

**JAMES BAY LOWLANDS
SECONDARY SCHOOL BOARD**

**ADMINISTRATIVE PROCEDURE
STUDENTS: NO. 320**

Effective	August 21, 2019
Last Revised	August 15, 2023

**SUPPORTING STUDENTS WITH
PREVALENT MEDICAL CONDITIONS
(ANAPHYLAXIS, ASTHMA, DIABETES, AND/OR EPILEPSY)**

PURPOSE

The James Bay Lowlands Secondary School Board seeks to ensure that all students are provided with a safe and healthy learning environment.

The Board makes every effort to support students with prevalent medical conditions to fully access school in a safe, accepting, and healthy environment that supports their well-being. The Board also seeks to empower students, as age-appropriate, and as confident and capable learners, to reach their full potential for self-management of their medical condition(s), according to their Plan of Care.

This administrative procedure and related forms have been developed in order to minimize risks and support the staff in recognizing the symptoms of a medical emergency, and knowing the steps to follow in dealing with such an emergency.

DEFINITIONS

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

Asthma: Asthma is a common lung disorder in which inflammation causes the bronchi to swell and narrow the airways, creating breathing difficulties that may range from mild to life-threatening. Symptoms include shortness of breath, cough, wheezing, and chest tightness.

Diabetes: Diabetes is a chronic, often debilitating and sometimes fatal disease, in which the body either cannot produce insulin or cannot properly use the insulin it produces. Insulin is a hormone that controls the amount of glucose (sugar) in the blood. Diabetes leads to high blood sugar levels, which can damage organs, blood vessels, and nerves.

Epilepsy: Epilepsy is a disease characterized by an enduring predisposition to generate epileptic seizures and by the consequences of this condition. Seizures and epilepsy are not the same. A seizure is an event and epilepsy is the disease involving recurrent

unprovoked seizures. Epilepsy is a treatable condition. Many people with epilepsy will achieve good seizure control with medication.

Epileptic Seizure: An epileptic seizure is a transient occurrence of signs and/or symptoms due to abnormal neuronal activity in the brain.

Health Care Professional: This term refers to a member of a College under the *Regulated Health Professions Act, 1991* (e.g., medical doctor, nurse practitioner, registered nurse, pharmacist).

Medical Emergency: This is an acute injury or illness that poses an immediate risk to a person's life or long-term health and requires assistance from another qualified person and contact with Emergency Medical Services.

Medical Incident: A medical incident is a circumstance that requires an immediate response and monitoring, as the incident may progress to an emergency requiring contact with Emergency Medical Services.

Parents: References to parents in this document include a parent or guardian(s).

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

School: References to school include all school and school-related activities, including field trips, overnight excursions, and Board-sponsored sporting events.

Self-Management: Self-management is 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.

GENERAL PROCEDURES

Sections 1-8 which follow relate to ALL prevalent medical conditions.

1. Roles and Responsibilities

1.1. The James Bay Lowlands Secondary School Board plans to work cooperatively with parents, students, staff, and community health care professionals to support students with prevalent medical conditions.

1.2. The Board seeks to ensure that the appropriate staff are familiar with the prevalent medical conditions as outlined in the student's Plan of Care and are trained and confident in prevention strategies to minimize risks, recognize the symptoms of a medical emergency, and know the steps to follow in dealing with a medical emergency.

- 1.3. It is important to clearly articulate the expected roles and responsibilities of parents and school staff in supporting students with prevalent medical conditions, as well as the roles and responsibilities of the students themselves. Administrators need to communicate the roles and responsibilities clearly to parents, students, and school staff.

2. Parents of Students with Prevalent Medical Conditions

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

- 2.2. At a minimum, parents need to:

- educate their child about his or her medical condition(s) with support from their child's health care professional, as needed;
- guide their child to reach their full potential for self-management and self-advocacy;
- inform the school of their child's medical condition(s) and provide the school with copies of any medical reports or instructions from the student's health care provider;
- co-create the Plan of Care for their child with the principal or the principal's designate;
- communicate changes to the Plan of Care, such as changes to the status of their child's medical condition(s) or changes to their child's ability to manage their medical condition(s), to the principal or the principal's designate;
- confirm annually to the principal or the principal's designate that their child's medical status is unchanged;
- initiate and participate in annual meetings to review their child's 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 Plan of Care, and track the expiration dates if they are supplied; and
- seek medical advice from a medical doctor, nurse practitioner, or pharmacist, where appropriate.

3. Students with a Prevalent Medical Condition

- 3.1. Depending on their cognitive, emotional, social, and physical stage of development, and their capacity for self-management, students are expected to actively support the development and implementation of their Plan of Care.

- 3.2. Students need to:

- 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 Plan of Care;
- participate in meetings to review their Plan of Care;
- carry out daily or routine self-management of their medical condition to their full potential, as described in their Plan of Care (e.g. carry their medication and medical supplies);
- set goals for self-management of their medical condition on an on-going basis, in conjunction with their parents and health care professional(s);
- communicate with the school staff and their parents if they are facing challenges related to their medical conditions(s) at school; and
- wear medical alert identification if appropriate.

4. Responsibilities of the School Staff

4.1. The staff will follow Board administrative procedures and the provisions in their collective agreements related to supporting students with prevalent medical conditions in schools.

4.2. School staff members need to:

- review the contents of the Plan of Care for any student with whom they have direct contact;
- participate in training provided by the Board about prevalent medical conditions, at a minimum annually, as required by the Board;
- share information on a student's signs and symptoms with other students, if the parents give consent to do so, and as outlined in the Plan of Care and authorized by the principal in writing;
- follow Board strategies that reduce the risk of student exposure to triggers or causative agents in classrooms, common school areas, and extra-curricular activities in accordance with the student's Plan of Care; [For example, see Administrative Procedure 319 Anaphylaxis and the related Handbook.]
- support a student's daily or routine management; [For example, maintain a log of the administration of medication as directed in Administrative Procedure 321 Administration of Medication.]
- respond to medical incidents and medical emergencies that occur during school;
- support inclusion by allowing students with prevalent medical conditions to perform daily or routine management activities in a school location (e.g., classroom), as outlined in their Plan of Care, while being aware of confidentiality and the dignity of the student; and
- enable students with prevalent medical conditions to participate in school to their full potential, as outlined in their Plan of Care.

5. Responsibilities of the Principal

5.1. In addition to the responsibilities outlined for the school staff in Section 4, the principal must clearly communicate to parents and appropriate staff the process for parents to notify the school of their child's medical condition(s), as well as the expectation for

parents to co-create, review, and update a Plan of Care with the principal or the principal's designate. This process should be communicated to parents at a minimum:

- during the time of registration; and
- each year during the first week of school.

5.2. When a student is diagnosed and/or returns to school following a diagnosis; the principal will:

- co-create, review, or update the Plan of Care for a student with a prevalent medical condition with the parents, in consultation with the school staff (as appropriate) and with the student (as appropriate);
- maintain a file with the Plan of Care and supporting documentation for each student with a prevalent medical condition;
- provide relevant information from the student's Plan of Care to school staff and others who are identified in the Plan of Care (e.g., food service providers, transportation providers, volunteers, occasional staff who will be in direct contact with the student), including any revisions that are made to the plan;
- communicate with parents in medical emergencies, as outlined in the 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;
- maintain appropriate storage of medications or medical devices for students with prevalent medical conditions;
- communicate regularly with school staff and parents regarding any life-threatening conditions;
- inform parents about relevant Board procedures and encourage them to review them;
- ensure, with consent, that an updated photo with key emergency information is placed in a school location for all staff to see on a regular basis;
- ensure occasional teachers have access to the student's Plan of Care and are familiar with the emergency procedures;
- ensure all staff have received training annually, including training about any prevention strategies, recognition of life-threatening situations, emergency protocols, and the use of any emergency medical interventions;
- maintain a list of school personnel who have received training; and promote a supportive learning environment recognizing the need for an accepting social climate for students with prevalent medical conditions.

6. The Plan of Care

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

[See Forms listed in Board References below.]

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

the principal's designate, designated staff, and the student (as appropriate), during the school year (e.g. when a student has been diagnosed with a prevalent medical condition). Health care provider information and signature(s) are optional.

6.3. Parents have the authority to designate who is provided access to the Plan of Care. With authorization from parents, the principal or the principal's designate will share the Plan of Care with school staff who are in direct contact with students with prevalent medical conditions and, as appropriate, others who are in direct contact with students with prevalent medical conditions (e.g. food service providers, transportation providers, volunteers).

6.4. A Plan of Care will include the following elements:

- 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;
- identification of school staff who will have access to the Plan of Care;
- identification of routine or daily management activities that will be performed by the student, parents, or staff volunteer(s), as outlined in Board procedures, or by an individual authorized by the parents;
- a copy of notes and instructions from the student's health care professional, where applicable;
- information on daily or routine management accommodation needs of the student (e.g., space, access to food);
[Note: Where possible, a student should not be excluded from the classroom during daily or routine management activities, unless the student or the parents indicate they prefer exclusion.]
- information on how to support or accommodate the student to enable participation to their full potential in all school and Board activities (e.g., field trips, overnight excursions, Board-sponsored sporting events);
- identification of symptoms (emergency and other) and responses, should a medical incident occur;
- emergency contact information for the student;
- clear information on the Board's emergency policy and procedures; and
- details related to storage and disposal of the student's prescribed medication(s) and medical supplies.

7. Communication and Confidentiality

7.1. Because of the nature and severity of prevalent medical conditions, communication strategies must be clear and widely distributed.

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

- 7.3. General communication about prevalent medical conditions can be handled through communication vehicles such as letters home to all parents, or through the school newsletter, Board website, parent information nights, and other school presentations.
- 7.4. The school will guard the personal information of students, including Ontario Student Record (O.S.R.) information, and comply with Ministry legislation related to student records, and applicable privacy legislation regarding the confidentiality of the student's medical condition within the school environment.
- 7.5. The principal will obtain parental consent in the individual Plan of Care prior to sharing student health information with school staff or other students.
- 7.6. Parents and school staff will be informed of the measures to protect the confidentiality of students' medical records and information.

8. Liability

- 8.1. *The Good Samaritan Act*, passed in 2001, protects individuals from liability with respect to voluntary emergency medical or first aid services. Subsections 2(1) and (2) of this act state the following with regard to individuals:

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

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

- 8.2. In addition, in the cases of anaphylaxis and asthma, both *Sabrina's Law* (2005) and *Ryan's Law* (2015) include provisions limiting the liability of individuals who respond to an emergency relating to these conditions, as cited below:

- 8.3. Section 3(4) of *Sabrina's Law*:

No action for damages shall be instituted respecting any act done in good faith or for any neglect or default in good faith in response to an anaphylactic reaction in accordance with this Act, unless the damages are the result of an employee's gross negligence.

- 8.4. Section 4(4) of *Ryan's Law*:

No action or other proceeding for damages shall be commenced against an employee for an act or omission done or omitted by the employee in good faith in the execution or intended execution of any duty or power under this Act.

[Note: Sections 2 to 8 above follow the directives of and are adapted from the Ontario Education Services Corporation Administrative Framework: Developing a Board Policy on Prevalent Medical Conditions. (2018)]

SPECIFIC MEDICAL CONDITIONS

ANAPHYLAXIS

PROCEDURES

1. Directions for the support of students with anaphylaxis are set out in detail in Administrative Procedure 319 Anaphylaxis and in the Handbook, *Prevention and Management of Anaphylactic Shock*.
2. These documents include instructions related to the following issues:
 - staff communication and training;
 - recognition of the symptoms of anaphylaxis;
 - awareness of triggering substances;
 - school-wide strategies to minimize exposure to allergens;
 - the development of an Extreme Allergy Management and Prevention Plan for every student subject to extreme allergic reactions;
 - emergency response procedures including the use of an Epi-Pen; and
 - detailed checklists of expectations for all involved.

ASTHMA

PROCEDURES

In accordance with *Ryan's Law: Ensuring Asthma Friendly Schools (2015)*, the James Bay Lowlands Secondary School Board has established this administrative procedure for students diagnosed with asthma.

The safety of students with a medical condition such as asthma is a shared responsibility of the school, family, health care provider, and community partners.

Asthma is a common chronic (long-term) inflammatory condition that occurs in the smaller airways of the lungs, making it hard to breathe. (Ontario Lung Association)

1. Triggers for Asthma

- 1.1. The James Bay Lowlands Secondary School Board is committed to providing 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.
- 1.2. 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.
- 1.3. Triggers vary widely from individual to individual and are sometimes situation-specific. To the greatest extent possible, the 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.
- 1.4. Common Outdoor Triggers include the following:
 - 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. [See www.airhealth.ca]
 - Pollen, Leaves, Trees: In May through August, (or until first frost) grassy or densely treed activity sites should be avoided for physical activity.
- 1.5. Strategies to Minimize 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.
- If area rugs or carpets are used, the school should choose ones with low nap or ones easily washed. The staff needs to remove furry or feathered animals (birds, gerbils, mice, etc.).
- Where possible, the school should use scent-free products.

2. Signs and Symptoms of Asthma

2.1. When people with asthma come into contact with one of their triggers, three things happen:

- the lining of the airway starts to swell;
- mucus is secreted; and
- muscles in the airway tighten or constrict.

2.2. Symptoms of asthma are variable and can include, but are not limited, to the following:

- coughing,
- wheezing,
- difficulty breathing,
- shortness of breath,
- chest tightness.

3. Asthma Medication

3.1. In general, asthma medications work in one of two ways to relieve symptoms. They either work by controlling or preventing the inflammation and mucous production or by relieving the muscle tightness around the airways.

3.2. Controller Medication: (Flovent, Advair, Qvar, Pulmicort, etc.)

- Medication can be used daily, and before and after school at home, to prevent asthma attacks.
- Medication increases and prevents swelling of the airways.
- It can take days to weeks of regular use to work effectively.

3.3. Reliever Medication: (Ventolin/Salbutamol, Bricanyl, etc.)

- This medication is used to relieve symptoms of asthma.
- It is called the “rescue” inhaler (usually blue in colour).
- The inhaler needs to be readily accessible at all times.
- It provides relief quickly, within minutes, by relaxing the muscles of the airways.
- It is taken only when needed or prior to exercise, if indicated.

4. Instructions for Managing Asthma Symptoms

4.1. When asthma symptoms (i.e. coughing, wheezing, chest tightness, shortness of breath) are present:

- Remove the student from the trigger.
- Have the student use the reliever inhaler as directed by a medical doctor (refer to the medication label).
- Have the student remain in an *upright position*.
- Have the student breathe slowly and deeply.
- Do NOT have the student breathe into a bag or lie down.
- If the student totally recovers, participation in activities may resume.

4.2. If symptoms persist:

- Wait 5-10 minutes to see if the breathing difficulty is relieved.
- If not, repeat the reliever medication.
- If the student's breathing difficulty is relieved, he or she can resume school activities, but should be monitored closely. The student should avoid vigorous activity and may require additional reliever medication.

5. Emergency Situation

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;
- requests a doctor or ambulance or asks to go to the hospital; or
- the staff member has any doubt about the student's condition.

6. Emergency Response

6.1. The staff member will have the student use, or assist the student in using, a fast-acting reliever inhaler.

6.2. 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.

6.3. The staff member will call 9-1-1, notify the school office, and remain with the student.

6.4. The assisting staff member will also:

- 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 parents as soon as possible;
- stay calm and reassure the student; and
- tell the student to breathe slowly and deeply.

Note: Students are transported to hospital by ambulance only.

7. Field Trips

- 7.1. Field trips are an extension of the learning in the classroom, and therefore it is important 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 as set out in Administrative Procedure 206 School Excursions and Administrative Procedure 205 Land Based Learning.
- 7.2. The parent is required to complete Form AP 206-B Parental Consent: School Excursions before any field trip. The parent is also required to complete Form AP 206-C Medical Information: School Excursions for any student with a prevalent medical condition, describing a student's medical issues and requirements for the trip. The parent must identify allergies, dietary restrictions, and any other medical or special concerns.
- 7.3. Teachers will ensure that this medical information is available during field trips and that the individual Plan of Care accompanies the student on the field trip.
- 7.4. If it is necessary for the student to take prescription medication during the field trip, the terms of Administrative Procedure 321 Administration of Medication will be followed.
- 7.5. In addition to the usual safety precautions applying to field trips, the following procedures must be in place to protect the student with asthma:
 - All supervisors, staff members, and volunteers must be aware of the identity of the students with asthma;
 - The parents of the student need to provide an inhaler for the trip; and
 - The staff will ensure that students bring their inhalers on the trip.

8. Asthma and Exercise

- 8.1. 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.
- 8.2. Guidelines for supporting students with asthma include the following:

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- Staff members can 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.
 - The staff needs to be aware of environmental triggers (e.g., extreme temperature, air quality, high pollen count) and be prepared to relocate or reschedule the activity 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 the reliever inhaler as necessary.

8.3. If asthma symptoms occur during exercise, the staff will:

- have the student use the 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; and
- check symptoms.

8.4. 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.

8.5. If symptoms get worse or do not improve within 5 -10 minutes, follow the steps for an emergency response as set out in Section 6 above.

9. Safety Considerations

9.1. Students are allowed to carry their medication(s) and supplies, as outlined in their Individual Plan of Care. An additional inhaler may be kept in the office at the request of the parents.

9.2. 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.

9.3. 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., "lockdown") as described in Administrative Procedure 145 Emergency Lockdown.

9.4. The principal will maintain a file notation in Maplewood for each student diagnosed with asthma. The file may contain personal medical information, treatment plans, and/or other pertinent information about the student, if that information is obtained with the consent of the student or the parent, in accordance with applicable legislation,

including relevant privacy legislation. This file shall also include current emergency contact information.

DIABETES

PROCEDURES

Diabetes mellitus is a disease resulting from a lack of insulin action. Insulin is a hormone produced by the pancreas. Without insulin, carbohydrates (starch and sugars) in the food eaten cannot be converted into stored energy (called blood glucose or “blood sugar”) required to sustain life. Instead, unused glucose accumulates in the blood and spills out into the urine.

The majority of people with diabetes develop the problem in adulthood. They can still produce some insulin and may be able to control their diabetes by diet alone or with oral medication. Children and adolescents with diabetes are different; they are unable to make any insulin and must take insulin injections each day.

At this time, no one knows why children and adolescents develop diabetes. It is known, however, that this disease is not the result of poor eating habits nor is it infectious.

1. Information and Staff Awareness

1.1. It is important for the staff to know basic information about diabetes. The majority of people with diabetes develop this condition in adulthood. They can still produce some insulin and may be able to control their diabetes by diet alone or with oral medication.

1.2. There are three main types of diabetes:

- **Type 1 Diabetes:** This usually affects children and adolescents. 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:** 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.

2. Triggers for Diabetes

2.1. Low blood sugar is also called **hypoglycemia**. Low blood sugar occurs when the amount of blood glucose (sugar) falls below 4 mmol/L. It can develop quickly, within minutes of a student appearing healthy, 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; and
- unplanned activity, without adjusting food or insulin.

2.2. High blood sugar or **hyperglycemia** occurs when a student's blood sugar is higher than the target range. It is usually caused by:

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

Usually it is caused by a combination of factors.

3. Signs and Symptoms of Hypoglycemia

3.1. Hypoglycemia (low blood glucose) signs and symptoms include:

- 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 the staff to know its signs/symptoms, treatment, and prevention.

3.2. At the first sign of hypoglycemia, it is imperative that the student be given sugar immediately. If the parents have not provided the school with more specific instructions which can be readily complied with, the staff can give:

- 6 oz/125 ml of regular pop (not diet pop); or

- 6 oz/125 ml of fruit juice; or
- 3-4 teaspoons/10 ml or 3-4 packets of sugar; or
- 4-5 glucose tablets; or
- 3-4 teaspoons/10 ml honey.

- 3.3. Until the child is fully recovered, they should not be left unsupervised. Once the recovery is complete the child can resume regular class work. If, however, it is decided that the child should be sent home, it is imperative that a responsible person accompany him or her.
- 3.4. Parents should be notified of all incidents of hypoglycemia. Repeated low blood glucose levels are undesirable and unnecessary and should be drawn to the attention of the parents so that they can discuss the problem with their doctor.
- 3.5. If unsure whether the child is hypoglycemic, the staff will always give sugar. A temporary excess of sugar will not harm the child, but hypoglycemia is potentially serious.

4. Signs and Symptoms of Hyperglycemia

4.1. Hyperglycemia (high blood sugar) signs and symptoms include:

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

4.2. Hyperglycemia is not an emergency condition requiring immediate treatment. However, prevention of hyperglycemia is key to delaying or avoiding serious complications. The parents and the student's physician need to be aware of persistent hyperglycemia.

5. Blood Glucose Self-Monitoring: Testing Blood Sugar

- 5.1. Monitoring of blood glucose is a tool that is used for achieving the target blood sugar levels.
- 5.2. Blood sugar levels will change with eating, physical activity, stress, or illness. Sometimes the blood sugar fluctuates for no apparent reason.
- 5.3. Monitoring blood sugar levels will:
- help the student understand the balance of food, insulin, and exercise;
 - help the doctor adjust insulin and food;

- help avoid the consequences of hypoglycemia and hyperglycemia; and
- give early warning without waiting for the onset of symptoms.

6. Emergency Response

6.1. 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, Board procedures, and collective agreements.

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

6.3. Symptoms of severe hypoglycemia include:

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

6.4. 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 9-1-1 immediately;
- Notify the parent;
- Do not put anything in the student's mouth, such as food or drink (choking hazard).

7. Field Trips

7.1. Field trips are an extension of the learning in the classroom and therefore, it is important 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 as set out in Administrative Procedure 206 School Excursions and Administrative Procedure 205 Land Based Learning.

7.2. The parent is required to complete Form AP 206-B Parental Consent: School Excursions before any field trip. The parent is also required to complete Form AP 206-C Medical Information: School Excursions for any student with a prevalent medical condition, describing a student's medical issues and requirements for the trip. The parent must identify allergies, dietary restrictions, and any other medical or special concerns.

- 7.3. Teachers will ensure that this medical information is available during field trips and that the individual Plan of Care accompanies the student on the field trip.
- 7.4. If it is necessary for the student to take prescription medication during the field trip, the terms of Administrative Procedure 321 Administration of Medication will be followed.
- 7.5. In addition to the usual safety precautions applying to field trips, all supervisors, staff members, and volunteers must be aware of the identity of the students with diabetes.

8. Diabetes and Exercise

- 8.1. Students with diabetes should be encouraged to participate in as many activities as possible, without exclusion from school field trips, school sports, and other activities which promote self-esteem and a sense of well-being.
- 8.2. 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 parents should be notified of special days that involve extra activity so that they can ensure that the student has extra food to compensate.
- 8.3. Sports or other activities that take place during a 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 parents and the student with diabetes carry some form of fast-acting sugar such as glucose tablets or juice boxes on outings or sports events.
- 8.4. 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. Safety Considerations

- 9.1. Students are allowed to carry their medication(s) and supplies, as outlined in their individual Plan of Care.
- 9.2. 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.
- 9.3. The principal will ensure that a plan is established to support students with diabetes in the event of a school emergency (e.g., lockdown procedures, evacuation, fire), or for activities off school property (field trip, sporting event).
- 9.4. The staff will ensure that the student has easy access to supplies for blood glucose monitoring and treating low blood sugar, and that the student eats meals and snacks on time.

- 9.5. The staff will provide the parents with as much notice as possible about field trips, special events, and changes to the school routine, especially where food or activity are involved.

10. Ongoing Support for the Student

- 10.1. If a student experiences low blood sugar before or during an assessment or test, the teacher should allow a reasonable amount of time for the student to treat and recover from the low. (The student may need up to an additional 30 to 60 minutes to complete the task.)
- 10.2. It is important to ensure that occasional staff have information about the student's condition.
- 10.3. The staff will support the student's self-care by allowing blood sugar monitoring at any time or anywhere, respecting the student's wish for privacy.
- 10.4. Staff members will be aware that a student may need to eat outside a planned meal or snack time.
- 10.5. The student will be provided with unrestricted bathroom access, as well as access to water at all times. This is especially important when blood sugar is high.

11. Facilitating and Supporting Routine Management

- 11.1. 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 Plan of Care.
- 11.2. 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.
- 11.3. Children are diagnosed with diabetes at various stages of their lives. 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 parents and the student.

EPILEPSY

PROCEDURES

Epilepsy is a disease of the central nervous system, specifically the brain, characterized by spontaneous, repeated seizures. Misconceptions and fears persist that are sometimes more burdensome to persons living with epilepsy than the seizures themselves. Anyone can develop epilepsy at any time without a known cause. Most often diagnosed in children and in seniors, epilepsy affects each person differently. Many people with epilepsy successfully control their seizures with medication and are able to enjoy healthy and fulfilling lives.

A seizure occurs when the normal electrical balance in the brain is lost. The result is a sudden, brief, uncontrolled burst of abnormal electrical activity in the brain. Seizures are the physical effects of such unusual bursts of electrical energy in the brain and may include muscle spasms, mental confusion, loss of consciousness, uncontrolled or aimless body movement, incontinence, and vomiting.

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.

1. Triggers

1.1. Medication errors can be triggers for epilepsy. These changes include not taking one's anti-epileptic medication, or taking other medications in addition to anti-epileptic medication.

1.2. Internal factors include:

- Stress, excitement and emotional upset can trigger a seizure. 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.
- Many girls find their seizures increase around the time of their menstrual cycle. This is referred to as catamenial epilepsy. It occurs because of changes in hormone levels, increased fluid retention, and changes in anti-epileptic drug levels in the blood.

1.3. External factors include:

- Poor diet can affect blood sugar levels and cause seizures.
- 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.

- 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 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, can trigger a seizure.
- Television, videos, flashing lights, or the "strobe effect" from fast scene changes on a bright screen, rapidly changing colours, or fast-moving shadows or patterns can all trigger seizures.
- Lack of physical activity can trigger a seizure.

2. Signs and Symptoms

Motor Symptoms	Non-motor Symptoms	Autonomic Symptoms	Sensory Symptoms
<ul style="list-style-type: none"> ○ Jerking (spasm) ○ Limp or weak muscles ○ Rigid or tense muscles ○ Brief muscle twitching ○ Epileptic spasms ○ Repeated automatic movements (clapping, rubbing hands, lip smacking, running) ○ Lack of movement (behaviour arrest) 	<ul style="list-style-type: none"> ○ Changes in thinking or cognition ○ Loss of memories ○ Blank stares ○ Repeated words ○ Appearing dazed ○ Laughing, screaming or crying 	<ul style="list-style-type: none"> ○ Abdominal discomfort ○ Stomach pain ○ Belching ○ Flatulence ○ Vomiting ○ Pallor ○ Sweating ○ Dilation of pupils ○ Alteration in heart rate and respiration 	<ul style="list-style-type: none"> ○ Fear, sadness, anger or joy ○ 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

3. Medications

- 3.1. Seizure disorders are usually treated with drugs called anti-epileptics or anticonvulsants, which are designed to control seizures. Some drugs control just one or two types of seizure while others have a broad range. In some children, these drugs work so well that no seizures occur.
- 3.2. For those on these drugs, seizures are eliminated in about 50% of cases. Drugs reduce the frequency or intensity of seizures in another 30%. The remaining 20% of people have seizures that cannot be brought under control by conventional drug therapy.

4. Emergency Response

- 4.1. 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.
- 4.2. Medication must be provided to the school in a premeasured format. The Plan of Care will clearly identify individual roles and be respectful of all applicable legislation, procedures, and collective agreements.
- 4.3. The emergency response procedure will be detailed for individual students in the Plan of Care.
- 4.4. In general, if someone is having a seizure, take the following steps:
 - Stay calm. Seizures usually end on their own within seconds or a few minutes.
 - Time the seizure, noting 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 a wheelchair, have him or her remain in the wheelchair. Secure the harness and recline the chair if this option is available.
 - **Call 9-1-1 if the following conditions apply:**
 - ✓ The seizure lasts more than 5 minutes;
 - ✓ The seizure repeats without full recovery between convulsive seizures—or as directed by a neurologist;
 - ✓ If consciousness or regular breathing does not return after the seizure ends;
 - ✓ If the student has diabetes, appears injured, is in water, or is pregnant;
 - ✓ If staff members are not sure the student has epilepsy or a seizure disorder.

- Provide assurance.
- When the seizure ends, stay with the student until complete awareness returns.
- Do not restrain the student or put anything in the student's mouth.

5. Field Trips

- 5.1. Field trips are an extension of the learning in the classroom and therefore, it is important 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 as set out in Administrative Procedure 206 School Excursions and Administrative Procedure 205 Land Based Learning.
 - 5.2. The parent is required to complete Form AP 206-B Parental Consent: School Excursions before any field trip. The parent is also required to complete Form AP 206-C Medical Information: School Excursions for any student with a prevalent medical condition, describing a student's medical issues and requirements for the trip. The parent must identify allergies, dietary restrictions, and any other medical or special concerns.
 - 5.3. Teachers will ensure that this medical information is available during field trips and that the individual Plan of Care accompanies the student on the field trip.
 - 5.4. If it is necessary for the student to take prescription medication during the field trip, the terms of Administrative Procedure 321 Administration of Medication will be followed.
 - 5.5. In addition to the usual safety precautions applying to field trips, all supervisors, staff members, and volunteers must be aware of the identity of the students with epilepsy.
 - 5.6. Parents need to know the itinerary and anticipated activities.
 - 5.7. A student with a seizure disorder is to be assigned to an informed adult who knows what do in case of a seizure and what to do in case of an emergency. (e.g., parent or classroom teacher).
6. The student needs to wear a medical alert identification.

7. Information and Awareness

- 7.1. 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.
- 7.2. Epilepsy is a treatable condition. Many people with epilepsy will achieve good seizure control with medication. When medication is not effective in preventing seizures there are other treatment options available.

8. Safety Considerations

- 8.1. The staff will 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, high level bleacher seating for athletic events).
- 8.2. The staff will be aware that during physical activities, where climbing is involved, that the student is properly assisted and does not climb to great heights.
- 8.3. The staff will monitor that fluorescent light fixtures in the classroom/school are working correctly (not flickering).
- 8.4. The staff will also minimize the use of screens (television, dvds) in class, if possible, and avoid loud noise as much as possible.
- 8.5. The use of the "lights out" technique for class control will be avoided.
- 8.6. The principal or designate will ensure that the information provided for occasional teachers includes the Plan of Care.
- 8.7. 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, lockdown), or for activities off school property (e.g. field trip, sporting event).

9. Supporting Routine Management

- 9.1. Students are allowed to carry their medications (including controlled substances) and supplies, as outlined in the individual Plan of Care.
- 9.2. 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 Plan of Care.

REFERENCE DOCUMENTS**Legal:**

Sabrina's Law. (2005) An Act to protect anaphylactic pupils

Ryan's Law. (2015) Ensuring Asthma-Friendly Schools

Education Act, Section 265 Duties of Principal: Attention to the Health of Pupils

Education Act, section 266 Pupil Records

Ontario Regulation 298 Operation of Schools, section 20 Duties of Teachers: Ensure all reasonable safety procedures are carried out

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

Ministry of Education Policy/Program Memorandum 161 Supporting Children and Students with Prevalent Medical Conditions (Anaphylaxis, Asthma, Diabetes, and/or Epilepsy) in Schools (2018)

Municipal Freedom of Information and Protection of Privacy Act

Personal Health Information Protection Act (PHIPA)

The Good Samaritan Act. (2001). Protection of Individuals from Liability

Ontario Human Rights Code

Board:

Board Policy GOV-01 Values, Vision, and Mission

Board Policy GOV-23 Emergency Response Plans

Administrative Procedure 141 School Fire Safety Plan

Administrative Procedure 143 Student Accidents and Illness

Administrative Procedure 144 Bomb Threat

Administrative Procedure 145 Emergency Lockdown.

Administrative Procedure 205 Land Based Learning

Administrative Procedure 206 School Excursions

Form 206-B Parental Consent Form School Excursions

Form AP 206-C Medical Information Form School Excursions

Administrative Procedure 321 Administration of Medication and Medical Procedures

Anaphylaxis:

Administrative Procedure 319 Anaphylaxis

Form ADMIN 319-01 Extreme Allergy Management and Prevention Plan

Form ADMIN 319-02 Consent for Intervention during an Emergency Allergic Reaction

Handbook, *Prevention and Management of Anaphylactic Shock*

Asthma:

Forms Supporting the Medical Condition of Asthma:

Form ADMIN 320-A-01 Asthma: Plan of Care

Form ADMIN 320-A-02 Asthma: Routine Asthma Management

Form ADMIN 320-A-03 Asthma: Emergency Procedures

Form ADMIN 320-A-04 Asthma: Healthcare Information and Plan Review

Diabetes:

Forms Supporting the Medical Condition of Diabetes:

Form ADMIN 320-B-01 Diabetes: Plan of Care

Form ADMIN 320-B-02 Diabetes: Routine Diabetes Management

Form ADMIN 320-B-03 Diabetes: Emergency Procedures
Form ADMIN 320-B-04 Diabetes: Healthcare Information and Plan Review

Epilepsy:

Forms Supporting the Medical Condition of Epilepsy:
Form ADMIN 320-C-01 Epilepsy: Plan of Care
Form ADMIN 320-C-02 Epilepsy: Routine Epilepsy Management
Form ADMIN 320-C-03 Epilepsy: Emergency Procedures
Form ADMIN 320-C-04 Epilepsy: Healthcare Information and Plan Review

Resources:

Ontario Education Services Corporation. (2018) Administrative Framework: Developing a Board Policy on Prevalent Medical Conditions, including sample Plan of Care forms.

Asthma Canada. www.asthma.ca

Canadian Paediatric Society. www.cps.ca

Canadian Paediatric Society. *Diabetes at School*. This resource includes printable resources and short animated videos www.diabetesatschool.ca

Diabetes Canada. www.diabetes.ca

Diabetes Canada. *Position Statement and Guidelines for the Care of Students Living with Diabetes at School*. <http://www.diabetes.ca/kidsatschool>

Epilepsy Canada. <http://www.epilepsy.ca>

Canadian Epilepsy Alliance. <http://www.epilepsymatters.com>

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

All About Epilepsy DVD. <http://www.epilepsyontario.org>

Food Allergy Canada. www.foodallergycanada.ca

The Lung Association—Ontario. www.onlung.ca

Ophea. www.ophea.net

Ontario Education Services Corporation. www.oesc-cseo.org

Ontario Ministry of Education. *Diabetes Fact Sheet*

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