

Near North District School Board is committed to ensuring a safe, accepting and healthy learning environment that supports student well-being, including the well-being of students with prevalent medical conditions. Students with health and medical needs will be empowered in this environment, 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 purpose of this guideline is to ensure that there is a collaborative approach to student medical conditions. Collaborative partners include the student, parent(s)/guardian(s), principal/vice-principal, school staff and health care professionals. This collaboration is to ensure a full understanding of the medical condition V X S S R U W V F O D U L W \ R I U R O H V D Q G F R P P X Q L F D W L R G individual Plan of Care.

Staff training and familiarity Z L W K D V W X G H Q W ¶ V S U H Y D O H Q W P H G L F D O

1.0 INFORMATIVE LEGISLATION

Anaphylaxis Reaction : signs and symptoms of anaphylaxis can occur within minutes of exposure to an allergen. In rarer cases, the time frame can vary up to several hours after exposure. The ways in which symptoms appear can vary from person to person and from episode to episode in the same person. Symptoms of anaphylaxis generally include two or more of the following body systems: skin, respiratory, gastrointestinal and/or cardiovascular. However, low blood pressure alone, in the absence of other symptoms, can also represent anaphylaxis.

Asthma : is a chronic, inflammatory disease of the airways in the lungs. Symptoms of asthma can include coughing, wheezing, difficulty breathing, shortness of breath and chest tightness.

Asthma medication, controller medication : is

Plan of Care: a form that contains individualized information on a student with a prevalent medical condition.

Prevalent Medical Condition: for the purposes of this document, is limited to anaphylaxis, asthma, diabetes, and epilepsy (seizure disorder).

Principal : refers to the Principal, Vice-Principal and/or Principal designate.

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, in this case Near North District School Board

School staff : all school staff who work in direct contact with students, including occasional staff.

Self-Management : D F R Q W L Q X X P Z K H U H D V W X G H Q W ¶ V F R J Q L W L Y H physical capacity and stage of development are determinants of their ability to confidently and independently manage their medical condition(s). The student's journey to reach their full potential along the self-management continuum is not linear and can U H T X L U H Y D U \ L Q J O H Y H O V R I V X S S R U W R - m a n a g e m e n t H \$ V W X G may be compromised during certain medical incidents, and additional support will be required.

Status Epilepticus: is a state of prolonged seizure (longer than 30 minutes) or repeated seizures without time for recovery and can happen with any type of seizure.

Students : children in Kindergarten through to Grade 12.

Target Range : is the acceptable range of blood glucose levels on the CRaha diinDdiapete

- < inform the school of th H L U F K L O G ¶ V P H G L F D O F R Q G L W L R Q V (diagnosed) and participate in the creation of the Plan of Care for their child alongside the Principal;
- < immediately communicate any changes to the Plan of Care, such as changes to the status of W K H L U F K L O G ¶ V P H G L F D O F R Q G L W L R Q V R U F K D Q J manage their medical condition(s), to the Principal;
- < initiate and participate in annual meetings to Tm 0 57>7<0052>-6<0003>] T J E T Q q 0.00000

Plan of Care Appendices

Appendix A: Anaphylaxis Plan of Care

Appendix B: Asthma Plan of Care

Appendix C: Diabetes Plan of Care

Appendix D: Epilepsy Plan of Care

6.0 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 while maintaining student privacy. The 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 following consultatio Q Z L W K W K H V W X G H Q W ¶ V S D U H Q W V

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.

7 K H V W X G H Q W ¶ V 3 O D Q R I & D U H Z L O O L G H Q W L I \ W K R V H L Q G student during the course of their educational experience (including occasional teachers and volunteers) who wi O O Q H H G W U D L Q L Q J D Q G R U L Q I R U P D W L R Q R G medical condition.

Near North District School Board 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 and school staff should be L Q I R U P H G R I W K H P H D V X U H V W R S U R W H F W W K H F R Q I L G H Q W information.

7.0 DAILY ROUTINES

Support will be provided 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.

8.0 SCHOOL TRIPS

When taking a student with prevalent medication condition(s) off school property, it is important that there is communication with the parent(s) and the third party operator (where applicable) to develop a careful and clear plan of expectations to meet the needs of the student.

medical condition. DV R X W O L Q H G L Q W U A P L A N O F C A R E H O W I T I S V A I D E D in prevention strategies to minimize risks, recognize the symptoms of a medical emergency and know the steps to follow when dealing with a medical emergency or student with a prevalent medical condition.

The School Board will continue to ensure that Near North schools have current staff members with up to date first aid certification.

Using evidence-based resources (e.g., [Prevalent Medical Conditions portal via EduGAINS](#)) and following consultation with appropriate stakeholders, the School Board will determine the scope of training required to support the implementation of prevalent medical condition procedures, as well as the mode of delivery of the training and privacy considerations.

The scope of training related to supporting students with prevalent medical conditions must include:

- < 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 medical emergency
- < information on school staff supports, in accordance with School Board policy
- < medical incident and emergency response; and
- < documentation procedures (e.g. collecting and sharing medical information)

11.0 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.

‡ Students will be allowed to carry their medication(s) and supplies, as outlined in the Plan of Care;

‡ School staff will support the storage (according to the L W H P ¶ V U H F R P P H Q G H G

all students and visitors to reduce the environmental factors that may induce anaphylaxis in students.

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School Board is in place to guide stakeholders.

In accordance with the requirements of the *Child and Family Services Act, 1990*, where School Board employees have reason to believe that a child may be in need of protection, School Board employees must call the _____ and file a formal report.

12.0 REPORTING

Subject to relevant privacy legislation, the Near North District School Board will 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. The School Board will use these data as part of their cyclical policy reviews and to report to the Ministry of Education.

School policies will 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.

13.0 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 SHUVRQ¶V QHJOLJHQFH LQ DFWLQJ RU IDLOLQJ WR DFW ZKI established that the damages were caused by the gross negligence of the person.

(2) Subsection (1) applies to,

14.1 Anaphylaxis

Principals, Vice-Principals and school staff shall assist in attempting to reduce environmental risks for anaphylactic students, as well as encourage parents and visitors to participate in reducing environmental risks for anaphylactic students. The Principal shall specify a means of ensuring that all community users of the school facilities are aware of any restrictions on food use and the reason for these restrictions. Principals cannot and

Employees will be preauthorized to administer medication or supervise a pupil while he or she takes medication in response to an anaphylactic reaction if the school has up-to-date treatment information and the consent of the parent/guardian, or pupil as applicable. If an employee has reason to believe that a pupil is experiencing an anaphylactic reaction, the employee will administer an epinephrine auto-injector or

observation as decided by the emergency department physician (generally about 4 - 6 hours).

5. Call emergency contact person; e.g. parent(s)/guardian(s).

Resources

[Epi Pen Training](#)

2) If the parent(s)/guardian(s) still refuses to provide the school with epinephrine auto-injectors and/or refuses to allow their child to carry an epinephrine auto-injector, the Principal shall:

- < suggest the parent(s)/guardian(s) contact Food Allergy Canada to discuss the refusal,
- < seek permission of parent(s)/guardian(s) to discuss the refusal with their physician or nurse practitioner; and
- < consult with the Superintendent of Schools regarding next steps.

3) If attempts to resolve non-compliance persist, the Principal shall:

- < send a letter WR WKH VWXG HQVUH to parent(s) ~~submitting the risk~~ to their child and have the letter signed and returned to the school,
- < inform teachers and others who have contact with this student that they will not be carrying an epinephrine auto-injector;
- < in consultation with the Superintendent of the School, the Principal will create a local plan to ensure that epinephrine auto-injectors are available for students when parent(s)/guardian(s) have refused to provide and/or have their child carry an epinephrine auto-injector; and
- < HQVXUH WKDW D QRWDWLRQ LV PDGH RQ WKH VWXGHQW 6XJJHVWHG QRWDWLRQ RQ WKH \$QDSKACD&L of 3 ODQ RI & parent(s)/guardian(s) refusal to provide their child with epinephrine auto-injectors and/or ensure that their child carry an epinephrine auto-injector as per School Board policy, this P

Anaphylaxis Plan of Care:

- < seek permission of parent(s)/guardian(s) to discuss the refusal with their physician or nurse practitioner; and
- < consult with the Superintendent of Schools regarding next steps.

3) If attempts to resolve non-compliance persist:

- < send a letter *W R W K H V W X G H Q W I N S D I B I N G T H E R I S K* to their child and have the letter signed and returned to the school,
- < inform teachers and others who have contact with this student that they will not be carrying a reliever inhaler; and
- < *H Q V X U H W K D W D Q R W D W L R Q A S T H M A P L A N O F C A R E S U G G E S T E D W X G H Q W* notation on the Asthma Plan of Care *Z R X O G A S H D S* of parent(s)/guardian(s) refusal to provide their child with a reliever inhaler and/or ensure that their child carry a reliever inhaler, this Plan has been created to support

Asthma Plan of Care: [Appendix B1](#)

14.3 Diabetes

The Principal will communicate with the student, parent(s)/guardian(s) and/or community care allies, the expectations for safe storage and disposal of medication and medical supplies, including the safe disposal of sharps. Parent(s)/guardian(s) are expected to provide the school with all supplies required for the ongoing management of diabetes at school.

14.3.1 Definitions/Terminology

[Blood glucose control](#)

[Diabetes](#)

[Diabetes Medical Team](#)

[Hyperglycemia](#)

[Hypoglycemia](#)

[Insulin](#)

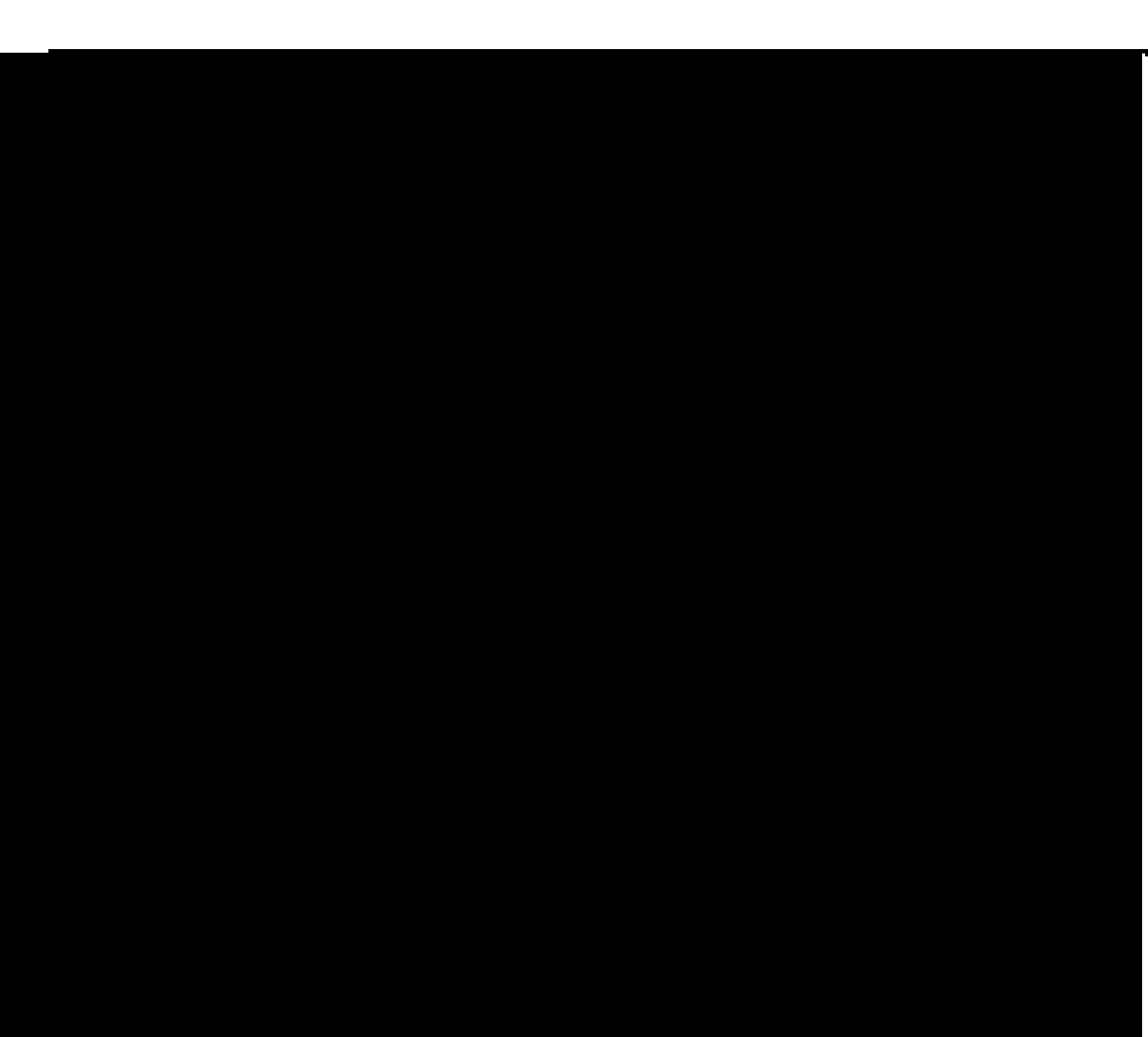
[Target Range](#)

14.3.2 Education, Training, Response and Resources

Education

Diabetes is a disease in which the body either cannot produce insulin or cannot properly use the insulin it produces. There are two types of diabetes: Type 1 and Type 2.

Type 1 diabetes is an autoimmune disease and is also known as insulin-dependent diabetes.



W D

Procedure for Blood Glucose Monitoring:

7 K H V W X G H Q W «

1. washes hands with warm water and soap.
2. inserts a lancet in the lancet device.
3. pokes the side of the fingertip with lancet and obtains a drop of blood. Some models of meters allow the student to use their forearm for testing, rather than fingertips.
4. places a small drop of blood onto the test strip that is inserted into a blood sugar meter, also called a glucometer.
5. waits for 5 to 45 seconds, depending upon the meter, to read the results.
6. records the reading of the blood sugar in log book or automatically recorded in meter.

Staff responsibilities while supporting a student during blood glucose monitoring:

- ◁ To provide a safe and appropriate location.
- ◁ : K H U H U H T X H V W H G [Diabetes Plan of Care](#), to read the metre (e.g. reading is below 4.0) and provide the fast acting sugar.
- ◁ Arrange for the safe disposal of lancets, test strips etc. (e.g. a container for sharps is provided by the school)
- ◁ To ensure a young student (e.g. Kindergarten through to Grade 2) or newly diagnosed student will have a trained supervisor who knows their signs and symptoms of low blood sugar and provide appropriate intervention (e.g. when classroom teacher is unavailable or when an occasional teacher is in the room), consider having two or more staff who can also provide the supervision when the classroom teacher is unavailable (e.g. noon hour supervisor, first aid provider, educational assistant, school administration.)

Insulin Injections

Students with Type 1 diabetes (and some with Type 2 diabetes) may have to take an injection of insulin at some point during the school day. Insulin injections vary with the individual. Most injections are administered outside of school hours (before breakfast, and supper and at bed time). The student and family are responsible for administering the insulin injection at school (which may mean arranging for support from a community care ally).

Recent advances in medical devices allow people with diabetes to choose the way they administer their insulin. Below are three methods of insulin administration:

INSULIN SYRINGE

- ◁ Insulin syringes are specially made syringes for self-injection of insulin.

INSULIN PEN

- ◁ Insulin pens look like a pen and allow the student to dial in the desired dose.

INSULIN PUMP

- ◁ The student who wears an insulin pump receives insulin continuously via a small catheter placed under the skin (stomach).
- ◁ The student must press buttons on the pump to receive the correct dosage of insulin.
- ◁ The pump must be worn 24 hours a day and can only be taken off for short periods

of time such as for phys. ed. class.

Staff responsibilities while supporting a student with insulin administration:

- < To provide a safe and appropriate location.
- < School staff do NOT provide insulin syringe injections or push the button on the insulin pump (bolus).
- < , I D VWXGHQW ¶ V LQVXOLQ SXPS EHH Swarda D O R Z WKHP W I problem solve issues related to the pump.

Fast Acting Sugar

Fast acting sugar is to be taken by the student to prevent or treat low blood sugar (e.g. 6oz juice; or 5-6 Life Savers; or 3 glucose tablets). Students must be permitted to take fast acting sugar anywhere, and at any time on school property, on buses, or during school sanctioned activities. The fast acting sugar supplies are to be provided by the parents.

Staff responsibilities for supporting the student in accessing fast acting sugar:

- ‡ 7R SURYLGH VDIH DQG DSSURSULDWH ORFDWLRQ V IRU V V
- ‡ To notify parents when supplies of fast acting sugar are becoming depleted.
- ‡ 7R FDUU\ DGGLWLRQDO VXSSOLHV ZKHQ DFWLYLWLHV V D N
- ‡ 6XSSRUW WKH FKLOG LQ EHLQJ DEOH WR WDNH IDVW D F W I

Response

Severe Low Blood Sugar

Hypoglycemia - Glucagon Injection:

When the blood sugar level gets so low that the student is unable to take his/her fast acting sugar orally because they are unresponsive, unconscious or having a seizure the treatment is for an injection of Glucagon. Glucagon is a hormone made in the pancreas that quickly raises blood sugar. Glucagon is given as an injection like insulin by parent/guardian or trained EMS paramedics. School Staff do NOT Administer Glycogen Injections .

The correct emergency response of school staff is to Call 911 immediately and inform Emergency Services that the student has Type 1 or Type 2 diabetes.

Emergency Medical Services personnel will require the following, if available:

- < 6 W X G H Q W ¶ V Q D P H G D W H R I E L U W K H P H U J H Q F \ F R Q W D F
- < Medical history ± D Y D L O D E O H R Q [Diabetes Plan of Care](#) Q W ¶ V
- < Observations about what the student was doing prior to the event
- < Medications and any treatment prior to EMS arrival.

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

High Blood Glucose may develop as a result of one or more of the following:

1. Too much food;
2. Less than the usual amount of activity (indoor recess);
3. Growth spurts;
4. Stress;
5. Not enough insulin; and/or
6. Illness Symptoms. The earliest and most obvious symptoms are increased thirst and urination. Other: dry mouth, blurred vision, and drowsiness.

Allow the student to check their blood sugar since symptoms of high blood sugar can be confused with symptoms of low blood sugar. A blood sugar of >14 is usually considered too high but refer to the V W X G [Diabetes Plan of Care](#) for individual parameters. Allow the student to drink water at their desk and to have open bathroom privileges. Do not use exercise to lower blood sugars as this can potentially make the blood sugar go higher

Children with diabetes are no more susceptible to infection or to illness than their classmates. Their attendance record should be normal. When children with diabetes become ill with the usual fevers and other childhood sicknesses the blood glucose balance is likely to be upset n BT /ep61221.05 369.88 Tm 0 g 0 G [()] TJ ET Q EMC /P <</MCID 22>> B

14.4 Epilepsy

Epilepsy is a disorder of the central nervous system, specifically the brain, characterized by spontaneous, repeated seizures. Epilepsy, also known as a seizure disorder, is not often talked about in public. Misconceptions and fears persist that are sometimes more burdensome to persons living with epilepsy than the seizures themselves. The fact is epilepsy is not a disease, but a common neurological disorder affecting one out of every one hundred Canadians. Anyone can develop epilepsy at any time without a known cause. Most often diagnosed in children and in seniors, epilepsy affects each person differently. Many people with epilepsy successfully control their seizures with medication and are able to enjoy healthy and fulfilling lives.

The role of the school is to support students with epilepsy to fully access school in a safe, accepting and healthy learning environment as outlined in their Plan of Care, while being aware of confidentiality and dignity of the student along with their well-being.

3. Illness
4. Poor diet
5. Menstrual cycle
6. Change in weather
7. Televisions, videos, flashing lights (including flickering overhead lights)
8. Inactivity

15.0 Administration of Medication

The administration of medication is a joint responsibility between the school and parent(s)/guardian(s) and students. Students are encouraged to be as independent as possible with the administration of medication, recognizing that in some cases support is required. In requesting assistance of staff members, parent(s)/guardian(s) should understand that this request is made of non-medically trained persons. Staff members cannot perform controlled acts as defined by the Regulated Health Professions Act (RHPA) as part of their assigned responsibilities unless otherwise authorized under another piece of legislation. This procedure only applies where it is medically necessary for medication to be administered during school hours.

This section of the Prevalent Medical Conditions Administrative Guideline is intended to provide direction to Principals/Vice-Principals and other Board personnel when they are informed that one

- medication and ensure that any training required for safe administration is provided;
- < ensure designated staff members have all necessary information to support the administration of medication;
- < facilitate proper records being maintained and retained in a central file in the school, including but not limited to, the appropriate administration of medication form and the Medication Administration Chart (Appendix E3);
- < ensure the management and safe removal of the biohazard waste containers;
- < ensure that the administration of routine medication is included in the Plan of Care where applicable; and
- < initiate a referral to the Third Party Health Care Provider for the administration of medications other than those that can be taken orally, by inhalant, topically or self-inject.

Designated staff members shall:

- < administer medication in accordance with Staff Administration of Medication or Self-Administration of Medication or Care, as Applicable.
- < Maintain proper records of medication administration using the Medication Administration Chart

Administration of Medication Forms must be completed in any of the following circumstances:

- ◁ When it is essential for a student to take medication during regular school hours in order to attend school (determine if it will be Staff or Self-Administration in consultation with parents/guardians and determined by Principal).
- ◁ When prescribed medication is required to respond to an emergency (determine if it will be Staff or Self-Administration or both, as determined by Principal).

NOTE: If parent(s)/guardian(s) or responsible designates will be administering medication to a student during school hours neither the Staff nor the Self-Administration of Medication form will need to be completed.

APPENDIX A1 - Anaphylaxis Plan of Care

PREVALENT MEDICAL CONDITION Anaphylaxis
Plan of Care

STUDENT INFORMATION

Student Name

Age

Grade

OEN #

Date Of Birth

DAILY/ROUTINE ANAPHYLAXIS MANAGEMENT

SYMPTOMS

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

- ◁ Skin system : hives, swelling (face, lips, tongue), itching, warmth, redness.
- ◁ Respiratory system (breathing): coughing, wheezing, shortness of breath, chest pain or tightness, throat tightness, hoarse voice, nasal congestion or hay fever-like symptoms (runny, itchy nose and watery eyes, sneezing), trouble swallowing.
- ◁ Gastrointestinal system (stomach): nausea, vomiting, diarrhea, pain or cramps.
- ◁ Cardiovascular system (heart): paler than normal skin colour/blue colour, weak pulse, passing out, dizziness or lightheadedness, shock.
- ◁ Other : anxiety, sense of doom (the feeling that something bad is about to happen), headache, uterine cramps, metallic taste.

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

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

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

Food(s) to be avoided:

Designated eating area inside the school building:

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.)

School Trips: ensure that the parent/guardian provides an excursion kit consisting of any prescribed PHGLFDWLRQV DV RXWOLQHG LQ WKH VWXGHQ in a clearly marked container with an additional 50% supply in case of emergency. The excursion kit, for anaphylaxis, along with the Plan of Care, should include Epi-pens, emergency contact information and a cell phone (if applicable)

Additional Considerations for School Trips:

Other information/Safety Measures:

AUTHORIZATION/PLAN REVIEW

LIST INDIVIDUALS WITH WHOM THIS PLAN OF CARE IS TO BE SHARED

Is there a designated staff responsible for the implementation of this plan of care? Yes No
If yes, include name:

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:

The parent/guardian consents to communication with other parents/guardians directly or through a school newsletter to provide specific inf

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

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): _____
Signature

Date:

Student: _____
Signature

Date:

Principal: _____
Signature

Date:



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.

HEALTHCARE PROVIDER INFORMATION (OPTIONAL)

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

DAILY/ROUTINE : DIABETES

INSULIN INJECTION

Student does not take insulin at school.

Student takes insulin at school.

Insulin is given by:

Student

Student with supervision

Parent(s)/Guardian(s)

Trained Individual

All students with Type 1 diabetes use insulin. Some students will require insulin during the school day, typically before meal/nutrition breaks.

Location of insulin:

Required times for insulin:

Before school:

Morning Break:

Lunch Break:

Afternoon Break:

Other (Specify):

Parent(s)/Guardian(s) responsibilities:

School responsibilities:

Student responsibilities:

Outside Agency responsibilities:

INSULIN PUMP DELIVERY

Student must be able to eat per daily schedule.
Supervision will be required Yes No

Student must be able to eat per daily schedule. Supervision will be required Yes No

All students with Type 1 diabetes use insulin. Some students will require insulin during the school day, typically before meal/nutrition breaks.

| | |
|---|--|
| <p>SCHOOL TRIPS</p> <p>Ensure that the parent/guardian provides an excursion kit consisting of any prescribed medications as outlined in the V W X G H Q W ¶ V 3 O D Q the medication be in a clearly marked container with an additional 50% supply in case of emergency.</p> | <p>The excursion kit, for diabetes, along with the Plan of Care, should include a kit for Low Blood Sugar, Hypoglycemia, emergency contact information and a cell phone (if applicable)</p> <p>Additional Considerations for School Trips:</p> |
| <p>SPECIAL NEEDS</p> <p>A student with special considerations may require more assistance than outlined in this plan.</p> | <p>Comments/Notes:</p> |

Consent for Student to Carry and Self -Administer Diabetes Medication

We agree that

(student name)

can carry prescribed medications and delivery devices to manage diabetes while at school and during school-related activities.

can self-administer prescribed medications and delivery devices to manage diabetes while at school and during school-related activities.

requires assistance with administering prescribed medications and delivery devices to manage diabetes while at school and during school-related activities.

It is the responsibility of the parent/guardian to notify the Principal if there is a need to change the Plan of Care during the school year and to inform the school of any change of medication or delivery device.

This medication cannot be administered beyond the expiry date.

Steps for Hyperglycemia:

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

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

- Rapid, Shallow Breathing Vomiting Fruity Breath

Steps to take for Severe Hyperglycemia:

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

For Pump Use: correct with insulin bolus: Yes No

AUTHORIZATION/PLAN REVIEW

LIST INDIVIDUALS WITH WHOM THIS PLAN OF CARE IS TO BE SHARED

Is there a designated staff responsible for the implementation of this plan of care? Yes No

If yes, include name:

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:

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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

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:



AUTHORIZATION/PLAN REVIEW

LIST INDIVIDUALS WITH WHOM THIS PLAN OF CARE IS TO BE SHARED

Is there a designated staff responsible for the implementation of this plan of care? Yes No
If yes, include name:

Other Individuals To Be Contacted Regarding Plan Of Care:

Before-School Program Yes No

After-School Program



School Bus Driver/Route # (If

SELF ADMINISTRATION OF MEDICATION

It is the responsibility of parents/guardians to administer medication to their children. Treatment regimens should, where possible, be adjusted to avoid administration of medication during school hours. When this is not possible, students should be encouraged to accept the maximum responsibility for the self-administration of medication.

REQUEST FOR ADMINISTRATION OF MEDICATION
(PLEASE TYPE OR PRINT INFORMATION)

A. Student Information

| | | | |
|------|--|---------------|--|
| Name | | Date of Birth | |
| Age | | | |

Medication must be supplied in the original, clearly labeled container from a registered dispensary. It must include:

- < The V W X G m Q, ¶ V
- < Date of issue;
- < Name of the medication;
- < The name of the registered dispensary;
- < The prescribed dosage and

Medication must be supplied in the original, clearly labeled container from a registered dispensary. It must include:

- < The name of the medication;
- < Date of issue;
- < Name of the medication;
- < The name of the registered dispensary;
- < The prescribed dosage and frequency;
- < Period of use; and
- < The name of the prescribing licensed physician or nurse practitioner.

I/We hereby request that the Near North District School Board, its employees or agents, as outlined, administer the above procedure/medication to my/our child. The Near North District School Board employees are expected to support the student or routine management, and respond to medical incidents and medical emergencies that occur during school, as outlined in board policies and procedures. I / We acknowledge that the employees of the Near North District School Board, who will

APPENDIX E3

Medication Administration Chart

6 W X G Name: _____ Birth Date: _____

3 D U H Q W V * XT Phone #: _____

School: _____ Grade: _____

Designate Name & Initials: _____ Substitute Name & Initials: _____

Medication: _____ Dosage: _____

Times to be Administered: _____

Directions for Ingestion: _____

Dates or conditions in which Medication is to be Administered: _____

Week of:

Week of:

DAILY/ROUTINE

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

Yes No

ROUTINE:

ACTION:

NUTRITION BREAKS

Student requires supervision during meal times to ensure completion.

Student can independently manage his/her food intake.

Reasonable accommodation must be made to allow student to eat all of the provided meals

BASIC FIRST AID: CARE AND COMFORT

First aid procedure(s):

Does student need to leave classroom after a medical incident? Yes No

If yes, describe process for

