

Administrative Framework- Developing a Board Policy on Prevalent Medical Conditions

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INTRODUCTION

This sample template “Administrative Framework – Prevalent Medical Conditions” developed by the Ontario Educational Services Corporation (OESC) can be used by school boards as a starting point to develop their own prevalent medical conditions policies. The four prevalent medical conditions are anaphylaxis, asthma, diabetes and epilepsy.

Boards will have the opportunity to use the framework to develop policies or to refine existing policies in relation to these four prevalent medical conditions. It is recommended that boards consolidate all four conditions in some collective fashion and provide supplementary information concerning each condition as a dynamic “living” document that will be related to the understanding and treatment of the condition.

The purpose of this framework is to support school boards in reviewing and/or developing comprehensive policies to support students with prevalent medical conditions. Prevalent medical condition policies must address prevention, support, procedures for dealing with managing the four prevalent medical conditions at school, and responding to life-threatening medical emergencies, with some degree of consistency to promote equity of student outcomes within and across school boards in Ontario.

School board policies on prevalent medical conditions should be implemented, as soon as possible.

In developing, revising, implementing, and maintaining their policies to support students with prevalent medical conditions, school boards must respect their obligations under all applicable legislation, policies, and collective agreements. School boards should also take into account local needs and circumstances, such as geographical considerations, demographics, and cultural considerations, as well as the availability of supports and resources, including school staff, within the school board and the community.

In developing or revising their policies, school boards should consult with students, parents, principals’ associations, teachers’ federations, education workers’ unions, school staff, volunteers working in the schools, their school councils, Joint Health and Safety Committees, and community health care professionals. This consultation should also include Parent Involvement Committees and Special Education Advisory Committees.

Ontario Education Services Corporation



POLICY STATEMENT

A policy statement defines a position on a particular issue. It outlines the ways a school board intends to act in specific circumstances. Due to the complexity and severity of the four prevalent medical conditions, the policies should draw attention to the potentially life-threatening experience these students face each and every school day. The school board policy statement on supporting students with prevalent medical conditions should, at a minimum, include the following goals:

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

The following are additional goals that may be reflected in the policy statement:

- to support parents in feeling confident that their child is safe at school and during school related activities, and has the same opportunities as other students to fully access the education system
- to create a collaborative approach with the student, parents, principal, school staff and health care professionals, to ensure a full understanding of the prevalent medical conditions, supports, clarity of roles and communication associated with the student's Plan of Care
- to ensure the appropriate staff are familiar with the prevalent medical conditions as outlined in the Plan of Care and are trained and confident in prevention strategies to minimize risks, recognize the symptoms of a medical emergency and know the steps to follow in dealing with a medical emergency

DEFINITIONS

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

Asthma – is a chronic, inflammatory disease of the airways in the lungs.

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

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

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

Health Care Provider – may be a Physician, Nurse Practitioner, Registered Nurse, Pharmacist, Respiratory Therapist, Certified Respiratory Educator, or Certified Asthma Educator.

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

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

Parents – parent(s) and guardian(s).

Prevalent Medical Condition – for the purpose of this document, includes anaphylaxis, asthma, diabetes, and epilepsy.

School – all school and school-board activities, including field trips, overnight excursions, board-sponsored sporting events, and board-operated before- and after-school programs for children aged 4 to 12 years.

School board(s) and board(s) – district school boards and school authorities

School staff – all school staff, including occasional staff.

Self-Management – a continuum where a student’s cognitive, emotional, social and physical capacity and stage of development are determinants of their ability to confidently and independently manage their medical conditions(s). The students’ journey to reach their full potential along the self-management continuum is not linear and can require varying levels of support over time. A student’s capacity for self-management may be compromised during certain medical incidents, and additional support will be required.

Students – children in Kindergarten and students in Grades 1 to 12.

ROLES AND RESPONSIBILITIES

School board policies should clearly articulate the expected roles and responsibilities of parents and school staff in supporting students with prevalent medical conditions, as well as the roles and responsibilities of the students themselves. School board policies should also contain a requirement that schools communicate the roles and responsibilities clearly to parents, students, and school staff.

Parents of Children with Prevalent Medical Conditions

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

- educate their child about their medical condition(s) with support from their child's health care professional, as needed
- guide and encourage their child to reach their full potential for self-management and self-advocacy
- inform the school of their child's medical condition(s) and co-create the Plan of Care for their child with the principal or the principal's designate
- communicate changes to the Plan of Care, such as changes to the status of their child's medical condition(s) or changes to their child's ability to manage their medical condition(s), to the principal or the principal's designate
- confirm annually to the principal or the principal's designate that their child's medical status is unchanged
- initiate and participate in annual meetings to review their child's Plan of Care;
- supply their child and/or school with sufficient quantities of medication and supplies in their original, clearly labelled containers, as directed by a health care professional and as outlined in the Plan of Care, and track the expiration dates if they are supplied
- seek medical advice from a medical doctor, nurse practitioner, or pharmacist, where appropriate

In addition, the following roles and responsibilities may be included in policies on prevalent medical conditions:

- provide the school with copies of any medical reports or instructions from the student's health care provider
- review all school and board policies related to the management of their child's medical condition(s)

A) Students with Prevalent Medical Conditions

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

Students should:

- take responsibility for advocating for their personal safety and well-being that is consistent with their cognitive, emotional, social and physical stage of development and their capacity for self-management
- participate in the development of their Plan of Care
- participate in meetings to review their Plan of Care
- carry out daily or routine self-management of their medical condition to their full potential, as described in their Plan of Care (e.g. carry their medication and medical supplies; follow school board policies on disposal of medication and medical supplies)
- set goals on an on-going basis, for self-management of their medical condition, in conjunction with their parent(s) and health care professional(s)

- communicate with their parent(s) and school staff if they are facing challenges related to their medical condition(s) at school
- wear medical alert identification that they and /or parent(s) deem appropriate
- if possible, inform school staff and/or their peers if a medical incident or a medical emergency occurs

B) School Staff

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

- review the contents of the Plan of Care for any student with whom they have direct contact
- participate in training, during the instructional day, on prevalent medical conditions, at a minimum annually, as required by the school board
- share information on a student's signs and symptoms with other students, if the parents give consent to do so and as outlined in the Plan of Care and authorized by the principal in writing
- follow school board strategies that reduce the risk of student exposure to triggers or causative agents in classrooms, common school areas, and extra-curricular activities in accordance with the student's Plan of Care
- support a student's daily or routine management, and respond to medical incidents and medical emergencies that occur during school, as outlined in board policies and procedures
- support inclusion by allowing students with prevalent medical conditions to perform daily or routine management activities in a school location (e.g., classroom), as outlined in their Plan of Care, while being aware of confidentiality and the dignity of the student
- enable students with prevalent medical conditions to participate in school to their full potential, as outlined in their Plan of Care

In addition, the following roles and responsibilities may be included in policies on prevalent medical conditions:

- collaborate with parent(s) in developing transition plans for students with Prevalent Medical Conditions, as appropriate
- maintain log of administration of medication
- notify the principal or principal's designate when they are aware of the expiry date on medication(s) has been reached

C) Principal

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

- clearly communicate to parents and appropriate staff the process for parents to notify the school of their child's medical condition(s), as well as the expectation for parents to co-create, review, and update a Plan of Care with the principal or the principal's designate. This process should be communicated to parents at a minimum:
 - I. during the time of registration
 - II. each year during the first week of school

III. when a child is diagnosed and/or returns to school following a diagnosis;

- co-create, review or update the Plan of Care for a student with a prevalent medical condition with the parent(s), in consultation with the school staff (as appropriate) and with the student (as appropriate)
- maintain a file with the Plan of Care and supporting documentation for each student with a prevalent medical condition
- provide relevant information from the student's Plan of Care to school staff and others who are identified in the Plan of Care (e.g., food service providers, transportation providers, volunteers, occasional staff who will be in direct contact with the student), including any revisions that are made to the plan
- communicate with parents in medical emergencies, as outlined in the Plan of Care
- encourage the identification of staff who can support the daily or routine management needs of students in the school with prevalent medical conditions, while honouring the provisions within their collective agreements

In addition, the following roles and responsibilities may be included in policies on prevalent medical conditions:

- maintain appropriate storage of medications or medical devices for students with prevalent medical conditions
- communicate regularly with school staff and parents regarding any life-threatening conditions
- Inform parents about relevant board and school policies and procedures and encourage them to review them
- ensure, with consent, an updated photo with key emergency information is placed in a school location for all staff to see on a regular basis
- ensure occasional teachers have access to the student's Plan of Care and are familiar with the emergency procedures
- ensure all staff have received training annually, including training about any prevention strategies, recognition of life-threatening situations, emergency protocols and the use of any emergency medical interventions
- maintain a list of school personnel who have received training
- promote a supportive learning environment recognizing the need for an accepting social climate for students with prevalent medical conditions

D) 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). At a minimum, school boards are expected to make their policies and their Plan of Care templates available on their public website in the language of instruction.

School boards are also expected to:

- provide training and resources on prevalent medical conditions on an annual basis
- develop strategies that reduce the risk of student exposure to triggers or causative agents in classrooms and common school 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
- communicate expectations that students are allowed to carry their medication and supplies to support the management of their medical condition, as outlined in their Plan of Care
- consider PPM 161 and related board policies when entering into contracts with transportation, food service and other providers

In addition, the following role and responsibility may be included in policies on prevalent medical conditions:

- ensure at the time of registration there is a process for identifying students with prevalent medication conditions.

Where appropriate, the support and advice of community partners and health care providers should be sought for the purpose of ensuring the safety and well-being of students with a prevalent medical condition.

PLAN OF CARE

A Plan of Care is a form that contains individualized information on a student with a prevalent medical condition. School board policies and procedures must include a Plan of Care form.

The Plan of Care for a student with a prevalent medical condition should be co-created, reviewed and/or updated by the parents in consultation with the principal or the principal's designate, designated staff (as appropriate), and the student (as appropriate), during the school year (e.g. when a student has been diagnosed with a prevalent medical condition). Health care provider information and signature(s) are optional.

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

Below are sample Plan of Care templates for each prevalent medical condition. These templates can be downloaded in Microsoft Word format at <https://oesc-cseo.org/resources/prevalent-medical-conditions/>

If adapting the sample Plan of Care templates, school boards should include, at a minimum, all of the following elements:

- preventative strategies to be undertaken by the school to reduce the risk of medical incidents and exposure to triggers or causative agents in classrooms and common school areas
- identification of school staff who will have access to the Plan of Care
- identification of routine or daily management activities that will be performed by the student, parent(s), or staff volunteer(s), as outlined in school board policy, or by an individual authorized by the parent(s)
- a copy of notes and instructions from the student's health care professional, where applicable
- information on daily or routine management accommodation needs of the student (e.g., space, access to food) (where possible, a student should not be excluded from the classroom during daily or routine management activities, unless the student or the parent(s) indicate they prefer exclusion)
- information on how to support or accommodate the student to enable participation to their full potential in all school and school board activities (e.g., field trips, overnight excursions, board-sponsored sporting events)
- identification of symptoms (emergency and other) and response, should a medical incident occur
- emergency contact information for the student
- clear information on the school board's emergency policy and procedures
- details related to storage and disposal of the student's prescribed medication(s) and medical supplies, such as:
 - parental permission for the student to carry medication and/or medical supplies
 - location of spare medication and supplies stored in the school, where applicable
 - information on the safe disposal of medication and medical supplies
- requirements for communication between the parent(s) and the principal (or the principal's designate) and/or school staff, as appropriate, including format and frequency
- parental consent (at the discretion of the parents) to share information on signs and symptoms with other students.

Board Logo

ANAPHYLAXIS

Plan of Care (Sample)

STUDENT INFORMATION

Student Name _____ Date Of Birth _____

Ontario Ed. # _____ Age _____

Grade _____ Teacher(s) _____

Medical ID jewellery Yes No

Student Photo (optional)

EMERGENCY CONTACTS (LIST IN PRIORITY)

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

KNOWN LIFE-THREATENING TRIGGERS

CHECK (✓) THE APPROPRIATE BOXES

Food(s): _____ Insect Stings: _____

Other: _____

Epinephrine auto-injector(s) expiry date(s): _____

Dosage: EpiPen Jr®
0.15 mg EpiPen®
0.3 mg

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

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

Any other medical condition or allergy? _____

DAILY/ROUTINE ANAPHYLAXIS MANAGEMENT

SYMPTOMS

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

- **Skin system:** hives, swelling (face, lips, tongue), itching, warmth, redness.
- **Respiratory system** (breathing): coughing, wheezing, shortness of breath, chest pain or tightness, throat tightness, hoarse voice, nasal congestion or hay fever-like symptoms (runny, itchy nose and watery eyes, sneezing), trouble swallowing.
- **Gastrointestinal system** (stomach): nausea, pain or cramps, vomiting, diarrhea.
- **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.

EARLY RECOGNITION OF SYMPTOMS AND IMMEDIATE TREATMENT COULD SAVE A PERSON'S LIFE.

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

Food Allergen(s): (The amount required to cause a reaction varies by person and in some people, it can be triggered by a small amount.)

Food(s) to be avoided: _____

Safety measures: _____

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

Designated eating area inside school building _____

Safety measures: _____

Other information: _____

MEDICATION (Epinephrine auto-injectors):

Access to epinephrine auto-injector:

Student requires assistance to **access** their auto-injector? Yes No

If yes, auto-injector is kept:

Location: _____ With: _____

Other: _____

If no, student will carry their auto-injector at all times: in the classroom, outside the classroom (e.g., library, cafeteria/lunchroom, gym) and off-site (e.g., field trips/ excursions).

Auto-injector in student's:

Backpack/fanny pack

Other (specify) _____

Additional auto-injector:

The student has an additional auto-injector at school? Yes No

If yes, the additional auto-injector is kept:

Location: _____ With: _____

Other: _____

**EMERGENCY PROCEDURES
(DEALING WITH AN ANAPHYLACTIC REACTION)**

ACT QUICKLY. THE FIRST SIGNS OF A REACTION CAN BE MILD, BUT SYMPTOMS CAN GET WORSE QUICKLY.

STEPS

1. Give epinephrine auto-injector (e.g. EpiPen®) at the first sign of a known or suspected anaphylactic reaction.
2. Call 9-1-1. Tell them someone is having a life-threatening allergic reaction.
3. Give a second dose of epinephrine as early as five (5) minutes after the first dose if there is no improvement in symptoms.
4. Follow direction of emergency personnel, including transport to hospital (ideally by ambulance), even if symptoms are mild or have stopped. The reaction could worsen or come back, even after treatment. Stay in the hospital for an appropriate period of observation as decided by the emergency department physician (generally about 4 - 6 hours).
5. Call emergency contact person, e.g. Parent(s)/Guardian(s).

HEALTHCARE PROVIDER INFORMATION (OPTIONAL)

Healthcare provider may include: Physician, Nurse Practitioner, Registered Nurse, Pharmacist, Respiratory Therapist, Certified Respiratory Educator, or Certified Asthma Educator.

Healthcare Provider's Name: _____

Profession/Role: _____

Signature: _____ Date: _____

Special Instructions/Notes/Prescription Labels:

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

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

AUTHORIZATION/PLAN REVIEW

INDIVIDUALS WITH WHOM THIS PLAN OF CARE IS TO BE SHARED

1. _____ 2. _____ 3. _____

4. _____ 5. _____ 6. _____

Other individuals to be contacted regarding Plan Of Care:

Before-School Program Yes No _____

After-School Program Yes No _____

School Bus Driver/Route # (If Applicable) _____

Other: _____

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

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

Student: _____ Date: _____
Signature

Principal: _____ Date: _____
Signature

Board Logo

ASTHMA Plan of Care (Sample)

STUDENT INFORMATION

Student Name _____ Date Of Birth _____

Ontario Ed. # _____ Age _____

Grade _____ Teacher(s) _____

Any other medical condition or
allergy?

MedicAlert® ID Yes No

Student Photo (optional)

EMERGENCY CONTACTS (LIST IN PRIORITY)

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

KNOWN ASTHMA TRIGGERS

CHECK (✓) ALL THOSE THAT APPLY

<input type="checkbox"/> Colds/Flu/Illness	<input type="checkbox"/> Weather (cold/hot/humid)	<input type="checkbox"/> Pets/Animals	<input type="checkbox"/> Strong Smells
<input type="checkbox"/> Vape/Smoke (e.g., tobacco, fire, cannabis, second-hand smoke)	<input type="checkbox"/> Mould	<input type="checkbox"/> Dust	<input type="checkbox"/> Pollution
<input type="checkbox"/> Physical Activity/Exercise	<input type="checkbox"/> Strong Emotions (e.g., anxiety, stress, laughing, crying, etc.)	<input type="checkbox"/> Other (Specify) _____	

At Risk For Anaphylaxis (Specify Allergen) _____

Asthma Trigger Avoidance Instructions: _____

DAILY/ ROUTINE ASTHMA MANAGEMENT

RELIEVER INHALER USE AT SCHOOL AND DURING SCHOOL-RELATED ACTIVITIES

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

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

Other (explain): _____

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

Spacer (valved holding chamber) provided? Yes No

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

Airomir/Salbutamol Ventolin/Albuterol Bricanyl/Terbutaline Other (Specify) _____

Student requires assistance to **access** reliever inhaler. Inhaler must be **readily accessible** (in accordance to [Ryan's Law](#))

Reliever inhaler is kept:

With _____ Location: _____ Other Location: _____

In locker # _____ Locker Combination: _____

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

Reliever inhaler is kept in the student's:

Pocket

Backpack/fanny Pack

Case/pouch

Other (specify): _____

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

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

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

In locker #: _____ Locker Combination: _____

CONTROLLER MEDICATION USE AT SCHOOL AND DURING SCHOOL-RELATED ACTIVITIES

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

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

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

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

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

EMERGENCY PROCEDURES

FOR MANAGEMENT

IF ANY OF THE FOLLOWING OCCUR:

- Continuous coughing
- Trouble breathing
- Chest tightness
- Wheezing (whistling sound in chest)

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

TAKE ACTION:

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

STEP 2: Check symptoms. Only return to normal activity when all symptoms are gone. If symptoms get worse or do not improve within 10 minutes, this is an **EMERGENCY!** Follow steps below.

FOR AN EMERGENCY

IF ANY OF THE FOLLOWING OCCUR:

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

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

EMERGENCY ACTION:

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

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

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

While waiting for medical help to arrive:

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

HEALTHCARE PROVIDER INFORMATION (OPTIONAL)

Healthcare provider may include: Physician, Nurse Practitioner, Registered Nurse, Pharmacist, Respiratory Therapist, Certified Respiratory Educator, or Certified Asthma Educator.

Healthcare Provider's Name: _____

Profession/Role: _____

Signature: _____ Date: _____

Special Instructions/Notes/Prescription Labels:

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

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

AUTHORIZATION/PLAN REVIEW

INDIVIDUALS WITH WHOM THIS PLAN OF CARE IS TO BE SHARED

1. _____ 2. _____ 3. _____

4. _____ 5. _____ 6. _____

Other Individuals To Be Contacted Regarding Plan Of Care:

Before-School Program Yes No _____

After-School Program Yes No _____

School Bus Driver/Route # (If Applicable) _____

Other: _____

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

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

Student: _____ Date: _____
Signature

Principal: _____ Date: _____
Signature

Board Logo

TYPE 1 DIABETES Plan of Care (Sample)

STUDENT INFORMATION

Student Name _____ Date Of Birth _____

Ontario Ed. # _____ Age _____

Grade _____ Teacher(s) _____

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

Student Photo (optional)

EMERGENCY CONTACTS (LIST IN PRIORITY)

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

TYPE 1 DIABETES SUPPORTS

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

Method of home-school communication: _____

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

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

DAILY/ROUTINE TYPE 1 DIABETES MANAGEMENT

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

Yes

No

If Yes, go directly to Emergency Procedures section

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

ROUTINE	ACTION (CONTINUED)
<p>INSULIN</p> <p><input type="checkbox"/> Student does not take insulin at school.</p> <p><input type="checkbox"/> Student takes insulin at school by:</p> <p style="padding-left: 20px;"><input type="checkbox"/> Injection <input type="checkbox"/> Pump <input type="checkbox"/> Insulin Pen</p> <p><input type="checkbox"/> Insulin is given by:</p> <p style="padding-left: 20px;"><input type="checkbox"/> Student independently <input type="checkbox"/> Student with supervision <input type="checkbox"/> Parent(s)/Guardian(s) <input type="checkbox"/> Trained Individual</p> <p>* All students with Type 1 diabetes use insulin. Some students will require insulin during the school day, typically before meal/nutrition breaks.</p>	<p>Location of insulin (if not using an insulin pump): _____</p> <p>_____</p> <p>Required times for insulin: _____</p> <p><input type="checkbox"/> Before school: <input type="checkbox"/> Morning Break:</p> <p><input type="checkbox"/> Lunch Break: <input type="checkbox"/> Afternoon Break:</p> <p><input type="checkbox"/> Other (Specify): _____</p> <p>Parent(s)/Guardian(s) responsibilities: _____</p> <p>School Responsibilities: _____</p> <p>Student Responsibilities: _____</p> <p>Additional Comments: _____</p>
<p>PHYSICAL ACTIVITY PLAN</p> <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 students' 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: _____</p> <p>2. During activity: _____</p> <p>3. After activity: _____</p> <p>Parent(s)/Guardian(s) Responsibilities: _____</p> <p>School Responsibilities: _____</p> <p>Student Responsibilities: _____</p> <p>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)</p>

ROUTINE	ACTION (CONTINUED)
<p>DIABETES MANAGEMENT KIT</p> <p>Parents/Guardians must provide, maintain, and refresh supplies. School must ensure this kit is accessible all times. (e.g. field trips, fire drills, lockdowns) and advise parents when supplies are low.</p>	<p>Diabetes Management Kits will be available in different locations and may include:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Blood Glucose meter, BG test strips, and lancets <input type="checkbox"/> Insulin/Syringes, insulin pens and supplies. <input type="checkbox"/> Source of fast-acting sugar (e.g. juice, candy, glucose tabs.) <input type="checkbox"/> Carbohydrate-containing snacks (e.g. granola bar, crackers) <input type="checkbox"/> Batteries for BG meter <input type="checkbox"/> Other (Please list) _____ <hr/> <p>Location of Kit:</p> <hr/>
<p>SPECIAL NEEDS</p> <p>A student with special considerations may require more assistance than outlined in this plan.</p>	<p>Comments:</p>

EMERGENCY PROCEDURES

HYPOGLYCEMIA – LOW BLOOD GLUCOSE

(4 mmol/L or less)

DO NOT LEAVE STUDENT UNATTENDED

Usual symptoms of Hypoglycemia for my child are:

- | | | | |
|---|--|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Shaky | <input type="checkbox"/> Irritable/Grouchy | <input type="checkbox"/> Dizzy | <input type="checkbox"/> Trembling |
| <input type="checkbox"/> Blurred Vision | <input type="checkbox"/> Headache | <input type="checkbox"/> Hungry | <input type="checkbox"/> Weak/Fatigue |
| <input type="checkbox"/> Pale | <input type="checkbox"/> Confused | <input type="checkbox"/> Other _____ | |

Steps to take for Mild Hypoglycemia (student is responsive)

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

Steps for Severe Hypoglycemia (student is unresponsive)

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

HYPERGLYCEMIA — HIGH BLOOD GLOCOSE

(14 MMOL/L OR ABOVE)

Usual symptoms of hyperglycemia for my child are:

- | | | |
|---|---|---|
| <input type="checkbox"/> Extreme Thirst | <input type="checkbox"/> Frequent Urination | <input type="checkbox"/> Headache |
| <input type="checkbox"/> Hungry | <input type="checkbox"/> Abdominal Pain | <input type="checkbox"/> Blurred Vision |
| <input type="checkbox"/> Warm, Flushed Skin | <input type="checkbox"/> Irritability | <input type="checkbox"/> Other: _____ |

Steps to take for Mild Hyperglycemia

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

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

- | | | |
|---|-----------------------------------|--|
| <input type="checkbox"/> Rapid, Shallow Breathing | <input type="checkbox"/> Vomiting | <input type="checkbox"/> Fruity Breath |
|---|-----------------------------------|--|

Steps to take for Severe Hyperglycemia

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

HEALTHCARE PROVIDER INFORMATION (OPTIONAL)

Healthcare provider may include: Physician, Nurse Practitioner, Registered Nurse, Pharmacist, Respiratory Therapist, Certified Respiratory Educator, or Certified Asthma Educator.

Healthcare Provider's Name: _____

Profession/Role: _____

Signature: _____ Date: _____

Special Instructions/Notes/Prescription Labels:

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

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

AUTHORIZATION/PLAN REVIEW

INDIVIDUALS WITH WHOM THIS PLAN OF CARE IS TO BE SHARED

1. _____ 2. _____ 3. _____

4. _____ 5. _____ 6. _____

Other individuals to be contacted regarding Plan Of Care:

Before-School Program Yes No _____

After-School Program Yes No _____

School Bus Driver/Route # (If Applicable) _____

Other: _____

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

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

Student: _____ Date: _____
Signature

Principal: _____ Date: _____
Signature

Board Logo

EPILEPSY Plan of Care (Sample)

STUDENT INFORMATION

Student Name _____ Date Of Birth _____

Ontario Ed. # _____ Age _____

Grade _____ Teacher(s) _____

Other medical condition/allergy? MedicAlert® ID Yes No

Student Photo (optional)

EMERGENCY CONTACTS (LIST IN PRIORITY)

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

Has an emergency rescue medication been prescribed? Yes No

If yes, attach the rescue medication plan, healthcare providers' orders and authorization from the student's parent(s)/guardian(s) for a trained person to administer the medication.

Note: Rescue medication training for the prescribed rescue medication and route of administration (e.g. buccal or intranasal) must be done in collaboration with a regulated healthcare professional.

KNOWN SEIZURE TRIGGERS

CHECK (✓) ALL THOSE THAT APPLY

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

DAILY/ROUTINE EPILEPSY MANAGEMENT

DESCRIPTION OF SEIZURE (NON-CONVULSIVE)	ACTION:
	(e.g. description of dietary therapy, risks to be mitigated, trigger avoidance.)
DESCRIPTION OF SEIZURE (CONVULSIVE)	ACTION:

SEIZURE MANAGEMENT

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

SEIZURE TYPE	ACTIONS TO TAKE DURING SEIZURE
(e.g. tonic-clonic, absence, simple partial, complex partial, atonic, myoclonic, infantile spasms) Type: _____ Description: _____	
Frequency of seizure activity: _____ _____	
Typical seizure duration: _____	

BASIC FIRST AID: CARE AND COMFORT

First aid procedure(s): _____

Does student need to leave classroom after a seizure? Yes No

If yes, describe process for returning student to classroom: _____

BASIC SEIZURE FIRST AID

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

FOR TONIC-CLONIC SEIZURE:

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

Make necessary accommodations to seating arrangements, rest periods and testing for student safety and wellbeing.

EMERGENCY PROCEDURES

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

Call 9-1-1 when:

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

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

HEALTHCARE PROVIDER INFORMATION (OPTIONAL)

Healthcare provider may include: Physician, Nurse Practitioner, Registered Nurse, Pharmacist, Respiratory Therapist, Certified Respiratory Educator, or Certified Asthma Educator.

Healthcare Provider's Name: _____

Profession/Role: _____

Signature: _____ Date: _____

Special Instructions/Notes/Prescription Labels:

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

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

AUTHORIZATION/PLAN REVIEW

INDIVIDUALS WITH WHOM THIS PLAN OF CARE IS TO BE SHARED

1. _____ 2. _____ 3. _____

4. _____ 5. _____ 6. _____

Other Individuals To Be Contacted Regarding Plan Of Care:

Before-School Program Yes No _____

After-School Program Yes No _____

School Bus Driver/Route # (If Applicable) _____

Other: _____

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

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

Student: _____ Date: _____
Signature

Principal: _____ Date: _____
Signature

COMMUNICATION STRATEGIES/PRIVACY AND CONFIDENTIALITY

Due to the nature and severity of prevalent medical conditions, communication strategies must be clear and widely distributed across the school board. The school principal will establish a communication plan at the start of the school year to share information about students with prevalent medical conditions with parents, students, employees, volunteers, coaches, and where appropriate, food service providers, transportation providers and child care providers.

General communication about the prevalent medical conditions can be handled through board/school communication vehicles such as letters home to all parents, or through the school newsletter, board/school website, parent information nights and other school presentations.

The student's Plan of Care will identify those individuals in direct contact with the student during the course of their educational experience (including occasional teachers and volunteers) who will need training and/or information on the student's prevalent medical condition.

School boards should have a policy in place regarding the confidentiality of the student's medical condition within the school environment, including practices for accessing, sharing and documenting information. School boards must comply with applicable privacy legislation and obtain parental consent in the Individual Plan of Care prior to sharing student health information with school staff or other students. Parents and school staff should be informed of the measures to protect the confidentiality of students' medical records and information.

FACILITATING AND SUPPORTING DAILY/ROUTINE MANAGEMENT

School boards should determine and outline in policies board expectations for providing supports to students with prevalent medical conditions in order to facilitate their routine or daily management of activities in school.

This includes, but is not limited to, supporting inclusion by allowing students with prevalent medical conditions to perform daily or routine management activities in a school location (e.g. within the classroom, gymnasium, library, schoolyard; on a school bus; at a field trip location), as outlined in their Plan of Care.

RESPONSE PROTOCOLS AND PRACTICES FOR RESPONDING TO MEDICAL EMERGENCIES

School boards should determine and outline in policies board expectations for school staff responses to medical incidents and/or medical emergencies at school that involve students with prevalent medical conditions. At a minimum, the response should align with existing school board medical emergency procedures (e.g. immediate response, including use of emergency medication and monitoring and/or calling Emergency

Medical Services). The response should also align with the Plan of Care established for the student.

School boards should review their medical emergency procedures, in consultation with evidence-based materials that have been developed by health and education partners. Resources are available on the Prevalent Medical Conditions page on the EduGAINS portal (www.edugains.ca/newsite/SafeHealthySchools/medical-conditions/Prevalent-Medical-Conditions.html).

AWARENESS TRAINING/RESOURCES

School boards should raise awareness of their policies on prevalent medical conditions. They should also raise awareness of the range of evidence-based resources that provide information on various aspects of prevalent medical conditions, including triggers or causative agents, signs and symptoms of medical incidents and medical emergencies, and school board emergency procedures.

School boards should also make appropriate resources available to occasional staff and service providers, such as food service and transportation providers.

Schools, also, should raise awareness of prevalent medical conditions that affect students. They can do so, for example, through curriculum content in classroom, instruction, other related learning experiences, and classroom leadership opportunities. Awareness is especially important at times of transition (e.g. the move to a new school, the move from elementary to secondary school), when students have to face social, physiological and environmental changes.

School board policies should include strategies for providing training about prevalent medication conditions, at a minimum annually, for school staff who have direct contact with students with medical condition(s). Particular consideration should be given to the training needs of occasional staff. Training should take place within the student's first thirty (30) days of school, where possible, to ensure the safety and well-being of the student, and should be reviewed as appropriate.

The scope of the training should include the following:

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

It is expected that school boards, in consultation with teachers' federations, principals' associations, and education workers' unions, will determine the scope of training required to support implementation of their policies, as well as the mode of delivery of the training and any privacy implications that may arise. The scope of training should be consistent with expected duties of school board staff, as outlined in school board policy.

To support school boards, evidence-based resources are available online through the Ministry of Education's website and the Prevalent Medical Conditions page on the EduGAINS portal. These resources have been developed by the following health and education partners:

- Asthma Canada – www.asthma.ca
- Canadian Paediatric Society - www.cps.ca
- Diabetes Canada – www.diabetes.ca
- Epilepsy Ontario – www.epilepsyontario.org
- Food Allergy Canada – www.foodallergycanada.ca
- Lung Health Foundation – Ontario – www.lunghealth.ca
- Ophea – www.ophea.net
- Ontario Education Services Corporation – www.oesc-cseo.org

SAFETY CONSIDERATIONS

There are a number of safety considerations to be managed when implementing policies on prevalent medical conditions. These considerations are necessary to ensure the safety of students with prevalent medical conditions and the students and staff who come into contact with them. Some students with these conditions will be required to carry, store and administer medication. Safe storage of medications that does not prevent ease of access and the disposal of syringes and expired medication must be addressed.

School board policies on prevalent medical conditions should:

- allow for students to carry their medication(s) (including controlled substances) and supplies, as outlined in the Plan of Care
- set expectations for schools to support the storage (according to the item's recommended storage conditions), and safe disposal of medication and medical supplies
- include a process and appropriate resources to support students with prevalent medical conditions in the event of a school emergency (e.g. bomb threats, evacuation, fire, hold and secure, lockdown) or for activities off school property (e.g. field trip, sporting event). This process should also include considerations for occasional staff

School boards are expected to provide schools with appropriate supplies to support safe disposal of medication and medical supplies.

In accordance with the requirements of the *Child and Family Services Act, 1990*, where board employees have reason to believe that a child may be in need of protection, board employees must call *Children's Aid Society* and file a formal report.

REPORTING/DOCUMENTATION

Subject to relevant privacy legislation, school boards should develop a process to collect data regularly, including but not limited to, data on the number of students with prevalent medical conditions at their schools, and should monitor the number of occurrences of medical incidents and medical emergencies, as well as circumstances surrounding these incidents. School boards should use these data as part of their cyclical policy reviews.

In accordance with Paragraph 27.1 of subsection 8(1) of the Education Act, school boards will be required to report to the Minister of Education upon implementation and, upon request thereafter, on their activities to achieve the expectations outlined in PPM 161.

School policies should also include expectations for school staff regarding the documentation of any medication administered to students, including students with prevalent medical conditions. The maintenance of such documentation must be in keeping with the school board records and information management policies as well as Personal Health Information Protection Act (PHIPA) and Municipal Freedom of Information and Protection of Privacy Act (MFIPPA) requirements.

LIABILITY

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

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

(2) Subsection (1) applies to,
... (b) an individual... who provides emergency first aid 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.

In addition, in the cases of anaphylaxis and asthma, both *Sabrina's Law* (2005) and *Ryan's Law* (2015) include provisions limiting the liability of individuals who respond to an emergency relating to these conditions, as cited below:

Section 3(4) of *Sabrina's Law*:

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

Section 4(4) of *Ryan's Law*:

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

APPENDICES: OPTIONAL SAMPLE FORMS

APPENDIX A

Consent Form (Self-Administer and/or Employee Administer)

To Carry and Administer Medication for a Prevalent Medical Condition

Board Logo

CONSENT FORM

TO CARRY AND ADMINISTER MEDICATION/DISCLOSE PERSONAL INFORMATION

TO BE SIGNED BY PARENT/GUARDIAN UNLESS THE STUDENT IS 18 YEARS OF AGE OR OLDER

ADMINISTRATION OF MEDICATION

In the event of my child _____ experiencing a medical emergency, I consent to the administration of _____ (specify type of medication) by an employee of the _____ (school board) as prescribed by the physician and outlined in the Emergency Procedures of the Prevalent Medical Conditions Policy/Administrative Procedure.

PLEASE PRINT

Student's Name: _____

Class/Teacher: _____

Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Date: _____

Signature of Student: _____
(if 18 years of age or older)

Date: _____

MAINTENANCE OF MEDICATION

I understand that it is the responsibility of my child _____ to carry _____ (specify type of medication) on his/her person.

PLEASE PRINT

Student's Name: _____

Class/Teacher: _____

Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Date: _____

Signature of Student: _____
(if 18 years of age or older)

Date: _____

Name of Physician: _____

Physician Phone #: _____

COLLECTION, DISCLOSURE AND USE OF PERSONAL INFORMATION

Authorization for the collection and maintenance of the personal information recorded on the Prevalent Medical Conditions form is the Municipal Freedom of Information and the Protection of Privacy Act. Users of this information should be directed by the principal of the school.

OPTIONAL:

Additionally, I further consent to the disclosure and use of the personal information collected herein to persons, including persons who are not the employees of the _____ (School Board) through the posting of photographs and medical information of my child (Plan of Care/Emergency Procedures) in the following key locations:

- classroom staffroom lunchroom other
- office school bus gym

and through the provision of personal information contained herein to the following persons who are not employees of the Board: please check (✓) all applicable boxes

- Food service providers Child care providers
- Board approved transportation carriers Other _____
- School volunteers in regular direct contact with my child

Signature of Parent/Guardian: _____ Date: _____

Signature of Student: _____ Date: _____
(if 18 years of age or older)

Signature of Principal: _____ Date: _____

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

PLEASE NOTE THIS CONSENT EXPIRES AT THE END OF THE CURRENT SCHOOL YEAR.

APPENDIX B

Medical Incident Record Form

Board Logo

MEDICAL INCIDENT RECORD FORM

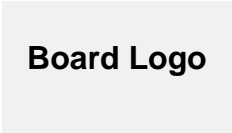
STUDENT NAME: _____

D.O.B. _____

Date:	Time of Incident	Length of Incident	Events before Incident	Description of Incident	Events after Incident	Date/Time Parent(s)/Guardian(s) Contacted

APPENDIX C

School Personnel Prevalent Medication Condition Training Record



PREVALENT MEDICAL CONDITION TRAINING - ATTENDANCE RECORD

SCHOOL: _____

PRINCIPAL: _____

DESCRIPTION OF PRESENTATION: _____

(e.g. face-to-face training, webcast, video, etc)

DATE OF TRAINING SESSION: _____

Name	Position (e.g. Principal, Teacher, Support Staff, Coach, Volunteer, Food Service Provider)	Signature

APPENDIX D
School Communication Protocol

Board Logo

**COMMUNICATION PROTOCOL (911) – PREVALENT MEDICAL CONDITION
EMERGENCY
(TO BE READ BY PERSON CALLING 911 EMERGENCY #)**

This is _____ School

We are located at:

Address: _____

Nearest Major Intersection/County Road: _____

Telephone Number: _____

We have a student with a medical condition (please specify anaphylaxis, asthma, diabetes or epilepsy) who is experiencing difficulty. The student is displaying the following symptoms:

Description of symptoms:

If the student has a life-threatening allergy, inform the dispatcher whether or not epinephrine (an EpiPen®) was administered.

We need an ambulance immediately. The closest school entrance for the ambulance to approach is:

A staff member will be outside of the school entrance to provide more information.

Do you need any more information? _____

How long will it take you to get here? _____

THEN: CALL PARENT(S)/GUARDIAN(S) EMERGENCY CONTACT NUMBER.

APPENDIX E

Sample Letter Inviting Parent/Guardian to Meeting to Develop Plan of Care

Board Logo

(Insert date)

Dear Parent/Guardian:

You recently advised the school that (insert child/student name) requires support relating to (insert name of prevalent medical condition...asthma, anaphylaxis, epilepsy or diabetes).

The (insert name of school board) supports children/students with a prevalent medical condition and values the opportunity to work collaboratively with parents and students in the development of a Plan of Care to meet your child's needs. A meeting for this purpose has been scheduled for (insert date and time) at the school. You are asked to bring any pertinent medical reports as well the completed consent forms for the administration of medication at school and school-related events and the sharing of information. I will chair the meeting and (insert names of school staff to attend) will also be in attendance. You and (insert child's name) are also welcome to bring additional individuals that can contribute to the development of the Plan of Care.

A copy of the Board's policies/procedures pertaining to the management of prevalent medical conditions is included for you to read prior to the meeting. Should you have further questions about this meeting, or the materials provided, you are welcome to contact me at (insert contact information). We look forward to working together to ensure a safe and successful year for your child!

Sincerely,

Principal

Please complete the bottom portion and return to the school

RE: Plan of Care Development Meeting for _____ (insert student name)

_____ I will be in attendance at the meeting on (insert date and time)

_____ I am requesting a different time for the meeting and will be in contact with the principal

Parent/Guardian Signature _____

APPENDIX F

Responsibilities Checklist /Prevalent Medical Conditions

Board Logo

A) Parents of Children with Prevalent Medical Conditions

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

- educate their child about their medical condition(s) with support from the 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(s) and co-create the Plan of Care for their child with the principal or the principal's designate
- communicate changes to the Plan of Care, such as changes to the status of their child's medical condition(s), or changes to their child's ability to manage the medical condition(s), to the principal or the principal's designate
- confirm annually to the principal or the principal's designate that their child's medical status is unchanged
- initiate and participate in meetings to review their child's Plan of Care
- supply their child and /or school with sufficient quantities of medication and supplies in their original, clearly labelled containers, as directed by a health care professional and as outlined in the Plan of Care, and track the expiration dates if they are supplied
- seek medical advice from a medical doctor, nurse practitioner, or pharmacist where appropriate
- other

B) Students with Prevalent Medical Conditions

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

Students should:

- take responsibility for advocating for their personal safety and well-being that is consistent with their cognitive, emotional, social, and physical stage of development and their capacity for self-management
- participate in the development of their Plan of Care
- participate in the meetings to review their Plan of Care

- carry out daily or routine self-management of their medical condition to their full potential, as described in their Plan of Care (e.g. carry their medication and medical supplies, follow school board policies on disposal of medication and medical supplies)
- set goals on an ongoing basis for self-management of their medical condition, in conjunction with their parent(s) and health care professional(s)
- communicate with their parent(s) and school staff if they are facing challenges related to their medical conditions(s) at school
- wear medical alert identification that they and /or their parent(s) deem appropriate
- if possible, inform school staff and/or their peers if a medical incident or a medical emergency occurs
- other

C) School Staff

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

- review the contents of the Plan of Care for any student with whom they have direct contact
- participate in training, during the instructional day, on prevalent medical conditions, at a minimum annually, as required by the school board
- share information about a student's signs and symptoms with other students, as outlined in the Plan of Care and authorized by the principal in writing
- follow school board strategies that reduce the risk of student exposure to triggers or causative agents in classrooms, common school areas, and extracurricular activities, in accordance with the student's Plan of Care
- 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 allowing students with prevalent medical conditions to perform daily or routine management activities in a school location (e.g., classroom), as outlined in their Plan of Care, while being aware of confidentiality and the dignity of the student
- enable students with prevalent medical conditions to participate in school to their full potential, as outlined in their Plan of Care
- other

D) Principal

In addition to the responsibilities outlined under “School Staff”, the principal should:

- clearly communicate to parents and appropriate staff for the process for parents to notify the school of their child’s medical condition(s), as well as the expectation for parents to co-create, review, and update a Plan of Care, with the principal or principal’s designate. This process should be communicated to parents at a minimum at the time of registration, each year during the first week of school, and when a child is diagnosed and /or returns to school following a diagnosis
- co-create, review or update the Plan of Care for a student with a prevalent medical condition with parent(s), in consultation with school staff (as appropriate) and with the student (as appropriate)
- maintain a file with the Plan of Care and supporting documentation for each student with a prevalent medical condition
- provide relevant information from the student’s Plan of Care to school staff and others who are identified in the Plan of Care (e.g. food service providers, transportation providers, volunteers, occasional staff who will be in direct contact with the student), including any revisions that are made to the plan
- communicate with parents in medical emergencies, as outlines in the Plan of Care
- encourage the identification of staff who can support the daily or routine management needs of the students in the school with prevalent medical conditions, while honouring the provisions within their collective agreements
- other

E) 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) At a minimum, making their policies and their Plan of Care templates available on their public website in the language of instruction.

School boards are also expected to:

- provide training and resources on prevalent medical conditions on an annual basis

- develop strategies that reduce the risk of student exposure to triggers or causative agents in classrooms and common school 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
- communicate expectations that students are allowed to carry their medication and supplies to support the management of their medical condition, as outlined in their Plan of Care
- consider this policy and related policies when entering into contracts with transportation, food service and other providers
- other

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