



Title: **SUPPORTING STUDENTS WITH
PREVALENT MEDICAL/HEALTH
CONDITIONS IN SCHOOLS**

Department: Learning Support Services

Reference(s):

- Authorization for Administration of PRN Prescription Medication or Authorization for Daily Administration of Prescription Medication
- Individual Student Log of Prescription Medication Administration
- Individual Plan of Care
- Ministry of Education Policy/Program Memorandum No. 81 (plus Catheterization Addendum)
- Ministry of Education Policy/Program Memorandum No. 149
- Ministry of Education Policy/Program Memorandum No. 161
- Ministry of Education Memorandum, April 1995 and May 2003 re: "Anaphylaxis in the School Setting"
- Education Act Section 265 – Duties of Principal
- Education Act Reg. 298 S.20 – Duties of Teachers
- Ministry of Health, Regulation Health Professions Act, 1991
- Bill 3 – Sabrina's Law – An Act to Protect Anaphylactic Pupils, 2006
- Ryan's Law (Ensuring Asthma Friendly Schools), 2015
- Epilepsy Southwestern Ontario
- Ontario Lung Association

Administered By: **Learning Support Services**

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1.0 GENERAL GUIDELINES

It is recognized that in respect of students with special medical/health or physical needs:

- The parent/guardian has the primary responsibility to inform school authorities about their child's medical/health condition(s) and to communicate relevant information. School procedures must be cooperatively developed to address differentiated strategies for the purpose of addressing the student's needs in a reasonable manner;
- Medical/health or physical assistance may be necessary in order for students to take advantage of their right to attend school;
- Following an initial review of a student's unique medical/health needs, the principal shall consult with the appropriate Learning Coordinator; (e.g., Special Education) and if necessary the Superintendent of Student Achievement, to discuss options to best address the student's needs;
- Arrangements for the provision of health care services to school aged children is a shared responsibility of the Ministries of Children and Youth Services, Community and Social Services and Health and Long-Term Care. The primary responsibility for provision of the required health care services remains with the parent/guardian and health professionals;
- Procedures related to health care needs of individual students will adhere to the physician's prescribed care plans and relevant legislation and policies;

Whenever feasible and authorized, the student or the student's parent/guardian may accept the responsibility of performing the health care service, if required during school hours;

- Where the student or the student's parent/guardian cannot perform required health care service and where the parent/guardian so requests, the health care service is to be requested in accordance with the Provision of Health Support Services in school Settings, (Ministry of Education Policy/Program Memorandum No. 81.). See Section 2.0;
- In responding to such circumstances, the principal or other staff performing such health care services, on a voluntary or emergency basis, is acting according to the principle of "in loco parentis" and not as a health professional;

Failure to act as a prudent parent/guardian when a student is in distress, could result in legal liability for the harm that flows from failure to act;

Staff who provide health care services to students under their supervision shall have coverage under the Thames Valley District School Board's liability provisions;

The Thames Valley District School Board shall not require any staff member to provide health care services to any student that might in any way endanger the safety of the student or subject the staff member to risk of injury or liability for negligence;

With appropriate training, Educational Assistants shall assist with student medication and medical procedures as required, in accordance with Ministry of Education Policy/Program Memorandum No.81 (plus, Catheterization Addendum) and Bill 3 Sabrina's Law with exception of injections (excluding auto injectors);

It shall not be part of the duties and responsibilities of a staff member to examine pupils for communicable conditions or diseases or to diagnose such conditions or diseases;

- Staff who volunteer to provide health care services that are “controlled acts” as defined by the *Regulated Health Professionals Act (1991)* shall be governed by that Act.

Health care services which are the subject of this procedure and which are considered to be “controlled acts” by the *Regulated Health Professions Act (1991)* are not considered to be a contravention of that Act (see subsection 29(1)).

- All medication, *Individual Student Log of Prescription Medication* forms and *Authorization for Administration of PRN Prescription Medication* or *Authorization for Daily Administration of Prescription Medication* forms will be stored together in a secure location. It is the obligation of the parent/guardian or student to ensure that information in the student's file is kept current and includes the medication that the student is taking.
- Any deviation from these procedures must have the prior written approval of the Associate Director of Learning Support Services or designate.

2.0 SPECIALIZED HEALTH SUPPORT SERVICES IN SCHOOL SETTINGS

2.1 Summary of Services Provided to the School Board (PPM #81)

The provision of Health Support Services in school settings is addressed through Policy/Program Memorandum No. 81 (plus Catheterization Addendum). The responsibility for ensuring the provision of health support services is shared among the Ministries of Children and Youth Services, Community and Social Services and Health and Long-Term Care. At the local level, the responsibility is shared by Thames Valley District School Board, the Ministry of Children and Youth Services through the Thames Valley Children's Centre (TVCC), and the Ministry of Health and Long-Term Care through the Local Health Integration Network (LHIN).

The Ministry of Health and Long-Term Care through the LHIN, is responsible for assessing student needs, and for providing such services as injections of medication, sterile catheterization, manual expression of the bladder, stoma care, postural drainage, deep suctioning and tube feeding. The Ministry of Children and Youth Services through TVCC is responsible for physiotherapy, occupational therapy and speech language pathology, and for assisting the Thames Valley District School Board in the training and direction of its staff performing certain other support services.

The Ministry of Community and Social Services is responsible for ensuring the provision of health support services in children's residential care and treatment facilities.

School Health Support Services are provided to schools throughout Thames Valley District School Board by the following agencies who contract service providers:

- The Local Health Integration Network (LHIN);
- The Thames Valley Children's Centre (TVCC).

2.2 School Health Support Services Process for Determining Eligibility for Professional Services

Local Health Integration Network (Nursing Care):

- The parent/guardian contacts the principal/designate and requests Care Coordinator Assessment of Eligibility for School Health Services;
- Should a parent/guardian contact the LHIN, the Care Coordinator will support the parent/guardian to initiate the Request for Assessment of Eligibility through the principal/designate;
- Outside agencies should discuss Request for Eligibility Assessment with the parent/guardian, who in turn, contacts the principal/designate;
- The school obtains the release of information consent and has it signed by the parent/guardian. This allows the school to release information to the LHIN that may assist in determining eligibility (e.g. reports on investigations/interventions from other agencies);
- The school will then contact the LHIN Care Coordinator with a verbal Request for Assessment of Eligibility. The school then forwards the consent to the LHIN;
- The Care Coordinator will call the designated school personnel and complete the eligibility assessment with said contact and the parent/guardian.

Thames Valley Children's Centre (Occupational Therapy, Physiotherapy, Speech and Language Therapy):

- The parent/guardian contacts the principal/designate and requests an Assessment of Eligibility for School Health Services;
- Should a parent/guardian contact the TVCC, the parent/guardian will be supported to initiate the Request for Assessment of Eligibility through the principal/designate;
- Outside agencies should discuss Request for Eligibility Assessment with the parent/guardian, who in turn, contacts the principal/designate;

- The school obtains the release of information consent and has it signed by the parent/guardian. This allows the school to release information to TVCC that may assist in determining eligibility (e.g. reports on investigations/interventions from other agencies);
- The school will support and submit the referral package including parent/guardian consent and authorization to share information;
- In the case of referrals for speech therapy the referral process is initiated by the school board Speech-Language Pathologist in consultation with the parent/guardian.

2.3 Eligible for Specialized Health Supports:

- Upon completion of the referral, the school personnel must have the referral signed and dated by the principal;
- Referrals for speech therapy services must be signed by the Thames Valley District School Board Speech–Language Pathologist;
- Completed referral packages are forwarded to TVCC.

2.4 Ineligible:

- For students deemed ineligible, TVCC will contact the school and inform the principal/designate and outline the reasons for ineligibility;
- TVCC will contact the parent/guardian to inform them that the student is not eligible for service;
- TVCC may provide additional information of possible alternative (non TVCC) services/resources;
- A conflict resolution process is available for differences of opinion regarding eligibility. The parent/guardian may contact TVCC to inquire as to the appeal process.

2.5 Specialized Health Support Services

Specialized Health Support Services	Agency or position of person who performs the service (e.g., LHIN, TVCC, Board staff, parent/guardian, student)	Eligibility criteria for students to receive the service	Position of person who determines eligibility to receive the service and the level of support.	Criteria for determining when the service is no longer required.	Procedures for resolving disputes about eligibility (If available)
Nursing	LHIN contracted service provider	As determined by LHIN Care Coordinator	LHIN Care Coordinator	As determined by LHIN Care Coordinator and service	Consultation with the principal and LHIN Care Coordinator
Occupational Therapy	TVCC contracted service provider, programming carried out by TVDSB staff, parent/guardian, student	As determined by TVCC	TVCC Intake Coordinator/TVCC Clinical Coordinator	As determined by TVCC and service provider	Consultation with the principal and TVCC Manager
Physiotherapy	TVCC contracted service provider, programming carried out by TVDSB staff, parent/guardian, student	As determined by TVCC	TVCC Intake Coordinator/TVCC Clinical Coordinator	As determined by TVCC and service provider	Consultation with the principal and TVCC Manager
Nutrition	LHIN	LHIN Care Coordinator	LHIN Care Coordinator	LHIN Care Coordinator and service provider	Consultation with the principal and LHIN Care Coordinator
Speech and language therapy (TVCC)	TVCC contracted service provider	As determined by TVDSB SLPs in consultation with TVCC (Speech Disorders)	Board SLP/TVSS-eligibility TVCC-level of support	As determined by TVCC and service provider	Consultation with the principal and TVCC Manager
Speech and language intervention (school board)	TVDSB SLPs	As determined by Speech and Language Services (Language and Speech Disorders that affect academics)	Board SLP	When student no longer has moderate/severe speech and/or language disorder or can be maintained by classroom teacher	TVDSB SLP in consultation with the principal, teacher and parent/guardian

Specialized Health Support Services	Agency or position of person who performs the service (e.g., CCAC, Board staff, parent/guardian, student)	Eligibility criteria for students to receive the service	Position of person who determines eligibility to receive the service and the level of support.	Criteria for determining when the service is no longer required.	Procedures for resolving disputes about eligibility (If available)
Administering of prescribed medications	TVDSB staff, the parent/guardian, student, LHIN contracted service provider	LHIN Care Coordinator, physician's prescription	LHIN Care Coordinator	Physician, LHIN Care Coordinator and service provider	Consultation with the principal and LHIN Care Coordinator
Catheterization	TVDSB staff-clean intermittent LHIN contracted service provider-sterile intermittent	LHIN Care Coordinator	LHIN Care Coordinator	Physician, LHIN Care Coordinator and service provider	Consultation with the principal and LHIN Care Coordinator
Suctioning	TVDSB staff-shallow surface suctioning LHIN contracted service provider-deep suctioning	LHIN Care Coordinator	LHIN Care Coordinator	Physician, LHIN Care Coordinator and service provider	Consultation with the principal and LHIN Care Coordinator
Lifting and positioning	TVDSB staff	TVCC service provider provides consultation at parent/guardian or principal request	TVDSB staff, TVCC Care Coordinator	TVDSB staff, TVCC service provider	Consultation with the principal and TVCC Manager
Assistance with mobility	TVDSB staff	TVCC service provider provides consultation at parent/guardian or principal request	TVDSB staff, TVCC	TVDSB staff, TVCC service provider	Consultation with the principal and TVCC Manager
Feeding	TVDSB staff, LHIN contracted service provider (enteral feeds)	TVDSB staff, LHIN Care Coordinator, parent/guardian	The principal, LHIN Care Coordinator	TVDSB staff, and LHIN service provider	Consultation with the principal and LHIN Care Coordinator
Toileting	TVDSB staff	TVCC service provider provides consultation at parent/guardian or principal request	The principal, TVCC	TVDSB staff and TVCC service provider	Consultation with the principal and TVCC Manager

3.0 MEDICATION

The following defines the parameters within which medication is provided to students:

3.1 Prescription Medication

Prescription medication, within the limits of this procedure, is any prescription medication prescribed by a physician. In exceptional cases in which a student must have medication administered during school hours, the principal will arrange to have the medication administered at school with the following procedures:

- An *Authorization for Administration of PRN Prescription Medication or Authorization for Daily Administration of Prescription Medication* form will be completed by the parent/guardian and the physician, and be forwarded to the principal prior to administering any prescription medication;
- For each school year and whenever a modification of the prescribed medication is directed by the physician, a new *Authorization for Administration of PRN Prescription Medication or Authorization for Daily Administration of Prescription Medication* will be completed by the parent/guardian and the physician, and be forwarded to the principal;
- All authorization and log forms will remain on file one year beyond the end of the school year to which the record pertains.

3.1.2 Medical Cannabis/CBD Oil

The smoking and vaping of medical cannabis is prohibited on school premises and at school activities. Students will continue to be able to use medical cannabis on school premises, and at school related activities in a non-smoking and non-vaping manner, when a physician's written instructions have been provided to the school.

The physician's dated and written instructions must include the following information:

- Dosage/Amount to be given;
- Frequency/interval;
- Instructions for administration of medication;
- Anticipated reaction to medication (symptoms, side effects, etc.);
- Medical Practitioner's name;
- Medical Practitioner's signature;
- Medical Practitioner's phone number;
- Medical Practitioner's address.

Note:

- Physician's instructions are valid only for the current school year;
- CBD oil must be supplied in the original manufacturer's container;
 - CBD oil must only be in pill format.

3.2 Pro Re Nata (PRN) Medication

Prescription medication that is to be administered to students on an "as needed" (PRN) basis must be documented in the *Individual Plan of Care* in addition to an *Authorization for Administration of PRN Prescription Medication* or *Authorization for Daily Administration of Prescription Medication* form completed by the parent/guardian and the physician.

3.2.1 The physician's written instruction must include the following information:

- Identification of specific symptoms experienced by the student that would necessitate the administration of the PRN medication;
- Specification of the frequency of doses or the time interval before a repeat dose of the medication is administered.

3.2.2 Before a PRN medication is administered to a student, designated staff must validate when the medication was last given to determine that the administration time complies with authorized frequency of administration. This determination may be accomplished by taking one or all of the following actions:

- Referring to the *Individual Student Log of Prescription Medication Administration* for documentation of the time the last dose was administered;
- Noting the time of the request and validating that the student has been in attendance at school for the length of time of the authorized frequency for PRN medication administration;
- Calling the parent/guardian to validate when the medication was last given at home when the student has been in attendance at school less than the length of time of the authorized frequency for the administration of the PRN medication;
- Before administering PRN medications, the staff member must validate the symptoms being experienced by the student as the symptoms identified by prescribing physician in allowing for the administration of the medication;
- When a PRN medication is administered, the information recorded on the *Individual Student Log of Prescription Medication Administration* includes the symptoms for which the PRN medication was administered.

3.3 Non-Prescription Medication

Non-prescription medications are beyond the scope of this procedure and are not to be administered by school staff.

CBD oil and medical cannabis are excluded from this restriction, as per 3.1.2.

4.0 EMERGENCY SITUATIONS

In emergency situations, a staff member's duty is to use reasonable care and judgement. If it appears that the illness or injury may be such as to require emergency treatment, a safe procedure is to arrange to have the student taken immediately by ambulance to a hospital. Staff should not drive students to meet the ambulance "en route". The parent/guardian must be contacted as soon as possible.

While ambulance personnel assume charge of the situation once they arrive, it is often helpful if a student being transported to hospital in the ambulance is accompanied by a staff member.

The individual calling for the ambulance should indicate the location of the access door to the area where the student in distress is located. The student should not be moved.

A staff member should be assigned to meet the ambulance and bring ambulance personnel to the location of the student in distress. A copy of the *Individual Plan of Care* should be given to ambulance staff. This information, in particular situations, could also be given to the dispatch staff over the phone in advance of arrival of the ambulance.

The principal will establish a protocol within the school to access emergency services. When an emergency call is placed from another location, the main office must always be notified; office staff will advise the principal/designate.

5.0 PHYSICAL DISABILITIES

In circumstances where students with physical disabilities require lifting and positioning, or assistance with mobility, feeding, or toileting, an educational assistant will provide assistance to students as required. If staff training is required to safely provide this assistance, a referral to TVCC should be made. Appropriate aspects of occupational or physiotherapy treatments are incorporated into the student's everyday activities. Outside agencies such as Thames Valley Children's Centre may provide ongoing and/or consultative services.

6.0 PREVALENT MEDICAL CONDITIONS (Anaphylaxis, Asthma, Diabetes, Epilepsy)

The following sections 6.1, 6.2, 6.3, 6.4, 6.5, 6.6, 6.7 relate to all prevalent medical conditions:

6.1 Roles and Responsibilities

6.1.1. Parent/Guardian

As primary caregivers of their child, the parent/guardian is expected to be an active participant in supporting the management of their child's prevalent medical condition while the child is in school. At minimum, the parent/guardian should:

- Educate their child about their prevalent medical condition with support from their child's health care professional, as appropriate;
- Guide and encourage their child to reach their full potential for self-management and self-advocacy;
- Inform the school of their child's prevalent medical condition and co-create the *Individual Plan of Care* for their child with the principal/designate;
- Communicate changes to the *Individual Plan of Care*, such as changes to the status of their child's prevalent medical condition or changes to their child's ability to manage their prevalent medical condition, to the principal/designate;
- Confirm annually to the principal/designate that their child's prevalent medical condition is unchanged;
- Initiate and participate in meetings to review their child's *Individual Plan of Care*;
- Supply their child and/or the school with sufficient quantities of medication and supplies in their original, clearly labelled containers, as directed by a health care professional and as outlined in the *Individual Plan of Care*, and track the expiration dates if they are supplied;
- Seek medical advice from a medical doctor, nurse practitioner, or pharmacist, where appropriate.

6.1.2 Students

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

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

- Carry out daily or routine self-management of their prevalent medical condition to their full potential, as described in their *Individual Plan of Care*;
- Set goals on an ongoing basis for self-management of their prevalent medical condition, in conjunction with their parent/guardian and health care professional(s);
- Communicate with their parent/guardian and school staff if they are facing challenges related to their prevalent medical condition at school;
- Wear medical alert information (e.g., medic alert bracelet which identifies specific allergens) that they and/or their parent/guardian deem appropriate;
- If possible, inform the school staff and/or their peers if a medical incident or a medical emergency occurs.

6.1.3 School Staff

The school staff should follow the Thames Valley District School Board policy and the provisions in their collective agreements related to supporting students with prevalent medical condition in schools. The school staff should:

- Review the contents of the *Individual Plan of Care* for any student with whom they have direct contact;
- Participate in training, during the instructional day, on prevalent medical conditions, at a minimum annually, as required by the Thames Valley District School Board;
- Share information, with student's and parent's/guardian's permission, as well as written authorization by the principal, on a student's signs and symptoms with other students, as outlined in the *Individual Plan of Care*;
- Follow the Thames Valley District School Board strategies that reduce the risk of student exposure to triggers or causative agents in classrooms, common school areas, and co-curricular activities, in accordance with the student's *Individual Plan of Care*;
- Support a student's daily or routine management, and respond to medical incidents and medical emergencies that occur during school and school related activities, as outlined in the Thames Valley District School Board policy and procedures;
- Support inclusion by allowing students with prevalent medical conditions to perform daily or routine management activities in a school location (e.g., classroom), as outlined in their *Individual Plan of Care*, while being aware of confidentiality and the dignity of the student;

- Enable students with prevalent medical conditions to participate in school to their full potential, as outlined in their *Individual Plan of Care*.

6.1.4 Principal/Designate

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

- Clearly communicate to the parent/guardian and appropriate staff the process for the parent/guardian to notify the school of their child’s prevalent medical condition, as well as the expectation for the parent/guardian to co-create, review, and update an *Individual Plan of Care* with the principal/designate. This process should be communicated to the parent/guardian, at a minimum:
 - During the time of registration;
 - Each year during the first week of school;
 - When a child is diagnosed and/or returns to school following a diagnosis;
- Co-create, review, or update the *Individual Plan of Care* for a student with prevalent medical conditions with the parent/guardian, in consultation with the staff (as appropriate) and with the student (as appropriate);
- Maintain a file with the *Individual Plan of Care* and supporting documentation for each student with a prevalent medical condition;
- Provide relevant information from the student’s *Individual Plan of Care* to the staff and others who are identified in the *Individual Plan of Care* (e.g., food service providers, transportation providers, volunteers, occasional staff who will be in direct contact with the student), including any revisions that are made to the *Individual Plan of Care*;
- Communicate with the parent/guardian in medical emergencies, as outlined in the *Individual Plan of Care*;
- Encourage the identification of staff who can support the daily or routine management needs of students in the school with prevalent medical conditions, while honouring the provisions within their collective agreements;
- Consult with the physician, with consent from the parent/guardian for review of *Individual Plan of Care*, in the event that such a review is required.

6.2 Individual Plan of Care

An *Individual Plan of Care* is a form that contains individualized information on a student with a prevalent medical condition. The *Individual Plan of Care* for a student with a prevalent medical condition should be co-created, reviewed,

and/or updated by the parent/guardian in consultation with the principal/designate, designated staff (as appropriate), and the student (as appropriate), during the first thirty school days of every school year and, as appropriate, during the school year (e.g., when a student has been diagnosed with a prevalent medical condition). The parent/guardian has the authority to designate who is provided access to the *Individual Plan of Care*. With authorization from the parent/guardian, the principal/designate should share the *Individual Plan of Care* with the 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).

6.3 Training

Annual training for all staff will include the following:

- Strategies for preventing risk of student exposure to triggers and causative agents;
- Strategies for supporting inclusion and participation in school;
- Recognition of symptoms of a medical incident and a medical emergency;
- Information on staff supports, in accordance with the Thames Valley District School Board policy and procedure;
- Medical incident response and medical emergency response;
- Documentation procedures.

6.4 Privacy and Confidentiality

Thames Valley District School Board will follow the *Privacy and the Management of Personal Information Procedure (Procedure# 2014b)*.

6.5 Reporting

Subject to privacy legislation, the Thames Valley 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.

6.6 Liability

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

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

- (2) Subsection (1) applies to, (b) an individual who provides emergency first aid assistance to a person who is ill, injured or unconscious as a result of an accident or other emergency, if the individual provides the assistance at the immediate scene of the accident or emergency.

6.7 Board

The Thames Valley District School Board will provide schools with appropriate supplies to support safe disposal of medication and medical supplies (e.g. sharps containers) and training.

7.0 ANAPHYLAXIS

Anaphylaxis is a serious allergic reaction that can begin within seconds and may cause death (Canadian Paediatric Society). Susceptible students may die if exposed to even minute amounts of the substance that triggers their reaction. Immediate treatment in the form of an injection of epinephrine can be life-saving.

7.1 Triggers

- Foods: While any food may cause anaphylaxis, peanuts, sesame, tree nuts, seafood, cow's milk, eggs, wheat and soy seem more likely to trigger a reaction in students;
- Non-food substances: Insect venom, medications, latex and rarely, vigorous exercise may involve a reaction.

7.2 Signs and Symptoms

The onset of anaphylaxis can begin within seconds of exposure or after several hours. Any combination of the following symptoms may signal the onset of a reaction:

System	Signs and symptoms
General/Central Nervous System	Fussiness, irritability, drowsiness, lethargy, reduced level of consciousness, somnolence, anxiety, feeling of "impending doom", headache, uterine cramps, metallic taste in mouth
Skin	Hives, swelling, itching, warmth, redness, rash
Upper/lower airway	Coughing, wheezing, shortness of breath, chest pain/tightness, throat tightness/swelling, hoarse voice, nasal congestion, or hay fever-like symptoms (runny nose and watery eyes, sneezing), trouble swallowing
Cardiovascular	Pale/blue colour, weak pulse, passing out, dizzy/lightheaded, shock, cardiac arrest
Gastrointestinal	Nausea, vomiting, diarrhea, abdominal pain

(Canadian Paediatric Society & Food Allergy Canada websites)

The interval of time between onset of the first symptoms and death can be as short as a few minutes, if the reaction is not treated. Even when symptoms have subsided after initial treatment, they can return. Schools must recognize, and communicate to the parent/guardian that, in spite of their best efforts, accidents may occur. However, once reasonable precautions have been taken, the staff, parent/guardian or other students should not feel responsible for accidental exposure. If accidental exposure does occur, appropriate emergency procedures must be in place and acted upon immediately.

7.3 Emergency Response

Even when precautions are taken, a student with anaphylaxis may come into contact with an allergen while at school. In such an incident, staff are to follow the instructions within the *Individual Plan of Care*. Students with anaphylaxis usually know when a reaction is taking place. Staff should be encouraged to listen to the student. If the student complains of any symptoms, which could signal the onset of a reaction, staff should not hesitate to implement the emergency response. There is no danger in reacting too quickly, and grave danger in reacting too slowly.

Epinephrine is a relatively harmless drug and is best administered when an allergic reaction is suspected.

Emergency Procedure:

Every Emergency Procedure on an *Individual Plan of Care* shall include procedures to:

- Administer the epinephrine auto-injector (NOTE: Although most students with anaphylaxis learn to administer their own medication by about age eight, individuals of any age may require help during a reaction because of the rapid progression of symptoms, or because of the stress of the situation);
- Take note of the time;
- Call 911 for an ambulance (inform the emergency operator that the student is having an anaphylactic reaction);
- Contact the emergency parent/guardian;
- Give a second dose of epinephrine as early as five minutes after the first dose if there is no improvement in symptoms while waiting for the ambulance. Subsequent doses to be administered under medical supervision;
- The student will be transported to the hospital by ambulance with empty auto injectors.

Location of Epinephrine Auto-Injectors:

Epinephrine auto-injectors should be kept in a covered and secure area, but unlocked for quick access. Although epinephrine is not a dangerous drug, the sharp needle of the self-injector can cause injury, especially if injected into the fingertip.

- As soon as they are old enough, students should carry their own epinephrine auto-injectors. Many young children carry an injection kit in a fanny pack around their waist at all times;
- The parent/guardian can identify on the *Individual Plan of Care* if they wish classmates to be aware of the location of the epinephrine auto-injector;
- An up-to-date supply of epinephrine auto-injectors, provided by the parent/guardian, shall be available in an easily accessible, unlocked area of the student's classroom and/or in a central area of the school (office or staff room). At least two shall be provided by the parent/guardian in case one malfunctions, or additional treatment is necessary.

Note: Epinephrine auto-injectors are covered by OHIP+.

7.4 Field Trips

Field trips are an extension of the learning in the classroom and therefore, it is imperative that they are planned to include all students. The principal must ensure that all appropriate documentation is received in advance of the field trip and that plans are in place to accommodate students with prevalent medical conditions. The parent/guardian is required to complete the Medical or Special Concerns/Information section of the *Parent/Guardian Permission Form for Specific School Field Trip*. Within this form the parent/guardian will identify allergies, dietary restriction and any other medical or special concerns. Teachers will ensure that this information is available during field trips and that the *Individual Plan of Care* accompanies the student on the field trip.

If it is necessary for the student to take prescription medication during the field trip, the parent/guardian and physician must complete the *Authorization for Administration of PRN Prescription Medication or Authorization for Daily Administration of Prescription Medication* form. It must be forwarded to the principal prior to the administration of medication. If the student currently receives medication during the school day and a copy of this form is on file at the school, it is not necessary to complete another form.

With the permission of the parent/guardian of a student with anaphylaxis, inform all supervisors of the identity of the student with anaphylaxis, the allergens, symptoms and treatment.

Ensure that a supervisor with training in the use of the epinephrine auto-injector is assigned responsibility for the student with anaphylaxis.

The parent/guardian of the student with anaphylaxis shall provide at least two epinephrine auto-injectors for the trip.

7.5 Information and Awareness

Sharing Information with Other Students and the Parent/Guardian:

- Consideration should be given to identifying students suffering life-threatening allergies to all students in the school, and enlisting their co-operation. This should be done in a way that is appropriate to the student's age and maturity,

without creating fear and anxiety, and in consultation with the parent/guardian of individual student with anaphylaxis or with the student themselves;

- Identification of students with anaphylaxis to their peers in school settings should not take place without consultation with the student with anaphylaxis;
- The risk of teasing or threatening students with anaphylaxis is reduced if classmates are introduced to the situation at a young age. The risk of ignorance is generally judged to be greater than the risks associated with sharing information;
- A number of books and audio-visuals are available to help young classmates understand life-threatening allergies without frightening them;
- Information may be included in health and family studies classes;
- The parent/guardian of students with anaphylaxis, and older students with anaphylaxis, may be excellent resources in information sharing.

Anaphylaxis to Insect Venom:

Food is the most common trigger of an anaphylactic reaction in students, and the only allergen which schools can reasonably be expected to monitor. The school cannot take responsibility for possible exposure to bees, hornets, wasps and yellow-jackets, but certain precautions can be taken by the student and the school to reduce the risk of exposure.

If school personnel are aware of the presence of bees and wasps, especially nesting areas, they should notify the principal and custodian so arrangements can be made for their removal.

Be aware that garbage containers can attract insects to student areas. Consult the custodian on prevention and placement of garbage containers.

7.6 Safety Considerations

- Students are allowed to carry their medications (including controlled substances) and supplies, as outlined in the *Individual Plan of Care*;
- Schools are to support the storage (according to the item's recommended storage conditions) and safe disposal of medication and medical supplies;
- Administrators will ensure that a plan is established to support students with prevalent medical conditions in the event of a school emergency (e.g. bomb threats, evacuation, fire, "hold and secure", "lockdown" or for activities off school property (e.g., field trip, sporting event). This process must also include considerations for occasional staff;
- Review "Suggestions for Administrators when there are Students with Anaphylaxis in the School" reference located in electronic forms.

7.7 Facilitating and Supporting Routine Management

It is the responsibility of staff with daily contact with students with anaphylaxis to:

- Have instructions on the use of the epinephrine auto-injector posted in a clearly visible location in the student's classroom;
- Provide and make readily available information about the student with anaphylaxis allergies and emergency procedures occasional staff (i.e. teachers, educational assistants) and/ or volunteers.

7.8 Resources

Suggested Reading:

<http://www.allergyaware.ca/resources/>

<https://www.healthunit.com/teaching-anaphylaxis>

<http://www.eworkshop.on.ca/edu/anaphylaxis/sc022.cfm?L=1>

Educational Materials for Children

<http://foodallergycanada.ca/resources/resources-for-educators/>

8.0 ASTHMA

Asthma is a very common chronic (long-term) lung disease that can make it hard to breathe (Ontario Lung Association).

8.1 Triggers

It is the Thames Valley District School Board's policy to provide a safe environment for students who are susceptible to allergens, but it is not possible to reduce the risk to zero. This is particularly the case with asthma triggers.

Students with asthma have sensitive airways that react to triggers. A trigger is something that can make asthma worse, such as, but not limited to: air quality, mold, dust or dust mites, pollen, viral infections, animal and pet dander, smoke, scented products and cold air. Triggers vary widely from individual to individual and are sometimes situation-specific. To the extent possible, school staff will identify and minimize asthma triggers and implement strategies to reduce the risk of exposures in classrooms, common school areas and in planning field trips.

Common Outdoor Triggers:

- Cold air – susceptible students with asthma may need to use a scarf to cover their mouth and nose, especially prior to and during physical activity; when outdoor cold temperatures are extreme, a well-ventilated indoor site should be used for physical activity;

- Air Quality, Smog – outdoor air quality and smog alerts can be monitored through local news/air quality sites; well-ventilated indoor sites can be chosen for physical activity on days when air quality is poor. www.airhealth.ca;
- Pollen, Leaves, Trees – May through August, (or until first frost) grassy or densely treed activity sites should be avoided for physical activity.

Common Indoor Triggers:

- Physical activities indoors (e.g., classroom, gymnasium) should be planned to eliminate or minimize common triggers that may cause asthma symptoms: strong smells (e.g., perfumes, strongly-scented markers or paints, cleaning products) dust, chalk, furry or feathered animals.

Strategies to Assist Schools and Classrooms to Minimize Common Triggers:

- If area rugs or carpets are used, choose ones with low nap or ones easily washed. Remove furry or feathered animals (birds, gerbils, mice, etc.). Where possible, use scent-free products.

8.2 Signs and Symptoms

Symptoms of asthma are variable and can include but are not limited to the following: coughing, wheezing, difficulty breathing, shortness of breath, chest tightness.

8.3 Emergency Response

It is an emergency situation if the student:

- Has used a reliever medication and it has not helped within 5-10 minutes;
- Has difficulty speaking or is struggling for breath;
- Appears pale, grey or is sweating;
- Has greyish/blue lips or nail beds;
- Has skin on neck or chest sucked in with each breath.

OR

You have any doubt about the student's condition:

Emergency Procedure:

- Have the student use, or assist the student in using, fast-acting reliever inhaler;
- If a staff member has reason to believe that a student is experiencing an asthma exacerbation, they can administer asthma medication to the student for the treatment of the exacerbation, even if there is no preauthorization to do so;
- Call 911. Notify office. Remain with the student;

- Have the student sit upright or with arms resting on a table or other support if possible. Continue to give the reliever inhaler every 5 - 10 minutes until the ambulance arrives;
- Contact the parent/guardian as soon as possible;
- Stay calm and reassure the student. Tell the student to breathe slowly and deeply. Note: Students are transported to hospital by ambulance only.

8.4 Field Trips

Field trips are an extension of the learning in the classroom and therefore, it is imperative that they are planned to include all students. The principal must ensure that all appropriate documentation is received in advance of the field trip and that plans are in place to accommodate students with prevalent medical conditions. The parent/guardian is required to complete the Medical or Special Concerns/Information section of the *Parent/Guardian Permission Form for Specific School Field Trip*. Within this form parent/guardian will identify allergies, dietary restriction and any other medical or special concerns. Teachers will ensure that this information is available during field trips and that the *Individual Plan of Care* accompanies the student on the field trip.

If it is necessary for the student to take prescription medication during the field trip, the parent/guardian and physician must complete the *Authorization for Administration of PRN Prescription Medication or Authorization for Daily Administration of Prescription Medication* form. It must be forwarded to the principal prior to the administration of medication. If the student currently receives medication during the school day and a copy of this form is on file at the school, it is not necessary to complete another form.

In addition to the usual safety precautions applying to field trips, the following procedures must be in place to protect the student with asthma:

- Require all supervisors, staff and volunteers to be aware of the identity of the students with asthma and to remind students to bring their inhalers on the trip;
- The parent/guardian of the student with asthma should provide an inhaler.

8.5 Information and Awareness

“Medication” refers to medications that are prescribed by a health care provider and, by necessity, may be administered to a student, or taken by the student during school hours or school-related activities (for example, rescue inhaler or disc). Medication can minimize or manage the symptoms. When an incident does occur, a reliever (rescue) inhaler can provide quick relief of asthma symptoms by relaxing the muscles around the airways and permitting the person to breathe more easily. The principal must permit a student to carry their asthma medication if the student has their parent/guardian permission. An additional inhaler may be kept in the office at the request of the parent/guardian.

Asthma and Exercise:

While exercise can be an asthma trigger, exercise is important for everyone. Teachers and coaches should be prepared to accommodate and modify activities to promote participation of students with asthma.

Guidelines for supporting students with asthma include the following:

- Have the student warm-up 10 – 15 minutes prior to exercising and cool down afterward;
- Some students may need to use their inhaler prior to exercise, as advised by the physician;
- Be aware of environmental triggers (e.g., extreme temperature, air quality, high pollen count) and be prepared to relocate or reschedule as required;
- The student should not participate in physical activity if already experiencing asthma symptoms. If the student has asthma symptoms during exercise, they should stop until they feel better and use reliever inhaler as necessary;
- Detailed guidelines are located in the form, *Responsibilities for Teachers / Coaches Providing Physical Activity*.

Responding to Asthma Symptoms - Action:

- Have the student use reliever inhaler as prescribed (use a spacer if provided);
- Remove the student from the trigger;
- Have the student remain in an upright position;
- Have the student breathe slowly and deeply;
- Check symptoms. When all the student's symptoms are gone, then the student can resume school activities, but should be monitored closely. The student may require additional reliever medication.

If symptoms get worse or do not improve within 5 – 10 minutes, follow the steps for an emergency response.

8.6 Safety Considerations

- Students are allowed to carry their medication(s) and supplies, as outlined in their *Individual Plan of Care*;
- The principal will make arrangements to support the storage (according to the item's recommended storage conditions) and safe disposal of medication and medical supplies;
- The principal will ensure that a plan is established to support students with prevalent medical conditions in the event of a school emergency (e.g. bomb threats, evacuation, fire, "hold and secure", "lockdown") or for activities on school property (field trip, sporting event).

8.7 Facilitating and Supporting Routine Management

The principal must permit a student to carry their asthma medication if the student has their parent/guardian permission. An additional inhaler may be kept in the office at the request of the parent/guardian.

Where possible, facilitating and supporting daily or routine management involves, 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), as outlined in their *Individual Plan of Care*.

9.0 DIABETES

Diabetes is a condition where the pancreas stops producing insulin or the body is unable to use insulin that is produced. Insulin is a hormone that helps your body control the level of glucose or sugar in your blood. Your body produces sugar, and also gets sugar from foods that contain carbohydrates. Without insulin, sugar builds up in your blood instead of being used by your cells for energy.

9.1 Triggers

Low blood sugar is also called hypoglycemia.

Low blood sugar occurs when the amount of blood glucose (sugar) falls below 4 mmol/L. Blood sugars can change within minutes and must be treated right away. It can be caused by:

- Too much insulin, and not enough food;
- Delaying or missing a meal or a snack;
- Not enough food before an activity;
- Unplanned activity, without adjusting food or insulin.

High blood sugar or hyperglycemia occurs when a student's blood sugar is higher than 15 mmol/L. It is usually caused by:

- extra food, without extra insulin;
- not enough insulin;
- decreased activity;
- illness, stress, excitement or other factors;
- insulin pump malfunction.

Usually, it is caused by a combination of factors.

9.2 Signs and Symptoms

Hypoglycemia (Low Blood Glucose less than 4mmol/L) Symptoms:

- Cold, clammy or sweaty skin;
- Paleness;
- Shakiness, tremor, lack of coordination;
- Dizziness;
- Hunger;
- Irritability, hostility, poor behaviour, tearfulness;
- A staggering gait;
- Confusion;
- Headache;
- Blurred vision;
- Weakness/fatigue;
- Loss of consciousness and possible seizure if not treated early.

Mild to moderate hypoglycemia (low blood sugar) is common in the school setting, so it is important for staff to know its signs/symptoms, treatment, and prevention.

Hyperglycemia (high blood sugar greater than 15 mmol/L) Symptoms:

- Extreme thirst;
- Frequent urination;
- Headache;
- Hunger;
- Abdominal pain;
- Blurry vision;
- Warm, flushed skin;
- Irritability.

9.3 Emergency Response

In the event that rescue medication is prescribed, it is essential that the *Individual Plan of Care* include the emergency response protocol, and that all staff are aware of how it is to be implemented. The *Individual Plan of Care* will clearly identify individual roles and be respectful of all applicable legislation, policies and

collective agreements.

Emergency Responses:

Severe hypoglycemia is an emergency.

If mild to moderate hypoglycemia is not treated right away, it can become life threatening. This is an emergency and immediate action is needed.

Symptoms:

- Uncooperative;
- Unresponsive;
- Loss of consciousness;
- Seizure.

Severe low blood sugar is an emergency situation and the following emergency protocol is to be followed:

- Roll student on left side (recovery position);
- Call 911 immediately;
- Notify parent/guardian;
- Do not put anything in the student's mouth, such as food or drink (choking hazard).

9.4 Field Trips

Field trips are an extension of the learning in the classroom and therefore, it is imperative that they are planned to include all students. The principal must ensure that all appropriate documentation is received in advance of the field trip and that plans are in place to accommodate students with prevalent medical conditions. The parent/guardian is required to complete the Medical or Special Concerns/Information section of the *Parent/Guardian Permission Form for Specific School Field Trip*. Within this form parent/guardian will identify allergies, dietary restriction and any other medical or special concerns. Teachers will ensure that this information is available during field trips and that the *Individual Plan of Care* accompanies the student on the field trip.

If it is necessary for the student to take prescription medication during the field trip, the parent/guardian and physician must complete the *Authorization for Administration of PRN Prescription Medication or Authorization for Daily Administration of Prescription Medication* form. It must be forwarded to the principal prior to the administration of medication. If the student currently receives medication during the school day and a copy of this form is on file at the school, it is not necessary to complete another form.

9.5 Information and Awareness

Three Main Types of Diabetes:

- Type 1 Diabetes: Diagnosed in children and adolescents and affects 1 in 200 children. In Type 1 Diabetes, the pancreas is unable to produce insulin and injections of insulin are essential;

Every child diagnosed with Type 1 Diabetes must have an up-to-date *Individual Plan of Care*;

- Type 2 Diabetes: Comprises 90% of diabetes in Canada. It usually develops in adulthood, although recently increasing numbers of children in high-risk populations are being diagnosed. In Type 2 Diabetes the pancreas may produce some insulin, but the body is unable to use the insulin that is produced effectively. Type 2 Diabetes may be controlled with diet and exercise or with oral medication. Children with Type 2 Diabetes often need insulin;
- Gestational Diabetes: Gestational Diabetes affects 4% of pregnant women and usually goes away after the birth of the baby.

Diabetes and Exercise:

- Students with diabetes should be encouraged to participate in as many activities as they choose. They should not be excluded from school field trips. School sports and other activities can promote self-esteem and sense of well-being;
- For students who wish to participate in vigorous physical activity, good planning is essential so that the blood glucose balance is maintained. The major risk of unplanned vigorous activity is low blood glucose. Eating additional food can prevent this. The parent/guardian should be notified of special days that involve extra activity so that they can ensure that the student has extra food to compensate;
- Sports or other activities that take place during mealtime require extra planning. Timing of meals and snacks may be varied and the insulin dose adjusted so that children with diabetes can safely participate. It is advisable that both the parent/guardian and the student with diabetes carry some form of fast-acting sugar such as glucose tablets or juice boxes on outings or sports events;
- It is critical that the student's teachers and coaches are familiar with the symptoms, treatment and prevention of hypoglycemia and hyperglycemia. It is also important for teachers to communicate in advance any changes in the student's routine and schedule that may impact insulin testing and insulin levels.

9.6 Safety Considerations

- Students are allowed to carry their medication(s) and supplies, as outlined in their *Individual Plan of Care*;

- The principal will make arrangements to support the storage (according to the item's recommended storage conditions) and safe disposal of medication and medical supplies;
- The principal will ensure that a plan is established to support students with diabetes in the event of a school emergency (e.g. bomb threats, evacuation, fire, "hold and secure", "lockdown" or for activities of school property (field trip, sporting event)).

Other Considerations:

- Ensure the student has easy access to supplies for blood glucose monitoring and treating low blood sugar;
- Ensure the student eats meals and snacks on time;
- Provide the parent/guardian with as much notice as possible about field trips, special events and changes to the school routine, especially where food or activity is involved;
- If a student experiences low blood sugar before or during an assessment, allow a reasonable amount of time to treat and recover from the low (they may need up to an additional 30 to 60 minutes to complete the task);
- Ensure that information about the student is available to occasional staff;
- Support the student's self-care by allowing blood sugar monitoring at any time or anywhere, respecting the student's wish for privacy;
- Know that a student may need to eat outside a planned meal or snack time;
- Ensure that the student has unrestricted bathroom access, as well as access to water at all times. This is especially important when blood sugar is high.

9.7 Facilitating and Supporting Routine Management

Where possible, facilitating and supporting daily or routine management involves, 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), as outlined in their *Individual Plan of Care*.

The ultimate goal of diabetes management within the school setting is to have the student feel safe and supported with their diabetes care and to be encouraged towards independence in age-appropriate steps. This independence includes the specific management of diet, activity, medication (insulin) and blood sugar testing, as required. Independence of care also includes the development of self-advocacy skills and a circle of support among persons who understand the disease and can provide assistance as needed.

Children are diagnosed with diabetes at various stages of their lives. Some will be very young, and others older and more mature, some will have special needs. The goal for all children is to become as independent as possible, as soon as possible, in managing their diabetes. The role of the school is to provide support

as the student moves from dependence to independence and to create a supportive environment in which this transition can occur. Nevertheless, the ultimate responsibility for diabetes management rests with the parent/guardian and the student.

Staff members can help by:

- Learning as much as possible about diabetes;
- Communicating openly with the parent/guardian;
- Helping other students in the class understand diabetes.

Independence Versus Protection:

- The parent/guardian and staff members need to protect the student's health while encouraging them to develop independent diabetes management skills;
- Even very young children can share the work of managing diabetes. How much a student can do depends on their age, how long they have had diabetes and any disabilities or special needs.

Hypoglycemia (low blood sugar) and hyperglycemia (high blood sugar) result from difficulties in managing blood sugar. Both conditions are known to affect students' learning, behaviour and participation in activities.

Hyperglycemia is not necessarily an emergency condition. Students with diabetes sometimes experience high blood glucose. The earliest and most obvious symptoms of high blood glucose are increased thirst and urination. These symptoms, if noticed, should be communicated to the parent/guardian to assist them in the long-term treatment. High blood glucose is usually managed by the parent/guardian while at home through adjusting the insulin dose and/or diet. More serious symptoms include vomiting and abdominal pain.

9.8 Resources

Diabetes fact sheet – Ministry of Education

www.edu.gov.on.ca/eng/healthyschools/pmc_diabetes_fact_sheet_en.pdf

Diabetes at School – Canadian Paediatric Society, in partnership with Diabetes Canada & Canadian Pediatric Endocrine Group – includes printable resources and short animated videos

www.diabetesatschool.ca

Position Statement & Guidelines for the Care of Students Living with Diabetes at School – Diabetes Canada

<http://www.diabetes.ca/kidsatschool>

10.0 EPILEPSY

Epilepsy is a common brain disorder characterized by recurrent seizures. Most seizures are brief events that last from several seconds to a couple of minutes and normal brain function will return after the seizure ends. Recovery time following a seizure will vary. Sometimes recovery is immediate as soon as the seizure is over. Other types of seizures are associated with an initial period of confusion afterwards. Following some types of seizures there may be a more prolonged period of fatigue and/or mood changes. A health care professional may consider epilepsy as a possible diagnosis when a person has had two or more seizures starting in the brain.

10.1 Triggers

- Medication:
 - Not taking one's anti-epileptic medication;
 - Other medications that are taken in addition to anti-epileptic medication.
- Internal Factors:
 - Stress, excitement and emotional upset;
 - This type of over-stimulation may lower the student's resistance to seizures by affecting sleeping or eating habits;
 - Lack of sleep can change the brain's patterns of electrical activity and can trigger seizures;
 - Fevers may make some students more likely to have a seizure;
 - Menstrual cycle;
 - Many females find their seizures increase around this time of their period. This is referred to as catamenial epilepsy and is because of changes in hormone levels, increased fluid retention and changes in anti-epileptic drug levels in the blood.
- External Factors:
 - Poor diet can affect blood sugar levels causing seizures;
 - Stimulants such as tea, coffee, chocolate, sugar, sweets, soft drinks, excess salt, spices and animal proteins may trigger seizures by suddenly changing the body's metabolism;
 - Parents/Guardians have reported that allergic reactions to certain foods (e.g. white flour) also seem to trigger seizures in their children;
 - Certain nutrient shortages, such as a lack of calcium, have also been found to trigger seizures;

- Very warm weather, hot baths or showers, especially when there is a sudden change in temperature;
- Alcohol can affect the rate at which the liver breaks down anti-epileptic medication;
 - This may decrease the blood levels of anti-epileptic medications, affecting an individual's seizure control;
- Television, videos and flashing lights;
 - The “strobe effect” from fast scene changes on a bright screen, rapidly changing colours or fast-moving shadows or patterns can all be trigger seizures;
- Lack of physical activity.

10.2 Signs and Symptoms

Motor Symptoms:	Non-motor Symptoms:	Autonomic Symptoms:	Autonomic Symptoms:
● Jerking (clonic) ● Limp or weak muscles ● Rigid or tense muscles ● Brief muscle twitching (Myoclonus) ● Epileptic spasms ● Automatisms or repeated automatic movements (clapping, rubbing hands, lip smacking, chewing, running) ● Lack of movement (behaviour arrest)	● Changes in thinking or cognition ● Loss of Memories ● Blank stares ● Repeated words ● Appearing dazed ● Laughing, screaming or crying	● Abdominal discomfort ● Stomach pain ● Belching ● Flatulence ● Vomiting ● Pallor ● Sweating ● Dilation of pupils ● Alteration in heart rate and respiration	● Fear, sadness, anger or joy ● Sensory ● Sees lights ● Hears buzzing ● Feels tingling or numbness ● Smells a foul odour ● Bad taste in the mouth ● Funny feeling in the pit of the stomach ● Choking sensation

10.3 Emergency Response

In the event that rescue medication is prescribed, it is essential that the *Individual Plan of Care* include the emergency response protocol, and that all staff are aware of how it is to be implemented. Medication must be provided to the school in a premeasured format. The plan will clearly identify individual roles and be respectful of all applicable legislation, policies and collective agreements.

Emergency Procedure:

Emergency response should be detailed for individual students in the *Individual Plan of Care*. In general, if someone is having a seizure:

- Stay calm:
 - Seizures usually end on their own within seconds or a few minutes.
- Time It:
 - Note the time the seizure begins and ends.
- Create a safe space:
 - Move sharp objects out of the way;
 - If the student falls, place something soft under their head and roll them on their side as the seizure subsides;
 - If the student wanders, stay by their side and gently steer them away from danger;
 - If the student is in wheelchair, remain in the wheelchair, secure harness and recline if available.
- Call 911:
 - If the seizure lasts more than 5 minutes;
 - If it repeats without full recovery between convulsive seizures or as directed by neurologist;
 - If consciousness or regular breathing does not return after the seizure ends;
 - If the student is pregnant, has diabetes, appears injured or is in water;
 - If you are not sure the student has epilepsy or a seizure disorder.
- Provide Assurance:
 - When the seizure ends, stay with them until complete awareness returns.
- Do not:
 - Restrain the student;
 - Put anything in their mouth.

10.4 Field Trips

Field trips are an extension of the learning in the classroom and therefore, it is imperative that they are planned to include all students. The principal must

ensure that all appropriate documentation is received in advance of the field trip and that plans are in place to accommodate students with epilepsy. The parent/guardian is required to complete the Medical or Special Concerns/Information section of the *Parent/Guardian Permission Form for Specific School Field Trip*. Within this form the parent/guardian will identify allergies, dietary restriction and any other medical or special concerns. Teachers will ensure that this information is available during field trips and that the *Individual Plan of Care* accompanies the student on the field trip.

If it is necessary for the student to take prescription medication during the field trip, the parent/guardian and physician must complete the *Authorization for Administration of PRN Prescription Medication* or *Authorization for Daily Administration of Prescription Medication* form. It must be forwarded to the principal prior to the administration of medication. If the student currently receives medication during the school day and a copy of this form is on file at the school, it is not necessary to complete another form.

10.5 Information and Awareness

A medical diagnosis of epilepsy is based on multiple pieces of information: the description of the episodes; the student's medical and family history; and the results of diagnostic tests. Fortunately, epilepsy is a treatable condition. Many people with epilepsy (two out of three) will achieve good seizure control with medication. When medication is not effective in preventing seizures there are other treatment options available.

Types of Seizures:

- Focal (or partial) seizures occur when seizure activity is limited to a part of one brain hemisphere. There is a site, or a focus, in the brain where the seizure begins. There are two types of focal seizures:
 - Focal Onset Aware Seizures (previously known as a Simple Partial Seizure);
 - Focal Onset Impaired Awareness Seizures (previously known as Focal Dyscognitive Seizure or Complex Partial Seizures);
- Generalized seizures occur when there is widespread seizure activity in the left and right hemispheres of the brain. The different types of generalized seizures are:
 - Absence seizures (formerly known as petit mal);
 - Tonic-clonic or convulsive seizures (formerly known as grand mal);
 - Atonic seizures (also known as drop attacks);
 - Clonic seizures;
 - Tonic seizures;
 - Myoclonic seizures;

- Psychogenic non-epileptic seizures are not due to epilepsy but may look very similar to an epilepsy seizure.

10.6 Safety Considerations

- Ensure that consideration is made on behalf of students with Epilepsy in the planning of school events and field trips (e.g., lighting effects for school dances, bleacher seating for athletic events);
- Be aware that during physical activities, where climbing is involved, that the student is properly assisted and does not climb to great heights;
- Monitor that fluorescent light fixtures in the classroom/school are working correctly (not flickering);
- Minimize the use of videos in class, if possible;
- Avoid loud noise as much as possible;
- Avoid using the “lights out” technique for class control;
- Ensure that the information provided for occasional teachers include the *Individual Plan of Care*;
- The principal will ensure that a plan is established to support students with epilepsy in the event of a school emergency (e.g. bomb threats, evacuation, fire, “hold and secure”, “lockdown” or for activities off school property (e.g. field trip, sporting event).

10.7 Facilitating and Supporting Routine Management

- Students are allowed to carry their medications (including controlled substances) and supplies, as outlined in the *Individual Plan of Care*;
- Where possible, facilitating and supporting daily or routine management involves, but is not limited to, supporting inclusion by allowing students with epilepsy to perform daily or routine management activities in a school location (e.g., within the classroom), as outlined in their *Individual Plan of Care*.

10.8 Resources

Resources are available from the Epilepsy Southwestern Ontario Website. Staff are encouraged to reference the Epilepsy Student Toolkit. Epilepsy Southwestern Ontario also offers Epilepsy Educators who are available to provide staff training, classroom presentations and individualized student support.

11.0 FORMS

All forms for use by Thames Valley District School Board staff can be accessed through the Employee Portal under Electronic Forms.

All forms for use by Thames Valley District School Board students and parents are available in the Student Portal and Parent Portal on the Thames Valley District School Board website.

Forms related to this procedure:

- *Individual Plan of Care;*
- *Authorization for Administration of PRN Prescription Medication or Authorization for Daily Administration of Prescription Medication;*
- *Individual Student Log of Prescription Medication Administration.*