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Subject	MANAGEMENT, RESPONSE AND ADMINISTRATION OF MEDICATION TO STUDENTS WITH LIFE-THREATENING AND NON-LIFE-THREATENING MEDICAL CONDITIONS
References	Policy 4220 – Supporting Students with Prevalent Medical Conditions in Schools Ministry of Education Policy/Program Memorandum No. 161, Supporting Children and Students with Prevalent Medical Conditions (Anaphylaxis, Asthma, Diabetes, and/or Epilepsy (in Schools)) Ministry of Education Policy/Program Memorandum No. 81, MOE Model for the Provision of Health Support Services Standard 7: Specialized Health Support Services, Special Education Plan Simcoe County District School Board, Health and Safety Manual Education Act, Section 265 Duties of a Principal Simcoe Muskoka District Health Unit Good Samaritan Act (2001) Canadian Diabetes Association Food Allergy Canada Health Canada (2008) Severe Allergic Reactions Ryan’s Law (2015) Sabrina’s Law (2005) The Ontario Human Rights Code
Contact	School Services

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1. Purpose

The purpose of this administrative procedures memorandum (APM) is to establish guidelines to: support the health, safety and well-being of students with medical conditions; to establish consistent practices to respond to medical emergencies for students with life-threatening and non-life-threatening medical conditions; and, for the provision of the administration of medication in the school setting.

2. Definitions

- 2.1 Anaphylaxis: a severe allergic reaction to any stimulus, having sudden onset, involving one or more body systems with multiple symptoms. If left untreated anaphylaxis may lead to unconsciousness or death (APPENDIX A).
- 2.2 Asthma: 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.
- 2.3 Auto-Injector: a medical device designed to deliver a single dose of a particular drug (usually epinephrine) when an individual is experiencing an anaphylactic reaction.
- 2.4 Diabetes: a chronic disease that occurs when the body is either unable to sufficiently produce or properly use insulin. Uncontrolled diabetes can cause damage to blood vessels, nerves and organs, resulting in serious complications, including death.
- 2.5 Epilepsy: a neurological condition that affects the nervous system. Epilepsy is also known as a seizure disorder, or by many people, as convulsions.
- 2.6 Life-Threatening Medical Conditions: in addition to anaphylaxis, many students require emergency treatment for other life-threatening medical conditions which may include, but are not limited to: asthma, epilepsy and diabetes, as identified by a physician.
- 2.7 Non-Life-Threatening Medical Conditions: students may require support for non-life-threatening medical conditions, such as irritable bowel syndrome, seizures, arthritis, allergies and other medical conditions, as identified by a physician.
- 2.8 Medical Response Plan (MRP): students with both life-threatening and ongoing non-life-threatening medical conditions (as documented by a physician) who require support for their medical needs while at school, while participating in school based activities, or while on vehicles contracted by the Simcoe County Student Transportation Consortium (SCSTC), require the development of a MRP (APPENDIX B).

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- 2.9 Personal Health Information is defined in the *Personal Health Information Protection Act (PHIPA)*. The definition includes, but is not limited to:
- 2.9.1 the physical or mental health of the individual, including information that contains the health history of the individual's family;
 - 2.9.2 the provision of health care to the individual, including the identification of a person as a provider of health care to the individual; and,
 - 2.9.3 the individual's Ontario Health Card number.
- 2.10 Plan of Care (POC): a form that is co-created with parent(s)/guardian(s), students, school staff and input from the student's health care provider that contains information on how to support a student with a prevalent medical condition during school.
- 2.11 Prevalent Medical Condition: for the purpose of this document, includes anaphylaxis, asthma, diabetes, and epilepsy.
- 2.12 Pro re Nata (PRN) is the abbreviation meaning "when necessary" or "as needed", used in the health and/or medical community when administering medication based on need rather than as scheduled, in circumstances that are not an emergency (life-threatening situation) and/or not when the student can be responsible to self-identify and self-administer a dosage of medication.
- 2.13 School: all school and school-board activities, including field trips, overnight excursions, board-sponsored sporting events, and board-operated before-and after-school programs.
- 2.14 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.

3. Relevant Legislation

3.1 Human Rights Code of Ontario (The Code)

The Ontario Human Rights Code (1962) "prohibits actions that discriminate against people based on a protected ground in a protected social area." (For a complete list of protected grounds and protected social areas refer to [The Ontario Human Rights Code](#)).

All students with disabilities, including life-threatening and non-life-threatening medical conditions and environmental sensitivities, have the right to receive individualized educational services in a manner that respects their dignity.

3.2 Sabrina's Law

Sabrina's Law (2005) came into effect on January 1, 2006, and requires every school board to establish and maintain an anaphylaxis procedure.

3.3 Personal Health Information Protection Act (PHIPA)

PHIPA is an Ontario Statute that governs how health service providers collect, use and disclose personal health information. Under the law, personal health information may only be collected directly from the individual or from a third party, with the consent of the parent(s)/guardian(s)/adult student.

When managing a student's personal health information, all staff shall consider and respect the sensitive nature of this information and not disclose it or record it in the student information system unless it is necessary to do so. Principals shall consult with their superintendent of education, the Simcoe Muskoka District Health Unit (SMDHU), and/or the parent(s)/guardian(s)/adult student to assist in determining how best to manage sensitive student health information, and whether the information should be provided to the SCSTC or the school vehicle driver through the SCSTC.

APM A1450 - Management of Personal Information – Student (item 9) and APM A1452 - Privacy Breach Protocol, outline the reporting requirements necessary if personal health information has been breached.

3.4 Good Samaritan Act

The Good Samaritan Act, S.O. 2001, protects individuals who provide 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 assistance at the immediate scene of the accident or emergency.

3.5 Ryan's Law

Ryan's Law came into effect on April 30, 2015. Under *Ryan's Law*, a student (under the age of 16) is permitted to carry their asthma medication if the student has their parent's/guardian's permission. Students 16 and older are not required to have permission to carry their asthma medication.

4. Protection from Illnesses and Communicable Diseases

The SMDHU recommends staff and students protect themselves from the spread of infection, when there is potential to come into contact with blood or body fluids from others, through proper hand washing hygiene and the use of Personal Protective Equipment (Health and Safety Procedure HS 03-04, Routine Practices and Blood/Body Fluid Clean Up).

All blood and body fluids shall be treated as potentially infectious. Body fluids can include feces, urine, vomitus, nasal secretions, sputum, and saliva, whether or not they contain visible blood.

5. Student Medical Form (SMF)

5.1 The SMF (FORM A1420 - 1) provides the school with the information necessary to develop a plan to support the student's medical needs and authorizes the school to create the following:

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- 5.1.1 a MRP for life-threatening conditions; or
 - 5.1.2 a MRP for non-life-threatening conditions;
 - 5.1.3 a Record of Administration of Medication Plan (RAM) for the student (FORM A1420 - 2), and;
 - 5.1.4 a POC must be created for students with diabetes, asthma, epilepsy, anaphylaxis and any other life-threatening medical condition that parent(s)/guardian(s) feel would support their child's prevalent medical condition while at school.
- 5.2 The SMF must be signed by the parent(s)/guardian(s)/adult student at the start of each school year and shall be updated:
- 5.2.1 as the student's medical needs change; or
 - 5.2.2 upon receipt of written instructions from the parent(s)/guardian(s)/adult student to revoke the plan; or,
 - 5.2.3 if the student transfers schools.
- 5.3 The SMF must include a medical doctor's signature if medication is to be administered at school. Parent(s)/guardian(s)/adult students may ask a health care provider to provide additional information to the POC and/or SMF to support the student while at school.
- 5.4 **Where there is no change** in the medical condition, a parent(s)/guardian(s)/adult student may request to extend an existing MRP for an additional school year, to a **maximum of two school years**. In order to extend the existing MRP it must be signed, dated and witnessed by school administration.
- 5.4.1 After two years, an updated SMF is required.
- 5.5 The principal may, upon the written request of parent(s)/guardian(s), and without the completion of a SMF, administer for a **maximum of two weeks**, prescription medication to a student during the school day.
- 5.5.1 Such medication must be provided to the school:
 - 5.5.1.1 in the original prescription package; and
 - 5.5.1.2 include the name of the student; and
 - 5.5.1.3 include the name of the medication; and
 - 5.5.1.4 include the physician's name; and,
 - 5.5.1.5 include the dispensing instructions on the medication label.
- 6. Medical Response Plan (MRP)**
- 6.1 To ensure student safety, the school may be required to develop a MRP (APPENDIX B), based on information provided in the SMF. The principal may request additional information from the parent(s)/guardian(s)/adult student and/or physician to ensure that the school can appropriately meet the student's medical needs.
- 6.2 Dispensing or administration of medication may form part of the MRP where:
- 6.2.1 the medication is necessary to enable a student's education to continue at school; and,
 - 6.2.2 a parent/legal guardian/adult student makes a request by completing the SMF (FORM A1420 - 1); and,

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- 6.2.3 a legally qualified medical practitioner supports the request, prescribes the medication, and signs the SMF.
 - 6.3 A parent/guardian/adult student may cancel an existing MRP by notifying the principal in writing.
 - 6.3.1 When a student is demitted from school, their MRP must be destroyed.
 - 6.4 A MRP (APPENDIX C) for life-threatening and non-life-threatening conditions will be printed from the Student Information System (SIS) for distribution and sharing (outlined in item 13.1.2), including, if required, distribution to the SCSTC or the school vehicle driver through the SCSTC.

7. Plan of Care (POC)

- 7.1 The school must develop a POC with the parent(s)/guardian(s)/adult student for students with anaphylaxis (FORM A1420 - 6), asthma (FORM A1420 - 7), Type 1 diabetes (FORM A1420 - 8), epilepsy (FORM A1420 - 9), and other conditions (FORM A1420 - 10) to support students with prevalent medical conditions. Parent(s)/guardian(s)/adult students may choose to develop a POC alongside the MRP with other life-threatening conditions.
- 7.2 A POC will include:
 - 7.2.1 preventative strategies to be undertaken by the school to reduce the risk of medical incidents and exposure to triggers or causative agents in classrooms and common school areas;
 - 7.2.2 identification of school staff who will have access to the POC;
 - 7.2.3 identification of routine or daily management activities that will be performed by the student, parent(s)/guardian(s), or by an individual authorized by the parent(s)/guardian(s);
 - 7.2.4 a copy of notes and instructions from the student's health care professional, where applicable;
 - 7.2.5 information on daily or routine management accommodation needs of the student (e.g. space, access to food). Where possible, a student should not be excluded from the classroom during daily or routine management activities, unless the student or the parent(s)/guardian(s) indicate they prefer exclusion;
 - 7.2.6 information on how to support or accommodate the student to enable participation to their full potential in all school and school board activities (e.g. field trips, overnight excursions, board-sponsored sporting events);
 - 7.2.7 identification of symptoms (emergency and other) and response, should a medical incident occur;
 - 7.2.8 emergency contact information for the student;
 - 7.2.9 details related to storage and disposal of the student's prescribed medication(s) and medical supplies, such as:
 - 7.2.9.1 parent/guardian permission for the student to carry medication and/or medical supplies;
 - 7.2.9.2 location of spare medication and supplies stored in the school; and,
 - 7.2.9.3 where applicable, information on the safe disposal of medication and medical supplies.

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- 7.2.10 requirements for communication between the parent(s)/guardian(s) and the principal (or the principal's designate) and/or school staff, as appropriate, including format and frequency;
 - 7.2.11 parental consent (at the discretion of the parent(s)/guardian(s)) to share information on signs and symptoms with other students.
 - 7.2.12 When a student is demitted from school, their POC must be destroyed.

8. Anaphylaxis

- 8.1 Some students experience severe allergic reactions. Common causes include: bee, hornet, wasp or other flying insect stings, foods or food ingredients, medications, and other allergens.
- 8.2 Under *Sabrina's Law*, school boards and principals are responsible for:
 - 8.2.1 developing strategies that reduce the risk of exposure to anaphylactic agents in schools and common school areas;
 - 8.2.2 using strategies to address situations arising from anaphylactic reactions, principals should refer to the anaphylaxis kit prepared by [Food Allergy Canada](#). Copies of the kit and other resources may be purchased online from Food Allergy Canada at <http://foodallergycanada.ca/>;
 - 8.2.3 developing a communication plan for the dissemination of information on life-threatening allergies;
 - 8.2.4 providing regular training for dealing with life-threatening allergies for all employees and others who are in direct contact with students on a regular basis;
 - 8.2.5 developing a MRP and a POC for each student who has an anaphylactic allergy;
 - 8.2.6 collecting information on life-threatening allergies at the time of registration, or as required; and,
 - 8.2.7 maintaining accurate documentation for each anaphylactic student.

9. Ensuring Asthma Friendly Schools

- 9.1 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. The severity of an asthma episode can range from mild to life-threatening.

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.

9.2 Principal Responsibilities

In accordance with *Ryan's Law*, the principal shall:

- 9.2.1 permit a student (under the age of 16) to carry their asthma medication if the student has their parent's/guardian's permission. A student 16 years of age or older is not required to have their parent's/guardian's permission to carry asthma medication;

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- 9.2.2 identify asthma triggers in classrooms, common school areas and when planning field trips, and implement strategies to reduce the risk of exposure to identified triggers;
 - 9.2.3 develop an individual plan for each student with asthma by ensuring that upon registration, the parent/guardian/student supply information about asthma and complete a SMF (FORM A1420 - 1) to establish a management plan, based on recommendations from the student's health care provider, and develop a POC;
 - 9.2.4 maintain a file of current treatment and other information (i.e. asthma triggers) for each student with asthma, including notes/instructions from the student's physician or nurse and a current emergency contact list;
 - 9.2.5 communicate to staff and others who are in direct contact with students on a regular basis that if a student is experiencing an asthma exacerbation, the individual may administer asthma medication to the student, even if there is no preauthorization to do so;
 - 9.2.6 establish a communication plan to promote asthma awareness to anyone who has direct contact with a student with asthma; and,
 - 9.2.7 provide training, if required, for staff in the administration of asthma medication in case of emergency.

9.3 Parent/Guardian Responsibilities

Parent(s)/Guardian(s) shall:

- 9.3.1 upon registration, supply information about the student's asthma, including providing parent/guardian permission and the physician's approval to carry asthma medication (FORM A1420 - 1) for students under the age of 16; and,
- 9.3.2 ensure that the information in the student's file (or SIS) is current.

10. Developing the School Plan for the Administration of Medication

- 10.1 The principal will develop a school plan for the administration of medication when:
 - 10.1.1 the medication is necessary to enable a student's education to continue at school;
 - 10.1.2 a parent/guardian/adult student makes a request by completing the SMF (FORM A1420 - 1); and,
 - 10.1.3 a legally qualified medical practitioner supports the request, prescribes the medication, and signs the SMF.
- 10.2 The principal, in consultation with the parent/guardian/adult student, will develop a school plan for the administration of medication, using the RAM (FORM A1420 - 2) to document the administration of the medication. The plan will include all of the following:
 - 10.2.1 name(s) of trained staff who will administer the medication;
 - 10.2.2 name(s) of those persons who need to know that the student requires and/or is receiving medication, and the action(s) to be taken;
 - 10.2.3 name of the medication;
 - 10.2.4 dosage of medication to be dispensed; and,
 - 10.2.5 frequency of which medication shall be dispensed.

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- 10.3 Medication shall be administered by school personnel at the school during the school day, or when the student attends a school sponsored event during or outside of the school day, as required in the MRP, in accordance with this APM.

11. Medication Management and Storage

- 11.1 All medications shall be kept in clearly labelled, original containers and stored securely in the office area.
- 11.1.1 With the exception of: epinephrine auto-injectors, asthma inhalers, and medications requiring refrigeration, medications shall be kept in a locked area that meets the conditions of storage (temperature and exposure to light, etc.).
- 11.1.2 In special circumstances, after consultation with the parent/guardian/adult student, the principal may determine that medication may be retained in the possession of the student (i.e. asthma inhalers). This medication must be safely secured so that it is not accessible to other students.
- 11.2 Epinephrine auto-injectors and asthma inhalers *Ryan's Law* (2015) must be accessible at all times to ensure availability for emergency response.
- 11.2.1 Epinephrine auto-injectors and asthma inhalers may be kept in the classroom or carried by the student. This decision, made in consultation with the parent/guardian/adult student and the physician, shall be included in the MRP and the POC.
- 11.3 Custody of the key and backup key(s) for the locked storage area shall be determined by the principal. A contingency plan shall be developed in consideration of staff absences and emergencies.
- 11.4 The RAM (FORM A1420 - 2) for each student will be stored securely in the office area for ease of documentation of administration of medication.
- 11.5 All syringes, including those used by students who self-administer medication, shall be disposed of in a sharps container. Refer to Health and Safety Procedures Manual, Procedure HS 05-18, "SHARPS DISPOSAL" for information on disposing of sharps (i.e. needles, syringes).

12. Administering and Dispensing Medication

- 12.1 The principal shall assign appropriate staff to administer medication, unless it has been otherwise arranged with the parent/guardian/adult student. Administration of medication may be provided by:
- 12.1.1 members of the administrative and teaching staff;
- 12.1.2 educational assistants and school administrative support staff; and,
- 12.1.3 other adults having direct contact with the student on a regular basis (e.g. volunteer coaches).
- 12.2 School vehicle operators, contracted through the SCSTC, train their school vehicle drivers to administer epinephrine auto-injectors for anaphylaxis and asthma medication, as needed. No other medication may be administered by a school vehicle driver of a school vehicle operator contracted through the SCSTC.

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- 12.3 Students will self-administer inhaled medication, unless it has been determined by the principal, in consultation with the parent/guardian, that the student is developmentally unable to administer the medication responsibly. In these circumstances, the school will develop a plan to administer inhaled medication based on the written, authorized instructions provided by the physician.
- 12.3.1 If a student is experiencing an asthma exacerbation, a staff member may administer asthma medication to the student, even if there is no preauthorization to do so.
- 12.4 Students with diabetes, who are able to perform self-blood glucose monitoring and insulin injections, need a safe, hygienic and private space where they are comfortable.
- 12.4.1 Some students may not be able to self-care. Under these circumstances, the principal will consult with the parent/guardian to identify the medical personnel required to assume responsibility for the administration of medication.
- 12.5 Medication shall be dispensed from one location in the school unless otherwise arranged with the parent/guardian of a student under the age of 16. Staff administering medication shall:
- 12.5.1 identify the student by asking their name and comparing the student to the picture on the MRP;
- 12.5.2 verify that the name of the medication on the label of the medication container matches the information on the RAM (FORM A1420 - 2);
- 12.5.3 read the label on the medication container and compare the dose and the dispensing instructions on the RAM;
- 12.5.4 ensure that the medication is administered a maximum of 30 minutes before or after the scheduled time and record the time on the RAM document;
- 12.5.5 count medication in pill form each time it is administered, recording the amount dispensed and amount remaining, to ensure tracking of administration of medication is accurate; and,
- 12.5.6 complete the RAM each time medication is administered by recording both the name and signature of the person administering the medication.
- 12.6 Students 16 and over may carry and dispense their own medication, where appropriate.
- 12.7 School personnel and school vehicle drivers of school vehicle operators contracted through the SCTSC are not expected to administer injections other than epinephrine auto-injectors for anaphylaxis. The school and parent(s)/guardian(s) will work together on a POC. School personnel can only administer oral diabetes medications or glucagon, if:
- 12.7.1 there is mutual agreement between parent(s)/guardian(s); and,
- 12.7.2 the appropriate training has been provided.
- 12.8 Staff that choose to be trained to provide life-saving injections are fully indemnified. Where life-saving medical injections of glucagon are required, the school board liability insurance protects (insures and indemnifies) all staff regardless of whether or not they have been trained to meet student-specific, medical needs.

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- 12.9 The principal may, upon the written request of parent(s)/guardian(s), *and without the completion of a SMF*, administer for a **maximum of two weeks**, prescription medication to a student during the school day (for guidelines see item 5.4).
- 12.10 School personnel are required to notify the parent/guardian in the event medication is missed or not dispensed.

13. Administering of Pro re Nata (PRN) Medication

- 13.1 PRN is the abbreviation meaning “when necessary” or “as needed”, used in the health and/or medical community when administering medication based on need rather than as scheduled in circumstances that are not an emergency (i.e. life-threatening situation such as anaphylaxis, diabetes, epilepsy, asthma) and/or not when the student can be responsible to self-identify and self-administer a dosage of medication.
- 13.2 PRN medication is only administered in very rare/exceptional situations and only with prior approval from the respective superintendent of education, after direct consultation and involvement of special education department, and when the specific circumstances of accommodation outweighs the risk of administration (i.e. overdose etc.).
- 13.3 PRN Administration Guidelines
- 13.3.1 Student Medical Administration Form (FORM A1420 - 1c) completed by physician.
 - 13.3.2 Development of PRN Administration Assessment Form (Protocol) (FORM A1420 - 11) **completed by school and special education staff:**
 - 13.3.2.1 update of student’s Safety Plan to reflect PRN protocol;
 - 13.3.2.2 review of specific protocol of PRN medication with administering school team (i.e. teachers/educational assistants/school administration, etc.), including review of antecedents, aspects of behaviour, strategies to reduce behaviour, dosage, signs/symptoms of possible adverse reactions/side effects etc. and plan(s) in case of adverse reaction(s);
 - 13.3.2.3 develop communication system with home/group home to monitor total daily administration; and,
 - 13.3.2.4 completion of RAM (FORM A1420 - 2).
- 13.4 PRN Administration Assessment Form (FORM A1420 - 11)
Special education staff, in cooperation with the school administration team, will complete the PRN Administration Form (Protocol) and include:
- 13.4.1 date of administration;
 - 13.4.2 time of administration;
 - 13.4.3 activity preceding administration;
 - 13.4.4 record of time(s) of previous PRN administration (home/school) within previous 24 hours; and,
 - 13.4.5 signature of two staff members documenting PRN administration, including indication of behaviour (Stage 1 - Interactive and Stage 2 - Safety Response).

14. Training and Procedures

- 14.1 The principal, in consultation with the parent(s)/guardian(s)/adult student, shall ensure that any training required to support the student's medical needs, as outlined in the MRP and POC, takes place with all Simcoe County District School Board (SCDSB) staff, SCSTC staff and school vehicle operators contracted through the SCTSC, that come into direct contact with the student.
- 14.2 Training for staff to administer medication in an emergency situation (other than epinephrine auto-injectors and asthma medication) is to be provided by a licensed health care professional, as approved by the principal. Training may be provided by the SMDHU, or medically qualified staff from community agencies.
- 14.3 If a trained staff member is unavailable at the time of a medical emergency, the administration of medication to a student is covered by the *Good Samaritan Act (2001)* in Ontario. This act ensures that all individuals are protected when attempting to assist someone in a medical emergency, when both caution and common sense are exercised, and where care is continuously provided until medical personnel arrive.
- 14.4 The principal, in consultation with school staff, will develop procedures for:
- 14.4.1 reducing the risk of exposure to life-threatening allergens in classrooms and common areas (*Sabrina's Law*);
 - 14.4.2 reducing the risk of exposure to potential triggers in classrooms and common areas for students with asthma (*Ryan's Law*).
- These procedures will be communicated to the staff and the school community.
- 14.5 The principal, in consultation with classroom teachers, will communicate the location of epinephrine auto-injectors and asthma inhalers to all persons who come into direct contact with the affected student(s). This shall include school vehicle drivers of school vehicle operators contracted through the SCSTC. Signs indicating the location of these medications in the school are encouraged.

15. Responsibilities for Medical Response Plans for Students with Life-Threatening and Non-Life-Threatening Conditions**15.1 Principal Responsibilities****15.1.1 Annual Notifications**

The principal shall:

- 15.1.1.1 notify the school community (APPENDIX D) via school newsletter, Synervoice, Parent Portal (as available) or school website that parent(s)/guardian(s)/adult students must contact the principal if the need for a MRP exists; and,
- 15.1.1.2 develop a communication plan seeking the cooperation of the school community in reducing the risk of exposure for students with anaphylaxis, asthma, or other life-threatening medical conditions (Reduce the Risk Notice APPENDIX F, Anaphylactic Student in Class FORM A1420 - 3, Anaphylactic Student in Class – Allergen Information Letter FORM A1420 - 4, and Anaphylactic/Allergen Reminder Letter FORM A1420 - 5).

15.1.2 Medical Response Plan (MRP) Development (APPENDIX B)

The principal shall:

15.1.2.1 provide the Administration of Medication and Response Plan Development Parent(s)/Guardian(s)/Adult Student Responsibilities Guidelines (APPENDIX E) and the SMF (FORM A1420 - 1) to the parent(s)/guardian(s)/adult student for completion when notified of the need to develop a MRP;

15.1.2.2 request an updated SMF:


15.1.2.2.1 at the beginning of each school year (for exceptions see item 5.3), or,

15.1.2.2.2 when the student's medical needs change.

15.1.2.3 where required, request that medication be provided to the office for dispensing;

15.1.2.4 using the completed SMF create a MRP for the student (APPENDIX C) by entering the required information in the Student Information System (SIS);

15.1.2.5 identify a Life-Threatening Medical Condition – (Section D of the SMF) in the SIS. Information entered into this area in the SIS will

create a Medical Alert icon beside the student's name; 

15.1.2.6 identify a Non-Life-Threatening Medical Condition – (Section E of the SMF) in the SIS. Information entered into this field in the SIS will document any other medical condition that may require attention while at school or on school-sponsored activities; and,

15.1.2.7 ensure the creation of a MRP in SIS. Information entered into SIS documents the protocol or response procedures to be followed by school staff. This field shall be completed for both life-threatening and non-life-threatening conditions. Should medication be required as part of the plan or response protocol, it shall be noted in this area. All other dispensing of medication shall be managed and tracked using the RAM (FORM A1420 - 2).

15.1.3 Distribution and Sharing of the Plans

The principal shall:

15.1.3.1 provide a copy of the MRP to the parent(s)/guardian(s)/adult student for their records;

15.1.3.2 ensure a copy of the MRP is:

15.1.3.2.1 stored with the original SMF in a secure location in the office for the current school year, plus one additional year;

15.1.3.2.2 provided to each teacher who comes in direct contact with the student, to be kept in the teacher's day plan, as appropriate; and,

15.1.3.2.3 placed in the occasional teacher/designated early childhood educator/educational assistant handbook in each classroom, as appropriate.

15.1.3.3 post plans for students with life-threatening conditions in a designated location (e.g. staff room) as determined by the principal, in consultation with the parent(s)/guardian(s)/adult student. Consideration shall be given to accessibility and confidentiality;

-
- 15.1.3.4 share MRPs for students transported on SCSTC contracted vehicles with the SCSTC via the weekly data transfer of student information from the SIS. Information sent includes data entered in: the “Life-Threatening Medical Condition field”, the “Medical Plan field” and the student’s photo;
 - 15.1.3.5 maintain MRP information in the respective student’s transportation record and make it available to the school vehicle operators through the SCSTC’s secure transportation portal. School vehicle operators will provide this information to the respective school vehicle drivers;
 - 15.1.3.6 ensure the information flow outlined in 15.1.3.4 above reflects a student’s primary address for transportation eligibility (viewable via the SCSTC’s secure transportation portal). For students with alternate transportation arrangements, the school principal will be required to directly provide the MRPs to the school vehicle driver(s) of the alternate vehicle(s), as needed;
 - 15.1.3.7 ensure new MRPs or changes to existing plans that occur throughout the school year, are entered into the SIS as quickly as possible to ensure timely electronic uploading to the SCSTC;
 - 15.1.3.8 file the original signed SMF (FORM A1420 - 1) and a copy of the most recent MRP in the Ontario Student Record (OSR) documentation file upon transfer of the student from the school; and,
 - 15.1.3.9 advise the parent(s)/guardian(s)/adult student of their responsibility to provide medical information upon transfer of the student to a new school to ensure that an appropriate MRP remains in place/is developed.
- 15.1.4 Plan of Care Development (APPENDIX B)
- The principal shall:
- 15.1.4.1 provide the POC template to the parent(s)/guardian(s)/adult student;
 - 15.1.4.2 request an updated SMF:
 - 15.1.4.2.1 at the beginning of each school year (for exceptions see item 5.3), or;
 - 15.1.4.2.2 when the student’s medical needs change.
 - 15.1.4.3 where required, request that medication be provided to the office for dispensing.
- 15.1.5 Distribution and Sharing of the POC
- The principal shall:
- 15.1.5.1 provide a copy of the POC to the parent(s)/guardian(s)/adult student for their records;
 - 15.1.5.2 with authorization from the parent(s)/guardian(s), share the POC 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).
 - 15.1.5.3 ensure a copy of the POC is:

-
- 15.1.5.3.1 stored with the original SMF in a secure location in the office for the current school year, plus one additional year;
 - 15.1.5.3.2 provided to each teacher who comes in direct contact with the student, to be kept in the teacher's day plan, as appropriate (after consultation with parent(s)/guardian(s)), and;
 - 15.1.5.3.3 placed in the occasional teacher/designated early childhood educator/educational assistant handbook in each classroom, as appropriate.
 - 15.1.5.4 advise the parent(s)/guardian(s)/adult student of their responsibility to provide medical information upon transfer of the student to a new school to ensure that an appropriate POC remains in place/is developed.
- 15.1.6 Planning for School-Sponsored Activities/Field Trips
- The principal shall:
- 15.1.6.1 in consultation with the parent(s)/guardian(s)/adult student and staff organizer, arrange for the administration of medication, and ensure that all supervisors are familiar with the student's MRP and POC (where applicable), when the student is participating in a school-sponsored activity away from school. Consideration should be given to:
 - 15.1.6.1.1 contacting the host establishment to see if they can accommodate the dietary needs of an anaphylactic student;
 - 15.1.6.1.2 ensuring that all supervisors, including staff and volunteers, are made aware of the student's medical health needs, including symptoms and treatment;
 - 15.1.6.1.3 requiring that a supervising staff member ensures that a copy of the MRP and POC is available at all times;
 - 15.1.6.1.4 communicating with the parent(s)/guardian(s)/adult student regarding the benefits of providing an additional epinephrine auto-injector for the field trip (one to be carried by the student and the other to be carried by a staff member); and,
 - 15.1.6.1.5 communicating with participating students and their families to gain their co-operation in reducing the risk of exposure to an allergen, as required.
- 15.1.7 Planning for Co-operative Education Placements
- The principal shall:
- 15.1.7.1 in consultation with the parent(s)/guardian(s)/adult student, the co-operative education department chair and the teacher, arrange for the administration of medication, and ensure that all supervisors are familiar with the student's MRP and POC when the student is participating in a co-operative education placement away from school; and,

15.1.7.2 ensure that the student's MRP and POC is shared with the co-operative education department chair, teacher and the employer at the co-operative education placement.

15.1.8 **Medical Alert Bracelet or Necklace**

The principal is encouraged to discuss with the parent(s)/guardian(s)/adult student, the benefits of wearing a medical alert bracelet or necklace to identify the potential requirement for emergency treatment. Students wearing medical alert symbols are expected to tape or secure them on their person when required for the safety of others (e.g. during athletic activities).

15.2 **Teacher Responsibilities**

The teacher shall:

15.2.1 review and become familiar with the MRPs and POC for all of their students;

15.2.2 under the direction of the principal, post a copy of the MRP and POC for each student with a life-threatening medical condition in the classroom (after consultation with parent(s)/guardian(s)/adult student);

15.2.3 include the student's MRP and POC in the front of the day plan and occasional teacher handbook;

15.2.4 with parental consent, discuss with the class, in age-appropriate terms, the needs of the student with a life-threatening condition, and how members of the class can support the student;

15.2.5 follow the school protocols for reducing the risk of exposure to allergens in classrooms and in common areas; and,

15.2.6 plan to ensure that the specific medical needs for students they supervise are managed throughout the day and on school sponsored activities (e.g. field trips, sporting events).

15.3 **Simcoe County Student Transportation Consortium (SCSTC) Responsibilities**

The SCSTC shall:

15.3.1 establish processes to make student Medical Health data provided from the SCDSB's SIS (via weekly data transfer of student information) is available to school vehicle operators via the SCSTC's secure transportation portal;

15.3.2 establish processes to share updated information provided by the SCDSB with school vehicle operators and that this data follows the student's record in the event of a change to transportation arrangements (based on primary address transportation arrangements); and,

15.3.3 establish processes that identify contracted school vehicle operators and ensure their drivers are trained in recognizing and responding to medical emergencies (as outlined in the SCSTC Operator contracts), including the administration of epinephrine auto-injectors.

15.4 **Vehicle Operators and Vehicle Drivers Responsibilities**

The SCSTC contracted school vehicle operators and their drivers shall:

15.4.1 establish processes to review and update, as required, student MRPs weekly through the SCSTC secure transportation portal;

15.4.2 establish processes to ensure the confidentiality and security of student medical health information;

-
- 15.4.3 meet with the school principal, or designate, as requested by the school principal to review MRPs; and,
 - 15.4.4 establish processes to ensure substitute drivers to the student's assigned transportation routes have access to MRPs.

15.5 Responsibilities of Parent(s)/Guardian(s)/Adult Students (APPENDIX E)

Parent(s)/guardian(s)/adult students shall:

- 15.5.1 consult with their family physician where medication is required to ensure that medication cannot be administered at any time other than during the school day;
- 15.5.2 provide the school with a completed SMF (FORM 1420 - 1) and work with the principal to develop a MRP and a POC (where needed) based on the physician's instructions for the student;
- 15.5.3 provide an updated SMF where changes to the MRP are required and at the beginning of each school year (for exceptions see item 5.4);
- 15.5.4 upon transfer of the student to a new SCDSB school, provide the school with a copy of the MRP, or complete a new SMF;
- 15.5.5 consider the need for a medical alert symbol when it is necessary to identify that the student may require emergency treatment;
- 15.5.6 provide the school with details regarding the recognition of symptoms and actions to be taken if/when side effects occur;
- 15.5.7 provide information for personnel administering medication as required by the condition, in consultation with the school principal;
- 15.5.8 supply the medication/epinephrine auto-injector, rendered child-proof where feasible, in a clearly labeled original container bearing the:
 - 15.5.8.1 student's name;
 - 15.5.8.2 type/name of the medication, dosage and instructions for use;
 - 15.5.8.3 name of the prescribing physician; and,
 - 15.5.8.4 expiry date for the prescribed medication.
- 15.5.9 discuss with the principal the quantity of medication to be stored at school or on the child's person;
- 15.5.10 notify the principal of situations when medication should not be given;
- 15.5.11 replace the medication upon expiry and collect any unused medication at the end of the school year;
- 15.5.12 make arrangements for safely transporting the medication to and from the school;
- 15.5.13 help teach the student, as developmentally appropriate to:
 - 15.5.13.1 recognize the first symptoms of the condition and/or when medication is required;
 - 15.5.13.2 know where the medication is kept;
 - 15.5.13.3 communicate clearly when they feel the onset of any symptoms related to their medical condition;
 - 15.5.13.4 not share snacks, lunches or drinks of other students;
 - 15.5.13.5 be aware of the importance of hand and face washing; and,
 - 15.5.13.6 take as much responsibility as possible for their own safety.

15.6 Responsibilities of the School Community

Members of the school community shall:

- 15.6.1 respond cooperatively to requests from the school to eliminate allergens from packed lunches and snacks;
- 15.6.2 ensure that procedures for proper hand washing are followed;
- 15.6.3 consult with school staff in advance of sending in food products to celebrate special occasions to reduce the risk of accidental exposure to allergens; and,
- 15.6.4 consider substituting non-food items to celebrate a special event at school to ensure all children may safely participate.

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Issued under the authority of the Director of Education

Common Symptoms and Signs of Anaphylactic Reactions

Anaphylaxis is defined as “a severe allergic reaction to any stimulus, having sudden onset, involving one or more body systems with multiple symptoms.”

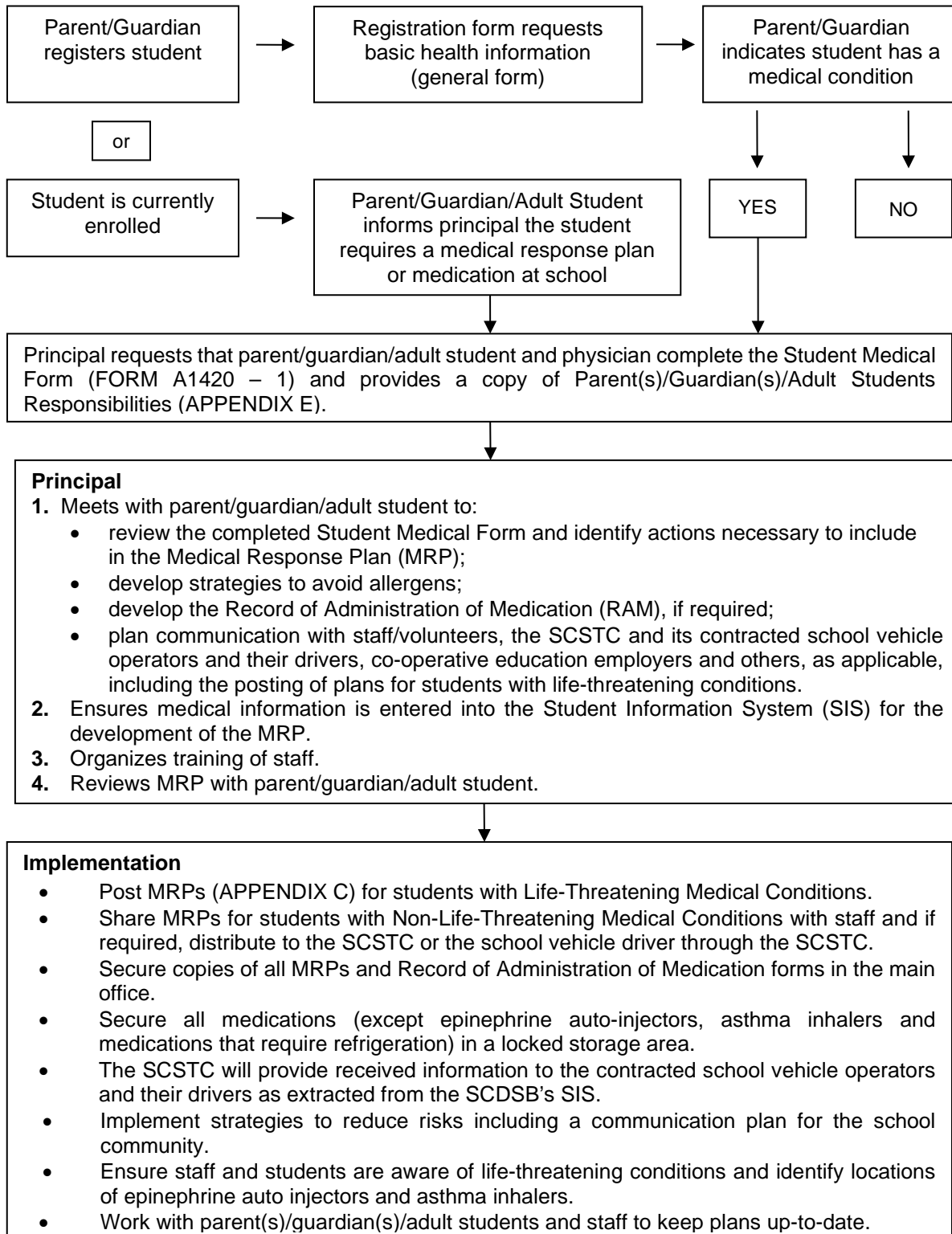
An anaphylactic reaction may not be immediately visible. During an anaphylactic reaction, **any** of these symptoms may appear. A good way to remember the symptoms is to think **F.A.S.T.**

<p>Face itchiness, redness, swelling of face and tongue</p>	
<p>Airway coughing, trouble breathing, swallowing or speaking</p>	
<p>Stomach stomach pain, vomiting, diarrhea</p>	
<p>Total body hives, rash, itchiness, swelling, weakness, paleness, sense of doom, loss of consciousness</p>	

Medication should be administered immediately, as soon as you see signs of a reaction after contact with a known or suspected allergen. The medication, epinephrine, given in the form of an epinephrine auto-injector, will usually not cause harm if given unnecessarily to a healthy person. Possible side effects subside within a few minutes. An epinephrine auto-injector such as an *Epi-Pen*, or *Allerject* is the treatment of choice, and all efforts should be made to provide this treatment immediately.

If epinephrine is not administered within the FIRST signs of symptoms, there is a chance the reaction may not be halted.

Development of Medical Response Plans



SCDSB Medical Response Plan (MRP)

School Name [REDACTED] P. S.

Student's Preferred Name [REDACTED] Grade 8 Gender F Homeroom HRM.111 - [REDACTED]

Bus	Route	Description
[REDACTED]	[REDACTED].004 Pickup	LANDMARK ALLISTON 4595 CONC RD 2 BTWN SR 30 & SR 25
[REDACTED]	[REDACTED].104 Dropoff	LANDMARK ALLISTON 4595 CONC RD 2 BTWN SR 30 & SR 25

No Photo Available

Life-Threatening Medical Conditions
Life Threatening: Severe reaction to unknow allergin.. Carries epi-pen in back pack. One in school office.

Non-Life-Threatening Medical Conditions

Medical Plan

Parents/Guardians

Name	Relationship	Home Phone	Work Phone	Mobile Phone
[REDACTED]	Mother (Living With)	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	Father (Living With)	[REDACTED]	[REDACTED] ext. ext. ext.	[REDACTED]

Emergency Contacts (Other than Parent/Guardian)

Name	Relationship	Home Phone	Work Phone	Mobile Phone
[REDACTED]	Friend	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	Aunt	[REDACTED]	[REDACTED] ext.	[REDACTED]

Personal information collected on this form will be used to support the provision of education services and to administer health and first aid services and/or medical emergency response to students as required. Information is collected under the authority of the s.170, s.190, s.264 and/or s.265 of the Education Act and Sabrina's Law in accordance with the Municipal Freedom of Information and Protection of Privacy Act and will be used solely for the purpose identified. Questions regarding information collected on this form should be directed to the school principal.

ANNUAL NOTICE TO ADULT STUDENTS OR PARENT(S)/GUARDIAN(S) OF STUDENTS UNDER THE AGE OF 16

The following statement should be included in your September newsletters and school handbooks, posted on your school website, and sent via a Synvoice message home.

Suggested wording:

A completed Student Medical Form (FORM A1420 - 1) is required each school year, or when a medical need is identified, or when the student transfers to another school, in order to authorize the administration of prescribed medication to students who require it during school hours, or when the medication and/or dosage requirements change.

Specific to asthma, every student is now permitted to carry their asthma medication if the student has their parent's/guardian's permission.

Parent(s)/guardian(s) and adult students are responsible for ensuring that a current, completed Student Medical Form is on file at the school. Parent(s)/guardian(s) and adult students are also to complete a Plan of Care for students with prevalent medical conditions such as anaphylaxis, asthma, type 1 diabetes, or epilepsy/seizure disorder.

Some students may experience severe life-threatening allergic reactions to bee, hornet, wasp or other flying insect stings or to certain foods or food ingredients such as peanuts. For students with life-threatening allergies, it is recommended that two doses of an epinephrine auto-injector are available on site at school.

Please do not hesitate to contact the school with any questions you may have.

Administration of Medication and Medical Response Plan Development
Parent(s)/Guardian(s)/Adult Students Responsibilities

1. Notify the principal in writing of your child's condition at the beginning of each school year, or whenever the child's need is identified, by completing the Student Medical Form (FORM A1420 - 1). In cases where there is no change to the Medical Response Plan, meet with the school principal to authorize the extension of the plan for one additional school year.
2. Work with the principal to ensure that a SCDSB Medical Response Plan (FORM A1420 - 2) based on physician's instructions is developed for your child.
3. Where medication is required, consult with your family physician to:
 - determine if the medication could be administered at a time other than during the school day;
 - consider the need for a medical alert symbol when it is necessary to identify that your child requires emergency treatment;
 - provide the school with details regarding the recognition of symptoms and actions to be taken if side effects occur; and,
 - provide information for personnel administering medication, as required by the condition, and in consultation with the school principal. The family physician must sign the Student Medical Form if school staff are required to administer medication.
4. Supply the medication/epinephrine auto-injector rendered child-proof where feasible, in a clearly labeled original container bearing the:
 - child's name;
 - name of the medication, dosage and instructions for use;
 - name of the prescribing physician; and,
 - expiry date.
5. Discuss with the principal the amount of medication to be stored at school or on the child's person.
6. Notify the principal of situations when medication should not be given.
7. Replace the medication upon expiry and collect any unused portion at the end of the school year or according to instructions.
8. Make arrangements for safely transporting the medication to and from the school.
9. When your child transfers to another school, provide notice of the child's medical needs at the time of registration.
10. Teach your child with a life-threatening medical condition, at the appropriate developmental level to:
 - recognize the first symptoms of the condition;
 - know where the medication is kept;
 - communicate clearly when they feel the onset of any symptoms related to their medical condition;
 - not share snacks, lunches or drinks of other students;
 - know the importance of hand washing; and,
 - take as much responsibility as possible for their own safety.



PLEASE BE AWARE

WE ARE STRIVING

to

REDUCE THE RISK

of

ALLERGIC REACTIONS

to

PEANUTS/TREE NUTS

Please do not bring ANY foods containing these products upon the premises.

Thank you for your co-operation.



STUDENT MEDICAL FORM

The purpose of this form is to collect information required to support the student's medical needs at school, while on school-sponsored activities, including co-op placements and while on the bus. Information shall be shared as required with school staff/volunteers, the Simcoe County Student Transportation Consortium (SCSTC) and contracted vehicle operators and their drivers.

Life-threatening medical emergency plans will be posted in an area determined by the school principal (e.g. the staff room) for the purpose of facilitating emergency response for students with life-threatening conditions in accordance with the *Municipal Freedom of Information and Protection of Privacy Act* and the *Personal Health Protection Act*. Any questions or concerns regarding the collection, use and disclosure of this information may be referred to the principal of the school.

A. STUDENT INFORMATION *(please print)*

First & Last Name	School			D.O.B. <i>(yr/month/day)</i>
Parent/Guardian Contact #1	Relationship to student	Home Phone	Business Phone	Cell Phone
Parent/Guardian Contact #2	Relationship to student	Home Phone	Business Phone	Cell Phone
Parent/Guardian Contact #3	Relationship to student	Home Phone	Business Phone	Cell Phone
Parent/Guardian Contact #4	Relationship to student	Home Phone	Business Phone	Cell Phone
Parent/Guardian Contact #5	Relationship to student	Home Phone	Business Phone	Cell Phone

B. EMERGENCY CONTACT INFORMATION

Name of Emergency Contact #1	Relationship to student	Home Phone	Business Phone	Cell Phone
Name of Emergency Contact #2	Relationship to student	Home Phone	Business Phone	Cell Phone

C. DOES THE STUDENT RIDE THE BUS TO SCHOOL?

 YES NO

Bus Route #	Bus Operator	Approved Alternate Arrangements
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D. LIFE-THREATENING MEDICAL CONDITIONS AND/OR LIFE-THREATENING ALLERGIES

(please print)

Does the student have any life-threatening conditions or life-threatening allergies? YES <input type="checkbox"/> NO <input type="checkbox"/> List: _____
Does the student have asthma? YES <input type="checkbox"/> NO <input type="checkbox"/> Triggers: _____
Life-threatening condition or allergy and symptoms or warning signs which indicate that treatment or assistance may be required (to be entered in student information system medical field 1 - SIS).
Outline all emergency procedures that this condition may require, including administration and location of medication (to be entered in student information system medical field 3 - SIS).

E. NON-LIFE-THREATENING MEDICAL CONDITION AND/OR ALLERGIES

Does the student have any other medical conditions or allergies that may require attention while at school, at school-sponsored events or on the bus? YES <input type="checkbox"/> NO <input type="checkbox"/>
Condition or allergy and symptoms or warning signs that indicate that treatment or assistance are required (to be entered in student information system medical field 2 - SIS).
Outline any action this condition may require (to be entered in student information system medical field 3 - SIS).

F. ADMINISTRATION OF MEDICATIONS/PROCEDURES TO FOLLOW

Does the student require administration of medication for their condition while at school? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Name/Type of Medication		
Directions for Storage/Safe Keeping (<i>i.e. refrigeration</i>)	Dosage/Amount	
Frequency <input type="checkbox"/> Daily Schedule : _____ <input type="checkbox"/> Occasionally Additional Information: _____		
Method of Administration		
Duration of Administration (if applicable)	Start Date:	End Date:
Does the student reliably: <input type="checkbox"/> Take own medication when needed? <input type="checkbox"/> Request assistance when needed?		
Reaction to medication (e.g. symptoms, side effects)		
Reaction to missed medication		

G. PROHIBITED ACTIVITIES *(please print)*

Identify any school or extra-curricular activities that the condition makes inappropriate for the student (e.g. running, jumping).

ACKNOWLEDGEMENT

Physicians and parent(s)/guardian(s)/adult students, please note: This plan remains in effect for the current school year or upon receipt of written instructions from the parent(s)/guardian(s)/adult student to revoke the plan. A new Student Medical Form (SMF) must be completed and reviewed with the principal: a) annually, or where there are no changes to the plan, upon receipt of written authorization from the parent(s)/guardian(s)/adult student to extend the plan for one additional school year (*to a maximum of two school years*) which shall be indicated by signing and dating the existing SMF; or b) if revisions to the plan are required, or c) if the student transfers schools. A physician's signature is required if school staff are administering medication.

H. APPROVALS *(ALL sections to be completed by physician)*

Physician's Name <i>(please print):</i>	Physician's Signature (required if staff are administering medication):	Date:
Physician's Address <i>(please print):</i>	Physician's Phone Number:	

I. CONSENT

I have completed the Student Medical Emergency Form for my child/myself (adult student) and confirm that it is accurate. Should any changes or updates be required to this plan, I will contact the school to revise the plan accordingly. I acknowledge that the plan shall be shared as required with school staff/volunteers, the SCSTC and their contracted school vehicle operators and their drivers, and Co-operative Education Placement Supervisors (where applicable) for the purpose of responding to a medical emergency, as defined in the plan.

J. FORM COMPLETED BY *(To be signed by both Parents/Guardians and Student)*

Parent/Guardian/Adult Student Name <i>(please print):</i>	Signature:	Date:
Parent/Guardian Name <i>(please print):</i>	Signature:	Date:
Student's Name <i>(please print):</i>	Signature: <i>(for student 16 years of age or over)</i>	Date:

The information collected on this form is collected in accordance with the *Education Act* and is subject to the *Municipal Freedom of Information and Protection of Privacy Act*. Questions about the collection of this personal information should be directed to the Controller, Simcoe County District School Board, 1170 Highway 26, Midhurst, ON L9X 1N6 (705) 734-6363 ext. 11254.

ANAPHYLACTIC STUDENT IN CLASS
INFORMATION ABOUT PEANUT AND NUT ANAPHYLAXIS

(Place on School Letterhead)

Dear Parent(s)/Guardian(s)

Within our school community there are students who have a life-threatening allergy (**anaphylaxis**) to peanuts and/or tree nuts. For some students even touching peanut and/or tree nut residue or inhaling airborne peanut or tree nut proteins can cause a reaction.

There are many common areas within the school where all students attend and handle the same items (gym equipment, library books, computers, etc.). We feel the best way to reduce the risk of accidental exposure for these students is to respectfully ask parent(s)/guardian(s) to avoid sending peanut butter or products with peanuts and/or tree nuts listed in the ingredients, to school.

Many people are unaware of the severity of this allergy. Facts that may help to increase your understanding of anaphylaxis are available through Food Allergy Canada (<http://foodallergycanada.ca>).

Thank you for not sending food products containing peanuts and/or tree nuts to school. Your caring, compassion and support is greatly appreciated and is critical to the well-being of students.

Thank you very much for your co-operation.

Sincerely

Principal

Anaphylactic Student in Class – Allergen Information Letter

(Place on School Letterhead)

Dear Parent(s)/Guardian(s) of students in _____'s class.

We respectfully request your support in the following matter:

A student in _____'s class has a life-threatening allergy to _____.

When ingested, and in some cases even when only contact is made, a tiny amount of this allergen can be fatal for this student. Such a life-threatening condition is called **anaphylaxis**.

An emergency response plan that includes the administration of an epinephrine auto-injector is in place at school. We need your assistance to help ensure the safety of this student and to significantly reduce the risk of exposure to the allergen. Please avoid sending products containing _____ in your child's lunches and snacks.

We also request that parent(s)/guardian(s) consult with school staff in advance of sending in food products to celebrate special occasions to reduce the risk of accidental exposure. Please consider substituting non-food items to celebrate a special event at school to ensure that all children in the class may safely participate.

Thank you for not sending food containing _____ products to school. Your caring, compassion and support is greatly appreciated and is critical to the well-being of this student.

Sincerely

Principal

Please detach and return

I have read the letter regarding Anaphylaxis.

Student's Name _____

Parent/Guardian Signature _____

Date _____

ANAPHYLACTIC/ALLERGEN REMINDER LETTER

(Place on School Letterhead)

Dear (name of parent)

This is just a reminder that our school is attempting to “Reduce the Risk” of exposure for our students who suffer from severe allergic reactions to food and/or environmental allergens.

We understand how busy families are and how easily food products containing known allergens can be included in a student’s lunch box. However, to ensure the well-being of all of our students, we need your help to create a safer learning environment at (name of school).

- Please do not send food products containing _____ to school in your child’s lunch box.
- Please do not bring pets to school.

Thank you very much for your co-operation and if you have questions, please do not hesitate to contact me.

Sincerely

Principal

PREVALENT MEDICAL CONDITION — ANAPHYLAXIS
Plan of Care

STUDENT INFORMATION

Student Name _____ Date Of Birth _____
Ontario Ed. # _____ Age _____
Grade _____ Teacher(s) _____

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

Previous anaphylactic reaction: **Student is at greater risk.**
 Has asthma. **Student is at greater risk.** If student is having a reaction and has difficulty breathing, give epinephrine before asthma medication.
 Any other medical condition or allergy? _____

DAILY/ROUTINE ANAPHYLAXIS MANAGEMENT	
SYMPTOMS	
A STUDENT HAVING AN ANAPHYLACTIC REACTION MIGHT HAVE <u>ANY</u> OF THESE SIGNS AND SYMPTOMS:	
<ul style="list-style-type: none"> • Skin system: hives, swelling (face, lips, tongue), itching, warmth, redness. • Respiratory system (breathing): coughing, wheezing, shortness of breath, chest pain or tightness, throat tightness, hoarse voice, nasal congestion or hay fever-like symptoms (runny, itchy nose and watery eyes, sneezing), trouble swallowing. • Gastrointestinal system (stomach): nausea, vomiting, diarrhea, pain or cramps. • Cardiovascular system (heart): paler than normal skin colour/blue colour, weak pulse, passing out, dizziness or lightheadedness, shock. • Other: anxiety, sense of doom (the feeling that something bad is about to happen), headache, uterine cramps, metallic taste. 	
EARLY RECOGNITION OF SYMPTOMS AND IMMEDIATE TREATMENT COULD SAVE A PERSON'S LIFE.	
Avoidance of an allergen is the main way to prevent an allergic reaction.	
Food Allergen(s):	eating even a small amount of a certain food can cause a severe allergic reaction.
Food(s) to be avoided: _____	
Safety measures: _____	
- SAMPLE -	
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: _____	

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


PREVALENT MEDICAL CONDITION — ASTHMA
 Plan of Care

STUDENT INFORMATION

Student Name _____ Date Of Birth _____

Ontario Ed. # _____ Age _____

Grade _____ Teacher(s) _____

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"/> Change In Weather	<input type="checkbox"/> Pet Dander	<input type="checkbox"/> Strong Smells
<input type="checkbox"/> Smoke (e.g., tobacco, fire, cannabis, second-hand smoke)	<input type="checkbox"/> Mould	<input type="checkbox"/> Dust	<input type="checkbox"/> Cold Weather
<input type="checkbox"/> Physical Activity/Exercise	<input type="checkbox"/> Other (Specify) _____		
<input type="checkbox"/> At Risk For Anaphylaxis (Specify Allergen) _____			
<input type="checkbox"/> Asthma Trigger Avoidance Instructions: _____			
<input type="checkbox"/> Any Other Medical Condition Or Allergy? _____			

DAILY/ ROUTINE ASTHMA MANAGEMENT

RELIEVER INHALER USE AT SCHOOL AND DURING SCHOOL-RELATED ACTIVITIES

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

- When student is experiencing asthma symptoms (e.g., trouble breathing, coughing, wheezing).
- Other (explain): _____

Use reliever inhaler _____ in the dose of _____
(Name of Medication) (Number of Puffs)

Spacer (valved holding chamber) provided? Yes No

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

- Airomir Ventolin Bricanyl Other (Specify) _____

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

Reliever inhaler is kept:

- With _____ – location: _____ Other Location: _____
- In locker # _____ Locker Combination: _____

Student will carry their reliever inhaler at all times including during recess, gym, outdoor and off-site activities.

Reliever inhaler is kept in the student's:

- Pocket Backpack/fanny Pack
- Case/pouch Other (specify): _____

Does student require assistance to administer reliever inhaler? Yes No

Student's spare reliever inhaler is kept:

- In main office (specify location): _____ Other Location: _____
- In locker #: _____ 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)

EMERGENCY PROCEDURES

IF ANY OF THE FOLLOWING OCCUR:

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

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

TAKE ACTION:

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

STEP 2: Check symptoms. 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.

IF ANY OF THE FOLLOWING OCCUR:

- Breathing is difficult and fast
- Cannot speak in full sentences
- Lips or nail beds are blue or grey
- Skin or neck or chest sucked in with each breath

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

THIS IS AN EMERGENCY:

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

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

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

While waiting for medical help to arrive:

- ✓ Have student sit up with arms resting on a table (do not have student lie down unless it is an anaphylactic reaction).
- ✓ Do not have the student breathe into a bag.
- ✓ Stay calm, reassure the student and stay by his/her 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) _____

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: _____

Any other medical condition or allergy? _____

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 page five (5) — Emergency Procedures

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

ROUTINE	ACTION (CONTINUED)
<p>INSULIN</p> <p><input type="checkbox"/> Student does not take insulin at school.</p> <p><input type="checkbox"/> Student takes insulin at school by:</p> <p style="padding-left: 20px;"><input type="checkbox"/> Injection <input type="checkbox"/> Pump</p> <p><input type="checkbox"/> Insulin is given by:</p> <p style="padding-left: 20px;"><input type="checkbox"/> Student <input type="checkbox"/> Student with supervision <input type="checkbox"/> Parent(s)/Guardian(s) <input type="checkbox"/> Trained Individual</p> <p>* All students with Type 1 diabetes use insulin. Some students will require insulin during the school day, typically before meal/nutrition breaks.</p>	<p>Location of insulin: _____</p> <p>Required times for insulin: _____</p> <p><input type="checkbox"/> Before school: <input type="checkbox"/> Morning Break:</p> <p><input type="checkbox"/> Lunch Break: <input type="checkbox"/> Afternoon Break:</p> <p><input type="checkbox"/> Other (Specify): _____</p> <p>Parent(s)/Guardian(s) responsibilities: _____</p> <p>School Responsibilities: _____</p> <p>Student Responsibilities: _____</p> <p>Additional Comments: _____</p>
<p>ACTIVITY PLAN</p> <p>Physical activity lowers blood glucose. BG is often checked before activity. Carbohydrates may need to be eaten before/after physical activity. A source of fast-acting sugar must always be within students' reach.</p>	<p>Please indicate what this student must do prior to physical activity to help prevent low blood sugar:</p> <p>1. Before activity: _____</p> <p>2. During activity: _____</p> <p>3. After activity: _____</p> <p>Parent(s)/Guardian(s) Responsibilities: _____</p> <p>School Responsibilities: _____</p> <p>Student Responsibilities: _____</p> <p>For special events, notify parent(s)/guardian(s) in advance so that appropriate adjustments or arrangements can be made. (e.g. extracurricular, Terry Fox Run)</p>

ROUTINE	ACTION (CONTINUED)
<p>DIABETES MANAGEMENT KIT</p> <p>Parents must provide, maintain, and refresh supplies. School must ensure this kit is accessible all times. (e.g. field trips, fire drills, lockdowns) and advise parents when supplies are low.</p>	<p>Kits will be available in different locations but will include:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Blood Glucose meter, BG test strips, and lancets <input type="checkbox"/> Insulin and insulin pen and supplies. <input type="checkbox"/> Source of fast-acting sugar (e.g. juice, candy, glucose tabs.) <input type="checkbox"/> Carbohydrate containing snacks <input type="checkbox"/> Other (Please list) _____ <p>Location of Kit: _____</p>
<p>SPECIAL NEEDS</p> <p>A student with special considerations may require more assistance than outlined in this plan.</p>	<p>Comments:</p> <p style="text-align: center; opacity: 0.5; font-size: 48px; transform: rotate(-30deg);">SAMPLE</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. Give a starchy snack if next meal/snack is more than one (1) hour away.

Steps for Severe Hypoglycemia (student is unresponsive)

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

HYPERGLYCEMIA — HIGH BLOOD GLOCOSE

(14 MMOL/L OR ABOVE)

Usual symptoms of hyperglycemia for my child are:

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

Steps to take for Mild Hyperglycemia

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

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

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

Steps to take for Severe Hyperglycemia

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

HEALTHCARE PROVIDER INFORMATION (OPTIONAL)

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

Healthcare Provider's Name: _____

Profession/Role: _____

Signature: _____ Date: _____

Special Instructions/Notes/Prescription Labels:

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

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

AUTHORIZATION/PLAN REVIEW

INDIVIDUALS WITH WHOM THIS PLAN OF CARE IS TO BE SHARED

1. _____ 2. _____ 3. _____

4. _____ 5. _____ 6. _____

Other individuals to be contacted regarding Plan Of Care:

Before-School Program Yes No _____

After-School Program Yes No _____

School Bus Driver/Route # (If Applicable) _____

Other: _____

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

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

Student: _____ Date: _____
Signature

Principal: _____ Date: _____
Signature


PREVALENT MEDICAL CONDITION — EPILEPSY / SEIZURE DISORDER
Plan of Care
STUDENT INFORMATION

Student Name _____ Date Of Birth _____

Ontario Ed. # _____ Age _____

Grade _____ Teacher(s) _____

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 _____ | |
| <input type="checkbox"/> Any Other Medical Condition or Allergy? _____ | | |

DAILY/ROUTINE EPILEPSY MANAGEMENT	
DESCRIPTION OF SEIZURE (NON-CONVULSIVE)	ACTION:
	(e.g. description of dietary therapy, risks to be mitigated, trigger avoidance.)
DESCRIPTION OF SEIZURE (CONVULSIVE)	ACTION:
SEIZURE MANAGEMENT	
<p>Note: It is possible for a student to have more than one seizure type. Record information for each seizure type.</p>	
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

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


PREVALENT MEDICAL CONDITION — OTHER (please describe below)
Plan of Care

STUDENT INFORMATION

Student Name _____ Date Of Birth _____

Ontario Ed. # _____ Age _____

Grade _____ Teacher(s) _____

Student Photo (optional)

EMERGENCY CONTACTS (LIST IN PRIORITY)

NAME	RELATIONSHIP	DAYTIME PHONE	ALTERNATE PHONE
1.			
2.			
3.			
4.			

KNOWN LIFE-THREATENING TRIGGERS

CHECK (✓) THE APPROPRIATE BOXES

 Food(s):

 Other: _____

DAILY/ROUTINE MANAGEMENT	
SYMPTOMS	
<ul style="list-style-type: none">•••••	
Safety measures: _____ _____	
Other information: _____ _____	
EMERGENCY PROCEDURES (DEALING WITH A REACTION)	
STEPS	
1.	
2.	
3.	
4.	
5.	

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



PRN ADMINISTRATION ASSESSMENT FORM (PROTOCOL)

Date of PRN administration: _____

Time: _____

Activity: _____

Last administered (by school staff or group home): _____

Staff administering PRN (two staff members): _____

PRN: _____ may be administered up to a maximum of ___ daily; a second PRN may be administered a minimum of 1 hour after the first PRN if <student name> continues to engage in target behaviour.

Behaviour	Criteria/ Procedures	Data	Staff Behaviour
Interactive Phase (Stage 1):			Can staff identify at least five antecedent strategies? YES NO
Safety Response (Stage 2):			Can staff identify at least five crisis intervention strategies? YES NO