

**THE PROTESTANT SEPARATE SCHOOL BOARD
OF THE TOWN OF PENETANGUISHENE
POLICY MANUAL**

POLICY TITLE:

SECTION/CODE:

**Supporting Students with Prevalent
Medical Conditions (Anaphylaxis, Asthma, Diabetes,
And/or Epilepsy and Heart Conditions in School)**

School Operations - D19b

APPROVAL DATE:

SUPERSEDES:

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POLICY STATEMENT

The Protestant Separate School Board of the Town of Penetanguishene recognizes that there are students who attend Burkevale Separate School who are diagnosed with medical conditions such as Anaphylaxis, Asthma, Diabetes and/or Epilepsy and Heart Conditions. These conditions may require continual monitoring and/or immediate action to ensure the health and safety of the students. Staff, students and parents/guardians play critical roles in the development and implementation of individual student 'Plan of Care'.

POLICY PURPOSE

It is the policy of the Protestant Separate School Board (PSSBP) to establish guidelines for supporting students with medical conditions in order for:

- 1) Students to fully access school in a safe, accepting and healthy learning environment that supports well being
- 2) Students to be empowered as confident and capable learners, to reach their full potential for self-management of medical condition(s) according to their Plan of Care

REFERENCES

-Policy/Program Memorandum No. 161 - Supporting Children and Students with Prevalent Medical Conditions (Anaphylaxis, Asthma, Diabetes, and/or Epilepsy) in Schools.

-Sabrina's Law (An Act to Protect Anaphylactic Pupils 2005)

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

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.

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

Heart Condition – A range of conditions that affect the function of the heart which can include heart rhythm problems and congenital heart defects.

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, epilepsy and heart conditions.

School – all school and school-board activities, including field trips, overnight excursions, board/school-sponsored sporting events.

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). A student's journey to reach their

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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 may be required.

Students – children in Kindergarten to Grade 8

ADMINISTRATIVE PROCEDURES

Roles and Responsibilities:

1. School Board Responsibilities:

The PSSBP will:

- 1.1 communicate through the board website and other appropriate means, on an annual basis, it's policies on supporting students with prevalent medical conditions to parents/guardians, school board staff, and others in the school community who are in direct contact with students (e.g. transportation providers, volunteers).
- 1.2 make its policies and its Plan of Care templates available on the website at www.pssbp.ca
- 1.3 provide training and resources to staff on prevalent medical conditions on an annual basis;
- 1.4 develop strategies that reduce the risk of student exposure to triggers or causative agents in classrooms and common school areas;
- 1.5 develop expectations for the school to support the safe storage and disposal of medication and medical supplies, and communicate these expectations to the school;
- 1.6 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;
- 1.7 consider this policy and related board policies when entering into contracts with transportation, food service, and other providers.

2. Principal/Designate Responsibilities

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

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expectation for parents/guardians to co-create, review, and update a Plan of Care with the principal/designate.

2.2 This process should be communicated to parents/guardians, at a minimum:

- during the time of registration;
- each year during the first week of school;
- when a child is diagnosed and/or returns to school following a diagnosis;

2.3 co-create, review, or update the Plan of Care for a student with a prevalent medical condition with the parent(s) / guardian(s), in consultation with school staff (as appropriate) and with the student (as appropriate);

2.4 maintain a file with the Plan of Care and supporting documentation for each student with a prevalent medical condition;

2.5 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;

2.6 communicate with parent(s)/ guardian(s) in medical emergencies, as outlined in the Plan of Care;

2.7 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.

3. School Staff Responsibilities:

3.1 follow the board's policies and the provisions in its' collective agreements related to supporting students with prevalent medical conditions in schools.

3.2 review the contents of the Plan of Care for any student with whom they have direct contact;

3.3 participate in training, during the instructional day, on prevalent medical conditions, at a minimum annually, as required by the board;

3.4 share information on a student's signs and symptoms with other students, if the

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parent/guardian gives consent to do so and as outlined in the Plan of Care and authorized by the principal/designate in writing;

3.5 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;

3.6 support a student's daily or routine management, and respond to medical incidents and medical emergencies that occur during school, as outlined in board policies and procedures (in situations where school board staff already provide supports to students with prevalent medical conditions, and are already trained appropriately).

3.7 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;

3.8 enable students with prevalent medical conditions to participate in school to their full potential, as outlined in their Plan of Care.

4. Parents/Guardians' Responsibilities:

As primary caregivers of their child, parents/guardians are encouraged to be active participants in supporting the management of their child's medical condition(s) while the child is in school.

4.1 educate their child about their medical condition(s) with support from their child's health care professional, as needed;

4.2 guide and encourage their child to reach their full potential for self-management and self-advocacy;

4.3 inform the school of their child's medical condition(s) and co-create the Plan of Care for their child with the principal/designate;

4.4 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/designate;

4.5 confirm annually to the principal/designate that their child's medical status is unchanged;

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4.6 initiate and participate in annual meetings to review their child's Plan of Care;

4.7 supply their child and/or the school with sufficient quantities of medication and supplies in their original, clearly labelled containers, as directed by a health care professional and as outlined in the Plan of Care, and track the expiration dates if they are supplied;

4.8 seek medical advice from a medical doctor, nurse practitioner, or pharmacist, where appropriate.

5. Student's Responsibilities:

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.

5.1 take responsibility for advocating for their personal safety and well-being that is consistent with their cognitive, emotional, social, and physical stage of development and their capacity for self-management

5.2 participate in the development of their Plan of Care

5.3 participate in meetings to review their Plan of Care;

5.4 carry out daily or routine self-management of their medical condition to their full potential, as described in their Plan of Care (e.g., carry their medication and medical supplies; follow school board policies on disposal of medication and medical supplies);

5.5 set goals on an ongoing basis for self-management of their medical condition, in conjunction with their parent(s)/guardian(s) and health care professional(s);

5.6 communicate with their parent(s)/guardian(s) and school staff if they are facing challenges related to their medical condition(s) at school;

5.7 wear medical alert identification that they and/or their parent(s)/guardian(s) deem appropriate;

5.8 if possible, inform school staff and/or their peers if a medical incident or a medical emergency occurs.

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OPERATIONAL PROCEDURES

PLAN OF CARE

A Plan of Care is a form that contains individualized information on a student with a prevalent medical condition. This board policy includes a Plan of Care form for each of the prevalent medical conditions.

The Plan of Care for a student with a prevalent medical condition should be co-created, reviewed and/or updated by the parents/guardians in consultation with the principal/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.

With authorization from parents/guardians, the principal/designate should share the Plan of Care with school staff who are in direct contact with students with prevalent medical conditions and, as appropriate, with others who are in direct contact with students with prevalent medical conditions (e.g. food service providers, transportation providers, volunteers, classmates).

The Plan of Care templates for each prevalent medical condition that will be used by the PSSBP are included at the conclusion of this policy.

COMMUNICATION STRATEGIES/PRIVACY AND CONFIDENTIALITY

The school principal/designate will establish a communication plan at the start of the school year to share information about students with prevalent medical conditions with parents/guardians, students, employees, volunteers, coaches, and where appropriate, food service providers, transportation providers and classmates.

General communication about the prevalent medical conditions may be handled through letters home to all parents/guardians, or through the school newsletter, board/school website, parent/guardian 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

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volunteers) who will need training and/or information on the student's prevalent medical condition.

The PSSBP and the school will 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/guardians and school staff will be informed of the measures to protect the confidentiality of students' medical records and information.

FACILITATING AND SUPPORTING DAILY/ROUTINE MANAGEMENT

The PSSBP supports, to the extent possible, 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.

CURRENT POLICIES/RESPONSE PROTOCOLS AND PRACTICES FOR RESPONDING TO MEDICAL EMERGENCIES

D11 Student Field Trips and Excursions
D26 Student Concussion Protocol
D31 Emergency Response Protocol

AWARENESS TRAINING/RESOURCES

The PSSBP is committed to training and raising awareness of their policy(ies) related to prevalent medical conditions, through raising 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 emergency procedures.

The PSSBP, in collaboration with the school will, where applicable, make appropriate resources available to occasional staff and service providers e.g. food service and transportation providers.

The school will raise awareness of prevalent medical conditions that affect students. They can do so through curriculum content in classroom, instruction, other related learning experiences, and classroom leadership opportunities. Awareness is especially important at

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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.

The board in collaboration with the school will develop 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). Consideration will 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 may 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

The PSSBP, in consultation with appropriate partners e.g. Ontario Principals' Council (OPC), Elementary Teachers' Federation of Ontario (ETFO), 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 will be consistent with expected duties of school board staff, as outlined in board policy(ies).

The PSSBP will access evidence-based resources available through the Ministry of Education that have been developed by the following health and education partners:

- Asthma Canada – www.asthma.ca
- Diabetes Canada – www.diabetes.ca
- Canadian Paediatric Society - www.cps.ca.
- Epilepsy Ontario – <http://epilepsyontario.org/>
- Food Allergy Canada – www.foodallergycanada.ca
- The Lung Association – Ontario – www.onlung.ca
- Ophea – www.ophea.net
- Ontario Education Services Corporation – www.oesc-cseo.org

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SAFETY CONSIDERATIONS

The PSSBP will ensure that safety considerations are addressed as necessary to ensure the safety of students with prevalent medical conditions and of 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 are addressed in Policy D19a.

Within D11 Student Field Trips and Excursions and D31 Emergency Response Protocol, the process outlined includes support for 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 is also applicable for occasional staff.

The PSSBP will support the school in its efforts to support the storage of medication and medical supplies (according to the item's recommended storage conditions) and provide the school with appropriate supplies to support safe disposal of medication and medical supplies. (See policy D19a)

REPORTING/DOCUMENTATION

The PSSBP, subject to relevant privacy legislation, may collect data regularly, including but not limited to, data on the number of students with prevalent medical conditions at the school, and should monitor the number of occurrences of medical incidents and medical emergencies, as well as circumstances surrounding these incidents. The PSSBP may use these data as part of its cyclical policy reviews.

In accordance with Paragraph 27.1 of subsection 8(1) of the Education Act, the PSSBP is required to report to the Minister of Education upon implementation and, upon request thereafter, on the activities to achieve the expectations outlined in Policy/Program Memorandum 161 Supporting Students and Children with Prevalent Medical Conditions (Anaphylaxis, Asthma, Diabetes, Epilepsy and/or Heart Conditions) in Schools.

As per Policy D19a FORM 3, the school has a process regarding the documentation of any medication administered to students, including students with prevalent medical conditions.

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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



PREVALENT MEDICAL CONDITION ANAPHYLAXIS
Plan of Care Form #1

**STUDENT
INFORMATION**

Student Name _____ Date Of Birth _____

Ontario Ed. # _____ Age _____

Grade _____ Teacher(s) _____

Student Photo

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® 0.30 mg Location Of Auto-Injector(s): _____

☐ 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, vomiting, diarrhea, pain or cramps.
- **Cardiovascular system** (heart): paler than normal skin colour/blue colour, weak pulse, passing out, dizziness or light-headedness, shock.

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.

**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. (see Appendix A)
3. Give a second dose of epinephrine if available 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. Notify 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. School Staff

2. Volunteers

3. Occasional Staff
eg. Teachers, ECEs, EAs

4. Classmates

5. _____

6. _____

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



PREVALENT MEDICAL CONDITION ASTHMA
Plan of Care Form #2

STUDENT INFORMATION

Student Name _____ Date Of Birth _____

Ontario Ed. # _____ Age _____

Grade _____ Teacher(s) _____

Student Photo

EMERGENCY CONTACTS (LIST IN PRIORITY)

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

KNOWN ASTHMA TRIGGERS

CHECK (✓) ALL THOSE THAT APPLY

| | | | |
|--|--|-------------------------------------|--|
| <input type="checkbox"/> Colds/Flu/Illness | <input type="checkbox"/> Change In Weather | <input type="checkbox"/> Pet Dander | <input type="checkbox"/> Strong Smells |
| <input type="checkbox"/> Smoke (e.g. tobacco, fire, cannabis, second-hand smoke) | <input type="checkbox"/> Mould | <input type="checkbox"/> Dust | <input type="checkbox"/> Cold Weather |
| <input type="checkbox"/> Physical Activity/Exercise | <input type="checkbox"/> Other (Specify) _____ | | |

☐ At Risk For Anaphylaxis (Specify Allergen) _____

☐ Asthma Trigger Avoidance Instructions: _____

☐ Any Other Medical Condition or Allergy? _____

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)

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

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

☐ Airomir ☐ Ventolin ☐ Bricanyl ☐ Other (Specify) _____

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

Reliever inhaler is kept:

☐ With _____ – location: _____ Other Location: _____

☐ In locker # _____

☐ 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:

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

☐ In locker #: _____

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/ad/or under
(Name of Medication) the following conditions: _____

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

EMERGENCY PROCEDURES

IF ANY OF THE FOLLOWING OCCUR:

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

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

TAKE ACTION:

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

STEP 2: Check symptoms:

- breathing is difficult and fast
- cannot speak in full sentences
- lips or nailbeds are blue or grey
- skin or neck or chest sucked in with each breath
- anxious, restless and or quiet

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:

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

Call 9-1-1 (See Appendix A) 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 anaphylactic shock).
- Do not have student breathe into a bag.
- Stay calm, reassure the student and stay by his/her side.
- Notify 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. School Staff

2. Volunteers

3. Occasional Staff

e.g. Teacher's DECEs and EAS

4. Classmates

5. _____

6. _____

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



PREVALENT MEDICAL CONDITION TYPE 1 DIABETES
Plan of Care Form # 3

STUDENT INFORMATION

Student Name _____ Date Of Birth _____

Ontario Ed. # _____ Age _____

Grade _____ Teacher(s) _____

Student Photo

EMERGENCY CONTACTS (LIST IN PRIORITY)

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

TYPE 1 DIABETES SUPPORTS

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

Method of home-school communication: _____

Any other medical condition or allergy? _____

DAILY/ROUTINE TYPE 1 DIABETES MANAGEMENT

Student is able to manage their diabetes care independently

☐ Yes

☐ No

☐ If Yes, go directly to page five (5) — Emergency Procedures

| ROUTINE | ACTION |
|---|--|
| <p>BLOOD GLUCOSE MONITORING</p> <p><input type="checkbox"/> Student requires trained individual to check BG/ read meter.</p> <p><input type="checkbox"/> Student needs supervision to check BG/ read meter.</p> <p><input type="checkbox"/> Student can independently check BG/ read meter.</p> <p><input type="checkbox"/> Student has continuous glucose monitor (CGM)</p> <p>★ Students should be able to check blood glucose anytime, anyplace, respecting their preference for privacy.</p> | <p>Target Blood Glucose Range _____</p> <p>Time(s) to check BG: _____</p> <p>_____</p> <p>Contact Parent(s) Guardian(s) is BG is: _____</p> <p>Parent(s)/ Guardian(s) Responsibilities: _____</p> <p>_____</p> <p>School Responsibilities: _____</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>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>_____</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</p> <p style="padding-left: 20px;"><input type="checkbox"/> Pump</p> <p><input type="checkbox"/> Insulin is given by:</p> <p style="padding-left: 20px;"><input type="checkbox"/> Student</p> <p style="padding-left: 20px;"><input type="checkbox"/> Student with supervision</p> <p style="padding-left: 20px;"><input type="checkbox"/> Parent(s)/Guardian(s)</p> <p style="padding-left: 20px;"><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: _____</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>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> |

DIABETES MANAGEMENT KIT

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.

A student with special considerations may require more assistance than outlined in this plan.

Kits will be available in different locations but will include:

☐ Blood Glucose meter, BG test strips, and lancets

☐ Insulin and insulin pen and supplies.

☐ Source of fast-acting sugar (e.g. juice, candy, glucose tabs.)

☐ Carbohydrate containing snacks

☐ Other (Please list) _____

Location of Kit:

EMERGENCY PROCEDURES

HYPOGLYCEMIA – LOW BLOOD GLUCOSE

(4 mmol/L or less)

DO NOT LEAVE STUDENT UNATTENDED

Usual symptoms of Hypoglycemia for my child are:

☐ Shaky

☐ Irritable/Grouchy

☐ Dizzy

☐ Trembling

☐ Blurred Vision

☐ Headache

☐ Hungry

☐ Weak/Fatigue

☐ Pale

☐ Confused

☐ Other _____

Steps to take for Mild Hypoglycemia (student is responsive)

1. Check blood glucose, give _____ grams of fast acting carbohydrate (e.g. ½ cup of juice, 15 skittles)
2. Re-check blood glucose in 15 minutes.
3. If still below 4 mmol/L, repeat steps 1 and 2 until BG is above 4 mmol/L. Give a starchy snack 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 (See Appendix A). 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. Notify 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. School Staff

2. Volunteers

3. Occasional Staff

e.g. Teacher's DECEs and EAS

4. Classmates

5. _____

6. _____

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



PREVALENT MEDICAL CONDITION — TYPE 1 EPILEPSY
Plan of Care Form # 4

STUDENT INFORMATION

Student Name _____ Date Of Birth _____

Ontario Ed. # _____ Age _____

Grade _____ Teacher(s) _____

Student Photo

EMERGENCY CONTACTS (LIST IN PRIORITY)

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

Has an emergency rescue medication been prescribed? ☐ Yes ☐ No

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

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

KNOWN SEIZURE TRIGGERS

CHECK (✓) ALL THOSE THAT APPLY

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

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

EMERGENCY PROCEDURES

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

Call 9-1-1 (See Appendix A) 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 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. School Staff

2. Volunteers

3. Occasional Staff

e.g. Teachers, ECEs and DECEs

4. Classmates

5. _____

6. _____

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



PREVALENT MEDICAL CONDITION HEART

Plan of Care Form # 5

STUDENT INFORMATION

Student Name _____ Date Of Birth _____

Ontario Ed. # _____ Age _____

Grade _____ Teacher(s) _____

Student Photo

KNOWN HEART CONDITION TRIGGERS

CHECK (✓) ALL THOSE THAT APPLY

☐ Physical Activity

☐ Exercise

☐ Other

POSSIBLE HEART CONDITION SYMPTOMS

- Fluttering in your chest
- Racing heartbeat (tachycardia)
- Slow heartbeat (bradycardia)
- Chest pain or discomfort
- Shortness of breath
- Light-headedness
- Dizziness
- Fainting (syncope) or near fainting

CONTROLLER MEDICATION USE AT SCHOOL AND DURING SCHOOL-RELATED ACTIVITIES

Controller medications that may be taken at school.

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)

EMERGENCY PROCEDURES

WHEN THE CONDITION IS DEEMED AN EMERGENCY:

STEP 1: Call 9-1-1 for an ambulance. Follow 9-1-1 communication protocol with emergency responders.
(See Appendix A)

STEP 2: Notify 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. School Staff | 2. Volunteers | 3. Occasional Staff e.g. Teachers, DECEs, EAS |
| 4. Classmates | 5. _____ | 6. _____ |

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