



ADMINISTRATIVE PROCEDURE STUDENTS, PARENTS AND COMMUNITY	
Effective:	September 4, 2018
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SUPPORTING STUDENTS WITH PREVALENT MEDICAL CONDITIONS

PURPOSE

Rainbow District School Board seeks to ensure that all students with prevalent medical conditions are able to fully access school in a safe, accepting and healthy learning environment that supports well-being.

Our goal is 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 safety and well-being of students is a shared responsibility of the Board, school, family, health care provider and community partners.

Supporting Students with Prevalent Medical Conditions includes the following procedures: Anaphylactic Reactions, Asthma Management, Diabetes Management and Seizures Management.

DEFINITIONS

Health Supports: Services provided to students to enable them to attend school including, but not limited to, medication services, essential routine health services and emergency services.

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

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.

Parents have the authority to designate who is provided access to the Plan of Care. With authorization from parents, the principal or 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).

Anaphylaxis: A sudden and severe allergic reaction, which can be fatal, requiring medical emergency measures be taken.

Asthma: A chronic, inflammatory disease of the airways in the lungs.

Diabetes: A chronic disease in which the body either cannot produce insulin or cannot properly use the insulin it produces.

Epilepsy: 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, 1994 (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: 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: The circumstance that requires an immediate response and monitoring, as the incident may progress to an emergency requiring contact with Emergency Medical Services.

Parent: Every use of "parent" in this administrative procedure includes a legal guardian.

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

School: All school and school board related activities, including field trips, overnight excursions and board events.

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 condition(s). The student's 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: Students in Kindergarten to Grade 12.

APPLICATION

Providing health supports to students is the ongoing responsibility of parents. By requesting the assistance of staff members, parents partner with the school to support student needs.

Rainbow District School Board engages the services of external partners, such as, but not limited to, Public Health Sudbury & Districts, to assist with the provision of health supports to students, as required. In some cases, coordinated supports are required.

Staff members and those entrusted with student supervision have a duty of care to assist students during medical emergencies, to the extent of their capacity within the means available

to them. Staff members cannot perform controlled acts as defined by the Regulated Health Professions Act as part of their assigned responsibilities unless otherwise authorized under another piece of legislation.

RESPONSIBILITIES

Superintendent Responsible for Students with Prevalent Medical Conditions

The Superintendent will:

- 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;
- 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 procedure when entering into contracts with transportation, food service, Section Agreements and other providers.

Principal

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

- 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 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 prevalent medical condition(s) 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, including any revisions that are made to the plan;
- Communicate with parents in medical emergencies, as outlined in the Plan of Care;
- Create a safe storage and disposal of medication and medical supplies and communicate these expectations to staff;
- 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;
- Ensuring that appropriate staff members are aware of and receive appropriate training to support students diagnosed with a serious or life-threatening medical condition or other health-related matter requiring school support;
- Engaging with the appropriate community services, staff and parents on a regular basis to provide necessary supports;
- Ensuring that appropriate information about the Student Health Supports procedure and related procedures is communicated to the school community; and
- Promoting a supportive learning environment recognizing the need for an accepting social climate for students with prevalent medical conditions.

School Staff

School staff shall:

- Be aware of students with health support needs and their requirements as well as review the contents of the Plan of Care for any student whom they have direct contact;
- Participate in appropriate training, on prevalent medical conditions, as required by the school board;
- Share information on a student's signs and symptoms with other students, as outlined in the Plan of Care and authorized by the principal;
- 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 procedures;
- Support inclusion by allowing students with prevalent medical conditions to perform daily or routine management, and respond to medical incidents and medical emergencies that occur during school, as outlined in board policies and procedures, while being aware of the confidentiality and dignity of the student; and
- Enable students with prevalent medical conditions to participate to their full potential, as outlined in their Plan of Care.

Parent(s) of Children with Prevalent Medical Conditions

Parents shall:

- 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 if their child has a serious or life-threatening medical condition or other health-related matters that require school support and co-create the Plan of Care for their child with the principal or 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 principal's designate;
- Confirm annually to the principal or principal's designate that their child's medical status is unchanged;
- Initiate and participate in meetings to review their child's Plan of Care;
- Take all reasonable measures to minimize the requirement for health supports during school hours, where applicable, such as, but not limited to, the administration of medication;
- Supply their child and/or school with sufficient quantities of medication and supplies in their original, clearly labeled 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; and
- Seek medical advice from a medical doctor, nurse practitioner or pharmacist, where appropriate.

Students with Prevalent Medical Conditions

Students shall:

- Take responsibility for advocating for their own 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 and review of their Plan of Care (as appropriate);
- 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 procedures 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 parents deem appropriate; and
- If possible, inform the school staff and/or peers if a medical incident or a medical emergency occurs.

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.

ANAPHYLAXIS

This procedure outlines the process for managing anaphylactic reactions of students.

DEFINITIONS

Anaphylaxis: Anaphylaxis is an instant allergic reaction in all the major body organ systems. Unless there is a medical intervention, the victim may suffer a drop in blood pressure, loss of consciousness, and death. This can occur within minutes of exposure to the triggering substance. Even a small amount of the allergen can be fatal.

Causative Agents / Triggering Substances: In addition to peanuts, the foods most frequently implicated in anaphylaxis are tree nuts (e.g. hazel nuts, walnuts, almonds, cashews), cow's milk, and eggs. Fish, shellfish, wheat, and soy are potentially lethal allergens as well, and anaphylaxis is occasionally induced by fruits and other foods. Non-food triggers of anaphylaxis reactions include insect venom, medications, latex and, rarely, vigorous exercise.

Emergency Response: The emergency response to an anaphylactic reaction is the administration of a measured dose or doses of epinephrine (also known as adrenalin) by auto-injector, usually with an Epi-Pen. The epinephrine can be easily and safely administered with these devices by non-medical personnel with minimum training. The Epi-Pen is particularly easy to administer.

Parent: Every use of "parent" in this administrative procedure includes a legal guardian.

Peanut Butter Substitutes: Peanut butter substitutes are products that look, smell and taste like peanut butter but are not peanut butter.

APPLICATION

This procedure applies to any student suffering from anaphylaxis who has been previously diagnosed by an allergist or physician who is responsible for prescribing the appropriate treatment.

This procedure provides expectations for the staff, parents, and students. It applies in school buildings, at school-related events, and on school buses.

PROCEDURES

Shared Responsibility

- Staff members and parents have responsibilities, as described in this procedure, with regard to providing a controlled environment for students with an anaphylactic allergy.
- Students are not permitted to bring peanut butter substitutes to school. It is difficult to tell the difference between the substitute and real peanut butter, which could expose students with allergies to significant risk.

- Students with a life-threatening allergy (anaphylaxis) are expected to develop independence, as age-appropriate, with regard to protecting themselves and advocating for their personal situation within their school community.
- This procedure outlines strategies that reduce the risk of exposure to anaphylactic causative agents in the board's learning and working environments.
- It is important to note that an allergen free environment is not guaranteed. Parents of an anaphylactic child are cautioned that traces of certain products, such as traces of peanuts or peanut products, can be hidden. Also students can fail to recognize that they have allergen-causing products and/or may not admit that they have these triggering substances.

Controlled Environment

The four key strategies to implement when providing a controlled environment for anaphylactic students are:

- a) Providing information and awareness for the entire school community;
- b) Avoiding the allergen that causes anaphylactic reactions wherever possible, while acknowledging that it is impossible to ensure the elimination of all allergens in schools;
- c) Having clear emergency response procedures in case of accidental exposure; and
- d) Fostering a controlled, caring, and supportive environment for those at risk of anaphylaxis.

Responsibility of Parent(s)

Parents shall:

- Be responsible for informing the school if their child has a diagnosed, life-threatening allergy;
- Provide principals with a written medical report identifying the student's allergic reactions;
- Contact the Sudbury Student Services Consortium regarding their child's allergy;
- Meet with the school principal and relevant staff to complete and/or update the Anaphylaxis Plan of Care, including the required documents and signatures necessary to ensure that the school has the most up-to-date information on their child and the authorization for all staff to administer Epi-Pens with the assurance that they will not be held responsible for any adverse reactions resulting from such administration;
- Provide the school with two in-date epinephrine auto-injectors to be used in the event of an anaphylactic reaction. It is important to have a backup device in case two doses are required, or one device is not functioning or has been misplaced by a student. One of the auto-injectors (Epi-Pens) will be carried with the student at all times, as age and/or developmentally appropriate. The other, or both in the case of a student who is not responsible for carrying an Epi-Pen, will be placed in a secure location that is known to all staff members; and
- Practice allergen avoidance measures.

Responsibilities of Principals

Principals shall:

- Inform parents of the need to let the school know if their child has a life-threatening allergy;

- Meet with the parent to develop the Anaphylaxis Plan of Care;
- Ensure that all staff members are made aware of students who have a Plan of Care and could require immediate medication due to life-threatening allergies and where their medication is located;
- Ensure that all staff members are aware of this procedure and the applicable section of the Emergency Response Manual;
- Share the Anaphylaxis Plan of Care with all appropriate staff members and individuals and review the action plan for emergencies;
- Ensure a designated space for anaphylactic medication for students;
- Provide regular and current training on anaphylaxis for all staff, including occasional teachers, volunteers, and bus drivers;
- Identify the problem to all parents through letters, newsletters, and/or an education session, requesting their cooperation in reducing student exposure to the allergen; and
- Foster a controlled, caring, supportive, and inclusive environment for those at risk of anaphylaxis.

Where the parent of a student with a food allergy has given the principal medical documentation of a possible anaphylactic reaction, the principal shall:

- Consult with that parent regarding arrangements for lunch and other classroom activities involving food;
- Discuss with the parent the possible options listed below; and
- Confirm in writing the option chosen by the parent.

The teacher or lunch supervisor of a student who has an identified allergy will ask students prior to the start of lunch or classroom activity involving food, whether any of them have brought food products with allergens. Where a student identifies that he/she has brought a food product with allergens, two options will be offered:

Option 1: If the parent of the student with the allergy wishes the student to remain in the classroom, the student who has brought the food product will be removed to a different designated eating area that is not used by the student with the allergy.

Option 2: If the parent of the student with the allergy wishes the student to be removed, the student with the allergy will be sent to an eating area designated for students with allergies.

If the parent of a student with an allergy wishes, the student will be removed daily to an area designated as an eating area for students with allergies.

Responsibilities of Staff Members

Staff members shall:

- Review the anaphylaxis procedures and emergency actions regularly within the Anaphylaxis Plan of Care;
- Take appropriate action in the event of an emergency;
- Practice allergen avoidance measures within the school, at school events, and out-of-school activities; and
- Foster a safe, caring, supportive, and inclusive environment for those at risk of anaphylaxis.

Where students in a class with an identified allergy bring in food products that are known allergens, they shall be reminded by the teacher of the allergen policy. In the event the same student(s) continues to bring allergen products to school on two more occasions within the next several weeks, the teacher will notify the principal. The principal shall follow up with the student's parents.

Responsibilities of Students:

Students shall:

- Where age and/or developmentally appropriate, ensure that they carry their epinephrine auto-injectors with them at all times;
- Be aware of and act on the preventative measures necessary to avoid contact with allergens; and
- Inform the staff immediately if they have been in contact with a known allergen or have any concerns related to potential allergens.

Note: The responsibilities listed above will be assessed based on the student's age and capability to understand his or her life-threatening condition. Students with special education needs will require additional assistance and avocation by staff and parents.

REFERENCE DOCUMENTS**Legal:**

Sabrina's Law, 2005 An Act to protect anaphylactic pupils

Guideline OSR—Ontario Student Record (OSR) Guideline, clause 3.1.5 Special Health Information

Board References:

Board Policy GOV-11 Learning and Working Environment: Equity and Inclusion
Administrative Procedure Medication Administration
Administrative Procedure Personal Information of Students
Emergency Response Manual: Medical Emergency

ASTHMA MANAGEMENT

This procedure outlines the process for supporting the needs of students with asthma.

DEFINITIONS

Asthma: Asthma is a chronic inflammatory disease of the airway characterized by difficulty in breathing. The severity of an asthma episode can range from mild to life-threatening.

Causative Agents / Triggering Substances: People with asthma have sensitive airways that may react to environmental triggers. Common triggers include: poor air quality, mold, dust, pollen, viral infections, animals, smoke and cold air.

Symptoms: Asthma symptoms can include coughing, wheezing, difficulty breathing, chest tightness and shortness of breath.

Emergency Response: The emergency response to an asthma exacerbation is the administration of a fast acting reliever (usually a blue inhaler). Symptoms are monitored and, if they worsen or do not improve within 10 minutes, a call is made to 911. The reliever inhaler will be administered every 5 to 15 minutes until medical help arrives.

Parent: Every use of “parent” in this administrative procedure includes a legal guardian.

APPLICATION

This procedure applies to any student suffering from asthma who has been previously diagnosed by a physician who is responsible for prescribing the appropriate treatment.

This procedure provides expectations for the staff, parents, and students. It applies in school buildings, at school-related events, and on school buses.

PROCEDURES

Shared Responsibility

- The safety of students with a medical condition such as asthma is a shared responsibility of the board, school, family, health care provider and community partners.
- Students with asthma are expected to develop independence, as age-appropriate, with regard to self-administering inhaled medication, protecting themselves and advocating for their personal situation within their school community.
- This procedure outlines strategies that reduce the risk of exposure to identified asthma triggers in the board’s learning and working environments.
- It is important to note that an environment that is free of asthma triggers is not guaranteed. Parents of an asthmatic child are cautioned that certain triggers can’t always be totally eliminated from the environment.

Controlled Environment

The four key strategies to implement when providing an asthma friendly environment for students with asthma are:

- Providing information and awareness for the entire school community;
- Reducing the risk of exposure to potential triggers that cause asthma attacks wherever possible, while acknowledging that it is impossible to ensure the elimination of all triggers in schools;
- Having clear emergency response procedures in case of an asthma attack; and
- Fostering a controlled, caring, and supportive environment for those with asthma.

Responsibilities of Parent(s)

Parents Shall:

- Inform the school if their child has a diagnosis of asthma;
- Provide principals with a written medical report with information about the student's asthma;
- Be responsible for contacting the Sudbury Student Services Consortium regarding their child's asthma;
- Meet with the school principal and relevant staff members to complete the Asthma Plan of Care, provide the required documents and provide the signatures necessary to ensure that the school has the most up-to-date information on their child, and
- Provide the physician's approval to carry asthma medication for students under the age of 16.
- Parents must provide the school/student a reliever inhaler to be used in the event of an asthma attack.

The reliever inhaler will be carried by the student at all times as age and/or developmentally appropriate. The other, or both in the case of a student who is not responsible for carrying a relieve inhaler, will be placed in a secure location that is known to all staff members.

Responsibilities of Principals

Principals shall:

- Inform parents of the need to let the school know if their child has asthma;
- Ensure that all staff members are made aware of students who could require immediate medication due to an asthma exacerbation and where their medication is located;
- Permit a student (under the age of 16) to carry his/her asthma medication if the student has his/her parent's permission. A student 16 years of age or older is not required to have his/her parent's permission to carry asthma medication;
- Ensure that all staff members are aware of this procedure and the applicable section of the Emergency Response Manual;
- Create, with the parent, an Asthma Plan of Care for each student with asthma;
- Provide regular and current training on recognizing asthma symptoms, managing asthma exacerbations and the administration of asthma medication for teachers, volunteers, and bus drivers in the case of emergency;
- Identify the problem to all parents through letters, newsletters, and/or an education session, requesting their cooperation in reducing student exposure to the potential trigger(s);

- Maintain a file of current treatment and other information for each pupil with asthma, including a copy of any notes and instructions from the pupil's health care provider and a current emergency contact list; and
- Foster a controlled, caring, supportive, and inclusive environment for those with asthma.

Where the parent of a student with asthma has given the principal medical documentation of a possible trigger, the principal shall:

- Identify potential asthma triggers in classrooms, common school areas and when planning field trips, and implement strategies to reduce the risk of exposure to identified triggers.

Responsibilities of Staff Members

Staff members shall:

- Review the asthma procedures and emergency actions regularly;
- Take appropriate action in the event of an emergency;
- Practice implementing strategies to reduce the risk of exposure to identified potential triggers within the school, at school events, and out of-school activities; and
- Foster a safe, caring, supportive, and inclusive environment for those with asthma.

Where students in a class with an identified asthma trigger bring in substances/causative agents that are known triggers, they shall be reminded by the teacher of the identified triggers. In the event the same student(s) continues to bring identified substances/causative agents to school on two more occasions within the next several weeks, the teacher will notify the principal. The principal shall follow up with the student's parents.

Responsibilities of Students

Students shall:

- Where age and/or developmentally appropriate, ensure that they carry their asthma medication with them at all times;
- Exercise awareness of and act on the preventative measures necessary to avoid contact with triggers; and
- Inform the staff immediately if they are experiencing an asthma exacerbation.

Note: *The responsibilities listed above will be assessed based on the student's age and capability to understand his or her life-threatening condition. Students with special education needs will require additional assistance and avocation by staff and parents.*

REFERENCE DOCUMENTS

Legal:

Ryan's Law, 2015 *An Act to protect pupils with asthma*

Guideline OSR—Ontario Student Record (OSR) Guideline, clause 3.1.5 Special Health Information

Board References:

Board Policy GOV-11 Learning and Working Environment: Equity and Inclusion

Administrative Procedure Medication Administration

Administrative Procedure Personal Information of Students

Emergency Response Manual: Medical Emergency

DIABETES MANAGEMENT

This procedure outlines the process for meeting the needs of students diagnosed with diabetes.

DEFINITIONS

Blood glucose: The amount of glucose (sugar) in the blood at a given time. People with diabetes self monitor their blood glucose regularly with a glucose meter and work to keep the results within a target range. The terms blood glucose and blood sugar are used interchangeably.

Blood glucose monitoring, “self-monitoring of blood glucose” and “monitoring”: Monitoring is mandatory for achieving a target blood glucose level. Levels will change depending on food consumption, physical activity, stress, illness, problems with the insulin delivery system and many other unknown factors. A drop of blood is placed on a blood glucose strip that is inserted into a blood glucose meter to obtain a reading.

Diabetes – Type 1: Type 1 diabetes occurs when the pancreas is unable to produce insulin.

Diabetes – Type 2: Type 2 diabetes occurs when the pancreas does not produce enough insulin or when the body does not effectively use the insulin it produces.

Fast acting glucose: A carbohydrate to eat or drink (i.e. juice, glucose tablets) for the treatment of mild to moderate hypoglycemia.

Glucose: The fuel that the body needs to produce energy. Glucose (sugar) comes from carbohydrates such as breads, cereal, fruit and milk.

Glycogen (Glucagon): An emergency hormone that is used to treat severe hypoglycemia. It should only be used under the direction of a physician. Glycogen is a naturally occurring substance produced by the pancreas and it enables a person to produce his or her own blood glucose to correct a hypoglycemic state.

Hyperglycemia “high blood glucose”: When the amount of blood glucose (sugar) is higher than an individual’s target range. An urgent response to hyperglycemia may be necessary.

Hypoglycemia “low blood glucose”: An emergency situation that occurs when the amount of blood glucose (sugar) has dropped below an individual’s target range. Hypoglycemia can be mild, moderate or severe. Hypoglycemia is most often a result of an individual having injected too much insulin, eaten too little food or exercised without extra food. Severe hypoglycemia is a situation requiring emergency response. It can be life threatening and often requires treatment with injectable glucagon.

Insulin: A hormone that is required to convert glucose to energy for the body to use. With no insulin, glucose builds up in the blood instead of being used for energy. Therefore, people with Type 1 diabetes must administer insulin by syringe, insulin pen or insulin pump.

Parent: Every use of “parent” in this administrative procedure includes a legal guardian.

Target range: Acceptable blood glucose levels based on the Canadian Diabetes Association's Clinical Practice Guidelines and personalized for the student by the parent or caregiver and the diabetes care team.

APPLICATION

This procedure applies to any student suffering from diabetes who has been previously diagnosed by a physician who is responsible for prescribing the appropriate treatment.

This procedure provides expectations for the staff, parents, and students. It applies in school buildings, at school-related events, and on school buses.

PROCEDURES

Shared Responsibility

- The safety of students with a medical condition such as diabetes is a shared responsibility of the board, school, family, health care provider and community partners.
- Students with diabetes are expected to develop independence, as age-appropriate, with regard to their own diabetes management.
- This procedure outlines effective practices in schools and emergency procedures.

Creating a Positive Environment for Students with Diabetes

In order to minimize fears and anxiety, staff can support students with diabetes by learning about the disease and maintaining frequent and open communication with parents and students. Open communication will support a positive attitude toward students' full participation and ensure that students participate in all school activities including excursions and sports activities.

Emergency Procedures

A Diabetes Plan of Care will be developed for each student who is identified with diabetes. The plan will be implemented in accordance with the medical requirements for each student.

Hypoglycemia

Hypoglycemia (low blood sugar) occurs when the amount of blood sugar is lower than an individual's target range. This can develop quickly and requires an immediate response. Staff should be alert for the following symptoms and contact the parent if they appear:

- Cold, clammy or sweaty skin;
- Paleness, quietness;
- Shakiness or lack of coordination;
- Fatigue, dizziness; and
- Irritability, hostility and poor behavior.

The symptoms of severe hypoglycemia are:

- Confusion
- Slurred speech
- Staggered gait
- Eventual unresponsiveness

In the most severe cases, students may become unconscious and/or experience a seizure requiring emergency response. Severe hypoglycemia can be life threatening and will require a call to 911 for Emergency Medical Services and treatment with injectable glucagon.

Hyperglycemia

Hyperglycemia (high blood sugar) occurs when the amount of blood sugar is higher than an individual's target range for a prolonged period. An urgent response to severe high blood sugar levels is not necessary if there are no symptoms. However, parents should be notified the same day if school personnel note the following symptoms:

- Frequent trips to the washroom to urinate;
- Excessive thirst;
- Blurred vision; and
- Hunger.

An urgent response to severe hyperglycemia symptoms may be necessary in the event that the student experiences some of the following symptoms:

- Nausea;
- Vomiting;
- Extreme thirst;
- Frequent/excessive urination;
- General malaise; and/or
- Shortness of breath.

This may result in a life threatening condition caused by a severe shortage of insulin which can occur for a variety of reasons. The body becomes dangerously acidic and extremely dehydrated. If any of these symptoms are present, school staff must call 911 immediately. Parents should be alerted.

Responsibilities of Parent(s)

Parents shall:

- Inform the school if their child has diabetes and provide updated information on changes in their condition;
- Complete the Diabetes Plan of Care, in collaboration with the school principal at registration and at the beginning of each school year (updating during the school year if changes in the child's condition occur);
- Provide the school with all supplies required for the management of their child's diabetes at school;
- Consider providing their child with medical identification (e.g. MedicAlert bracelet or necklace); and ensure that their child leaves for school everyday with all appropriate supplies required for the management of their diabetes.

Responsibilities of Principals

Principals shall:

- Ask parents/guardians to inform the school if their child has diabetes;
- Ensure annual in-service training is provided for school staff members at the beginning of each school year in the management of diabetes to ensure awareness of:
 - Diabetes management
 - Signs, symptoms and emergency treatment of hypoglycemia;
- Ensure a planning meeting for school entry occurs to support effective transition;
- At the time of registration and the beginning of each school year ensure that all staff members are made aware of students with diabetes and the location of their emergency kits;
- Ensure that all occasional staff members, volunteers and other relevant adults are informed of students with diabetes as required;
- Ensure that a Diabetes Plan of Care is developed in collaboration with the parent/guardian and updated throughout the year as required;
- Obtain consent from the parent/guardian and student with diabetes to share information with approved staff and individuals;
- Work closely with the parent and student with diabetes to provide ongoing support;
- Contact the LHIN for all students who are unable to manage their blood glucose (sugar) monitoring, insulin injections or pump independently, as well as to request support for training and education of involved school personnel;
- Develop and maintain a file for each student that includes, but is not limited to, the Diabetes Plan of Care and a copy of the instructions from the student's health professional;
- Ensure teachers are aware of the signs and symptoms of hypoglycemia and the emergency treatment plans for each student;
- Ask parents/guardians to provide the school with all supplies required for the ongoing management of their child's diabetes at school;
- Ensure all supplies are kept in a secure location and information is available to staff members;
- Provide an appropriate location for the student to self-monitor and/or self-administer medication;
- Provide appropriate supervision, including during self-monitoring and/or self-administration;
- Communicate procedures for the safe disposal of sharps, lancets and testing strips; and
- Ensure that the parent/guardian is called and emergency action is taken when the student has not responded to the actions outlined in the Diabetes Plan of Care. Arrange transportation of student to a hospital facility and arrange for a staff person to accompany them.

Responsibilities of Staff Members

Staff members shall:

- Participate in training as required;
- Follow the guidelines as outlined in the Diabetes Plan of Care;
- Meet with parents of students with diabetes to discuss the Diabetes Plan of Care;
- Ensure an emergency kit that is provided by the parent and the required information are available to the classroom and are taken on excursions and/or activities;

- Communicate to students and staff members, as appropriate, about signs, symptoms and emergency treatment of hypoglycemia;
- Ensure that the occasional staff in the classroom are aware of students with diabetes by including appropriate information and emergency procedures in day plans; and
- Ask parents/guardians to replace items in the emergency kit as required.

Responsibilities of Students

Students shall:

- Where age and/or developmentally appropriate, carry all supplies required for the management of their diabetes;
- Take responsibility for understanding and maintaining appropriate nutrition; and
- Take age and/or developmentally appropriate responsibility for diabetes management.

REFERENCE DOCUMENTS***Legal:***

The Good Samaritan Act, S.O. 2001

Guideline OSR—Ontario Student Record (OSR) Guideline, clause 3.1.5 Special Health Information

Board References:

Board Policy GOV-11 Learning and Working Environment: Equity and Inclusion

Administrative Procedure Medication Administration

Administrative Procedure Personal Information of Students

Emergency Response Manual: Medical Emergency

SEIZURES MANAGEMENT

This procedure outlines the process for meeting the specific needs of students with seizures.

Seizure Disorder: Seizure disorder is a neurological disorder which causes sudden bursts of hyperactivity in the brain. This hyperactivity produces seizures which vary from one person to another in frequency and form. A seizure may appear as a brief stare, change or awareness or convulsion. It may last a few seconds or a few minutes. Repeated brain seizures usually characterize a seizure disorder sometimes known as epilepsy.*

**Adapted from Epilepsy Ontario*

Parent: Every use of “parent” in this administrative procedure includes a legal guardian.

APPLICATION

The administrative procedure for Epilepsy and Seizure Disorder Management is a guideline to be used by school staff and appropriate others to manage and support the safety of students diagnosed with Epilepsy and Seizure Disorder on school site and/or at off site school/board approved activities. This procedure provides expectations for the staff, parents, and students.

PRINCIPLES

- Epilepsy is a neurological disorder. Seizures are the physical effects of unusual bursts of electrical energy in the brain and may include muscle spasms, mental confusion, loss of consciousness, uncontrolled or aimless body movement, incontinence and vomiting. If some seizures are not treated properly, this can result in a life-threatening situation.
- Seizure disorders, where appropriate, are usually treated with drugs called anti-epileptics or anti convulsants that have varying degrees of success in controlling the seizures. About 20% of people have seizures that cannot be brought under control by conventional drug therapy. Those that take drug treatment may experience side effects that affect personality (mood swings), motor capacity and cognitive abilities. The classroom teacher is to be aware of the side effects and apply strategies to accommodate the student's well-being and learning.
- The goal for students with epilepsy and seizure disorder is to become as independent as possible, as soon as possible, in managing their seizures. Independence of care also includes the development of self-advocacy skills and a circle of support among persons who understand the disorder and can provide assistance as needed.
- The role of the school is to provide:
 - Support for the student as they move from dependence to independence of care.
 - Encourage the development of a support environment for making such a transition.
 - Care during and after a seizure episode. Call 911 when appropriate (as outlined in the Plan of Care).

REQUIREMENTS

The principal or designate has the responsibility to coordinate communication of information to all school staff (as outlined in the Plan of Care for individual students) and to ensure that appropriate staff and others are familiar with the requirements and expectations of the School Wide Comprehensive Plan as outlined below.

PROCEDURES**School Wide Comprehensive plan:**

School Administrator/designate is to implement the Seizure Management Protocol in their school:

- Upon registration, a process will be in place for parents and student to identify and supply information on the diagnosed epilepsy – seizure disorder.
- It is the responsibility of the parent/guardian and the student to inform the school principal in a timely fashion of any changes in a student's epilepsy – seizure disorder condition along with relevant information in the student's file being kept up to date with the medication that the student is taking, including any changes in present emergency contact information.
- The parent of a child with seizures will work with the school principal and relevant staff to complete an individual Plan of Care (Seizure Management Plan). This plan will document situations unique to the individual student's symptoms and treatment options as per written instructions of a Health Care Professional.
- The plan will include details to inform permanent, part-time and occasional staff and others who are in direct contact with the student on a regular basis of the description of the seizure (convulsive or non-convulsive); frequency of seizures, triggers; medication – dosage and frequency; and possibility of incontinence during loss of consciousness. It will also include a readily accessible emergency procedure for the student, including emergency contact information.
- A file shall be maintained for each identified student with epilepsy and seizure disorder which includes current treatment, other information from parent/physician and current emergency contact list.
- School personnel will offer support to a student with epilepsy and seizure disorder by:
 - Being familiar with the disorder and strategies to use to assist the student in managing their seizures and when symptoms indicate an emergency situation;
 - Having frequent open communication with parents, as appropriate;
 - Demonstrate a positive attitude toward the student participation in school activities; and
 - Monitoring, as appropriate, the self-care practices and routines being carried on by the student.

REFERENCE DOCUMENTS***Legal:***

Guideline OSR—Ontario Student Record (OSR) Guideline, clause 3.1.5 Special Health Information

Board References:

Board Policy GOV-11 Learning and Working Environment: Equity and Inclusion
Administrative Procedure Medication Administration
Administrative Procedure Personal Information of Students
Emergency Response Manual: Medical Emergency

Links to additional information:

Canadian Paediatric Society <https://www.cps.ca/>
Ophea <https://www.ophea.net/>
Ontario Education Services Corp <http://www.oesc-cseo.org/en-ca>

Asthma

Asthma Canada <https://www.asthma.ca/>
The Lung Association <https://lungontario.ca/>
Ophea – Asthma <http://www.asthmafriendly.ca/schools>

Diabetes

Diabetes Canada <http://www.diabetes.ca/>

Anaphylaxis

Food Allergy Canada <http://foodallergycanada.ca/resources/national-guidelines/>
Allergy Aware <https://www.allergyaware.ca/>

Epilepsy

Epilepsy Ontario <http://epilepsyontario.org/>

Video Links:

Ophea – Prevalent Medical Conditions
<http://www.edugains.ca/resources/SafeHealthySchools/VideoLibrary/PrevalentMedicalConditions/mp4/OPHEA-English.mp4>

Managing Asthma in our schools
<https://www.youtube.com/watch?v=aCeNK32gSOc&feature=youtu.be>

Diabetes
<https://www.youtube.com/watch?v=g7blqgQeMrQ&feature=youtu.be>

PREVALENT MEDICAL CONDITION – ANAPHYLAXIS
Plan of Care

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 light-headedness, 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

Updated April 2025

PREVALENT MEDICAL CONDITION – ASTHMA

Plan of Care

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"/> Pollen
<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 offsite (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 Parent(s)/Guardian(s) 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 the student sit up with arms resting on a table (do not have the 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

PREVALENT MEDICAL CONDITION – TYPE 1 DIABETES

Plan of Care

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 cellphone 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 Code 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> <ul style="list-style-type: none"> <input type="checkbox"/> Injection <input type="checkbox"/> Pump <input type="checkbox"/> Insulin Pen <p><input type="checkbox"/> Insulin is given by:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Student independently <input type="checkbox"/> Student with supervision <input type="checkbox"/> Parent(s)/Guardian(s) <input type="checkbox"/> Trained Individual <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>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> <ol style="list-style-type: none"> 1. Before activity: _____ 2. During activity: _____ 3. After activity: _____ <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>Parent(s)/Guardian(s) must provide, maintain, and refresh supplies. School must ensure this kit is accessible all times (e.g. field trips, fire drills, lockdowns) and advise Parent(s)/Guardian(s) 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) _____ <p>_____</p> <p>Location of Kit:</p> <p>_____</p>
<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 GLUCOSE

(14 mmol/L OR ABOVE)

Usual symptoms of Hyperglycemia for my child are:

- | | | |
|---|---|---|
| <input type="checkbox"/> Extreme Thirst | <input type="checkbox"/> Frequent Urination | <input type="checkbox"/> Headache |
| <input type="checkbox"/> Hungry | <input type="checkbox"/> Abdominal Pain | <input type="checkbox"/> 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

Updated April 2025

PREVALENT MEDICAL CONDITION – EPILEPSY

Plan of Care

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
<p>(e.g. tonic-clonic, absence, simple partial, complex partial, atonic, myoclonic, infantile spasms)</p> <p>Type: _____</p> <p>Description: _____</p>	
<p>Frequency of seizure activity: _____</p> <p>_____</p>	
<p>Typical seizure duration: _____</p>	

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