process and appropriate resources to support students with prevalent medical conditions in the event of a school emergency (e.g. bomb threat, evacuation, fire, "hold and secure", "lockdown")
- Communicate expectations that students will carry their medication and supplies to support the management of their medical condition, including controlled substances, as outlined in the Medical Plan
- Consider PPM161 – Support Children and Students with Prevalent Medical Conditions (Anaphylaxis, Asthma, Diabetes, and/or Epilepsy) in Schools and Policy SO30 – Management of Potentially Life-Threatening Health Conditions, Including Administration of Medication in Schools when entering into contracts with transportation, food service and other providers

## **Board Expectations for Providing Supports to Students with Anaphylaxis in Order to Facilitate and Support Daily Routines and Management Activities at School**

Facilitating and supporting daily or routine management involves, but is not limited to, supporting inclusion by allowing students with prevalent medical conditions, including anaphylaxis, to perform daily or routine management activities in a school location (e.g. within a classroom, gymnasium, library, school yard, on a school bus, at a field trip location), as outlined in the Medical Plan

### **Anaphylaxis Management Training for School Staff**

All school staff will complete annual online health and safety training in anaphylaxis management. Training will be completed within the first term or semester of the current school year.

### **Emergency Response**

Even when precautions are taken, an anaphylactic student may come into contact with an allergen while at school. It is essential that the school develop a response protocol, and that all staff are aware of how to implement it. A Medical Plan will be developed for each anaphylactic child, in conjunction with the child's parent/guardian (and medical professional, if appropriate) and kept in a readily accessible location.

All staff will be made aware of the School Anaphylaxis Emergency Response Plan (Appendix A).

### **Reporting**

Subject to relevant privacy legislation, Grand Erie will collect the following data:

- The number of students with prevalent medical conditions in schools
- The number of occurrences of medical incidents and medical emergencies
- The circumstances surrounding the occurrences of medical incidents and emergencies

Grand Erie will report to the Minister of Education, upon the implementation of PPM161 and upon request thereafter, the activities employed to achieve the expectations outlined in PPM161.

## APPENDIX A – School Anaphylaxis Emergency Response Plan

In the case of an emergency related to anaphylaxis, school staff should refer to the child's individualized Medical Plan.

1. Stay calm.
2. Administer auto-injector immediately.
3. Record time auto-injector is administered.
4. Call 911
5. Administer a second dose of epinephrine as early as 5 minutes after the first does if there is no improvement in symptoms.
6. Notify school administration immediately of the emergency situation.
7. Notify Parent/Guardian
8. Get estimated time of ambulance arrival.
9. Enlist a staff member to accompany child in ambulance to the hospital if parent not available.

Since anaphylaxis can be life-threatening, it must always be considered a medical emergency and treated promptly. If a child appears to be having an anaphylactic reaction, but you are not sure, it is better to err on the side of caution and use epinephrine. The drug will not cause harm if given unnecessarily to normally healthy children, and side effects are generally mild.

**If a child has asthma and is also at risk for anaphylaxis, and it is unclear which emergency the child is experiencing:**

1. **First** administer auto-injector and dial 9-1-1 for an ambulance,
2. **Then** give the reliever inhaler (usually a blue inhaler).

## APPENDIX B – Anaphylaxis Verification Form Template (Page 1 of 2)



APPENDIX B - Anaphylaxis Verification Form Template  
(Page 1 of 2)

**Last Name, First Name**  
Anaphylaxis Plan of Care Alert

**Grand Erie District School Board**  
349 Erie Avenue, Brantford, Ontario N3T 5V3

**Anaphylaxis Plan of Care Alert - Draft**

**Student Name**

**DOB**

**Gender**

---

**KNOWN LIFE-THREATENING TRIGGERS**

**Food(s)**

**Insect Stings**

**Other**

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

**Dosage: EpiPen**  
Jr. 0.15 mg  EpiPen 0.30 mg

**Location Of Auto-Injector(s):**

**Previous anaphylactic reaction:**  
Yes  (Student at greater risk) No  (Has had NO anaphylactic reaction)

**Has asthma:**  
Yes  (Student at greater risk) No  (Has had NO anaphylactic reaction)  
**If student is having a reaction and has difficulty breathing, give epinephrine before asthma medication.**

**Any other medical condition or allergy?**

---

**DAILY/ROUTINE ANAPHYLAXIS MANAGEMENT**

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

**Skin system:** hives, swelling (face, lips, tongue), itching, warmth, redness.

**Respiratory system (breathing):** coughing, wheezing, shortness of breath, chest pain or tightness, throat tightness, hoarse voice, nasal congestion or hay fever-like symptoms (runny, itchy nose and watery eyes, sneezing), trouble swallowing.

**Gastrointestinal system (stomach):** nausea, vomiting, diarrhea, pain or cramps.

**Cardiovascular system (heart):** paler than normal skin colour/blue colour, weak pulse, passing out, dizziness or lightheadedness, shock.

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

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

---

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

**Safety Measures:**

---

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



APPENDIX B - Anaphylaxis Verification Form Template  
 (Page 2 of 2)  
**Grand Erie District School Board**  
 349 Erie Avenue, Brantford, Ontario N3T 5V3

Last Name, First Name  
 Anaphylaxis Plan of Care Alert

Designated eating area inside school building		
Safety Measures:		
Other Information:		
<b>Other Individuals To Be Contacted Regarding Plan Of Care:</b>		
Before-School Program	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	<input style="width: 100%;" type="text"/>
After-School Program	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	<input style="width: 100%;" type="text"/>
	School Bus Driver/Route # (If Applicable)	<input style="width: 100%;" type="text"/>
	Other:	<input style="width: 100%;" type="text"/>
This plan remains in effect for the school year without change and will be reviewed on or before: .		
It is the parent(s)/guardian(s)/student 18+ responsibility to notify the principal if there is a need to change the Plan of Care during the school year.		
I acknowledge that the information contained on the this form may be shared with Grand Erie District School Board staff, volunteers, transportation providers in order to provide appropriate supports for my child. Depending on the nature/severity of the medical condition, I acknowledge that my child's information and photograph may be made accessible to staff, volunteers and transportation providers in the form of a notice and/or poster. In the event of an emergency, I give permissions for GEDSB to administer an EpiPen or other emergency measures deemed appropriate.		
Parent(s)/Guardian(s)/Student 18+:	_____ Signature	_____ Date
Student Over 16:	_____ Signature	_____ Date
Principal:	_____ Signature	_____ Date
Personal information contained on this form is collected under the authority of the Education Act, in accordance with the Municipal Freedom of Information and Protection of Privacy Act, and will be used for the purposes of the education of students.		

## APPENDIX C – Anaphylaxis Medical Plan Template (Page 1 of 3)



APPENDIX C - Anaphylaxis Medical Plan Template  
(Page 1 of 3)

LAST NAME, FIRST NAME

**Grand Erie District School Board**  
349 Erie Avenue, Brantford, Ontario N3T 5V3

Health Management Plan			
<b>Name</b>	<b>OEN</b>	<b>Board Id #</b>	<b>Grade</b>
<b>School</b>	<b>Family</b>	<b>DOB</b>	<b>Gender</b>
<b>Additional Contact Information</b>			
<b>Teachers:</b>			
<b>Created By:</b>	<b>on:</b>	<b>Last Edit by</b>	<b>on:</b>
<b>Emergency Contacts</b>			
<b>Name</b>	<b>Relationship</b>	<b>Daytime Phone</b>	<b>Alt. Phone</b>
<b>Prevalent Medical Conditions</b>			<div style="border: 1px solid black; width: 100px; height: 100px; margin: 0 auto;">Picture</div>
<b>POC Type</b>	<b>Plan Date</b>	<b>Status</b>	
<input checked="" type="checkbox"/> Anaphylaxis		Draft	
<input type="checkbox"/> Asthma			
<input type="checkbox"/> Diabetic			
<input type="checkbox"/> Epilepsy			
<input type="checkbox"/> Heart Condition			
<input type="checkbox"/> Other			
<input type="checkbox"/> Administration of Medication			
<input type="checkbox"/> Personal			



**Grand Erie District School Board**  
349 Erie Avenue, Brantford, Ontario N3T 5V3

**Anaphylaxis Plan of Care Alert - Draft**

<b>Name</b>	<b>OEN</b>	<b>Board Id #</b>	<b>Grade</b>
<b>School</b>	<b>Family</b>	<b>DOB</b>	<b>Gender</b>
<b>Additional Contact Information</b>			

**Created By:** \_\_\_\_\_ **on:** \_\_\_\_\_ **Last Edit by** \_\_\_\_\_ **on:** \_\_\_\_\_ **Status:** Draft **Finalized on:** \_\_\_\_\_

---

**KNOWN LIFE-THREATENING TRIGGERS**

Food(s) \_\_\_\_\_

Insect Stings \_\_\_\_\_

Other \_\_\_\_\_

**Epinephrine Auto-Injector(s) Expiry Date (s):**  
\_\_\_\_\_

**Dosage: EpiPen**  
Jr. 0.15 mg  EpiPen 0.30 mg

**Location Of Auto-Injector(s):**  
\_\_\_\_\_

**Previous anaphylactic reaction:**  
Yes  (Student at greater risk) No  (Has had NO anaphylactic reaction)

**Has asthma:**  
Yes  (Student at greater risk) No  (Has had NO anaphylactic reaction)  
**If student is having a reaction and has difficulty breathing, give epinephrine before asthma medication.**

**Any other medical condition or allergy?**  
\_\_\_\_\_

---

**DAILY/ROUTINE ANAPHYLAXIS MANAGEMENT**

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

**Skin system:** hives, swelling (face, lips, tongue), itching, warmth, redness.

**Respiratory system (breathing):** coughing, wheezing, shortness of breath, chest pain or tightness, throat tightness, hoarse voice, nasal congestion or hay fever-like symptoms (runny, itchy nose and watery eyes, sneezing), trouble swallowing.

**Gastrointestinal system (stomach):** nausea, vomiting, diarrhea, pain or cramps.

**Cardiovascular system (heart):** paler than normal skin colour/blue colour, weak pulse, passing out, dizziness or lightheadedness, shock.

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

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

**Food Allergen(s): eating even a small amount of a certain food can cause a severe allergic reaction.**  
Foods to be avoided:  
\_\_\_\_\_

**Safety Measures:**  
\_\_\_\_\_

**Insect Stings: (Risk of insect stings is higher in warmer months. Avoid areas where stinging insects nest or congregate. Destroy or remove nests, cover or move trash cans, keep food indoors.)**  
Designated eating area inside school building  
\_\_\_\_\_



APPENDIX C - Anaphylaxis Medical Plan Template  
(Page 3 of 3)

LAST NAME, FIRST NAME  
Anaphylaxis Plan of Care Alert

**Grand Erie District School Board**  
349 Erie Avenue, Brantford, Ontario N3T 5V3

Safety Measures:				
Other Information:				
AUTHORIZATION/PLAN REVIEW				
STAFF MEMBERS WITH WHOM THIS PLAN OF CARE IS TO BE SHARED	OTHER INDIVIDUALS WITH WHOM THIS PLAN OF CARE IS TO BE SHARED			
<p style="text-align: center;"><b>Other Individuals To Be Contacted Regarding Plan Of Care:</b></p> <p>Before-School Program Yes <input type="radio"/> No <input type="radio"/> _____ Transported by GEDSB _____</p> <p>After-School Program Yes <input type="radio"/> No <input type="radio"/> _____ Other: _____</p>				
<p>This plan remains in effect for the school year without change and will be reviewed on or before: .</p> <p>It is the parent(s)/guardian(s)/student 18+ responsibility to notify the principal if there is a need to change the Plan of Care during the school year.</p> <p>I acknowledge that the information contained on the this form may be shared with Grand Erie District School Board staff, volunteers, transportation providers in order to provide appropriate supports for my child. Depending on the nature/severity of the medical condition, I acknowledge that my child's information and photograph may be made accessible to staff, volunteers and transportation providers in the form of a notice and/or poster. In the event of an emergency, I give permissions for GEDSB to administer an EpiPen or other emergency measures deemed appropriate.</p>				
Parent(s)/Guardian(s)/Student 18+:	<table style="width: 100%; border: none;"> <tr> <td style="border-bottom: 1px solid black; width: 60%;"></td> <td style="border-bottom: 1px solid black; width: 20%; text-align: center;">Signature</td> <td style="border-bottom: 1px solid black; width: 20%; text-align: center;">Date</td> </tr> </table>		Signature	Date
	Signature	Date		
Student Over 16:	<table style="width: 100%; border: none;"> <tr> <td style="border-bottom: 1px solid black; width: 60%;"></td> <td style="border-bottom: 1px solid black; width: 20%; text-align: center;">Signature</td> <td style="border-bottom: 1px solid black; width: 20%; text-align: center;">Date</td> </tr> </table>		Signature	Date
	Signature	Date		
Principal:	<table style="width: 100%; border: none;"> <tr> <td style="border-bottom: 1px solid black; width: 60%;"></td> <td style="border-bottom: 1px solid black; width: 20%; text-align: center;">Signature</td> <td style="border-bottom: 1px solid black; width: 20%; text-align: center;">Date</td> </tr> </table>		Signature	Date
	Signature	Date		
<p>Personal information contained on this form is collected under the authority of the Education Act, in accordance with the Municipal Freedom of Information and Protection of Privacy Act, and will be used for the purposes of the education of students.</p>				

## APPENDIX D – Administration of Medication Verification Form



APPENDIX D - Administration of Medication Verification Form

**Student Name**  
Administration of Medication

**Grand Erie District School Board**  
349 Erie Avenue, Brantford, Ontario N3T 5V3

Administration of Medication - Open

Student Name:

DOB:

Gender:

---

**MEDICATION INFORMATION: TO BE FILLED IN BY PARENT/GUARDIAN**

Name of Dispensing Pharmacy:

Pharmacy Address:  Phone:

Name of Physician:

Physician Address:  Phone:

---

**MEDICATION INFORMATION: To be filled in by Parent/ Guardian**

Reason for Medication:

---

Medication Prescribed	Dosage	Time of Administration	Possible side effects (if any)	Duration of continuing medication
<input style="width: 100%; height: 20px;" type="text"/>				
<input style="width: 100%; height: 20px;" type="text"/>				
<input style="width: 100%; height: 20px;" type="text"/>				
<input style="width: 100%; height: 20px;" type="text"/>				
<input style="width: 100%; height: 20px;" type="text"/>				
<input style="width: 100%; height: 20px;" type="text"/>				

---

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## APPENDIX E – Administration of Medication Form



APPENDIX E - Administration of Medication Form  
**Grand Erie District School Board**  
 349 Erie Avenue, Brantford, Ontario N3T 5V3

**Student Name**  
Administration of Medication

Administration of Medication - Open				
Name School	OEN Family	Board Id # DOB	Grade Gender	
Created By:	on: 2019.09.11	Last Edit by on: 2019.09.11	Status: Open Finalized on: 2019.09.11	
<b>MEDICATION INFORMATION: TO BE FILLED IN BY PARENT/GUARDIAN</b>				
Name of Dispensing Pharmacy: _____				
Pharmacy Address: _____		Phone: _____		
Name of Physician: _____				
Physician Address: _____		Phone: _____		
<b>MEDICATION INFORMATION: To be filled in by Parent/Guardian</b>				
Reason for Medication: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>				
<b>MEDICATION INFORMATION: To be filled in by Parent/Guardian</b>				
Medication Prescribed	Dosage	Time of Administration	Possible side effects (if any)	Duration of continuing medication
Parent/Guardian Signature: _____				Date: _____

## APPENDIX F – 9-1-1 Anaphylaxis Script Protocol

## TO BE POSTED BY TELEPHONE

1. This is \_\_\_\_\_ School.  
Address is: \_\_\_\_\_  
Nearest Major Intersection is: \_\_\_\_\_  
Telephone Number is: \_\_\_\_\_
2. We have a student who is having an anaphylactic emergency. We have administered an auto-injector. There has been no improvement in their condition. We need an ambulance IMMEDIATELY.
3. The closest entrance for the ambulance is on:  
\_\_\_\_\_ Ave. / Road / Street.
4. A staff member will be outside the school entrance to provide direction.
5. Do you need any more information?
6. How long will it take you to get here?
7. Call parent / guardian / emergency contact.

## APPENDIX G – Sample Letter to School Parents/Guardians from the Principal

On School Letterhead

Date:

Dear Parents:

We felt that all parents would like to be aware that there is a child in our school with a severe life-threatening food allergy (anaphylaxis). This includes any food that has (insert allergen here) in it. This is a medical condition that causes a severe reaction to specific foods and can result in death within minutes.

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

Prevention, of course, is the best approach. Although this may or may not affect your child's class directly, we want to inform you so that you may choose to send foods with your child to school that are free from (insert allergen here). In a classroom setting, cross-contamination is the greatest risk for this type of allergy.

We endeavour to make the school a safe environment for all students.

Sincerely,

\_\_\_\_\_

\_\_\_\_\_, School Principal.

## APPENDIX H – Sample Items for School Newsletters/Websites

We would like all families to be aware that there is a child (or several children) in our school with a severe life-threatening allergy (anaphylaxis). This is a medical condition that causes a severe reaction to specific triggers and can result in death within minutes. Often the trigger is a type of food, such as peanuts or other nuts, eggs, milk, etc. Although this may or may not affect your child's class directly, we want to inform you that our school is "Nut Aware". At our school we refrain from bringing nut products into the school. There will be more information about anaphylaxis at our "Meet the Teacher Night". Thank you for your understanding and co-operation.

### Anaphylactic Shock

Watch out for life-threatening allergies.

Many children have allergies. A few, however, are life-threatening. Some children, for example, are severely allergic to peanut butter. Even a tiny bit can be fatal within minutes. Nuts, shellfish, fish, eggs and milk are also known to cause severe reactions. Knowing that your child has allergies and knowing how to deal with them is your best defence.

If your child is allergic to peanuts or peanut products, please tell us. With your help, we will do our best to prevent mishaps and to make sure that all of our students are safe, healthy, and able to concentrate on learning.

If you would like further information about our policy, please call the school or visit our website: [www.granderie.ca](http://www.granderie.ca) / Board / Bylaws, Policies, Procedures / SO 30 – Management of Potentially Life-Threatening Health Conditions, Including Administration of Medication, in School, Health Management Plan – Anaphylaxis.

## APPENDIX I – Steps to Identify an Anaphylactic Student in the Student Information System

### Setting the Critical Medical Condition Symbol in Power School

1. Start Page
2. Select Student
3. Select either Registration Form OR Emergency Contact / Medical

Anaphylactic Shock Condition Alert	( )
Critical Medical Condition Alert	( )
Student has suffered a concussion and is on a Return to Learn/Return to Physical Activity plan	( )
Critical Medical Notes	
Other Medical Notes	

4. Check “Anaphylactic Shock Condition Alert”
5. Check “Critical Medical Condition Alert”
6. Check “Student has suffered a concussion...”, if applicable.
7. Enter student’s medical / health information in the “Critical Medical Notes” field (Note: information **must** be in this field to generate the alert symbol).
8. Click Submit.
9. A Critical Medical Alert symbol  will appear next to student’s name.
10. A Concussion Alert symbol  will appear next to the student’s name if this field was indicated as applicable.

Entering information in the “Other Medical Notes” field for non-life-threatening conditions will not generate the Critical Medical Condition Alert.

For more information, refer to Section 6.09 of the Power School OnSIS Instruction Manual:

<http://geportal.granderie.ca/linksandresources/powerschoolmanual/Pages/default.aspx>



# Medical Plan Asthma Manual

April 2020

## Table of Contents

Policy SO30 – Management of Potentially Life-Threatening Health Conditions, Including Administration of Medication, in Schools .....	3
Evidence-Based Resources .....	3
Asthma – What is It?.....	3
Ryan’s Law – Ensuring Asthma Friendly Schools .....	3
Privacy and Confidentiality .....	4
Avoidance .....	4
Steps to Prevention.....	4
Roles and Responsibilities .....	4
Responsibilities of PARENTS/GUARDIANS .....	4
Responsibilities of STUDENTS with Asthma .....	5
Responsibilities of SCHOOL STAFF .....	5
Responsibilities of the SCHOOL PRINCIPAL .....	6
Responsibilities of the SCHOOL BOARD .....	6
Board Expectations for Providing Supports to Students with Asthma in Order to Facilitate and Support Daily Routines and Management Activities at School .....	7
Asthma Management Training for School Staff.....	7
Emergency Response.....	7
Reporting.....	7

## Appendices

APPENDIX A – School Asthma Emergency Response Plan .....	8
APPENDIX B – Asthma Verification Form Template .....	9
APPENDIX C – Asthma Medical Plan Template .....	11
APPENDIX D – Administration of Medication Verification Form .....	14
APPENDIX E – Administration of Medication Form .....	15
APPENDIX F – 9-1-1 Asthma Script Protocol .....	16
APPENDIX G – Prevalent Medical Conditions - Student Information Form.....	17
APPENDIX H – Steps to Identify an Asthmatic Student in the Student Information Systems...	18

## Policy SO30 – Management of Potentially Life-Threatening Health Conditions, Including Administration of Medication, in Schools

In Grand Erie, Policy SO30- Management of Potentially Life-Threatening Health Conditions, Including Administration of Medication, in Schools provides direction to staff of how to support students with the management of anaphylaxis, asthma, diabetes and/or seizure disorder at school. The policy is accompanied by Medical Plans for each prevalent medical condition.

### Evidence-Based Resources

Evidence-based resources that provide information on various aspects of these prevalent medical conditions, including triggers or causative agents and signs and symptoms characteristic of medical incidents and medical emergencies can be found at the following links:

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

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

### Asthma – What is It?

Asthma is a serious chronic condition characterized by recurrent attacks of difficult or laboured breathing. Grand Erie recognizes that some students within the school system have been diagnosed with asthma and without proper management this condition can be life threatening.

While it cannot guarantee an environment free of agents that can trigger asthma, Grand Erie school staff shall make every reasonable effort to:

- reduce the risk of exposure to asthma triggers in classrooms and common school areas;
- ensure access to necessary asthma medications (i.e. student will carry medication);
- with parent/guardian consent, ensure that school personnel are aware of which students within the school population have been diagnosed with this condition; and
- outline the procedures necessary to intervene and respond in the event of an asthma emergency.

In order for school personnel to respond appropriately, it is crucial for the parent/guardian (adult student) to keep the school principal/designate fully informed of the student's asthma and the medication(s) which have been prescribed to address the condition

### Ryan's Law – Ensuring Asthma Friendly Schools

In accordance with Ryan's Law – Ensuring Asthma Friendly Schools, the Grand Erie District School Board is required to establish and maintain a policy for students diagnosed with asthma, as well as provide training for all staff on asthma management. The safety of students with a medical condition such as asthma is a shared responsibility of the board, school, family, health care provider and community partners.

With respect to the administration of emergency medication at the time of an asthma emergency, "*Ryan's Law – Ensuring Asthma Friendly Schools*" is very clear:

- "If an employee has reason to believe that a pupil is experiencing an asthma exacerbation, the employee may administer asthma medication to the pupil for the treatment of the exacerbation, even if there is no preauthorization to do so under subsection (1): 2013, s. 3 (3)
- "No action or other proceeding for damages shall be commenced against an employee for an act or omission done or omitted by the employee in good faith in the execution or intended execution of any duty or power under this Act" 2013, s. 3 (4).

## Privacy and Confidentiality

Parent/guardian consent will be obtained prior to the sharing of student health information with school staff or other students. Parents and school staff will be informed of the measures to protect the confidentiality of students' medical records and information.

## Avoidance

Grand Erie's goal is to provide a safe environment for children with asthma, **but it is not possible to reduce the risk to zero.**

School procedures are designed to be flexible enough to allow schools and classrooms to adapt to the needs of individual children and the circumstances which trigger reactions, as well as the organizational and physical environment in different schools.

All recommendations should be considered in the context of the child's age and developmental and cognitive maturity. As children mature, they should be expected to take increasing personal responsibility for the management of their prevalent medical condition.

## Steps to Prevention

The school principal/designate shall take steps to protect students with asthma, which may include the following:

- With parent/guardian consent, inform the students, parents/guardians and school community about the nature of asthma and asthmatic reactions
- Provide a comprehensive awareness workshop for students in the class of the student who is asthmatic
- Communicate general information about asthma to student/staff and parents/guardians on a yearly basis
- Share the schools Asthma Emergency Response Plan with all persons who may be in regular contact with students at risks
- If possible, ensure that the student at risk has a reliever inhaler with them and whenever possible that supervising staff have a second reliever inhaler kept in a readily accessible location as well as a cell phone to be used in emergency situation
- Ensure that the student has their reliever inhaler with them for fire drills, lock downs, hold and secures, shelter in place and bomb threats, or there is one readily available
- Document the strategies which are adopted by the school to prevent an asthma attack from occurring in the Medical Plan

## Roles and Responsibilities

A whole school approach is needed to support students with asthma, where parents/guardians, students and school personnel must all understand and fulfill their responsibilities.

### Responsibilities of PARENTS/GUARDIANS

Parents/guardians are expected to be active participants in supporting the management of their child's medical condition while the child is at school. Parents/guardians should:

- Educate their child about their medical condition with support from their child's health care professional, as needed
- Guide and encourage their child to reach their full potential for self-management and self-advocacy
- Inform the school of their child's medical condition
- Complete Administration of Medication Verification Form and return it to school
- Provide the school with up-to-date emergency contact names and telephone numbers
- Provide the school with instructions and consent for administering medication
- Provide the school with sufficient quantities of medication and supplies in their original, clearly labelled containers, as directed by a health care professional and as outlined in

- the Medical Plan, and track the expiration dates if they are supplied
- Co-create and review with school staff at least annually, or when there is a change in the medical condition, the Medical Plan
  - Communicate changes to the Medical Plan, such as changes to the status of their child's medical condition or changes to their child's ability to manage the medical condition to the principal or designate
  - Confirm annually to the principal or designate that their child's medical status is unchanged
  - Initiate and participate in meetings to review their child's Medical Plan
  - Seek medical advice from a medical doctor, nurse practitioner, or pharmacist where appropriate

### **Responsibilities of STUDENTS with Asthma**

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

- Take responsibility for advocating for their personal safety and well-being
- Participate in the development of their Medical Plan
- Participate in meetings to review their Medical Plan
- Carry out daily or routine self-management of their medical condition to their full potential as described in their Medical Plan (e.g. carry their medication and medical supplies, including controlled substances, follow school board policies on disposal of medication and medical supplies)
- Set goals on an ongoing basis for self-management of their medical condition, in conjunction with their parents/guardians and health care professionals
- Communicate with their parents/guardians and school staff if they are facing challenges related to their medical condition at school
- Wear medical alert identification that they and/or their parents/guardians deem appropriate
- If possible, inform school staff and/or their peers if a medical incident or a medical emergency occurs
- Take as much responsibility as possible for avoiding causative agents

### **Responsibilities of SCHOOL STAFF**

School staff will follow their school board's policies and provisions in their collective agreements related to supporting students with prevalent medical conditions in schools. School staff should:

- Display a photo/poster in the classroom, with parental approval
- Review the contents of the Medical Plan for any student with whom they have direct contact
- Participate annually in training at school on prevalent medical conditions, or as required
- Share information on a student's signs and symptoms with other students if the parents/guardians give consent and the principal authorizes to do so as outlined in the Medical Plan
- Follow school board strategies that reduce the risk of student exposure to triggers or causative agents in classrooms, common school areas, and extracurricular activities, in accordance with the student's Medical Plan
- Support a student's daily or routine management, and respond to medical incidents and medical emergencies that occur during school as outlined in board policies and procedures
- Support inclusion by ensuring students with prevalent medical conditions are able to perform daily or routine management activities in a school location (i.e. classroom) as outlined in their Medical Plan while also maintaining confidentiality and dignity of the student

- Enable students with prevalent medical conditions to participate in school to their full potential, as outlined in their Medical Plan

### **Responsibilities of the SCHOOL PRINCIPAL**

The school principal will assume all responsibilities of school staff and should:

- Clearly communicate to parents/guardians and appropriate staff the process for parents/guardians to notify the school of their child's medical condition, as well as the expectation for parents/guardians to co-create, review and update the Medical Plan with the principal or designate
- Co-create, review and update the Medical Plan with parent/guardian at a minimum at the following times
- during the time of registration for new students
- each year before the end of June for existing students
- when a child is diagnosed and/or returns to school following a diagnosis
- Ensure that an Asthma Verification Form has been completed in LITE
- Ensure that an Asthma Medical Plan has been completed in LITE
- Ensure that parent/guardian has completed the Administration of Medication Verification Form
- Ensure that there is an Administration of Medication Form completed in LITE
- Maintain a file with the Medical Plan and supporting documentation for each student with a prevalent medical condition
- Provide relevant information from the student's Medical Plan to school staff and others who are identified in the Medical Plan (e.g. food service providers, transportation providers, volunteers and occasional staff who will be in direct contact with the student), including any revisions that are made to the plan
- Communicate with parents/guardians in medical emergencies, as outlined in the Medical Plan
- Encourage the identification of staff who can support the daily routine management of needs of students in the school with prevalent medical conditions, while honouring the provisions outlined within collective agreements

### **Responsibilities of the SCHOOL BOARD**

School boards are expected to communicate, on an annual basis, their policies on supporting students with prevalent medical conditions to parents, school board staff and others in the school community who are in direct contact with students (e.g. food service providers, transportation providers, volunteers). School boards will:

- Make policies and Medical Plan templates available on the public website
- Provide training and resources on prevalent medical conditions on an annual basis
- Develop strategies that reduce risk of student exposure to triggers or causative agents in classrooms and common areas
- Develop expectations for schools to support the safe storage and disposal of medication and medical supplies, and communicate these expectations to schools and support schools in the implementation of the expectations (e.g. provide schools with appropriate supplies to support safe disposal of medication and medical supplies)
- Develop expectations for schools to include a process and appropriate resources to support students with prevalent medical conditions in the event of a school emergency (e.g. bomb threat, evacuation, fire, "hold and secure", "lockdown")
- Communicate expectations that students will carry their medication and supplies to support the management of their medical condition, including controlled substances, as outlined in the Medical Plan
- Consider PPM161 – Support Children and Students with Prevalent Medical Conditions (Anaphylaxis, Asthma, Diabetes, and/or Epilepsy) in Schools and Policy SO30 – Management of Potentially Life-Threatening Health Conditions, Including Administration

of Medication, in Schools when entering into contracts with transportation, food service and other providers

## **Board Expectations for Providing Supports to Students with Asthma in Order to Facilitate and Support Daily Routines and Management Activities at School**

Facilitating and supporting daily or routine management involves, but is not limited to, supporting inclusion by allowing students with prevalent medical conditions, including asthma, to perform daily or routine management activities in a school location (e.g. within a classroom, gymnasium, library, school yard, on a school bus, at a field trip location), as outlined in the Medical Plan

### **Asthma Management Training for School Staff**

All school staff will complete annual online health and safety training in asthma management. Training will be completed within the first term or first semester of the current school year.

### **Emergency Response**

Even when precautions are taken, an asthmatic student may experience an asthma attack while at school. It is essential that the school develop a response protocol, and that all staff are aware of how to implement it. A Medical Plan will be developed for each asthmatic child, in conjunction with the child's parent/guardian (and medical professional, if appropriate) and kept in a readily accessible location.

All staff will be made aware of the School Asthma Emergency Response Plan (Appendix A).

### **Reporting**

Subject to relevant privacy legislation, Grand Erie will collect the following data:

- The number of students with prevalent medical conditions in schools
- The number of occurrences of medical incidents and medical emergencies
- The circumstances surrounding the occurrences of medical incidents and emergencies

Grand Erie will report to the Minister of Education, upon the implementation of PPM161 and upon request thereafter, the activities employed to achieve the expectations outlined in PPM161.

## APPENDIX A – School Asthma Emergency Response Plan

SIGNS & SYMPTOMS	
MILD	SEVERE
<ul style="list-style-type: none"> <li>• Coughing (a constant cough may be the only warning sign and should be treated)</li> <li>• Breathing is difficult and fast</li> <li>• Complaining of chest tightness (child will describe this symptom in all sorts of ways)</li> <li>• Wheezing (a high-pitched musical sound when breathing)</li> <li>• Restlessness</li> <li>• Irritability</li> <li>• Tiredness</li> </ul>	<p><b>Any of the following may be observed</b></p> <ul style="list-style-type: none"> <li>• Unable to catch their breath</li> <li>• Breathing is difficult and fast (x25 inspirations/min)</li> <li>• Ribs show during breathing (the skin between the neck and ribs is sucked in with each breath)</li> <li>• Not improving after taking reliever inhaler within 5-10 minutes</li> <li>• Can only say 3-5 words before needing to take another breath</li> <li>• Lips or nail beds blue or grey</li> <li>• You have ANY doubts about the child's condition</li> </ul>
WHAT TO DO	
<ol style="list-style-type: none"> <li>1 <b>Administer the reliever inhaler immediately</b> <ul style="list-style-type: none"> <li>• (the inhaler is usually blue in colour and opens the narrowed airway passages quickly)</li> </ul> </li> <li>2 <b>Stay calm! Remain with and reassure the child</b> <ul style="list-style-type: none"> <li>• Asthma episodes are frightening... listen to what the child is saying</li> </ul> </li> <li>3 <b>Tell the child to breathe slowly</b> <ul style="list-style-type: none"> <li>• Usually it is easier to sit up and lean slightly forward.</li> <li>• Lying on their back is not recommended!</li> <li>• <u>Do not</u> have child breathe into a paper bag.</li> </ul> </li> <li>4 <b>Reliever inhaler should help within 5-10 minutes...if not: FOLLOW THE EMERGENCY INSTRUCTIONS FOR SEVERE EPISODES</b></li> </ol>	<ol style="list-style-type: none"> <li>1 <b>This is an emergency</b>  <b>CALL 911</b></li> <li>2 <b>Give reliever inhaler immediately.</b></li> <li>3 <b>Notify Parent / Guardian.</b></li> <li>4 <b>Continue to give the reliever inhaler every few minutes until help arrives.</b></li> <li>5 A <b>student</b> should always be taken to the hospital in an <b>ambulance</b>. School Staff should not take the student in their car as the student's condition may deteriorate quickly.</li> </ol> <p style="text-align: center; font-size: small;"><i>Information adapted from The Lung Association's Poster "My Child is Having an Asthma Episode: What are the Signs?"</i></p>
AFTER THE EPISODE	
<ul style="list-style-type: none"> <li>• Notify parent/guardian about the episode.</li> <li>• Minor asthma episodes should not interrupt a child's activity in school. As soon as the child feels better, s/he can return to normal activities.</li> <li>• <b>If the child requires the inhaler again in less than four hours or if you have any concerns about the child's condition, medical attention should be sought.</b></li> </ul>	<ul style="list-style-type: none"> <li>• Record medication taken as per board policy.</li> <li>• Record activities to assist student.</li> </ul>

## APPENDIX B – Asthma Verification Form Template (Page 1 of 2)



**Grand Erie District School Board**  
349 Erie Avenue, Brantford, Ontario N3T 5V3

Last Name, First Name  
Asthma Plan of Care Alert

**Asthma Plan of Care Alert - Draft**

**Student Name**

**DOB**

**Gender**

---

**KNOWN ASTHMA TRIGGERS**

<input type="checkbox"/> Colds/Flu/Illness <input type="checkbox"/> Change In Weather <input type="checkbox"/> At Risk For Anaphylaxis (Specify Allergen) <input style="width: 150px;" type="text"/> <input type="checkbox"/> Physical Activity/Exercise <input type="checkbox"/> Other (Specify) <input style="width: 150px;" type="text"/>	<p><b>Asthma Trigger Avoidance Instructions</b></p> <input style="width: 100%; height: 30px;" type="text"/> <p><b>Any Other Medical Condition Or Allergy?</b></p> <input style="width: 100%; height: 30px;" type="text"/>
---	--

---

**DAILY/ ROUTINE ASTHMA MANAGEMENT**

**RELIEVER INHALER USE AT SCHOOL AND DURING SCHOOL-RELATED ACTIVITIES**

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

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

Other (explain):

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

Airomir    
  Ventolin    
  Bricanyl    
  Other (Specify)

Spacer (valved holding chamber) provided? Yes  No

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

Reliever inhaler is kept with:   Location:

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

Reliever inhaler is kept in the student's:

Pocket    
  Backpack/Fanny Pack    
  Case/Pouch    
  Other (Specify)

Does student require assistance to administer reliever inhaler? Yes  No

Student's spare reliever inhaler is kept:   Location:

---

**CONTROLLER MEDICATION USE AT SCHOOL AND DURING SCHOOL-RELATED ACTIVITIES**

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

Use/administer <input style="width: 100px;" type="text"/>	In the dose of <input style="width: 100px;" type="text"/>	At the following times: <input style="width: 100px;" type="text"/>
Use/administer <input style="width: 100px;" type="text"/>	In the dose of <input style="width: 100px;" type="text"/>	At the following times: <input style="width: 100px;" type="text"/>

## Appendix B: Asthma Verification Form Template (Page 2 of 2)



**Grand Erie District School Board**  
349 Erie Avenue, Brantford, Ontario N3T 5V3

**Last Name, First Name**  
Asthma Plan of Care Alert

Use/administer	<input style="width: 90%;" type="text"/>	In the dose of	<input style="width: 90%;" type="text"/>	At the following times:	<input style="width: 90%;" type="text"/>
<b>Other Individuals To Be Contacted Regarding Plan Of Care:</b>					
Before-School Program	Yes <input checked="" type="radio"/>	No <input type="radio"/>	<input style="width: 150px;" type="text"/>	Transported by GEDSB:	<input style="width: 150px;" type="text"/>
After-School Program	Yes <input checked="" type="radio"/>	No <input type="radio"/>	<input style="width: 150px;" type="text"/>	Other:	<input style="width: 150px;" type="text"/>
<p>This plan remains in effect for the school year without change and will be reviewed on or before: .</p> <p>It is the parent(s)/guardian(s)/student 18+ responsibility to notify the principal if there is a need to change the Plan of Care during the school year.</p> <p>I acknowledge that the information contained on the this form may be shared with Grand Erie District School Board staff, volunteers, transportation providers in order to provide appropriate supports for my child. Depending on the nature/severity of the medical condition, I acknowledge that my child's information and photograph may be made accessible to staff, volunteers and transportation providers in the form of a notice and/or poster. In the event of an emergency, I give permissions for GEDSB to administer an EpiPen or other emergency measures deemed appropriate.</p>					
Parent(s)/Guardian(s)/Student 18+:	_____		_____		Date
Student Over 16:	_____		_____		Date
Principal:	_____		_____		Date
<p>Personal information contained on this form is collected under the authority of the Education Act, in accordance with the Municipal Freedom of Information and Protection of Privacy Act, and will be used for the purposes of the education of students.</p>					

## APPENDIX C – Asthma Medical Plan Template (Page 1 of 3)



Last Name, First Name

**Grand Erie District School Board**  
349 Erie Avenue, Brantford, Ontario N3T 5V3

Health Management Plan			
<b>Name</b>	<b>OEN</b>	<b>Board Id #</b>	<b>Grade</b>
<b>School</b>	<b>Family</b>	<b>DOB</b>	<b>Gender</b>
<b>Additional Contact Information</b>			
<b>Teachers:</b>			
<b>Created By:</b>	<b>on:</b>	<b>Last Edit by</b>	<b>on:</b>
<b>Emergency Contacts</b>			
<b>Name</b>	<b>Relationship</b>	<b>Daytime Phone</b>	<b>Alt. Phone</b>
<b>Prevalent Medical Conditions</b>			<div style="border: 1px solid black; width: 100px; height: 100px; margin: auto;">Picture</div>
<b>POC Type</b>	<b>Plan Date</b>	<b>Status</b>	
<input type="checkbox"/> Anaphylaxis		Draft	
<input checked="" type="checkbox"/> Asthma		Draft	
<input type="checkbox"/> Diabetic			
<input type="checkbox"/> Epilepsy			
<input type="checkbox"/> Heart Condition			
<input type="checkbox"/> Other			
<input type="checkbox"/> Administration of Medication			
<input type="checkbox"/> Personal			

Appendix C – Asthma Medical Plan Template  
(Page 2 of 3)



**Grand Erie District School Board**  
349 Erie Avenue, Brantford, Ontario N3T 5V3

Last Name, First Name  
Asthma Plan of Care Alert

**Asthma Plan of Care Alert - Draft**

<b>Name</b>	<b>OEN</b>	<b>Board Id #</b>	<b>Grade</b>
<b>School</b>	<b>Family</b>	<b>DOB</b>	<b>Gender</b>
<b>Additional Contact Information</b>			
<b>Created By:</b>	on:	<b>Last Edit by</b>	on:
			<b>Status: Draft</b>
			<b>Finalized on:</b>

---

**KNOWN ASTHMA TRIGGERS**

<input type="checkbox"/> Colds/Flu/Illness <input type="checkbox"/> Change In Weather <input type="checkbox"/> At Risk For Anaphylaxis (Specify Allergen) _____ <input type="checkbox"/> Physical Activity/Exercise <input type="checkbox"/> Other (Specify) _____	<b>Asthma Trigger Avoidance Instructions</b> <b>Any Other Medical Condition Or Allergy?</b>
--	--

---

**DAILY/ ROUTINE ASTHMA MANAGEMENT**

**RELIEVER INHALER USE AT SCHOOL AND DURING SCHOOL-RELATED ACTIVITIES**

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

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

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

Almir  Ventolin  Bricanyl  Other (Specify) \_\_\_\_\_

Spacer (valved holding chamber) provided? Yes  No

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

Reliever inhaler is kept with:  \_\_\_\_\_ Location: \_\_\_\_\_  
 Other Location: \_\_\_\_\_  
 Locker #: \_\_\_\_\_ Locker Combination: \_\_\_\_\_

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

Reliever inhaler is kept in the student's:  
 Pocket  Backpack/Fanny Pack  Case/Pouch  Other (Specify) \_\_\_\_\_

Does student require assistance to administer reliever inhaler? Yes  No

Student's spare reliever inhaler is kept:  \_\_\_\_\_ Location: \_\_\_\_\_  
 Other Location: \_\_\_\_\_  
 Locker #: \_\_\_\_\_ Locker Combination: \_\_\_\_\_

---

**CONTROLLER MEDICATION USE AT SCHOOL AND DURING SCHOOL-RELATED ACTIVITIES**

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

Use/administer _____	In the dose of _____	At the following times: _____
Use/administer _____	In the dose of _____	At the following times: _____
Use/administer _____	In the dose of _____	At the following times: _____

## Appendix C – Asthma Medical Plan Template (Page 3 of 3)



**Grand Erie District School Board**  
349 Erie Avenue, Brantford, Ontario N3T 5V3

Last Name, First Name  
Asthma Plan of Care Alert

AUTHORIZATION/PLAN REVIEW					
STAFF MEMBERS WITH WHOM THIS PLAN OF CARE IS TO BE SHARED	OTHER INDIVIDUALS WITH WHOM THIS PLAN OF CARE IS TO BE SHARED				
_____	_____				
_____	_____				
_____	_____				
_____	_____				
_____	_____				
<p style="text-align: center;"><b>Other Individuals To Be Contacted Regarding Plan Of Care:</b></p> <p>Before-School Program Yes <input type="checkbox"/> No <input type="checkbox"/> _____ Transported by GEDSB _____</p> <p>After-School Program Yes <input type="checkbox"/> No <input type="checkbox"/> _____ Other: _____</p>					
<p>This plan remains in effect for the school year without change and will be reviewed on or before: .</p> <p>It is the parent(s)/guardian(s)/student 18+ responsibility to notify the principal if there is a need to change the Plan of Care during the school year.</p> <p>I acknowledge that the information contained on the this form may be shared with Grand Erie District School Board staff, volunteers, transportation providers in order to provide appropriate supports for my child. Depending on the nature/severity of the medical condition, I acknowledge that my child's information and photograph may be made accessible to staff, volunteers and transportation providers in the form of a notice and/or poster. In the event of an emergency, I give permissions for GEDSB to administer an EpiPen or other emergency measures deemed appropriate.</p>					
Parent(s)/Guardian(s)/Student 18+:	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border-bottom: 1px solid black;"></td> <td style="width: 50%; border-bottom: 1px solid black; text-align: center;">Signature</td> <td style="width: 50%; border-bottom: 1px solid black;"></td> <td style="width: 50%; border-bottom: 1px solid black; text-align: center;">Date</td> </tr> </table>		Signature		Date
	Signature		Date		
Student Over 16:	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border-bottom: 1px solid black;"></td> <td style="width: 50%; border-bottom: 1px solid black; text-align: center;">Signature</td> <td style="width: 50%; border-bottom: 1px solid black;"></td> <td style="width: 50%; border-bottom: 1px solid black; text-align: center;">Date</td> </tr> </table>		Signature		Date
	Signature		Date		
Principal:	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border-bottom: 1px solid black;"></td> <td style="width: 50%; border-bottom: 1px solid black; text-align: center;">Signature</td> <td style="width: 50%; border-bottom: 1px solid black;"></td> <td style="width: 50%; border-bottom: 1px solid black; text-align: center;">Date</td> </tr> </table>		Signature		Date
	Signature		Date		
<p>Personal information contained on this form is collected under the authority of the Education Act, in accordance with the Municipal Freedom of Information and Protection of Privacy Act, and will be used for the purposes of the education of students.</p>					

## APPENDIX D – Administration of Medication Verification Form



APPENDIX D - Administration of Medication Verification Form

**Student Name**  
Administration of Medication

**Grand Erie District School Board**  
349 Erie Avenue, Brantford, Ontario N3T 5V3

**Administration of Medication - Open**

**Student Name**

**DOB**

**Gender**

---

**MEDICATION INFORMATION: TO BE FILLED IN BY PARENT/GUARDIAN**

**Name of Dispensing Pharmacy:**

**Pharmacy Address:**  **Phone:**

**Name of Physician:**

**Physician Address:**  **Phone:**

---

**MEDICATION INFORMATION: To be filled in by Parent/ Guardian**

**Reason for Medication:**

---

Medication Prescribed	Dosage	Time of Administration	Possible side effects (if any)	Duration of continuing medication
<input style="width: 100%; height: 20px;" type="text"/>				
<input style="width: 100%; height: 20px;" type="text"/>				
<input style="width: 100%; height: 20px;" type="text"/>				
<input style="width: 100%; height: 20px;" type="text"/>				
<input style="width: 100%; height: 20px;" type="text"/>				
<input style="width: 100%; height: 20px;" type="text"/>				

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## APPENDIX E – Administration of Medication Form



APPENDIX E - Administration of Medication Form  
**Grand Erie District School Board**  
 349 Erie Avenue, Brantford, Ontario N3T 5V3

**Student Name**  
 Administration of Medication

Administration of Medication - Open				
Name School	OEN Family	Board Id # DOB	Grade Gender	
Created By:	on: 2019.09.11	Last Edit by on: 2019.09.11	Status: Open	Finalized on: 2019.09.11
<b>MEDICATION INFORMATION: TO BE FILLED IN BY PARENT/GUARDIAN</b>				
Name of Dispensing Pharmacy:	_____		Phone:	_____
Pharmacy Address:	_____		Phone:	_____
Name of Physician:	_____		Phone:	_____
Physician Address:	_____		Phone:	_____
<b>MEDICATION INFORMATION: To be filled in by Parent/ Guardian</b>				
Reason for Medication:	_____			
<b>MEDICATION INFORMATION: To be filled in by Parent/ Guardian</b>				
Medication Prescribed	Dosage	Time of Administration	Possible side effects (if any)	Duration of continuing medication
_____				
_____				
Parent/Guardian Signature: _____ Date: _____				

## APPENDIX F – 9-1-1 Asthma Script Protocol

## TO BE POSTED BY TELEPHONE

1. This is \_\_\_\_\_ School.  
Address is: \_\_\_\_\_  
Nearest Major Intersection is: \_\_\_\_\_  
Telephone Number is: \_\_\_\_\_
2. We have a student who is having an asthma emergency. We have administered a Reliever Inhaler. There has been no improvement in their condition. We need an ambulance IMMEDIATELY.
3. The closest entrance for the ambulance is on:  
\_\_\_\_\_ Ave. / Road / Street.
4. A staff member will be outside the school entrance to provide direction.
5. Do you need any more information?
6. How long will it take you to get here?
7. Call parent / guardian / emergency contact.

## APPENDIX G – Prevalent Medical Conditions - Student Information Form

For the safety of your child, it is imperative that we are aware of all students in the building that have serious medical conditions. With your consent, we will inform staff members about these conditions that could be life-threatening.

Please complete the following form so that we can ensure that our records are up to date.

Name of Student: \_\_\_\_\_

MEDICAL CONDITION	This student HAS experienced an attack/reaction in the past	This student carries medication for this condition	Notes/Other: (type of medication, where stored)
Anaphylaxis (Sabrina’s Law)	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	
Asthma (Ryan’s Law)	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	
Diabetes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	
Epilepsy	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	
Heart Condition	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	
Concussion	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	
Other:			

Any other medical notes should be included on the registration form (i.e. non-anaphylactic allergies) in the appropriate section. Please keep us informed of any changes in your child’s critical medical conditions by contacting the school at \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian or Student 18+ years

\_\_\_\_\_  
Date

*NOTICE: Authorization for the collection and maintenance of the personal information recorded on this form is the Education act, R.S.O. 1980, S.265(d) and S.266 and Municipal Freedom of Information and Protection of Privacy Act. Users of this information are supervisory officers, principals, and teachers at the school. Any questions regarding the collection of personal information should be directed to the principal of the school.*

Filed in OSR  
Retention: E + 10 years (E = Retirement of Student)

## APPENDIX H – Steps to Identify an Asthmatic Student in the Student Information Systems

### Setting the Critical Medical Condition Symbol in Power School

1. Start Page
2. Select Student
3. Select either Registration Form OR Emergency Contact / Medical

Anaphylactic Shock Condition Alert	( )
Critical Medical Condition Alert	( )
Student has suffered a concussion and is on a Return to Learn/Return to Physical Activity plan	( )
Critical Medical Notes	
Other Medical Notes	

4. Check “Anaphylactic Shock Condition Alert”
5. Check “Critical Medical Condition Alert”
6. Check “Student has suffered a concussion...”, if applicable.
7. Enter student’s medical / health information in the “Critical Medical Notes” field (Note: information **must** be in this field to generate the alert symbol).
8. Click Submit.
9. A Critical Medical Alert symbol  will appear next to student’s name.
10. A Concussion Alert symbol  will appear next to the student’s name if this field was indicated as applicable.

Entering information in the “Other Medical Notes” field for non-life-threatening conditions will not generate the Critical Medical Condition Alert.

For more information, refer to Section 6.09 of the Power School OnSIS Instruction Manual:

<http://geportal.granderie.ca/linksandresources/powerschoolmanual/Pages/default.aspx>



# Medical Plan Diabetes Manual

November 2020

## Table of Contents

Policy SO30 – Management of Potentially Life-Threatening Health Conditions, Including	
Administration of Medication, in Schools.....	3
Evidence-Based Resources .....	3
Diabetes Mellitus – What is It? .....	3
Hyperglycemia .....	3
Hypoglycemia .....	4
Glucagon (Glycogen) Nasal Spray and Injections.....	4
Insulin Injections.....	4
Diabetes Management – Independence vs. Protection .....	4
Liability .....	5
Privacy and Confidentiality .....	5
Avoidance .....	5
Steps to Prevention .....	5
Blood Glucose Self-Monitoring: Testing Blood Sugar .....	6
Roles and Responsibilities.....	6
Responsibilities of PARENTS/GUARDIANS .....	6
Responsibilities of STUDENTS with Diabetes.....	7
Responsibilities of SCHOOL STAFF .....	7
Responsibilities of the SCHOOL PRINCIPAL.....	7
Responsibilities of the SCHOOL BOARD.....	8
Board Expectations for Providing Supports to Students with Diabetes in Order to Facilitate and Support Daily Routines and Management Activities at School.....	8
Diabetes Management Training for School Staff.....	9
Emergency Response .....	9
Reporting.....	9

## Appendices

APPENDIX A – School Diabetes Emergency Response Plan .....	10
APPENDIX B – Diabetes Verification Form Template .....	11
APPENDIX C – Diabetes Medical Plan– Template.....	14
APPENDIX D – Administration of Medication Verification Form .....	19
APPENDIX E – Administration of Medication Form .....	20
APPENDIX F – 9-1-1 Diabetes Script Protocol.....	21
APPENDIX G – Sample Protocol Letter to Parents/Guardians .....	22
APPENDIX H – Steps to Identify a Diabetic Student in the Student Information Systems.....	23
APPENDIX I – Application for School Health Support Services .....	24

## Policy SO30 – Management of Potentially Life-Threatening Health Conditions, Including Administration of Medication, in Schools

In Grand Erie, Policy SO30- Management of Potentially Life-Threatening Health Conditions, Including Administration of Medication, in Schools provides direction to staff of how to support students with the management of anaphylaxis, asthma, diabetes and/or seizure disorder at school. The policy is accompanied by Medical Plans for each prevalent medical condition.

### Evidence-Based Resources

Evidence-based resources that provide information on various aspects of these prevalent medical conditions, including triggers or causative agents and signs and symptoms characteristic of medical incidents and medical emergencies can be found at the following links:

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

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

### Diabetes Mellitus – What is It?

Diabetes mellitus is a disease resulting from a lack of insulin action. Insulin is a hormone produced by the pancreas. Without insulin, carbohydrates (starch and sugars) in the food we eat cannot be converted into stored energy (called blood glucose or “blood sugar”<sup>1</sup>) required to sustain life. Instead, unused glucose accumulates in the blood and spills out into the urine.

The majority of people with diabetes develop the problem in adulthood. They can still produce some insulin and may be able to control their diabetes by diet alone or with oral medication.

Children and adolescents with diabetes are different; they are unable to make any insulin and must take insulin injections each day.

At this time, no one knows why children and adolescents develop diabetes. It is known, however, that this disease is not the result of poor eating habits nor is it infectious.

### Hyperglycemia

High blood sugar (or hyperglycemia) occurs when a student’s blood sugar is higher than the target range. It is usually caused by:

- extra food, without extra insulin
- not enough insulin
- decreased activity

Blood sugar also rises because of illness, stress, or excitement. Usually, it is caused by a combination of factors. Students are not usually in immediate danger from high blood sugar unless they are vomiting, breathing heavily or lethargic. They may have difficulty concentrating in class.

Symptoms of hyperglycemia are rapid, shallow breathing, vomiting and fruity breath.

Contact parents immediately if a student is unwell, has severe abdominal pain, nausea, vomiting or symptoms of severe high blood sugar. If the student is well, follow instructions for high blood sugar in their care plan. Allow unlimited trips to the washroom and encourage them to drink plenty of water.

## Hypoglycemia

Hypoglycemia is an emergency situation caused by LOW blood sugar. The situation can develop within minutes of the child appearing healthy and normal.

Causes	Symptoms	Immediate Treatment
Caused by one or more of the following: <ul style="list-style-type: none"> <li>insufficient food due to delayed or missed meal</li> <li>more exercise or activity than usual without a corresponding increase in food; and/or</li> <li>too much insulin</li> </ul>	<ul style="list-style-type: none"> <li>cold, clammy or sweaty skin</li> <li>pallor (paleness)</li> <li>shakiness, tremor, lack of coordination (e.g. deterioration in writing or printing skills)</li> <li>irritability, hostility, poor behaviour, tearfulness</li> <li>a staggering gait</li> <li>confusion</li> <li>loss of consciousness and possible seizure if not treated early</li> </ul> The child may also complain of: <ul style="list-style-type: none"> <li>nervousness</li> <li>excessive hunger</li> <li>headache</li> <li>blurred vision and dizziness</li> <li>abdominal pain and nausea</li> </ul>	It is imperative at the first sign of hypoglycemia you <b>give sugar immediately</b> .  If the parents have not provided you with more specific instructions which can be readily complied with, give: <ul style="list-style-type: none"> <li>6 oz./175 ml of fruit juice or regular pop; OR</li> <li>2-3 teaspoons/10 ml or 3-4 packets of sugar; OR</li> <li>4 Dex 4 glucose tablets; OR</li> <li>2-3 teaspoons/10 ml honey</li> </ul>

## Glucagon – Nasal Spray

In late 2019, the Federal Government approved the sale of glucagon dry nasal spray (Baqsimi™) in pharmacies in Canada. Baqsimi™ may be used by school staff to treat severe hypoglycemia in a student that is incapacitated. Baqsimi™ may be provided to the school by a parent / guardian, however, they must adhere to the conditions articulated in SO30 – Management of Potentially Life-Threatening Health Conditions, Including Administration of Medication.

**There is an expectation that the parent(s)/guardian(s) provide all appropriate staff with training on the use of this dry nasal spray.**

For your convenience, you may also refer to the following video produced by the product's distributor. <https://www.baqsimi.com/how-to-use-baqsimi>

## Glucagon - (Glycogen) Injections

Glycogen is an emergency drug that is used to treat hypoglycemia. It should only be used under the direction of a medical professional.

School staff should be educated about the potential for hypoglycemia in a student with diabetes; however, **school staff will not be giving glycogen injections**. In an emergency situation, where a student is severely hypoglycemic, a glycogen injection may be done by trained EMS paramedics. It is important to note that hypoglycemia presenting in a school setting would not normally be an immediate life-threatening condition – that is, ambulances with advanced care paramedics can respond immediately.

Paramedics will make the proper assessment and provide treatment, as required.

The use of glycogen injections (Glucagon) in these situations **will not** be administered by school staff.

## Insulin Injections

School staff do not administer insulin injections. Most insulin injections are administered outside school hours – before breakfast and supper and at bedtime. However, the insulin regimen varies with the individual and most students do require an insulin injection before lunch. Students using an insulin pump would give insulin each time they eat carbohydrate foods.

## Diabetes Management – Independence vs. Protection

The ultimate goal of diabetes management within the school setting is to have the child feel safe and supported with their diabetes care and to be encouraged towards 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 needs. The goal for all of these children is to become as independent as possible, as soon as possible in managing their diabetes. **Safety of children must also be a consideration as insulin is a dangerous medication if missed or too much is injected.** The school role is to provide **support** as the child 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 family and the child.

## Liability

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

- 2.(1) Despite the rules of common law, a person described in subsection (2) who voluntarily and without reasonable expectation of compensation or reward provides the services described in that subsections is not liable for damages that result from the person's negligence in acting or failing to act while providing the services, unless it is established that the damages were caused by the gross negligence of the person.
- (2) Subsection (1) applies to,
  - (b)...an individual...who provides emergency first aid assistance to a person who is ill, injured or unconscious as a result of an accident or other emergency, if the individual provides the assistance at the immediate scene of the accident or emergency.

## Privacy and Confidentiality

Parent/guardian consent will be obtained prior to the sharing of student health information with school staff or other students. Parents and school staff will be informed of the measures to protect the confidentiality of students' medical records and information.

## Avoidance

Grand Erie's goal is to provide a safe environment for children with diabetes, **but it is not possible to reduce the risk to zero.**

School procedures are designed to be flexible enough to allow schools and classrooms to adapt to the needs of individual children and the circumstances which trigger reactions, as well as the organizational and physical environment in different schools.

All recommendations should be considered in the context of the child's age and developmental and cognitive maturity. As children mature, they should be expected to take increasing personal responsibility for the management of their prevalent medical condition.

## Steps to Prevention

The school principal/designate shall take steps to protect students with diabetes by enlisting the support of School Health Support Services if appropriate and with parent/guardian consent.

See page 24 Appendix I for a link to the Application for School Services.

The principal may also;

- With parent/guardian consent, inform the students, parents/guardians and school community about the nature of diabetes
- Provide a comprehensive awareness workshop for students in the class of the student who is diabetic;
- Communicate general information about diabetes to student/staff and parents/guardians on a yearly basis;
- Share the schools Diabetes Emergency Response Plan with all persons who may be in regular contact with students at risk;
- If possible, ensure that the student at risk has their medication with them, or it is stored in an easily accessible location
- Ensure that the student has their medication with them for fire drills, lock downs, hold and secures, shelter in place and bomb threats, or there is one readily available
- Document the strategies which are adopted by the school to protect the student with diabetes in the Medical Plan

## Blood Glucose Self-Monitoring: Testing Blood Sugar

The monitoring of blood glucose is a tool one uses for achieving the target blood sugar levels. Blood sugar levels will change with eating, physical activity, stress, or illness. Sometimes the blood sugar fluctuates for no apparent reason.

Knowing blood sugar levels will:

- Help the student understand the balance of food, insulin and exercise
- Help the parents and doctor adjust insulin and food
- Help avoid the consequences of hypoglycemia and hyperglycemia.
- Monitoring will give early warning without waiting for the onset of symptoms.
- This is safe to do in classroom as it is part of the child's daily tasks, however some children prefer privacy. Family and school should work together to decide the best plan. A child with low sugar should not have to move from their desk to test their blood sugar and receive treatment.

## Roles and Responsibilities

A whole school approach is needed to support students with diabetes, where parents/guardians, students and school personnel must all understand and fulfill their responsibilities.

### Responsibilities of PARENTS/GUARDIANS

Parents/guardians are expected to be active participants in supporting the management of their child's medical condition while the child is at school. Parents/guardians should:

- Educate their child about their medical condition with support from their child's health care professional, as needed
- Guide and encourage their child to reach their full potential for self-management and self-advocacy
- Inform the school of their child's medical condition
- Complete Administration of Medication Verification Form and return it to school

- Provide the school with up-to-date emergency contact names and telephone numbers
- Provide the school with instructions and consent for administering medication
- Provide the school with sufficient quantities of medication and supplies in their original, clearly labelled containers, as directed by a health care professional and as outlined in the Medical Plan, and track the expiration dates if they are supplied
- Co-create and review with school staff at least annually, or when there is a change in the medical condition, the Medical Plan
- Communicate changes to the Medical Plan, such as changes to the status of their child's medical condition or changes to their child's ability to manage the medical condition to the principal or designate
- Confirm annually to the principal or designate that their child's medical status is unchanged
- Initiate and participate in regular meetings to review their child's Medical Plan
- Seek medical advice from a medical doctor, nurse practitioner, or pharmacist where appropriate.

### **Responsibilities of STUDENTS with Diabetes**

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

- Take responsibility for advocating for their personal safety and well-being
- Participate in the development of their Medical Plan
- Participate in meetings to review their Medical Plan
- Carry out daily or routine self-management of their medical condition to their full potential as described in their Medical Plan (e.g. carry their medication and medical supplies, including controlled substances, follow school board policies on disposal of medication and medical supplies)
- Set goals on an ongoing basis for self-management of their medical condition, in conjunction with their parents/guardians and health care professionals
- Communicate with their parents/guardians and school staff if they are facing challenges related to their medical condition at school
- Wear medical alert identification that they and/or their parents/guardians deem appropriate
- If possible, inform school staff and/or their peers if a medical incident or a medical emergency occurs
- Take as much responsibility as possible for avoiding causative agents.

### **Responsibilities of SCHOOL STAFF**

School staff will follow their school board's policies and provisions in their collective agreements

related to supporting students with prevalent medical conditions in schools. School staff should:

- Display a photo/poster in the classroom, with parental approval
- Review the contents of the Medical Plan for any student with whom they have direct contact
- Participate annually in training at school on prevalent medical conditions, or as required
- Share information on a student's signs and symptoms with other students if the parents/guardians give consent and the principal authorizes to do so as outlined in the Medical Plan
- Follow school board strategies that reduce the risk of student exposure to triggers or causative agents in classrooms, common school areas, and extracurricular activities, in accordance with the student's Medical Plan

- Support a student's daily or routine management, and respond to medical incidents and medical emergencies that occur during school as outlined in board policies and procedures
- Support inclusion by ensuring students with prevalent medical conditions are able to perform daily or routine management activities in a school location (i.e. classroom) as outlined in their Medical Plan while also maintaining confidentiality and dignity of the student
- Enable students with prevalent medical conditions to participate in school to their full potential, as outlined in their Medical Plan.

### **Responsibilities of the SCHOOL PRINCIPAL**

The school principal will assume all responsibilities of school staff and should:

- Clearly communicate to parents/guardians and appropriate staff the process for parents/guardians to notify the school of their child's medical condition, as well as the expectation for parents/guardians to co-create, review and update the Medical Plan with the principal or designate
- Co-create, review and update the Medical Plan with parent/guardian at a minimum at the following times
  - during the time of registration for new student
  - each year before the end of June for existing students
  - when a child is diagnosed and/or returns to school following a diagnosis
- Ensure that a Diabetes Verification Form has been completed in LITE
- Ensure that a Diabetes Medical Plan has been completed in LITE
- Ensure that parent/guardian has completed Administration of Medication Verification Form
- Ensure that an Administration of Medication Form is completed in LITE
- Maintain a file with the Medical Plan and supporting documentation for each student with a prevalent medical condition
- Provide relevant information from the student's Medical Plan to school staff and others who are identified in the Medical Plan (e.g. food service providers, transportation providers, volunteers and occasional staff who will be in direct contact with the student), including any revisions that are made to the plan
- Communicate with parents/guardians in medical emergencies, as outlined in the Medical Plan
- Encourage the identification of staff who can support the daily routine management of needs of students in the school with prevalent medical conditions, while honouring the provisions outlined within collective agreements

### **Responsibilities of the SCHOOL BOARD**

School boards are expected to communicate, on an annual basis, their policies on supporting students with prevalent medical conditions to parents, school board staff and others in the school community who are in direct contact with students (e.g. food service providers, transportation providers, volunteers). School boards will:

- Make policies and Medical Plan templates available on the public website
- Provide training and resources on prevalent medical conditions on an annual basis
- Develop strategies that reduce risk of student exposure to triggers or causative agents in classrooms and common areas
- Develop expectations for schools to support the safe storage and disposal of medication and medical supplies, and communicate these expectations to schools and support schools in the implementation of the expectations (e.g. provide schools with appropriate supplies to support safe disposal of medication and medical supplies)
- Develop expectations for schools to include a process and appropriate resources to support students with prevalent medical conditions in the event of a school emergency (e.g. bomb threat, evacuation, fire, "hold and secure", "lockdown")
- Communicate expectations that students are allowed to carry their medication and supplies to support the management of their medical condition, including controlled substances, as outlined in the Medical Plan

- Consider PPM161 – Support Children and Students with Prevalent Medical Conditions (Anaphylaxis, Asthma, Diabetes, and/or Epilepsy) in Schools and Policy SO30 – Management of Potentially Life-Threatening Health Conditions, Including Administration of Medication, in Schools when entering into contracts with transportation, food service and other providers.

## **Board Expectations for Providing Supports to Students with Diabetes in Order to Facilitate and Support Daily Routines and Management Activities at School**

Facilitating and supporting daily or routine management involves, but is not limited to, supporting inclusion by allowing students with prevalent medical conditions, including diabetes, to perform daily or routine management activities in a school location (e.g. within a classroom, gymnasium, library, school yard, on a school bus, at a field trip location), as outlined in the Medical Plan

## **Diabetes Management Training for School Staff**

All school staff will complete annual online health and safety training in diabetes management. Training will be completed with the first term or first semester of the current school year.

## **Emergency Response**

Even when precautions are taken, a diabetic student may experience hypoglycemia (low blood sugar) while at school. It is essential that the school develop a response protocol, and that all staff are aware of how to implement it. A Medical Plan will be developed for each diabetic child, in conjunction with the child's parent/guardian (and medical professional, if appropriate) and kept in a readily accessible location.

All staff will be made aware of the School Diabetes Emergency Response Plan (Appendix A).

## **Reporting**

Subject to relevant privacy legislation, Grand Erie will collect the following data:

- The number of students with prevalent medical conditions in schools
- The number of occurrences of medical incidents and medical emergencies
- The circumstances surrounding the occurrences of medical incidents and emergencies

Grand Erie will report to the Minister of Education, upon the implementation of PPM161 and upon request thereafter, the activities employed to achieve the expectations outlined in PPM161.

## APPENDIX A – School Diabetes Emergency Response Plan

### SIGNS AND SYMPTOMS of HYPOGLYCEMIA

Sweating	Trembling	Dizziness	Mood changes
Hunger	Headaches	Blurred Vision	Extreme tiredness/ paleness

**LOW BLOOD SUGAR IS READING UNDER 4  
WHEN IN DOUBT TREAT!!**

### WHAT TO DO

1. **SELECT ONE TREATMENT** (see student's treatment chart in their blood sugar testing kit), PROVIDED BY PARENT, FROM THE FOLLOWING:
  - 6 oz. (175 ml) of fruit juice/drink (junior juice box) **OR**
  - 2-3 tsp (10-15 ml) of sugar (3-4 packets) **OR**
  - 6 oz. (175 ml) of regular pop (not diet type) **OR**
  - 2-3 tsp (10 – 15 ml) of honey **OR**
  - 4 Dex 4 glucose tablets
  - OTHER \_\_\_\_\_
2. **INFORM PARENTS** that treatment has been given and child has responded / not responded
3. **WAIT 10-15 MINUTES; IF BLOOD SUGAR IS NOT**
  - 6-10 mmolL ages 0-6 years
  - 4-10 mmolL ages 6-12 years
  - 4-7 mmolL ages 13-18 years

REPEAT ABOVE TREATMENT
4. **DO NOT LEAVE THE STUDENT ALONE.**

If the student is unconscious, having a seizure or unable to swallow:

- ✓ DO NOT give food or drink
- ✓ Roll the student on his/her side
- ✓ Call 9-1-1

## APPENDIX B – Diabetes Verification Form Template (Page 1 of 3)



Grand Erie District School Board  
349 Erie Avenue, Brantford, Ontario N3T 5V3

DIABETIC PLAN OF CARE ALERT			
Student First Name	Student Last Name		
Student DOB	Student Gender		
TYPE 1 DIABETES SUPPORTS			
Names of trained individuals who will provide support with diabetes-related tasks: (e.g., designated staff or community care allies.)			
DAILY / ROUTINE TYPE 1 DIABETES MANAGEMENT			
Student is able to manage their diabetes care independently <b>and</b> does not require any special care from the school.		Yes	No
BLOOD GLUCOSE MONITORING			
ROUTINE	ACTION		
<input type="radio"/> Student requires trained individual to check BG / read meter.	Target Blood Glucose Range		
<input type="radio"/> Student needs supervision to check BG / read meter.	Time(s) to check BG:		
<input type="radio"/> Student can independently check BG / read meter.			
<input type="radio"/> Student has continuous glucose monitor (CGM).	Contact Parent(s) / Guardian(s) if BG is:		
NUTRITION BREAKS			
ROUTINE	ACTION		
<input type="radio"/> Student requires supervision during mealtimes to ensure completion.	Recommended time(s) for meals/snacks: <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <span style="border: 1px solid black; width: 60px; height: 20px;"></span> <span style="border: 1px solid black; width: 60px; height: 20px;"></span> <span style="border: 1px solid black; width: 60px; height: 20px;"></span> </div>		
<input type="radio"/> Student can independently manage his/her food intake.	Special instructions for meal days/special events: <div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 5px;"></div>		
INSULIN			
ROUTINE	ACTION		
Student takes insulin at school	Yes	No	Location of Insulin <div style="border: 1px solid black; width: 150px; height: 20px; display: inline-block;"></div>
Student takes insulin at school by:	Required times for insulin		
<input type="radio"/> Injection	<input type="radio"/> Before School: <div style="border: 1px solid black; width: 60px; height: 20px; display: inline-block;"></div>		
<input type="radio"/> Pump	<input type="radio"/> Morning Break: <div style="border: 1px solid black; width: 60px; height: 20px; display: inline-block;"></div>		
Insulin is given by:	<input type="radio"/> Lunch Break: <div style="border: 1px solid black; width: 60px; height: 20px; display: inline-block;"></div>		
	<input type="radio"/> Afternoon Break: <div style="border: 1px solid black; width: 60px; height: 20px; display: inline-block;"></div>		
	<input type="radio"/> Other (specify): <div style="border: 1px solid black; width: 60px; height: 20px; display: inline-block;"></div>		
<input type="radio"/> Student			
<input type="radio"/> Student with Supervision			
<input type="radio"/> Parent(s) / Guardian(s)			
<input type="radio"/> Trained Individual			

## APPENDIX B – Diabetes Verification Form Template (Page 2 of 3)



Grand Erie District School Board  
349 Erie Avenue, Brantford, Ontario N3T 5V3

DIABETIC PLAN OF CARE ALERT			
<b>Student First Name</b>	<b>Student Last Name</b>		
* All students with Type 1 Diabetes use insulin. Some students will require insulin during the school day, typically before meal / nutrition breaks.	Special Instructions for meal days / special events		
ACTIVITY PLAN			
ROUTINE	ACTION		
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 student's reach.	Please indicate what this student must do prior to physical activity to help prevent low blood sugar:  1. Before Activity <input style="width: 150px;" type="text"/> 2. During Activity <input style="width: 150px;" type="text"/> 3. After Activity <input style="width: 150px;" type="text"/>  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, etc.)		
DIABETES MANAGEMENT KIT			
ROUTINE	ACTION		
Parents must provide, maintain and refresh supplies. School must ensure this kit is accessible all times (e.g., field trips, fire drills, lockdowns, etc.) and advise parents when supplies are low.	Kits will be available in different locations but will include: <input type="radio"/> Blood Glucose meter, BG test strips and lancets <input type="radio"/> Insulin and insulin pen and supplies <input type="radio"/> Source of fast-acting sugar (e.g., juice, candy, glucose tabs) <input type="radio"/> Carbohydrate containing snacks <input type="radio"/> Other (please list)  Location(s) of kits: <input style="width: 200px;" type="text"/>		
EMERGENCY PROCEDURES HYPOGLYCEMIA - LOW BLOOD SUGAR (4 mmol/L or less) DO NOT LEAVE STUDENT UNATTENDED			
Usual symptoms of Hypoglycemia for my child are:			
<input type="radio"/> Shaky	<input type="radio"/> Irritable / Grouchy	<input type="radio"/> Dizzy	<input type="radio"/> Trembling
<input type="radio"/> Blurred Vision	<input type="radio"/> Headache	<input type="radio"/> Hungry	<input type="radio"/> Weak / Fatigue
<input type="radio"/> Pale	<input type="radio"/> Confused	<input type="radio"/> Other	
<b>Steps to take for MILD Hypoglycemia (student is responsive)</b>			
1. Check blood glucose, give <input style="width: 30px;" type="text"/> grams of fast acting carbohydrate (e.g., 1/2cup of juice, 15 skittles, etc.) 2. Recheck blood glucose in 15 minutes. 3. If still below 4 mmol/L repeat steps 1 and 2 until BG is above 4 mmol/L. Give a starchy snack if next meal /snack is more than one (1) hour away. 4. Other – specify			
<b>Steps to take for SEVERE Hypoglycemia (student is unresponsive)</b>			
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.			

## APPENDIX B – Diabetes Verification Form Template (Page 3 of 3)



Grand Erie District School Board  
349 Erie Avenue, Brantford, Ontario N3T 5V3

DIABETIC PLAN OF CARE ALERT			
Student First Name		Student Last Name	
HYPERGLYCEMIA - HIGH BLOOD SUGAR			
<b>Usual symptoms of Hyperglycemia for my child are:</b>			
<input type="radio"/> Extreme Thirst	<input type="radio"/> Frequent Urination	<input type="radio"/> Headache	<input type="radio"/> Hungry
<input type="radio"/> Abdominal Pain	<input type="radio"/> Irritability	<input type="radio"/> Other	
<b>Steps to take for <u>MILD</u> Hyperglycemia</b>			
1. Allow student free use of the bathroom. 2. Encourage student to drink water only. 3. Inform the parent(s) / guardian(s) if BG is above <span style="border: 1px solid black; padding: 0 5px;">###</span> 4. Other – specify			
<b>Symptoms of Severe Hyperglycemia (Notify parent(s) / guardian(s) immediately)</b>			
<input type="radio"/> Rapid, Shallow Breathing	<input type="radio"/> Vomiting	<input type="radio"/> Fruity Breath	<input type="radio"/> Other
<b>Steps to take for <u>SEVERE</u> Hyperglycemia</b>			
1. If possible, confirm hyperglycemia by testing blood glucose. 2. Contact parent(s) / guardian(s) or emergency contact.			
<b>Other individuals to be Contacted Regarding Plan of Care</b>			
<input type="radio"/> Before School Program		<input type="radio"/> Student Transportation (STSBHN)	
<input type="radio"/> After School Program		<input type="radio"/> Other	
<b>This plan remains in effect for the school year without change and will be reviewed on or before:</b>			
It is the parent(s) / guardian(s) / 18+ student responsibility to notify the principal if there is a need to change the Plan of Care during the school year.  I acknowledge that the information contained on this form may be shared with Grand Erie District School Board staff, volunteers, transportation providers in order to provide appropriate supports for my child. Depending on the nature / severity of the medical condition, I acknowledge that my child's information and photograph maybe made accessible to staff, volunteers and transportation providers in the form of a notice and / or poster. In the event of an emergency, I give permission for Grand Erie DSB to administer and EpiPen or other emergency measures deemed appropriate.			
<b>Parent / Guardian / +18 Student</b> <small>(Print Name Please)</small>	<b>Signature</b>	<b>Date</b>	
<b>+16 Student</b> <small>(Print Name Please)</small>	<b>Signature</b>	<b>Date</b>	
<b>School Principal</b> <small>(Print Name Please)</small>	<b>Signature</b>	<b>Date</b>	
Personal information contained on this form is collected under the authority of the Education Act, in accordance with the Municipal Freedom of Information and Protection of Privacy Act and will be used for the purposes of the education of students.			



## APPENDIX C – Diabetes Medical Plan Template (Page 1 of 5)

Grand Erie District School Board  
349 Erie Avenue, Brantford, Ontario N3T 5V3

Student Name	Student OEN	Board ID #	Grade
School	Family	DOB	Gender
<b>Additional Contact Information</b>			
Teachers			
Created by:	Date:	Last Edit by:	Date:
<b>EMERGENCY CONTACTS</b>			
Print Name	Relationship to Student	Daytime Phone #	Alternate Phone #
<b>PREVALENT MEDICAL CONDITIONS</b>			
POC Type	<input style="width: 400px; height: 20px;" type="text"/>	Plan Date	Status
<input type="radio"/> Anaphylaxis <input type="radio"/> Asthma <input type="radio"/> Diabetic <input type="radio"/> Epilepsy <input type="radio"/> Heart Condition <input type="radio"/> Other <input type="radio"/> Administration of Medication <input type="radio"/> Personal			e.g., draft, etc.



## APPENDIX C – Diabetes Medical Plan Template (Page 2 of 5)

Grand Erie District School Board  
349 Erie Avenue, Brantford, Ontario N3T 5V3

Student Name	Student OEN	Board ID #	Grade
School	Family	DOB	Gender
<b>Additional Contact Information</b>			
Teachers			
Created by:	Date:	Last Edit by:	Date:
<b>TYPE 1 DIABETES SUPPORTS</b>			
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:	<input style="width: 100%;" type="text"/>		
Any other medical conditions or allergy/ies?	<input style="width: 100%;" type="text"/>		
<b>DAILY/ROUTINE TYPE 1 DIABETES MANAGEMENT</b>			
Student is able to manage their diabetes care independently and does not require any special care from the school.			
<input type="radio"/> Yes <input type="radio"/> No			
<b>BLOOD GLUCOSE MONITORING</b>			
<b>ROUTINE</b>	<b>ACTION</b>		
<input type="radio"/> Student requires trained individual to check BG/read meter. <input type="radio"/> Student needs supervision to check BG/read meter <input type="radio"/> Student can independently check BG / read meter <input type="radio"/> Student has continuous glucose monitor (CGM)	Target Blood Glucose Range	<input style="width: 100%;" type="text"/>	
	Time(s) to check BG:	<input style="width: 100%;" type="text"/>	
	Contact Parent(s) / Guardian(s) if BG is:	<input style="width: 100%;" type="text"/>	
	Parent(s) / Guardian(s) Responsibilities	<input style="width: 100%;" type="text"/>	
	School Responsibilities	<input style="width: 100%;" type="text"/>	
	Student Responsibilities	<input style="width: 100%;" type="text"/>	
<b>NUTRITION BREAKS</b>			
<b>ROUTINE</b>	<b>ACTION</b>		
<input type="radio"/> Student requires supervision during mealtimes to ensure completion. <input type="radio"/> Student can independently manage his/her food intake.	Recommended time(s) for meals / snacks:	<input style="width: 100%;" type="text"/>	
		<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
	Parent(s) / Guardian(s) Responsibilities	<input style="width: 100%;" type="text"/>	
	School Responsibilities	<input style="width: 100%;" type="text"/>	
	Student Responsibilities	<input style="width: 100%;" type="text"/>	



## APPENDIX C – Diabetes Medical Plan Template (Page 3 of 5)

Grand Erie District School Board  
349 Erie Avenue, Brantford, Ontario N3T 5V3

<b>Student First Name</b>	<b>Student Last Name</b>
<b>INSULIN</b>	
<b>ROUTINE</b>	<b>ACTION</b>
<p><b>Student takes insulin at school</b></p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><b>Student takes insulin at school by:</b></p> <p><input type="radio"/> Injection</p> <p><input type="radio"/> Pump</p> <p><b>Insulin is given by</b></p> <p><input type="radio"/> Student</p> <p><input type="radio"/> Student with Supervision</p> <p><input type="radio"/> Parent(s) / Guardian(s)</p> <p><input type="radio"/> Trained Individual</p> <p><small>* All students with Type 1 diabetes use insulin. Some students will require insulin during the school day, typically before meal / nutrition breaks.</small></p>	<p><b>Location of Insulin:</b></p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p><b>Required times for insulin:</b></p> <p><input type="radio"/> Before School</p> <p><input type="radio"/> Morning Break</p> <p><input type="radio"/> Lunch Break</p> <p><input type="radio"/> Afternoon Breaks</p> <p><input type="radio"/> Other (Specify):</p> <p>Parent(s) / Guardian(s) Responsibilities <div style="border: 1px solid black; width: 100%; height: 20px;"></div></p> <p>School Responsibilities <div style="border: 1px solid black; width: 100%; height: 20px;"></div></p> <p>Student Responsibilities <div style="border: 1px solid black; width: 100%; height: 20px;"></div></p>
<b>ACTIVITY PLAN</b>	
<b>ROUTINE</b>	<b>ACTION</b>
<p>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 student's reach.</p>	<p>Please indicate what this student must do prior to physical activity to help prevent low blood sugar.</p> <p>1. Before activity <div style="border: 1px solid black; width: 100%; height: 20px;"></div></p> <p>2. During activity <div style="border: 1px solid black; width: 100%; height: 20px;"></div></p> <p>3. After activity <div style="border: 1px solid black; width: 100%; height: 20px;"></div></p> <p>Parent(s) / Guardian(s) Responsibilities <div style="border: 1px solid black; width: 100%; height: 20px;"></div></p> <p>School Responsibilities <div style="border: 1px solid black; width: 100%; height: 20px;"></div></p> <p>Student Responsibilities <div style="border: 1px solid black; width: 100%; height: 20px;"></div></p> <p><small>For special events, notify parent(s) / guardians(s) in advance so that appropriate adjustments or arrangements can be made. (e.g. extracurricular, Terry Fox Run, etc.).</small></p>
<b>DIABETES MANAGEMENT KIT</b>	
<b>ROUTINE</b>	<b>ACTION</b>
<p>Parents must provide, maintain and refresh supplies. School must ensure this kit is accessible all times (e.g., field trips, fire drills, lockdowns, etc.) and advise parents when supplies are low.</p>	<p>Kits will be available in different locations but will include:</p> <ul style="list-style-type: none"> <li>Blood Glucose meter, BG test strips and lancets</li> <li>Insulin and insulin pen and supplies</li> <li>Source of fast-acting sugar (e.g., juice, candy, glucose tabs)</li> <li>Carbohydrate containing snacks</li> <li>Other (please list)</li> </ul> <p>Location(s) of kits: <div style="border: 1px solid black; width: 100%; height: 20px;"></div></p>



## APPENDIX C – Diabetes Medical Plan Template (Page 4 of 5)

Grand Erie District School Board  
349 Erie Avenue, Brantford, Ontario N3T 5V3

<b>Student First Name</b>		<b>Student Last Name</b>	
<b>SPECIAL NEEDS</b>			
<b>ROUTINE</b>		<b>ACTION</b>	
A student with special considerations may require more assistance than outlined in this plan.		Comments:	
<b>EMERGENCY PROCEDURES</b>			
<b>HYPOGLYCEMIA – LOW blood glucose</b> <b>(4 mmol/L or less)</b>  <b>DO NOT LEAVE STUDENT UNATTENDED</b>			
<b>Usual symptoms of Hypoglycemia for my child are:</b>			
<input type="radio"/> Shaky	<input type="radio"/> Irritable / Grouchy	<input type="radio"/> Dizzy	<input type="radio"/> Trembling
<input type="radio"/> Blurred Vision	<input type="radio"/> Headache	<input type="radio"/> Hungry	<input type="radio"/> Weak / Fatigue
<input type="radio"/> Pale	<input type="radio"/> Confused	<input type="radio"/> Other	
<b>Steps to take for MILD Hypoglycemia (student is responsive)</b>			
1. Check blood glucose, give [###] grams of fast acting carbohydrate (e.g., 1/2cup of juice, 15 skittles, etc.) 2. Recheck blood glucose in 15 minutes. 3. If still below 4 mmol/L repeat steps 1 and 2 until BG is above 4 mmol/L. Give a starchy snack if next meal /snack is more than one (1) hour away. 4. Other – specify			
<b>Steps to take for SEVERE Hypoglycemia (student is unresponsive)</b>			
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.			
<b>HYPERGLYCEMIA – HIGH BLOOD GLUCOSE</b>  <b>(14 mmol/L OR ABOVE)</b>			
<b>Usual symptoms of Hyperglycemia for my child are:</b>			
<input type="radio"/> Extreme Thirst	<input type="radio"/> Frequent Urination	<input type="radio"/> Headache	<input type="radio"/> Hungry
<input type="radio"/> Abdominal Pain	<input type="radio"/> Irritability	<input type="radio"/> Other	
<b>Steps to take for MILD Hyperglycemia</b>			
1. Allow student free use of the bathroom. 2. Encourage student to drink water only. 3. Inform the parent(s) / guardian(s) if BG is above [###] 4. Other – specify			
<b>Symptoms of Severe Hyperglycemia (Notify parent(s) / guardian(s) immediately)</b>			
<input type="radio"/> Rapid, Shallow Breathing	<input type="radio"/> Vomiting	<input type="radio"/> Fruity Breath	<input type="radio"/> Other
<b>Steps to take for SEVERE Hyperglycemia</b>			
1. If possible, confirm hyperglycemia by testing blood glucose. 2. Contact parent(s) / guardian(s) or emergency contact.			



## APPENDIX C – Diabetes Medical Plan Template (Page 5 of 5)

Grand Erie District School Board  
349 Erie Avenue, Brantford, Ontario N3T 5V3

<b>Student First Name</b>		<b>Student Last Name</b>	
<b>AUTHORIZATION / PLAN REVIEW</b>			
<b>STAFF MEMBERS WITH WHOM THIS PLAN OF CARE IS TO BE SHARED</b>		<b>OTHER INDIVIDUALS WITH WHOM THIS PLAN OF CARE IS TO BE SHARED</b>	
Name (print please)	Position /Relation to Student	Name (print please)	Position/Relation to Student
<b>Other individuals to be Contacted Regarding Plan of Care</b>			
Before School Program	<input type="radio"/> Yes	<input type="radio"/> No	Student Transportation <input type="radio"/> Yes <input type="radio"/> No
After School Program	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Other
<b>This plan remains in effect for the school year without change and will be reviewed on or before:</b>			
It is the parent(s) /guardian(s) 18+ student responsibility to notify the principal if there is a need to change the Plan of Care during the school year.			
I acknowledge that the information contained on this form may be shared with Grand Erie District School Board staff, volunteers, transportation providers in order to provide appropriate supports for my child/me. Depending on the nature / severity of the medical condition, I acknowledge that my child’s information and photograph may be made accessible to staff, volunteers and transportation providers in the form of a notice and / or poster. In the event of an emergency, I give permission for Grand Erie DSB to administer an EpiPen or other emergency measures deemed appropriate.			
<b>Parent/Guardian/+18 Student</b> <small>(Print Name Please)</small>	<b>Signature</b>	<b>Date</b>	
<b>+16 Student</b> <small>(Print Name Please)</small>	<b>Signature</b>	<b>Date</b>	
<b>School Principal</b> <small>(Print Name Please)</small>	<b>Signature</b>	<b>Date</b>	
Personal information contained on this form is collected under the authority of the Education Act, in accordance with the Municipal Freedom of Information and Protection of Privacy Act and will be used for the purposes of the education of students.			





## APPENDIX E – Administration of Medication Form (Page 1 of 1)

Grand Erie District School Board  
349 Erie Avenue, Brantford, Ontario N3T 5V3

Student Name		Student OEN		Board ID #		Grade	
School			Family		DOB		Gender
Created by:		Date:	Last Edit by:			Date:	
MEDICATION INFORMATION: TO BE FILLED IN BY PARENT/GUARDIAN							
Name of Dispensing Pharmacy				Phone			
Pharmacy Address							
Name of Physician							
Physician Address				Phone			
MEDICATION INFORMATION: TO BE FILLED IN BY PARENT/GUARDIAN							
Reason for Medication							
Medication Prescribed	Dosage	Time of Administration	Possible Side Effects (If any)			Duration of Continuing Medication	
Parent/Guardian/+18 Student <small>(Print Name Please)</small>		Signature				Date	

## APPENDIX F – 9-1-1 Diabetes Script Protocol

## TO BE POSTED BY TELEPHONE

1. This is \_\_\_\_\_ School.  
Address is: \_\_\_\_\_  
Nearest Major Intersection is: \_\_\_\_\_  
Telephone Number is: \_\_\_\_\_
2. We have a student who is having a diabetic emergency. We have administered (sugar, juice, pop, etc.). There has been no improvement in their condition. We need an ambulance IMMEDIATELY.
3. The closest entrance for the ambulance is on:  
\_\_\_\_\_ Ave. / Road / Street.
4. A staff member will be outside the school entrance to provide direction.
5. Do you need any more information?
6. How long will it take you to get here?
7. Call parent / guardian / emergency contact.

## APPENDIX G – Sample Protocol Letter to Parents/Guardians

### On School Letterhead

Date:

Dear Parents/Guardians:

#### RE: SCHOOL PROTOCOL FOR DIABETES TREATMENT

To be prepared for your child's diabetic needs and in case of low blood glucose during the school day, please refer to the attached information and forms.

#### *Administration of Medication Form*

Please read through this form and complete the appropriate sections. Return the form to your child's school principal prior to your child's start of school.

#### *Medical Plan for School/Transportation - Diabetes*

Every child must have an up-to-date Medical Plan. Please work with school staff members to complete the form.

The Medical Plan will be placed in the teacher's day book and supply teacher book. The Form will also be posted in the staff room, health room and other appropriate locations throughout the school.

#### *Parent/Guardian Responsibilities*

Please review your responsibilities. If you have any questions, please contact the school principal.

#### *Student Responsibilities*

Please review the contents with your child.

\*\* Please call the school to arrange a meeting with myself, and a Pediatric Diabetes Educator that you currently work with and your child's classroom teacher prior to your child beginning school. Working together, we endeavor to provide the safest possible learning environment for your child.

Sincerely,

\_\_\_\_\_  
(Signature)

\_\_\_\_\_, School Principal.  
(Print Name)

## APPENDIX H – Steps to Identify a Diabetic Student in the Student Information Systems

### Setting the Critical Medical Condition Symbol in Power School

1. Start Page
2. Select Student
3. Select Either Registration Form OR Emergency Contact / Medical

<b>Anaphylactic Shock Condition Alert</b>	( )
<b>Critical Medical Condition Alert</b>	( )
<b>Student has suffered a concussion and is on a Return to Learn/Return to Physical Activity plan</b>	( )
<b>Critical Medical Notes</b>	
<b>Other Medical Notes</b>	

4. Check “Critical Medical Condition Alert”
5. Check “Student has suffered a concussion...”, if applicable.
6. Enter student’s medical / health information in the “Critical Medical Notes” field (Note: information **must** be in this field to generate the alert symbol).
7. Click Submit.
8. A Critical Medical Alert symbol  will appear next to student’s name.
9. A Concussion Alert symbol  will appear next to the student’s name if this field was indicated as applicable.

Entering information in the “Other Medical Notes” field for non-life-threatening conditions will not generate the Critical Medical Condition Alert.

For more information, refer to Section 6.09 of the Power School OnSIS Instruction Manual:

<http://geportal.granderie.ca/linksandresources/powerschoolmanual/Pages/default.aspx>

## APPENDIX I – Application for School Services

### 1. Application for School Health Support Services (SHSS)

[School Health Support Services - Nursing](#)

### 2. Application for School Based Rehabilitation Services (SBRS)

[School Based Rehabilitation Plans - Occupational and Physical Therapy](#)

[School Based Rehabilitation Services - Speech Therapy](#)



# Medical Plan Epilepsy and Seizure Disorder Manual

April 2020

## Table of Contents

Policy SO30 – Management of Potentially Life-Threatening Health Conditions, Including Administration of Medication, in Schools .....	3
Evidence-Based Resources .....	3
Epilepsy and Seizure Disorder – What is It? .....	3
First Aid .....	3
Liability .....	4
Privacy and Confidentiality .....	4
Avoidance .....	4
Steps to Prevention.....	5
Roles and Responsibilities .....	5
Responsibilities of PARENTS/GUARDIANS .....	5
Responsibilities of STUDENTS with Epilepsy or Seizure Disorder.....	6
Responsibilities of SCHOOL STAFF .....	6
Responsibilities of the SCHOOL PRINCIPAL .....	7
Responsibilities of the SCHOOL BOARD .....	7
Board Expectations for Providing Supports to Students with Diabetes in Order to Facilitate and Support Daily Routines and Management Activities at School .....	8
Epilepsy and Seizure Disorder Management Training for School Staff.....	8
Emergency Response.....	8
Reporting.....	8

## Appendices

APPENDIX A – School Seizure Disorder Emergency Response Plan.....	9
APPENDIX B – Seizure Disorder Incident Recording Form .....	10
APPENDIX C – Epilepsy Verification Form Template.....	11
APPENDIX D – Epilepsy Medical Plan Template.....	13
APPENDIX E – Administration of Medication Verification Form .....	16
APPENDIX F – Administration of Medication Form .....	17
APPENDIX G – 9-1-1 Seizure Disorder Incident Script Protocol .....	18
APPENDIX H – Sample Letter to Parents/Guardians .....	19
APPENDIX I – Steps to Identify a Seizure Disorder Student in the Student Information Systems .....	20

## Policy SO30 – Management of Potentially Life-Threatening Health Conditions, Including Administration of Medication, in Schools

In Grand Erie, Policy SO30- Management of Potentially Life-Threatening Health Conditions, Including Administration of Medication, in Schools provides direction to staff of how to support students with the management of anaphylaxis, asthma, diabetes and/or seizure disorder at school. The policy is accompanied by Medical Plans for each prevalent medical condition.

### Evidence-Based Resources

Evidence-based resources that provide information on various aspects of these prevalent medical conditions, including triggers or causative agents and signs and symptoms characteristic of medical incidents and medical emergencies can be found at the following links:

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

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

### Epilepsy and Seizure Disorder – What is It?

Epilepsy is also known as a seizure disorder. The terms are used interchangeably. Epilepsy is not a disease but a common neurological disorder. Anyone can develop a seizure disorder at any time without a known cause. Most often diagnosed in children and in seniors, the seizure disorder affects each person differently. Epilepsy results from sudden bursts of hyperactivity in the brain; this causes “seizures” which vary in form, strength, and frequency, depending on where in the brain abnormal activity is found. Epilepsy is the diagnosis and seizures are the symptom. If a person has two or more seizures that are not related to another condition, that person will be diagnosed as having epilepsy.

#### Epilepsy facts

- Each year 15,500 Canadians are diagnosed as having epilepsy.
- Epilepsy affects over 300,000 Canadians and approximately 1 in 100 Canadian students.
- Seizures can range from a prolonged stare in which the student is fully aware, to a loss of awareness, physical convulsions, or the student’s whole body becoming stiff.

While surgery is sometimes an option, the most common way of managing epilepsy is single or multiple drug therapies.

### First Aid

In general, if someone is having a seizure:

#### STAY CALM

- Seizures usually end on their own within seconds or a few minutes

#### CREATE A SAFE SPACE

- Move sharp objects out of the way
- If the person falls, place something soft under their head and roll them on their side as the seizure subsides
- If the person wanders, stay by their side and gently steer them away from danger

#### TIME IT

- Note the time the seizure begins and ends

**CALL 911 IF:**

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

**PROVIDE REASSURANCE**

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

**DO NOT...**

- Restrain the person
- Put anything in their mouth

Click below for more information about seizure first aid which explains what to do for different types of seizures.

<http://epilepsyontario.org/wp-content/uploads/2012/06/Epilepsy-Seizures-First-Aid.pdf>

<http://epilepsyontario.org/about-epilepsy/first-aid/>

## Liability

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

- 2.(1) Despite the rules of common law, a person described in subsection (2) who voluntarily and without reasonable expectation of compensation or reward provides the services described in that subsections is not liable for damages that result from the person's negligence in acting or failing to act while providing the services, unless it is established that the damages were caused by the gross negligence of the person.
- (2) Subsection (1) applies to,  
...(b) an individual...who provides emergency first aid assistance to a person who is ill, injured or unconscious as a result of an accident or other emergency, if the individual provides the assistance at the immediate scene of the accident or emergency.

## Privacy and Confidentiality

Parent/guardian consent will be obtained prior to the sharing of student health information with school staff or other students. Parents and school staff will be informed of the measures to protect the confidentiality of students' medical records and information.

## Avoidance

Grand Erie's goal is to provide a safe environment for children with epilepsy and seizure disorder, **but it is not possible to reduce the risk to zero.**

School procedures are designed to be flexible enough to allow schools and classrooms to adapt to the needs of individual children and the circumstances which trigger seizures, as well as the organizational and physical environment in different schools.

All recommendations should be considered in the context of the child's age and developmental and cognitive maturity. As children mature, they should be expected to take increasing personal responsibility for the management of their prevalent medical condition.

## Steps to Prevention

The school principal/designate shall take steps to protect students with epilepsy and seizure disorder by enlisting the support of School Health Support Services if appropriate and with parent/guardian consent.

### Application for School Health Support Services

<https://staff.granderie.ca/index.php/programs/special-educa/new-school-health-support-services-lhin>

The principal may also;

- Know the triggers to the student's seizure activity as outlined in the Medical Plan
- Know the signs and symptoms of the student's seizure, as outlined in the Medical Plan
- With parent/guardian consent, inform the students, parents/guardians and school community about the nature of epilepsy and seizure disorder
- Provide a comprehensive awareness workshop for students in the class of the student who has epilepsy or seizure disorder;
- Communicate general information about epilepsy and seizure disorder to student/staff and parents/guardians on a yearly basis;
- Share the schools Epilepsy and Seizure Disorder Emergency Response Plan with all persons who may be in regular contact with students at risk;
- If possible and applicable, ensure that the student at risk has their medication with them, or it is stored in an easily accessible location
- If applicable, ensure that the student has their medication with them for fire drills, lock downs, hold and secures, shelter in place and bomb threats, or there is one readily available
- Ensuring that when a student with a seizure disorder is involved in an out-of-school learning experience, the student has seizure disorder medication on her/his person and that the supervising teacher has a cell phone to be used in emergency situations.
- Document the strategies which are adopted by the school to protect the student with epilepsy or seizure disorder in the Medical Plan

## Roles and Responsibilities

A whole school approach is needed to support students with epilepsy or seizure disorder, where parents/guardians, students and school personnel must all understand and fulfill their responsibilities.

### Responsibilities of PARENTS/GUARDIANS

Parents/guardians are expected to be active participants in supporting the management of their child's medical condition while the child is at school. Parents/guardians should:

- Educate their child about their medical condition with support from their child's health care professional, as needed
- Guide and encourage their child to reach their full potential for self-management and self-advocacy
- Inform the school of their child's medical condition
- Complete Administration of Medication Verification Form and return it to school
- Provide the school with up-to-date emergency contact names and telephone numbers
- Provide the school with instructions and consent for administering medication
- Provide the school with sufficient quantities of medication and supplies in their original, clearly labelled containers, as directed by a health care professional and as outlined in the Medical Plan, and track the expiration dates if they are supplied
- Co-create and review with school staff at least annually, or when there is a change in the

medical condition, the Medical Plan

- Communicate changes to the Medical Plan, such as changes to the status of their child's medical condition or changes to their child's ability to manage the medical condition to the principal or designate
- Confirm annually to the principal or designate that their child's medical status is unchanged
- Initiate and participate in annual meetings to review their child's Medical Plan
- Seek medical advice from a medical doctor, nurse practitioner, or pharmacist where appropriate

### **Responsibilities of STUDENTS with Epilepsy or Seizure Disorder**

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

- Take responsibility for advocating for their personal safety and well-being
- Participate in the development of their Medical Plan
- Participate in meetings to review their Medical Plan
- Carry out daily or routine self-management of their medical condition to their full potential as described in their Medical Plan (e.g. carry their medication and medical supplies, including controlled substances, follow school board policies on disposal of medication and medical supplies)
- Set goals on an ongoing basis for self-management of their medical condition, in conjunction with their parents/guardians and health care professionals
- Communicate with their parents/guardians and school staff if they are facing challenges related to their medical condition at school
- Wear medical alert identification that they and/or their parents/guardians deem appropriate
- If possible, inform school staff and/or their peers if a medical incident or a medical emergency occurs
- Take as much responsibility as possible for avoiding causative agents

### **Responsibilities of SCHOOL STAFF**

School staff will follow their school board's policies and provisions in their collective agreements related to supporting students with prevalent medical conditions in schools. School staff should:

- Display a photo/poster in the classroom, with parental approval
- Review the contents of the Medical Plan for any student with whom they have direct contact
- Participate annually in training at school on prevalent medical conditions, or as required
- Share information on a student's signs and symptoms with other students if the parents/guardians give consent and the principal authorizes to do so as outlined in the Medical Plan
- Follow school board strategies that reduce the risk of student exposure to triggers or causative agents in classrooms, common school areas, and extracurricular activities, in accordance with the student's Medical Plan
- Support a student's daily or routine management, and respond to medical incidents and medical emergencies that occur during school as outlined in board policies and procedures
- Support inclusion by ensuring students with prevalent medical conditions are able to perform daily or routine management activities in a school location (i.e. classroom) as outlined in their Medical Plan while also maintaining confidentiality and dignity of the student
- Enable students with prevalent medical conditions to participate in school to their full

potential, as outlined in their Medical Plan

### **Responsibilities of the SCHOOL PRINCIPAL**

The school principal will assume all responsibilities of school staff and should:

- Clearly communicate to parents/guardians and appropriate staff the process for parents/guardians to notify the school of their child's medical condition, as well as the expectation for parents/guardians to co-create, review and update the Medical Plan with the principal or designate
- Co-create, review and update the Medical Plan with parent/guardian at a minimum at the following times
  - during the time of registration for new students
  - each year before the end of June for existing students
  - when a child is diagnosed and/or returns to school following a diagnosis
- Ensure that an Epilepsy Verification Form has been completed in LITE
- Ensure that an Epilepsy Medical Plan has been completed in LITE
- Ensure that parent/guardian has completed Administration of Medication Verification Form
- Ensure that an Administration of Medication Form has been completed in LITE
- Maintain a file with the Medical Plan and supporting documentation for each student with a prevalent medical condition
- Provide relevant information from the student's Medical Plan to school staff and others who are identified in the Medical Plan (e.g. food service providers, transportation providers, volunteers and occasional staff who will be in direct contact with the student), including any revisions that are made to the plan
- Communicate with parents/guardians in medical emergencies, as outlined in the Medical Plan
- Encourage the identification of staff who can support the daily routine management of needs of students in the school with prevalent medical conditions, while honouring the provisions outlined within collective agreements

### **Responsibilities of the SCHOOL BOARD**

School boards are expected to communicate, on an annual basis, their policies on supporting students with prevalent medical conditions to parents, school board staff and others in the school community who are in direct contact with students (e.g. food service providers, transportation providers, volunteers). School boards will:

- Make policies and Medical Plan templates available on the public website
- Provide training and resources on prevalent medical conditions on an annual basis
- Develop strategies that reduce risk of student exposure to triggers or causative agents in classrooms and common areas
- Develop expectations for schools to support the safe storage and disposal of medication and medical supplies, and communicate these expectations to schools and support schools in the implementation of the expectations (e.g. provide schools with appropriate supplies to support safe disposal of medication and medical supplies)
- Develop expectations for schools to include a process and appropriate resources to support students with prevalent medical conditions in the event of a school emergency (e.g. bomb threat, evacuation, fire, "hold and secure", "lockdown")
- Communicate expectations that students will carry their medication and supplies to support the management of their medical condition, including controlled substances, as outlined in the Medical Plan
- Consider PPM161 – Support Children and Students with Prevalent Medical Conditions (Anaphylaxis, Asthma, Diabetes, and/or Epilepsy) in Schools and Policy SO30 – Management of Potentially Life-Threatening Health Conditions, Including Administration

of Medication, in Schools when entering into contracts with transportation, food service and other providers

## **Board Expectations for Providing Supports to Students with Diabetes in Order to Facilitate and Support Daily Routines and Management Activities at School**

Facilitating and supporting daily or routine management involves, but is not limited to, supporting inclusion by allowing students with prevalent medical conditions, including epilepsy and seizure disorder, to perform daily or routine management activities in a school location (e.g. within a classroom, gymnasium, library, school yard, on a school bus, at a field trip location), as outlined in the Medical Plan

## **Epilepsy and Seizure Disorder Management Training for School Staff**

All school staff will complete annual online health and safety training in epilepsy and seizure disorder management. Training will be completed within the first term or semester of the current school year.

## **Emergency Response**

Even when precautions are taken, a student with epilepsy or seizure disorder may experience a seizure while at school. It is essential that the school develop a response protocol, and that all staff are aware of how to implement it. A Medical Plan will be developed for each child with epilepsy or seizure disorder, in conjunction with the child's parent/guardian (and medical professional, if appropriate) and kept in a readily accessible location.

All staff will be made aware of the School Epilepsy/Seizure Disorder Emergency Response Plan (Appendix A).

## **Reporting**

Subject to relevant privacy legislation, Grand Erie will collect the following data:

- The number of students with prevalent medical conditions in schools
- The number of occurrences of medical incidents and medical emergencies
- The circumstances surrounding the occurrences of medical incidents and emergencies

Grand Erie will report to the Minister of Education, upon the implementation of PPM161 and upon request thereafter, the activities employed to achieve the expectations outlined in PPM161.

## APPENDIX A – School Seizure Disorder Emergency Response Plan

In the case of an emergency related to epilepsy, school staff should refer to the child's Medical Plan. When an epileptic event is happening, it is important to stay calm and support the individual having the seizure. If the student has a diagnosed seizure disorder, it is not essential to call 9-1-1 if they have a seizure unless this directive is included in their Medical Plan; however, if the seizure lasts more than 5 minutes, or repeats without full recovery, seek medical assistance immediately. If you witness a student having a seizure, do not restrain the child, but try to move sharp and cornered objects away in order to prevent injury, and let the seizure run its course. In all emergency situations:

1. Stay calm.
2. Dial 9-1-1.
3. Inform the student's emergency contact, as outlined in their Medical Plan.

### STEPS IN MANAGING AN INDIVIDUAL EXPERIENCING A SEIZURE:

**KEEP CALM. STAY WITH THE PERSON.**

**RECORD TIME SEIZURE BEGINS ON THE SEIZURE INCIDENT RECORD FORM.**

**DO NOT RESTRAIN OR INTERFERE WITH THE PERSON'S MOVEMENTS**

**PROTECT FROM FURTHER INJURY WHERE POSSIBLE, MOVE HARD OR SHARP OBJECTS AWAY.**

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

**ROLL THE PERSON TO THEIR SIDE AS SOON AS POSSIBLE:**

**RECORD THE EPISODE ON THE SEIZURE DISORDER INCIDENT RECORDING FORM.**

**CONTACT THE PARENT/GUARDIAN AS SOON AS POSSIBLE.**

**CALL 9-1-1- IF APPROPRIATE**

### AFTER ALL TYPES OF SEIZURES:

- Comfort and reassure the person.
- Stay with them until they become re-oriented.
- Follow protocol outlined in the Medical Plan



## APPENDIX C – Epilepsy Verification Form Template (Page 1 of 2)



**Grand Erie District School Board**  
349 Erie Avenue, Brantford, Ontario N3T 5V3

Last Name, First Name  
Epilepsy Plan of Care Alert

Epilepsy Plan of Care Alert - Draft

---

**KNOWN SEIZURE TRIGGERS**  
CHECK ALL THOSE THAT APPLY

<input type="checkbox"/> Stress	<input type="checkbox"/> Menstrual Cycle	<input type="checkbox"/> Inactivity
<input type="checkbox"/> Changes In Diet	<input type="checkbox"/> Lack of Sleep	<input type="checkbox"/> Electronic Stimulation (TV, Videos, Florescent Lights)
<input type="checkbox"/> Illness	<input type="checkbox"/> Improper Medication Balance	<input type="checkbox"/> Change in Weather
<input type="checkbox"/> Other <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px; vertical-align: middle;"></span>		

Any Other Medical Condition Or Allergy?

---

**DAILY/ROUTINE EPILEPSY MANAGEMENT**

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

---

**SEIZURE MANAGEMENT**

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

Seizure Type (Circle One)	Actions to take during Seizure	Frequency of seizure activity	Typical seizure duration
tonic-clonic   absence simple partial   complex partial atonic   myoclonic infantile   spasms other			
tonic-clonic   absence simple partial   complex partial atonic   myoclonic infantile   spasms other			

APPENDIX C: Epilepsy Verification Form Template  
(Page 2 of 2)



**Grand Erie District School Board**  
349 Erie Avenue, Brantford, Ontario N3T 5V3

Last Name, First Name  
Epilepsy Plan of Care Alert

**Other Individuals To Be Contacted Regarding Plan Of Care:**

Before-School Program Yes  No   Transported by GEDSB

After-School Program Yes  No   Other:

---

This plan remains in effect for the school year without change and will be reviewed on or before: .

It is the parent(s)/guardian(s)/student 18+ responsibility to notify the principal if there is a need to change the Plan of Care during the school year.

I acknowledge that the information contained on the this form may be shared with Grand Erie District School Board staff, volunteers, transportation providers in order to provide appropriate supports for my child. Depending on the nature/severity of the medical condition, I acknowledge that my child's information and photograph may be made accessible to staff, volunteers and transportation providers in the form of a notice and/or poster. In the event of an emergency, I give permissions for GEDSB to administer an EpiPen or other emergency measures deemed appropriate.

Parent(s)/Guardian(s)/Student 18+:	_____	_____
	Signature	Date
Student Over 16:	_____	_____
	Signature	Date
Principal:	_____	_____
	Signature	Date

Personal information contained on this form is collected under the authority of the Education Act, in accordance with the Municipal Freedom of Information and Protection of Privacy Act, and will be used for the purposes of the education of students.

## APPENDIX D – Epilepsy Medical Plan Template (Page 1 of 3)



Last Name, First Name

**Grand Erie District School Board**  
349 Erie Avenue, Brantford, Ontario N3T 5V3

Health Management Plan			
<b>Name</b>	<b>OEN</b>	<b>Board Id #</b>	<b>Grade</b>
<b>School</b>	<b>Family</b>	<b>DOB</b>	<b>Gender</b>
<b>Additional Contact Information</b>			
<b>Teachers:</b>			
<b>Created By:</b>	<b>on:</b>	<b>Last Edit by</b>	<b>on:</b>
<b>Emergency Contacts</b>			
<b>Name</b>	<b>Relationship</b>	<b>Daytime Phone</b>	<b>Alt. Phone</b>
<b>Prevalent Medical Conditions</b>			<div style="border: 1px solid black; width: 100px; height: 80px; margin: 0 auto;">Picture</div>
<b>POC Type</b>	<b>Plan Date</b>	<b>Status</b>	
		Draft	
<input checked="" type="checkbox"/> Epilepsy			

APPENDIX D – Epilepsy Medical Plan Template  
(Page 2 of 3)



**Grand Erie District School Board**  
349 Erie Avenue, Brantford, Ontario N3T 5V3

Last Name, First Name  
Epilepsy Plan of Care Alert

**Epilepsy Plan of Care Alert - Draft**

<b>Name</b>	<b>OEN</b>	<b>Board Id #</b>	<b>Grade</b>
<b>School</b>	<b>Family</b>	<b>DOB</b>	<b>Gender</b>
<b>Additional Contact Information</b>			
<b>Created By:</b>	on:	<b>Last Edit by</b>	on:
		<b>Status:</b> Draft	<b>Finalized on:</b>

---

**KNOWN SEIZURE TRIGGERS**  
CHECK ALL THOSE THAT APPLY

<input type="checkbox"/> Stress	<input type="checkbox"/> Menstrual Cycle	<input type="checkbox"/> Inactivity
<input type="checkbox"/> Changes In Diet	<input type="checkbox"/> Lack of Sleep	<input type="checkbox"/> Electronic Stimulation (TV, Videos, Florescent Lights)
<input type="checkbox"/> Illness	<input type="checkbox"/> Improper Medication Balance	<input type="checkbox"/> Change in Weather
<input type="checkbox"/> Other _____		

Any Other Medical Condition Or Allergy?

---

**DAILY/ROUTINE EPILEPSY MANAGEMENT**

DESCRIPTION OF SEIZURE (NON-CONVULSIVE)	ACTION
<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>
DESCRIPTION OF SEIZURE (CONVULSIVE)	ACTION
<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>

---

**SEIZURE MANAGEMENT**

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

Seizure Type	Actions to take during Seizure	Frequency of seizure activity	Typical seizure duration
<input style="width: 100%; height: 100%;" type="text"/>			

APPENDIX D – Epilepsy Medical Plan Template  
(Page 3 of 3)



**Grand Erie District School Board**  
349 Erie Avenue, Brantford, Ontario N3T 5V3

Last Name, First Name  
Epilepsy Plan of Care Alert

AUTHORIZATION/PLAN REVIEW		
STAFF MEMBERS WITH WHOM THIS PLAN OF CARE IS TO BE SHARED	OTHER INDIVIDUALS WITH WHOM THIS PLAN OF CARE IS TO BE SHARED	
<p><b>Other Individuals To Be Contacted Regarding Plan Of Care:</b></p> <p>Before-School Program Yes <input type="radio"/> No <input type="radio"/> _____ Transported by GEDSB _____</p> <p>After-School Program Yes <input type="radio"/> No <input type="radio"/> _____ Other: _____</p>		
<p>This plan remains in effect for the school year without change and will be reviewed on or before: .</p> <p>It is the parent(s)/guardian(s)/student 18+ responsibility to notify the principal if there is a need to change the Plan of Care during the school year.</p> <p>I acknowledge that the information contained on the this form may be shared with Grand Erie District School Board staff, volunteers, transportation providers in order to provide appropriate supports for my child. Depending on the nature/severity of the medical condition, I acknowledge that my child's information and photograph may be made accessible to staff, volunteers and transportation providers in the form of a notice and/or poster. In the event of an emergency, I give permissions for GEDSB to administer an EpiPen or other emergency measures deemed appropriate.</p>		
Parent(s)/Guardian(s)/Student 18+:	_____ Signature	_____ Date
Student Over 16:	_____ Signature	_____ Date
Principal:	_____ Signature	_____ Date
<p>Personal information contained on this form is collected under the authority of the Education Act, in accordance with the Municipal Freedom of Information and Protection of Privacy Act, and will be used for the purposes of the education of students.</p>		

## APPENDIX E – Administration of Medication Verification Form



APPENDIX E- Administration of Medication Verification Form

**Student Name**  
Administration of Medication

**Grand Erie District School Board**  
349 Erie Avenue, Brantford, Ontario N3T 5V3

**Administration of Medication - Open**

**Student Name**

**DOB**

**Gender**

---

**MEDICATION INFORMATION: TO BE FILLED IN BY PARENT/GUARDIAN**

**Name of Dispensing Pharmacy:**

**Pharmacy Address:**  **Phone:**

**Name of Physician:**

**Physician Address:**  **Phone:**

---

**MEDICATION INFORMATION: To be filled in by Parent/Guardian**

**Reason for Medication:**

---

Medication Prescribed	Dosage	Time of Administration	Possible side effects (if any)	Duration of continuing medication
<input style="width: 100%; height: 20px;" type="text"/>				
<input style="width: 100%; height: 20px;" type="text"/>				
<input style="width: 100%; height: 20px;" type="text"/>				
<input style="width: 100%; height: 20px;" type="text"/>				
<input style="width: 100%; height: 20px;" type="text"/>				
<input style="width: 100%; height: 20px;" type="text"/>				

---

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## APPENDIX F – Administration of Medication Form



APPENDIX F - Administration of Medication Form  
**Grand Erie District School Board**  
 349 Erie Avenue, Brantford, Ontario N3T 5V3

**Student Name**  
Administration of Medication

Administration of Medication - Open				
Name School	OEN Family	Board Id # DOB	Grade Gender	
Created By:	on: 2019.09.11	Last Edit by on: 2019.09.11	Status: Open	Finalized on: 2019.09.11
<b>MEDICATION INFORMATION: TO BE FILLED IN BY PARENT/GUARDIAN</b>				
Name of Dispensing Pharmacy:	_____		Phone:	_____
Pharmacy Address:	_____		Phone:	_____
Name of Physician:	_____		Phone:	_____
Physician Address:	_____		Phone:	_____
<b>MEDICATION INFORMATION: To be filled in by Parent/ Guardian</b>				
Reason for Medication:	_____			
<b>Medication Prescribed</b>				
Medication Prescribed	Dosage	Time of Administration	Possible side effects (if any)	Duration of continuing medication
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Parent/Guardian Signature: _____		Date: _____		

## APPENDIX G – 9-1-1 Seizure Disorder Incident Script Protocol

## TO BE POSTED BY TELEPHONE

1. This is \_\_\_\_\_ School.  
Address is: \_\_\_\_\_  
Nearest Major Intersection is: \_\_\_\_\_  
Telephone Number is: \_\_\_\_\_
2. We have a student who is having a seizure. We are timing the seizures/have administered a seizure medication/etc. There has been no improvement in their condition. We need an ambulance IMMEDIATELY.
3. The closest entrance for the ambulance is on:  
\_\_\_\_\_ Ave. / Road / Street.
4. A staff member will be outside the school entrance to provide direction.
5. Do you need any more information?
6. How long will it take you to get here?
7. Call parent / guardian / emergency contact.

## APPENDIX H – Sample Letter to Parents/Guardians

On School Letterhead

Date:

Dear Parents/Guardians:

### RE: SCHOOL PROTOCOL FOR EPILEPSY OR SEIZURE DISORDER MANAGEMENT

To be prepared for your child's diabetic needs and in case of low blood glucose during the school day, please refer to the attached information and forms.

#### *Request and Consent –Administration of Medication Form*

Please read through this form and complete the appropriate sections. Return the form to your child's school principal prior to your child's start of school. If you are able, please include a recent photo of your child that will be used on your child's Medical Plan.

#### *Medical Plan*

The Medical Plans will be provided to each of the child's teachers to be stored in a safe place the classroom. The Medical Plans will also be placed in the supply teacher binder and will be posted in the staff room, health room and other appropriate locations throughout the school.

#### *Parent/Guardian Responsibilities Checklist*

Please review your responsibilities outlined on the checklist. If you have any questions, please contact the school principal.

#### *Student Responsibilities Checklist*

Please review the contents with your child.

\*\* Please call the school to arrange a meeting with school staff and if possible, a Seizure Disorder Educator with whom you currently work, prior to your child beginning school. We look forward to working together to provide the safest possible learning environment for your child.

Sincerely,

\_\_\_\_\_

\_\_\_\_\_, School Principal.

## APPENDIX I – Steps to Identify a Seizure Disorder Student in the Student Information Systems

### Setting the Critical Medical Condition Symbol in Power School

1. Start Page
2. Select Student
3. Select either Registration Form OR Emergency Contact / Medical

Anaphylactic Shock Condition Alert	( )
Critical Medical Condition Alert	( )
Student has suffered a concussion and is on a Return to Learn/Return to Physical Activity plan	( )
Critical Medical Notes	
Other Medical Notes	

4. Check “Anaphylactic Shock Condition Alert”
5. Check “Critical Medical Condition Alert”
6. Check “Student has suffered a concussion...”, if applicable.
7. Enter student’s medical / health information in the “Critical Medical Notes” field (Note: information **must** be in this field to generate the alert symbol).
8. Click Submit.
9. A Critical Medical Alert symbol  will appear next to student’s name.
10. A Concussion Alert symbol  will appear next to the student’s name if this field was indicated as applicable.

Entering information in the “Other Medical Notes” field for non-life-threatening conditions will not generate the Critical Medical Condition Alert.

For more information, refer to Section 6.09 of the Power School OnSIS Instruction Manual:

<http://geportal.granderie.ca/linksandresources/powerschoolmanual/Pages/default.aspx>



# Navigating eLITE – Health Management

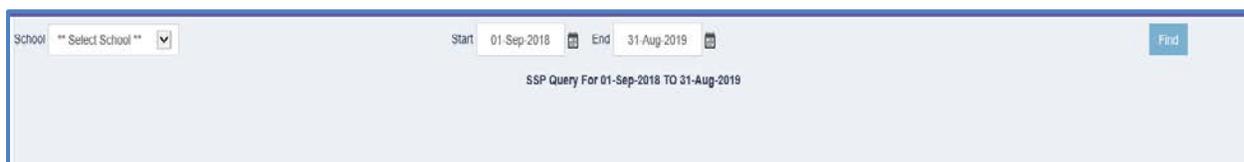
April 2020

# Table of Contents

eLITE Medical Plan Module.....	3
Asthma Plan of Care.....	8
Anaphylaxis Plan of Care.....	9
Epilepsy Plan of Care.....	10
Diabetes Plan of Care.....	11
Heart Condition Plan of Care.....	14
Administration of Medication Plan of Care .....	14
Other Plan of Care.....	15
Personal Care Plan .....	16

## eLITE Medical Plan Module

- Under the Med Plan tab select SSP Query, your school.
- Dates should be Start Date September 1 of the previous school year End Date August 31 of the previous school year. This will give you a list of students in your class who previously have had a support plan in place.
- Export to Excel with query.
- The last plan on file for these students can be found on the Student Dashboard which you may use as reference to start your new Medical Plan.



The screenshot shows a search interface for SSP Query. It includes a dropdown menu for 'School' with the placeholder text '\*\* Select School \*\*'. To the right, there are date pickers for 'Start' (01 Sep 2018) and 'End' (31-Aug-2019). A blue 'Find' button is located on the far right. Below these fields, the text 'SSP Query For 01-Sep-2018 TO 31-Aug-2019' is displayed.

### *Search Parameters:*

**School** – the school list contains a list of schools the user has access to as determined in Usernames view. Select one school (or ALL SCHOOLS if applicable).

**Grade** – select a grade from the dropdown list. (not necessary if searching by Last Name)

**ID #** – enter the student ID number to find a particular student. (not necessary if searching by Last Name)

**Last Name** – enter the last name (or first few known characters of the last name) to restrict the working list.

**'All' Checkbox** – Only students with an open IEP are listed by default. In order to also include students that DO NOT have an open IEP, click the 'All' checkbox.

When the required parameters have been completed, click the FIND button. The student working list automatically appears. If the required student is not found, or the list is too long, revise or refine the search parameters and click the FIND button again. The student working list will be refreshed. As the cursor hovers over a student in the working list, the student name and ID number change color. To select a student, click once on the student name.

All student demographic data is pre-populated from PowerSchool.

School  Grade  Id #  Last Name  Student List All

### Student Medical POC

8C23D8E4-D100-420F-A604-12CCADD519AD

<b>Name</b>	ATEST, Aabsta	<b>OEN</b>	999999999	<b>Board Id #</b>	314911496	<b>Grade</b>	02
<b>School</b>	AMSTV Elementary School	<b>Family</b>	Not Applicable	<b>DOB</b>	01-Jan-1989	<b>Gender</b>	Female
<b>Parent/Guardian</b>	DAD, MOM						

**Teacher(s)**  **Created by:** cardinal software **on:** 27-Feb-2019  
**Last Edit by:** cardinal software **on:** 13-Jun-2019

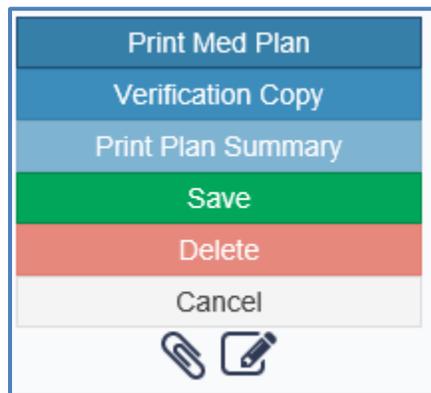
Record Teachers and Emergency Contacts. When saved, POC Alert Forms can then be created.

Emergency Contacts				
Name	Relationship	Daytime Phone	Alt. Phone	Del
DAD		(705) 111-2222		<input type="checkbox"/>
MOM		(705) 111-2222		<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>



**Note:** Once a student is chosen, record teachers and emergency contacts. When saved, Plan of Care Alert Forms can be created.

**Medical Plan Dates:** In order to create a new Plan of Care, enter Teachers and Emergency contacts then click the green Save button on the left side under your activity's menu.



The POC types will then be displayed on the screen – scroll down and select ‘Create’ in the POC Alert column beside the POC Type needed for that student.

POC Type	Prevalent Medical Conditions Plan Date	Status	Finalized	POC Alert
Anaphylaxis		Last Edit By:		Create
Asthma		Last Edit By:		Create
Diabetic		Last Edit By:		Create
Epilepsy		Last Edit By:		Create
Heart Condition		Last Edit By:		Create
Other		Last Edit By:		Create
Administration of Medication		Last Edit By:		Create
Personal		Last Edit By:		Create

Active  Discontinued

**Note:** If there are multiple POC Types needed, create each one individually for the student.

Select **\*\*Create New Plan\*\*** from the drop-down list to auto-populate today’s date – you can then change the plan date if needed.

<b>Name</b>	ATEST, Dabstw	<b>OEN</b>	999999999	<b>Board Id #</b>	314949066	<b>Grade</b>	01
<b>School</b>	AMSTI Elementary School	<b>Family</b>	Not Applicable	<b>DOB</b>	01-Jan-1989	<b>Gender</b>	Male
<b>Parent/Guardian</b>	Mr. Smith, Mrs. Smith						

Asthma POC Dates	<div style="border: 1px solid #ccc; padding: 2px;"> <div style="background-color: #f0f0f0; padding: 2px;">** Select A Date **</div> <div style="background-color: #f0f0f0; padding: 2px;">** Select A Date **</div> <div style="background-color: #007bff; color: white; padding: 2px; font-weight: bold;">** Create New Plan **</div> </div>	Enter New Plan Date	<input type="text"/>	Copy Forward <input type="checkbox"/>	<input type="button" value="Create New Plan"/>	<input type="button" value="Discontinue"/>
------------------	---	---------------------	----------------------	---------------------------------------	--	--

<b>Name</b>	ATEST, Dabstw	<b>OEN</b>	999999999	<b>Board Id #</b>	314949066	<b>Grade</b>	01
<b>School</b>	AMSTI Elementary School	<b>Family</b>	Not Applicable	<b>DOB</b>	01-Jan-1989	<b>Gender</b>	Male
<b>Parent/Guardian</b>	Mr. Smith, Mrs. Smith						

Asthma POC Dates	<div style="border: 1px solid #ccc; padding: 2px;"> <div style="background-color: #f0f0f0; padding: 2px;">** Create New Plan **</div> </div>	Enter New Plan Date	<input type="text" value="02-Aug-2019"/>	Copy Forward <input type="checkbox"/>	<input type="button" value="Create New Plan"/>	<input type="button" value="Discontinue"/>
------------------	--	---------------------	--	---------------------------------------	--	--

**Enter New Plan Date:** When creating a new Plan of Care select the date using the calendar prompt.

**Copy Forward:** If a Plan of Care already exists and a new one is being created; the previous Plan can be copied forward by clicking this checkbox.

Click the Create New Plan button and the Plan of Care will appear with a status of Draft.

Additional Contact Information will appear below the Student Demographic information shown below.

The Discontinue button is only available when a Plan of Care has a status of Open. When selected, the Discontinue button will set the status of the Plan to Discontinued and the student demographic information will become frozen.

**Created By:** Populated with the user’s name who created the Plan of Care and the date.

**Last Edit By:** Populated with the last user’s name who edited the Plan of Care and the date.

**Status:** Current status of the Plan of Care (i.e. Draft, Open, Expired, or Discontinued).

**Finalized On:** Populated with the date the Plan of Care was Finalized.

**Authorization/ Plan Review:** A list of staff members and other individuals with whom this Plan of Care is to be shared with. There is also a record of other individuals to be contacted such as before/after-school programs.

**Staff Members:** *Board Staff Members* – Select the Board Staff Members from the list of names provided when clicking on the magnifying glass prompt. Type the first few characters of the staff member’s name in order to narrow down the list of names that will appear when clicking on the magnifying glass prompt. *Other Individuals* – Enter the Non-Board Member names in the text boxes on the right.

**Other Individuals to be Contacted:** Use the radio buttons to indicate whether before/after-school programs apply to the student, listing the individual to be contacted in the text box provided. Free form text boxes are provided here for data entry.

**Plan/Review Date:** Select the school year for which this Plan of Care will remain in effect using the drop down. To select a date for review, click on the calendar prompt and select the applicable date.

**IF THE STUDENT IS TRANSPORTED TO AND/OR FROM SCHOOL BY THE SCHOOL BOARD YOU MUST TYPE YES INTO THE TRANSPORTED BY GEDSB FIELD. THIS WILL ENSURE THAT OUR TRANSPORTATION DEPARTMENT RECEIVES AN EMAIL ONCE YOU HAVE SELECTED “FINALIZE AND EMAIL”. IS STUDENT IS NOT TRANSPORTED BY GEDSB LEAVE BLANK.**

## Asthma Plan of Care

### Known Asthma Triggers

There is a checklist and plus additional detail text boxes for entering know Triggers that require more information. Also defined in this section is Asthma Trigger Avoidance instructions and any other medical condition or Allergy the student might have.

KNOWN ASTHMA TRIGGERS	
<input type="checkbox"/> Colds/Flu/illness <input type="checkbox"/> Change in Weather <input type="checkbox"/> At Risk For Anaphylaxis (Specify Allergen) <input type="checkbox"/> Physical Activity/Exercise <input type="checkbox"/> Other (Specify)	Asthma Trigger Avoidance Instructions Any Other Medical Condition Or Allergy?

### Daily/ Routine Asthma Management

This section describes all information needed for reliever inhaler use at school or during school-related activities. There is a mix of text-boxes and checklist items throughout this section.

DAILY/ ROUTINE ASTHMA MANAGEMENT RELIEVER INHALER USE AT SCHOOL AND DURING SCHOOL-RELATED ACTIVITIES	
A reliever inhaler is a fast-acting medication (usually blue in colour) that is used when someone is having asthma symptoms. The reliever inhaler should be used: <input type="checkbox"/> When student is experiencing asthma symptoms (e.g., trouble breathing, coughing, wheezing)	
Other (explain): _____ Use reliever inhaler _____ in the dose of _____ (Name of Medication) (Number of Puffs)	
<input type="checkbox"/> Alomir <input type="checkbox"/> Ventolin <input type="checkbox"/> Bricanyl <input type="checkbox"/> Other (Specify)	_____ _____
Spacer (valved holding chamber) provided? Yes <input type="radio"/> No <input checked="" type="radio"/>	
<input type="checkbox"/> Student requires assistance to access reliever inhaler. Inhaler must be readily accessible.	
Reliever inhaler is kept with: <input checked="" type="radio"/> _____ Location: _____ Other Location: _____ <input type="radio"/> Locker #: _____ Locker Combination: _____	
<input type="checkbox"/> Student will carry their reliever inhaler at all times including during recess, gym, outdoor and off-site activities.	
Reliever inhaler is kept in the student's:	
<input type="checkbox"/> Pocket <input type="checkbox"/> Backpack/Fanny Pack <input type="checkbox"/> Case/Pouch <input type="checkbox"/> Other (Specify)	_____ _____
Does student require assistance to administer reliever inhaler? Yes <input checked="" type="radio"/> No <input type="radio"/>	
Student's spare reliever inhaler is kept: <input checked="" type="radio"/> _____ Location: _____ Other Location: _____ <input type="radio"/> Locker #: _____ Locker Combination: _____	

**Inhaler types:** The type of inhaler that a student would be prescribed is defined in the Asthma Inhalers section.

**Reliever Inhaler locations:** Location of where the student would keep their inhaler is defined in the Asthma Inhaler Locations, utilizing prompt for additional details in 'Other (Specify)' field.

### Controller Medication use at School and during School-Related Activities

Controller medications are taken regularly every day to control asthma. Usually, they are taken in the morning and at night, so generally not taken at school (unless the student will be participating in an overnight activity). This section provides all details needed regarding who will administer the medication, in what dose and at what times.

CONTROLLER MEDICATION USE AT SCHOOL AND DURING SCHOOL-RELATED ACTIVITIES				
Controller medications are taken regularly every day to control asthma. Usually, they are taken in the morning and at night, so generally not taken at school (unless the student will be participating in an overnight activity).				
Use/administer	_____	In the dose of	_____	At the following times: _____
Use/administer	_____	In the dose of	_____	At the following times: _____
Use/administer	_____	In the dose of	_____	At the following times: _____

## Anaphylaxis Plan of Care

### Known Life-Threatening Triggers

There is a checklist in this section as well as an “Other” prompt with a field adjacent for additional details. Select the EpiPen Dosage, if a previous anaphylactic reaction has occurred and if the student has asthma using the radio buttons provided. The expiry date and location for the Auto-Injector are entered using free form text boxes, as well as the option to list any other medical conditions or allergies.

KNOWN LIFE-THREATENING TRIGGERS	
<input type="checkbox"/> Food(s) <input type="checkbox"/> Insect Stings <input type="checkbox"/> Other	Epinephrine Auto-Injector(s) Expiry Date (s): _____ _____
<b>Dosage: EpiPen</b> Jr. 0.15 mg <input checked="" type="radio"/> EpiPen 0.30 mg <input type="radio"/>	Location Of Auto-Injector(s): _____
<b>Previous anaphylactic reaction:</b> Yes <input checked="" type="radio"/> (Student at greater risk) No <input type="radio"/> (Has had NO anaphylactic reaction)	<b>Has asthma:</b> Yes <input checked="" type="radio"/> (Student at greater risk) No <input type="radio"/> (Has had NO anaphylactic reaction)
Any other medical condition or allergy? _____	
If student is having a reaction and has difficulty breathing, give epinephrine before asthma medication.	

### Daily/ Routine Anaphylaxis Management

The Symptoms checklist includes utilizing the description for specific details of the symptom itself. The additional free form text boxes can be customized to capture other information.

DAILY/ROUTINE ANAPHYLAXIS MANAGEMENT	
<b>SYMPTOMS</b> A STUDENT HAVING AN ANAPHYLACTIC REACTION MIGHT HAVE ANY OF THESE SIGNS AND SYMPTOMS.	
<input type="checkbox"/> <b>Skin system:</b>	hives, swelling (face, lips, tongue), itching, warmth, redness.
<input type="checkbox"/> <b>Respiratory system (breathing):</b>	coughing, wheezing, shortness of breath, chest pain or tightness, throat tightness, hoarse voice, nasal congestion or hay fever-like symptoms (runny, itchy nose and watery eyes, sneezing), trouble swallowing
<input type="checkbox"/> <b>Gastrointestinal system (stomach):</b>	nausea, vomiting, diarrhea, pain or cramps
<input type="checkbox"/> <b>Cardiovascular system (heart):</b>	paler than normal skin colour/blue colour, weak pulse, passing out, dizziness or lightheadedness, shock.
<input type="checkbox"/> <b>Other:</b>	anxiety, sense of doom (the feeling that something bad is about to happen), headache, uterine cramps, metallic taste
Avoidance of an allergen is the main way to prevent an allergic reaction.	
Food Allergen(s): eating even a small amount of a certain food can cause a severe allergic reaction. Foods to be avoided: _____	
Safety Measures: _____	
<b>Insect Stings: (Risk of insect stings is higher in warmer months. Avoid areas where stinging insects nest or congregate. Destroy or remove nests, cover or move trash cans, keep food indoors.)</b> Designated eating area inside school building _____	
Safety Measures: _____	
Other Information: _____	

## Epilepsy Plan of Care

### Known Seizure Triggers

There is a checklist available as well as 'other' a free form text box to list any other medical conditions or allergies.

KNOWN SEIZURE TRIGGERS CHECK ALL THOSE THAT APPLY		
<input type="checkbox"/> Stress	<input type="checkbox"/> Menstrual Cycle	<input type="checkbox"/> Inactivity
<input type="checkbox"/> Changes in Diet	<input type="checkbox"/> Lack of Sleep	<input type="checkbox"/> Electronic Stimulation (TV, Videos, Florescent Lights)
<input type="checkbox"/> Illness	<input type="checkbox"/> Improper Medication Balance	<input type="checkbox"/> Change in Weather
<input type="checkbox"/> Other		
Any Other Medical Condition Or Allergy?		

### Daily/Routine Epilepsy Management

This section provides free form text boxes to describe the seizure a student may have, both non-convulsive and convulsive. As well, there are actions noted to deal with each instance.

DESCRIPTION OF SEIZURE (NON-CONVULSIVE)	DAILY/ROUTINE EPILEPSY MANAGEMENT	ACTION
DESCRIPTION OF SEIZURE (CONVULSIVE)		ACTION

### Seizure Management

Seizure Type drop down provides a list in addition to a free form 'other'. Actions, frequency and duration are all free form text fields for the user to enter information about the Seizure type selected.

SEIZURE MANAGEMENT Note: It is possible for a student to have more than one seizure type. Record information for each seizure type.				
Seizure Type	Actions to take during Seizure	Frequency of seizure activity	Typical seizure duration	Delete
other				<input type="checkbox"/>

## Diabetes Plan of Care

### *Type 1 Diabetes Supports*

This section consists of 3 free form text boxes that can be used to document names of trained individuals who will support the student with diabetes-related tasks, method of home-school communication, or any other medical condition or allergy.

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

### *Daily/Routine Type 1 Diabetes Management*

This section consists of a yes/no radio button that can be used to track whether a student is able to manage their diabetes care independently or not.

DAILY/ROUTINE TYPE 1 DIABETES MANAGEMENT	
Yes <input type="radio"/>	No <input type="radio"/> Student is able to manage their diabetes care independently and does not require any special care from the school.

### *Blood Glucose Monitoring*

This section consists of a checklist, as well as free form text boxes.

ROUTINE	BLOOD GLUCOSE MONITORING	ACTION
<input type="checkbox"/> Student requires trained individual to check BG/ read meter. <input type="checkbox"/> Student needs supervision to check BG/ read meter. <input type="checkbox"/> Student can independently check BG/ read meter. <input type="checkbox"/> Student has continuous glucose monitor (CGM)	Target Blood Glucose Range: <input type="text"/> Time(s) to check BG: <input type="text"/> Contact Parent(s)/Guardian(s) if BG is: <input type="text"/> Parent(s)/Guardian(s) Responsibilities: <input type="text"/> School Responsibilities: <input type="text"/> Student Responsibilities: <input type="text"/>	

### *Nutrition Breaks and Activity Plan*

This section consists of a checklist, as well as free form text boxes.

ROUTINE	NUTRITION BREAKS	ACTION
<input type="checkbox"/> Student requires supervision during meal times to ensure completion: <input type="text"/> <input type="checkbox"/> Student can independently manage his/her food intake: <input type="text"/>	Recommended time(s) for meals/snacks: <input type="text"/> Parent(s)/Guardian(s) Responsibilities: <input type="text"/> School Responsibilities: <input type="text"/> Student Responsibilities: <input type="text"/> Special instructions for meal days/ special events: <input type="text"/>	

ROUTINE	ACTIVITY PLAN	ACTION
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: <input type="text"/> 2. During activity: <input type="text"/> 3. After activity: <input type="text"/> School Responsibilities: <input type="text"/> Student Responsibilities: <input type="text"/>	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)

**Insulin**

This section consists of radio buttons, checklists, as well as free form text boxes.

ROUTINE	INSULIN	ACTION
Yes <input type="radio"/> No <input type="radio"/> Student takes insulin at school. Student takes insulin at school by: <input type="checkbox"/> Injection <input type="checkbox"/> Pump Insulin is given by: <input type="checkbox"/> Student <input type="checkbox"/> Student with supervision <input type="checkbox"/> Parent(s)/Guardian(s) <input type="checkbox"/> Trained Individual	Location of insulin: <input type="text"/> Required times for insulin: <input type="checkbox"/> Before School: <input type="text"/> <input type="checkbox"/> Morning Break: <input type="text"/> <input type="checkbox"/> Lunch Break: <input type="text"/> <input type="checkbox"/> Afternoon Break: <input type="text"/> <input type="checkbox"/> Other (Specify): <input type="text"/>	School Responsibilities: <input type="text"/> Student Responsibilities: <input type="text"/> Special instructions for meal days/ special events: <input type="text"/>
<p>* All students with Type 1 diabetes use insulin. Some students will require insulin during the school day, typically before meal/nutrition breaks.</p>		

**Diabetes Management Kit**

This section consists of a checklist, as well as free form text boxes.

ROUTINE	DIABETES MANAGEMENT KIT	ACTION
Parents must provide, maintain, and refresh supplies. School must ensure this kit is accessible all times. (e.g. field trips, fire drills, lockdowns) and advise parents when supplies are low.	Kits will be available in different locations but will include: <input type="checkbox"/> Blood Glucose meter, BG test strips, and lancets <input type="checkbox"/> Insulin and insulin pen and supplies <input type="checkbox"/> Source of fast-acting sugar (e.g. juice, candy, glucose tabs.) <input type="checkbox"/> Carbohydrate containing snacks <input type="checkbox"/> Other (Please List) <input type="text"/>	Location of Kit: <input type="text"/>

**Special Needs**

This section consists of a statement and free form text box to provide additional information or special needs for the plan of care.

ROUTINE	SPECIAL NEEDS	ACTION
A student with special considerations may require more assistance than outlined in this plan.	Comments: <input type="text"/>	

**Emergency Procedures: Hypoglycemia – Low Blood Glucose**

This section consists of a checklist, as well as free form text boxes. The usual symptoms checklist plus a prompt for additional details in ‘other’. The steps to take provide a text box as well as any other details to specify.

EMERGENCY PROCEDURES HYPOGLYCEMIA - LOW BLOOD GLUCOSE (4 mmol/L or less) DO NOT LEAVE STUDENT UNATTENDED			
Usual symptoms of Hypoglycemia for my child are:			
<input type="checkbox"/> Shaky	<input type="checkbox"/> Irritable/Grouchy	<input type="checkbox"/> Dizzy	<input type="checkbox"/> Trembling
<input type="checkbox"/> Blurred Vision	<input type="checkbox"/> Headache	<input type="checkbox"/> Hungry	<input type="checkbox"/> Weak/Fatigue
<input type="checkbox"/> Pale	<input type="checkbox"/> Confused	<input type="checkbox"/> Other: <input type="text"/>	
Steps to take for <u>Mild</u> Hypoglycemia (student is responsive)			
1. Check blood glucose, give <input type="text"/> grams of fast acting carbohydrate (e.g. 1/2 cup of juice, 15 skittles)			
2. Re-check blood glucose in 15 minutes.			
3. If still below 4 mmol/L, repeat steps 1 and 2 until BG is above 4 mmol/L. Give a starchy snack if next meal/snack is more than one (1) hour away.			
4. Other - Specify: <input type="text"/>			
Steps for <u>Severe</u> Hypoglycemia (student is unresponsive)			
1. Place the student on their side in the recovery position.			
2. Call 9-1-1. Do not give food or drink (choking hazard). Supervise student until emergency medical personnel arrives.			
3. Contact parent(s)/guardian(s) or emergency contact			

**Hyperglycemia – High Blood Glucose**

This section consists of checklists, as well as free form text boxes. The usual symptoms checklist plus the prompt for additional details in ‘other’. The steps to take provide a text box for any other details to specify.

HYPERGLYCEMIA - HIGH BLOOD GLUCOSE (14 MMOL/L OR ABOVE)			
Usual symptoms of hyperglycemia for my child are:			
<input type="checkbox"/> Extreme Thirst	<input type="checkbox"/> Frequent Urination	<input type="checkbox"/> Headache	<input type="checkbox"/> Hungry
<input type="checkbox"/> Abdominal Pain	<input type="checkbox"/> Irritability	<input type="checkbox"/> Other: <input type="text"/>	
Steps to take for <u>Mild</u> Hyperglycemia			
1. Allow student free use of bathroom			
2. Encourage student to drink water only			
3. Inform the parent/guardian if BG is above <input type="text"/>			
4. Other - Specify: <input type="text"/>			
Symptoms of Severe Hyperglycemia (Notify parent(s)/guardian(s) immediately)			
<input type="checkbox"/> Rapid, Shallow Breathing	<input type="checkbox"/> Vomiting	<input type="checkbox"/> Fruity Breath	<input type="checkbox"/> Other: <input type="text"/>
Steps to take for <u>Severe</u> Hyperglycemia			
1. If possible, confirm hyperglycemia by testing blood glucose			
2. Call parent(s)/guardian(s) or emergency contact			

## Heart Condition Plan of Care

This plan of care consists of all free form text boxes.

<b>HEART CONDITION:</b>
<b>MEDICATION TO BE TAKEN AT SCHOOL:</b>
List any side effects of the medication to learning/physical activity:
List effects of the heart condition on learning activities:
Recommendations/accommodations for learning activities:
List effects of the heart condition on physical activities:
Recommendations/accommodations for physical activities:
Participation in school/classroom daily or routine management activities, co-curriculars, recess, etc.:

The lower section has 4 text boxes which are being used to describe the symptoms that can be identified, as well as stating an emergency plan.

IDENTIFICATION AND EMERGENCY TREATMENT PLAN	
<b>Identification of Symptoms:</b>	
<b>EMERGENCY TREATMENT PLAN:</b>	
When to call 911:	
When to call home:	

## Administration of Medication Plan of Care

This plan of care consists of free form text boxes that can be used to capture the information needed for a student to receive medication while at school.

MEDICATION INFORMATION: TO BE FILLED IN BY PARENT/GUARDIAN					
Name of Dispensing Pharmacy:			Phone:		
Pharmacy Address:			Phone:		
Name of Physician:			Phone:		
Physician Address:			Phone:		
MEDICATION INFORMATION: To be filled in by Parent/Guardian					
Diagnosis/Reason for Medication:	frde				
Medication Prescribed	Dosage	Time of Administration	Possible side effects (if any)	Duration of continuing medication	Delete
					<input type="checkbox"/>
					<input type="checkbox"/>
Parent/Guardian Signature: _____			Date: _____		

## Other Plan of Care

This plan is developed to inform staff of health conditions that could/may result in a medical incident requiring immediate action/response or medical emergency. A free form text box is used to capture the names of the development team for this plan. Select the Staff Members from the list of names provided when clicking on the magnifying glass prompt. Type the first few characters of the staff member’s name in order to narrow down the list of names that will appear when clicking on the magnifying glass prompt.

<p><b>PURPOSE:</b> This plan is developed to inform staff of health conditions that could/may result in a medical incident requiring immediate action/response or medical emergency (911).</p>													
<p><b>DEVELOPMENT TEAM:</b></p> <input type="text"/>	<p><b>STAFF AVAILABLE FOR SUPPORT:</b> (In the event of a medical emergency, the Emergency Response Team will be called for support.)</p> <table border="1"> <tr><td><input type="text"/></td><td>🔍</td></tr> <tr><td><input type="text"/></td><td>🔍</td></tr> <tr><td><input type="text"/></td><td>🔍</td></tr> <tr><td><input type="text"/></td><td>🔍</td></tr> <tr><td><input type="text"/></td><td>🔍</td></tr> <tr><td><input type="text"/></td><td>🔍</td></tr> </table>	<input type="text"/>	🔍										
<input type="text"/>	🔍												
<input type="text"/>	🔍												
<input type="text"/>	🔍												
<input type="text"/>	🔍												
<input type="text"/>	🔍												
<input type="text"/>	🔍												

Use the remaining free form text boxes and section provided to capture the necessary data in this plan including a section on the bottom half of this form to inform transportation of a Plan for Problem Behaviour on Transportation.

Medical Condition	Indicator/Signs/Symptoms	Triggers	Preventative Strategies Daily Management	Delete
<p><b>RESPONSE PLAN MEDICAL INCIDENT</b></p>		<p><b>RESPONSE PLAN(S):</b></p> <p><b>RESPONSE PLAN MEDICAL EMERGENCY - 911</b></p>		
<p>Level of Behaviour - Baseline, Level 1, 2, 3 and Crisis/Emergency</p>		<p>Response Plan for Problem Behaviour on Transportation</p> <p>Intervention or Response</p>		
<p>Important Procedures to Follow and by Whom</p>				
<p>Key Points for Transportation Provider</p>				

## Personal Care Plan

For students with physical disabilities, the school board provide such services as lifting and positioning, assistance with mobility, feeding and toileting, and general maintenance exercises.

To ensure the safety of staff and students, considerations and procedures for performing the above activities should be documented and reviewed on a regular basis. Since these activities are usually not listed in an Individual Education Plan, each child who requires a significant level of personal care requires a Personal Care Plan to be developed based on their unique needs.

Use the free form text boxes to record the necessary information – refer to the Personal Care Plan and examples for more information (located on the Staff Portal – Special Education Resources).

<input type="checkbox"/> Feeding <input type="text"/>	<p>Frequency of care <input type="text"/></p> <p>Location of care <input type="text"/></p> <p>Special Training Required <input type="text"/></p> <p>Trained By <input type="text"/></p> <p>Visual prompts/cues required <input type="text"/></p> <p>Verbal prompts/words used/explanation given <input type="text"/></p> <p>Description of routine <input type="text"/></p>	<p>Preferred time of care <input type="text"/></p> <p>Special Equipment Required <input type="text"/></p> <p>Date of Training <input type="text"/></p> <p>Staff Trained <input type="text"/></p> <p>Physical prompts/cues required <input type="text"/></p> <p>Level of assistance required (i.e., total care, hand over hand, an adult present) <input type="text"/></p>
<input type="checkbox"/> Lifts/Transfers/Positioning <input type="text"/>	<p>Frequency of care <input type="text"/></p> <p>Location of care <input type="text"/></p> <p>Special Training Required <input type="text"/></p> <p>Trained By <input type="text"/></p> <p>Visual prompts/cues required <input type="text"/></p> <p>Verbal prompts/words used/explanation given <input type="text"/></p> <p>Description of routine <input type="text"/></p>	<p>Preferred time of care <input type="text"/></p> <p>Special Equipment Required <input type="text"/></p> <p>Date of Training <input type="text"/></p> <p>Staff Trained <input type="text"/></p> <p>Physical prompts/cues required <input type="text"/></p> <p>Level of assistance required (i.e., total care, hand over hand, an adult present) <input type="text"/></p>

<input type="checkbox"/> Toileting	Frequency of care	Preferred time of care
	Location of care	Special Equipment Required
	Special Training Required	Date of Training
	Trained By	Staff Trained
	Visual prompts/cues required	Physical prompts/cues required
	Verbal prompts/words used/explanation given	Level of assistance required (i.e., total care, hand over hand, an adult present)
	Description of routine	

<input type="checkbox"/> Maintenance Stretches	Frequency of care	Preferred time of care
	Location of care	Special Equipment Required
	Special Training Required	Date of Training
	Trained By	Staff Trained
	Visual prompts/cues required	Physical prompts/cues required
	Verbal prompts/words used/explanation given	Level of assistance required (i.e., total care, hand over hand, an adult present)
	Description of routine	

<input type="checkbox"/> Personal Hygiene/Oral Care	Frequency of care	Preferred time of care
	Location of care	Special Equipment Required
	Special Training Required	Date of Training
	Trained By	Staff Trained
	Visual prompts/cues required	Physical prompts/cues required
	Verbal prompts/words used/explanation given	Level of assistance required (i.e., total care, hand over hand, an adult present)
	Description of routine	

<input type="checkbox"/> Other (Specify) <input type="text"/>	Frequency of care	Preferred time of care
	Location of care	Special Equipment Required
	Special Training Required	Date of Training
	Trained By	Staff Trained
	Visual prompts/cues required	Physical prompts/cues required
	Verbal prompts/words used/explanation given	Level of assistance required (i.e., total care, hand over hand, an adult present)
	Description of routine	

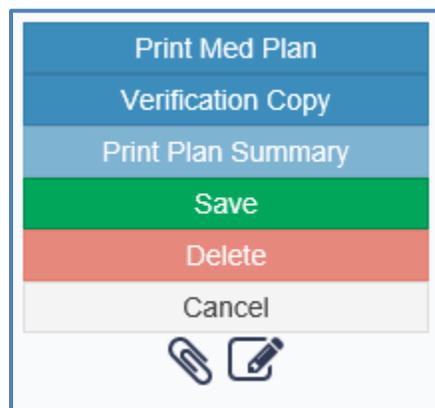
**Finalize**

When any Plan of Care is complete, the blue Finalize button in the left hand navigation bar will set the plan status to Open, lock it down from further editing, and prompt an email to be sent to the board staff entered on the Plan of Care, as well as anyone defined in the email profile.

**Print**

While viewing a specific Plan of Care, the **Print MedPlan** button in the left-hand navigation bar will display a PDF of that *single medical plan* that you have open, including a student picture, which can be printed. The **Verification Copy** button will display the same version of the plan in PDF except all data fields are outlined in red to be sent home for parents to verify and sign off on.

While viewing the student medical POC Overview screen, shown below, the **Print Medplan** button will display *ALL draft or open* Plans of Care in PDF for the corresponding student, which can be printed. The **Print Verification** button will display the same PDF of ALL Plans of Care, with all data fields outlined in red to be sent home for parents to verify and sign off on multiple plans at once. Also, on this screen there is a **Print Summary** button which will only be active when all draft plans have been finalized and set to open status. The summary version was created as the alert form to be posted for staff, displaying a student, highlighting key elements of the students POC and the school procedure to follow.



When a Plan of Care is created it will be posted to the Student Dashboard regardless of the Status. Users with access to the Med Plan activity are then able to access the Plan of Care entry screen right from the Student Dashboard by selecting the Med Plan date that is underlined. Other users will only be able to see the date of the student’s Plan of Care and the Status.

### Medical Plan Query

The Med Plan Query will display all students from your school who have a Plan of Care.

Student demographic information is included as well as the status of each Plan of Care (i.e. Draft, Open, Archived, or Discontinued).

Select a status from the Status dropdown list to display Plans of Care with a particular status only. Select a POC Type from the dropdown list to display only a specific Type of Medical Care plan.

The Export to Excel button will open a new window with the report data.

Medical Plan  
Medical Plan Query  
 Medical Year End  
 Medical Plan Tables  
 Med Plan Discrepancy Report  
 eLite Bulk Print

School: ALL SCHOOLS

Status: Open

POC Types: Epilepsy

Find

Medical Query / Export

OEN	ID	DOB	Student Name	Gender	Grade	School Code	School Name	POC Type	Plan Date	Created By	Status	Finalized
OEN:999999999	ID:314787896	01-Jan-1989	ATEST, Aabsta	Female	07	CALVP AMSTI	AMSTI Elementary School	Epilepsy	2019.06.03	cardinal software	Open	2019.06.03
OEN:999999999	ID:314949066	01-Jan-1989	ATEST, Dabstv	Male	01	AMSTI	AMSTI Elementary School	Epilepsy	2019.08.06	cardinal software	Open	2019.08.02
OEN:999999999	ID:397772104	01-Jan-1989	ATEST, Rabsta	Female	06	AMSTI	AMSTI Elementary School	Epilepsy	2019.05.29	cardinal software	Open	2019.05.29
OEN:999999999	ID:314911496	01-Jan-1989	ATEST, Aabsta	Female	02	AMSTV	AMSTV Elementary School	Epilepsy	2019.02.27	cardinal software	Open	2019.06.11
OEN:999999999	ID:314830761	01-Jan-1989	ATEST, Cabsta	Female	06	AMSTV	AMSTV Elementary School	Epilepsy	2019.03.28	cardinal software	Open	2019.03.28
OEN:999999999	ID:325719564	01-Jan-1989	ATEST, Aabsta	Female	JK	BATHP	BATHP Elementary School	Epilepsy	2019.06.12	cardinal software	Open	2019.06.12
OEN:999999999	ID:461013781	01-Jan-1989	ATEST, Aabsta	Female	06	BATHP	BATHP Elementary School	Epilepsy	2019.02.11	cardinal software	Open	2019.02.11
OEN:999999999	ID:326674579	01-Jan-1989	ATEST, Babste	Female	SK	BATHP	BATHP Elementary School	Epilepsy	2019.05.29	cardinal software	Open	2019.05.29
OEN:999999999	ID:314916537	01-Jan-1989	ATEST, Aabsta	Female	07	CALVP	CALVP Elementary School	Epilepsy	2019.06.03	cardinal software	Open	2019.06.03
OEN:999999999	ID:314922162	01-Jan-1989	ATEST, Aabsta	Female	07	CALVP	CALVP Elementary School	Epilepsy	2019.06.03	cardinal software	Open	2019.06.03
OEN:999999999	ID:314775235	01-Jan-1989	ATEST, Babstv	Female	08	FRONT	FRONT Elementary School	Epilepsy	2019.02.26	cardinal software	Open	2019.02.26
OEN:999999999	ID:314902651	01-Jan-1989	ATEST, Babstv	Female	06	FRONT	FRONT Elementary School	Epilepsy	2019.02.26	cardinal software	Open	2019.02.26
OEN:999999999	ID:314895905	01-Jan-1989	ATEST, Aabsta	Female	03	JGSIM	JGSIM Elementary School	Epilepsy	2019.02.26	cardinal software	Open	2019.02.26
OEN:999999999	ID:314939414	01-Jan-1989	ATEST, Aabsta	Female	02	JGSIM	JGSIM Elementary School	Epilepsy	2018.12.01	cardinal software	Open	2018.12.13
OEN:999999999	ID:314848532	01-Jan-1989	ATEST, Aabsta	Female	04	JGSIM	JGSIM Elementary School	Epilepsy	2018.12.06	cardinal software	Open	2018.12.13

Logoff

Status

Exit

Cancel

Export To Excel

Returned 15 Medical Plans