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Subject	**MANAGEMENT, RESPONSE AND ADMINISTRATION OF MEDICATION TO STUDENTS WITH LIFE-THREATENING AND NON-LIFE-THREATENING MEDICAL CONDITIONS**
References	A1450 – Management of Personal Information – Student A1452 – Privacy Breach Protocol A2012 – Reporting and Investigating Health and Safety Incidents Policy 4220 – Supporting Students with Prevalent Medical Conditions in Schools *Education Act*. Section 265 Duties of Principal Food Allergy Canada *Good Samaritan Act (2001)* Health and Safety Procedures Manual, Procedure HS 03-04, Routine Practices and Blood/Body Fluid Clean Up Health and Safety Procedures Manual, Procedure HS 05-18, Sharps Disposal Ministry of Education Policy/Program Memorandum 81 – Provision of health support services in school settings Ministry of Education Policy/Program Memorandum 161 – Supporting children and students with prevalent medical conditions (anaphylaxis, asthma, diabetes, and/or epilepsy) in schools *Municipal Freedom of Information and Protection of Privacy Act* *Personal Health Information Protection Act* *Regulated Health Professions Act (1991)* *Ryan's Law (2015)* *Sabrina's Law (2005)* Simcoe Muskoka District Health Unit The Ontario Human Rights Code
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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 C).

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 convulsions.

2.6 Health care professional – a member of a College under the *Regulated Health Professions Act, 1991* (e.g., medical doctor, nurse practitioner, registered nurse, pharmacist).

2.7 Health care provider – may be a physician, nurse practitioner, registered nurse, pharmacist, respiratory therapist, certified respiratory educator, or certified asthma educator.

2.8 Life-threatening medical condition – can also be referred to as a prevalent medical condition, a disease or condition from which the likelihood of death is probable without proper intervention.

2.9 Medical response plan (MRP) – a summary of daily or routine management activities of student's medical condition(s), based on information provided by parent(s)/guardian(s)/adult student in the Student Medical Form (APPENDIX A). MRP is a system report generated in PowerSchool.

2.10 Non-life-threatening medical condition – any disease or condition that affects the student during school, but does not result in likelihood of death without proper

intervention. Students may require support for non-life-threatening medical conditions (e.g., irritable bowel syndrome, seizures, arthritis, allergies, and other medical conditions).

2.11 Personal health information – is defined in the *Personal Health Information Protection Act (PHIPA)*. The definition includes, but is not limited to:
- 2.11.1 the physical or mental health of the individual, including information that contains the health history of the individual's family;
- 2.11.2 the provision of health care to the individual, including the identification of a person as a provider of health care to the individual; and,
- 2.11.3 the individual's Ontario Health Card number.

2.12 Plan of Care (POC) – a form that is co-created with parent(s)/guardian(s), students, school staff with input from the student's health care provider that contains detailed information on how to support a student with a prevalent medical condition during school.

2.13 Prevalent medical condition – for the purpose of this document, includes anaphylaxis, asthma, diabetes, and epilepsy, as outlined in *Policy/Program Memorandum 161: Supporting Children and Students with Prevalent Medical Conditions (Anaphylaxis, Asthma, Diabetes, and/or Epilepsy) in Schools*.

2.14 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 (i.e., in circumstances that are not an emergency and/or when the student cannot be responsible to self-identify and self-administer a dosage of medication).

2.15 Record of Administration of Medication (RAM) – a form for recording the administration of medication in school. Information for the creation of a RAM comes from the Student Medical Form and/or POC provided by parent(s)/ guardian(s)/adult student, and/or PRN Administration Instructions provided by the physician.

2.16 School – all school and school-board activities, including field trips, overnight excursions, board-sponsored sporting events, and board-operated before-and after-school programs.

2.17 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 may be required.

2.18 Student Medical Form (SMF) – a form completed by parent(s)/guardian(s)/adult student to provide the school with information on non-life-threatening and life-threatening medical conditions. For life-threatening conditions, the SMF contains

a summary of information provided in the POC. The SMF may also include any other medical information that does not affect student's attendance at school but is necessary for the emergency medical services to be aware of in case of an emergency. Examples might include previous concussions, allergies to medications not taken at school, and religious and/or personal beliefs (e.g., no blood transfusions allowed).

3. Relevant legislation

3.1 *The Ontario Human Rights Code*

3.1.1 *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)*.

3.1.2 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 *Personal Health Information Protection Act* (PHIPA)

3.2.1 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.

3.2.2 When managing a student's personal health information, all staff will consider and respect the sensitive nature of this information and not disclose it or record it in PowerSchool unless it is necessary to do so. Principals will 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 Simcoe County Student Transportation Consortium (SCSTC) or the school vehicle driver through the SCSTC.

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

3.3 *Good Samaritan Act*

3.3.1 *Good Samaritan Act*, S.O. 2001, protects individuals who provide emergency first aid assistance to a person who is ill, injured, or unconscious because of an accident or other emergency, if the individual provides assistance at the immediate scene of the accident or emergency.

3.4 *Sabrina's Law*

3.4.1 Sabrina's Law (2005) requires every school board to establish and maintain an anaphylaxis procedure, which must include:

3.4.1.1 strategies to reduce risk of exposure to anaphylactic causative agents;

3.4.1.2 a communication plan for the dissemination of information on life-threatening allergies;

3.4.1.3 regular training on dealing with life-threatening allergies; and,

3.4.1.4. a requirement that every school principal develop an individual plan for each student who has an anaphylactic allergy and maintain a file for each anaphylactic student.

3.4.2 The individual plan for a student with an anaphylactic allergy must include details on the type of allergy, monitoring and avoidance strategies and appropriate treatment, a readily accessible emergency procedure for the student and storage for epinephrine auto-injectors, where necessary.

3.4.3 If an employee has reason to believe that a student is experiencing an anaphylactic reaction, the employee may administer an epinephrine auto-injector or other medication that is prescribed, even if there is no preauthorization to do so.

3.5 *Ryan's Law*

3.5.1 Ryan's Law requires all school boards in Ontario to develop and maintain asthma policies and procedures to help protect students who have asthma. Under *Ryan's Law*, a student under the age of 16 is permitted to carry their asthma medication, if the student has permission from their parent(s)/ guardian(s). Students 16 years of age and older are not required to have permission to carry their asthma medication.

4. Protection from illnesses and communicable diseases

4.1 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 Procedures Manual, Procedure HS 03-04, Routine Practices and Blood/Body Fluid Clean Up).

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

4.3 The principal will contact the superintendent of education when they suspect the existence of a communicable disease in the school.

5. Face masks

5.1 The Ministry of Education and/or the SMDHU may require students and staff wear properly fitted non-medical or medical face masks during a pandemic or influenza outbreak.

5.2 If such a requirement exists, face masks are expected to be worn by all students and staff while indoors at SCDSB schools, in school vehicles and buildings, and outdoors when physical distancing cannot be maintained, excluding the following:

- 5.2.1 students or staff who are exempt from wearing an approved face mask by a qualified health care professional (physicians, psychologists, or nurse practitioners) certifying they are unable to wear a face mask due to specific medical reason(s);
- 5.2.2 students or staff who are unconscious;
- 5.2.3 students or staff who are unable to don or remove the mask without assistance;
- 5.2.4 while eating, drinking, or taking oral medications within the school;
- 5.2.5 allowing for flexibility with our primary students who may need coaching and reminders regarding proper wear and removal of masks; and,
- 5.2.6 when asked to remove the face mask to verify a person's identity.

6. Student Medical Form (SMF)

6.1 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:

- 6.1.1 an MRP for life-threatening conditions; or
- 6.1.2 an MRP for non-life-threatening conditions; and,
- 6.1.3 an RAM for the student (FORM A1420 – 3).

6.2 The SMF contains a summary of the POC(s). A POC provides detailed information for students with diabetes, asthma, epilepsy, anaphylaxis, and any other life-threatening medical condition that parent(s)/guardian(s)/adult student feel would support the student's prevalent medical condition while at school.

6.3 The SMF must be created or updated and signed by the parent(s)/guardian(s)/ adult student:

- 6.3.1 when student registers to attend the school;
- 6.3.2 as the student's medical needs change and/or new medical information is provided;
- 6.3.3 when SMF becomes inactive after two school years; and,
- 6.3.4 when SMF becomes obsolete.

6.4 **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 an existing MRP, a copy of the SMF must be signed and dated by the parent(s)/guardian(s)/adult student (FORM A1420 – 1c, Section I).

- 6.4.1 After two years, an updated SMF is required.

6.5 The SMF must be signed by a health care professional if a POC was created.

7. Medical Response Plan (MRP)

7.1 The principal may request additional information from the parent(s)/guardian(s)/ adult student and/or health care professional to ensure that the school can appropriately meet the student's medical needs.

7.2 Parent(s)/guardian(s)/adult student may cancel an existing MRP by notifying the principal in writing or by updating the SMF.

7.3 When a student is demitted from school, their MRP and supporting documentation (SMF and POC) is to be included in the Ontario Student Record (OSR).

8. Plan of Care (POC)

8.1 The school must develop a POC with the parent(s)/guardian(s)/adult student for students with anaphylaxis (FORM A1420 - 7), asthma (FORM A1420 - 8), Type 1 diabetes (FORM A1420 - 9), epilepsy/seizure disorder (FORM A1420 - 10), and other conditions (FORM A1420 - 11) to support students with prevalent medical conditions. The parent(s)/guardian(s)/adult student may choose to develop a POC alongside the MRP with other life-threatening conditions.

8.2 A POC will include:

- 8.2.1 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;
- 8.2.2 identification of school staff who will have access to the POC;
- 8.2.3 identification of routine or daily management of activities that will be performed by the student, parent(s)/guardian(s), or by an individual authorized by the parent(s)/guardian(s)/adult student;
- 8.2.4 a copy of notes and instructions from the student's health care professional, where applicable;
- 8.2.5 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;
- 8.2.6 information on how to support or accommodate the student to enable participation to their full potential in all school activities;
- 8.2.7 identification of symptoms (emergency and other) and response, should a medical incident occur;
- 8.2.8 emergency contact information for the student;
- 8.2.9 details related to storage and disposal of the student's prescribed medication(s) and medical supplies, such as:
  - 8.2.9.1 permission from the parent(s)/guardian(s) for the student to carry medication and/or medical supplies;
  - 8.2.9.2 location of spare medication and supplies stored in the school; and,

8.2.9.3 where applicable, information on the safe disposal of medication and medical supplies.

8.2.10 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; and,

8.2.11 parental consent (at the discretion of the parent(s)/guardian(s)) to share information on signs and symptoms with other students.

9. Anaphylaxis

9.1 Some students experience severe allergic reactions. Common causes include bee, hornet, wasp or other insect stings, foods or food ingredients, medications, and other allergens (APPENDIX C).

9.2 Under *Sabrina's Law*, school boards and principals are responsible for:

9.2.1 developing strategies that reduce the risk of exposure to anaphylactic agents in schools and common school areas;

9.2.2 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;

9.2.3 developing a communication plan for the dissemination of information on life-threatening allergies;

9.2.4 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;

9.2.5 developing an MRP in PowerSchool based on information provided by parent(s)/ guardian(s)/adult student in the SMF and a POC for each student who has an anaphylactic allergy;

9.2.6 collecting information on life-threatening allergies at the time of registration, or as required; and,

9.2.7 maintaining accurate documentation for each anaphylactic student.

10. Ensuring asthma friendly schools

10.1 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.

10.2 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.

10.3 **Principal responsibilities**

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

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

parent(s)/guardian(s) to carry asthma medication;

10.3.2 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;

10.3.3 develop an individual plan for each student with asthma based on information provided in an SMF (FORM A1420 – 1) and an applicable POC (FORM A1420 – 8);

10.3.4 maintain a file of current treatment, triggers, and other information for each student with asthma, including notes/instructions from the student's health care provider and a current emergency contact list;

10.3.5 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 prescribed to the student, even if there is no preauthorization to do so;

10.3.6 establish a communication plan to promote asthma awareness to anyone who has direct contact with a student with asthma; and,

10.3.7 provide training, if required, for staff in the administration of asthma medication in case of emergency.

10.4 **Parent/guardian responsibilities**

Parent(s)/guardian(s) will:

10.4.1 upon registration, supply information about the student's asthma, including providing permission from parent(s)/guardian(s) and the medical provider's approval to carry asthma medication (FORM A1420 - 8) for students under the age of 16;

10.4.2 ensure asthma medication provided is in the name of the student the medication is intended for; and,

10.4.3 ensure that the information in the student's file and in PowerSchool is current, and provide updates as they become available.

11. Developing the school plan for the administration of medication

11.1 The principal, based on information provided in the SMF and in consultation with the parent(s)/guardian(s), will develop a school plan for the administration of medication, using the RAM (FORM A1420 - 3) to document the administration of the medication. The plan will include all of the following:

11.1.1 name(s) of trained staff who will administer the medication;

11.1.2 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;

11.1.3 name of the medication;

11.1.4 dosage of medication to be dispensed; and,

11.1.5 frequency of which medication will be dispensed.

11.2 Medication will be administered by school staff 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.

11.3 Prescription medication provided to the school must include the following:
- 11.3.1 original prescription package;
- 11.3.2 name of the student;
- 11.3.3 name of the medication;
- 11.3.4 health care professional's name; and,
- 11.3.5 dispensing instructions including dosage, frequency, and method of administration.

11.4 Non-prescription medication may be administered at school:
- 11.4.1 an SMF must be completed;
- 11.4.2 medication container must be clearly labeled with student's name;
- 11.4.3 medication must not be expired; and,
- 11.4.4 dispensing instructions provided by the parent(s)/guardian(s) must match the instructions provided on the packaging and be age appropriate.

11.5 An RAM must be completed each time medication is dispensed. If medication is expected to be taken daily, an explanation for a missed day is to be provided.

12. Medication management and storage

12.1 All medications will be kept in clearly labelled, original containers, and stored securely in the office area.
- 12.1.1 With the exception of epinephrine auto-injectors, asthma inhalers, and medications requiring refrigeration, medications will be kept in a locked area that meets the conditions of storage (temperature and exposure to light, etc.).
- 12.1.2 In special circumstances, after consultation with the parent(s)/guardian(s), the principal may determine that medication may be retained in the possession of the student (i.e., asthma inhalers and epinephrine auto-injectors). This medication must be safely secured so that it is not accessible to other students.
- 12.1.3 In special circumstances, with prior approval of the superintendent of education, the principal may determine that medication may be retained in a designated and secure location (e.g., special education classroom etc.). This medication must be secured so that it is not accessible to students.

12.2 Epinephrine auto-injectors and asthma inhalers must be accessible at all times to ensure availability for emergency response.
- 12.2.1 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(s)/guardian(s) and the health care professional, will be included in the MRP, based on the information in SMF and the POC.

12.3 Custody of the key and backup key(s) for the locked storage area will be determined by the principal. A contingency plan will be developed in consideration of staff absences and emergencies.

12.4 The RAM (FORM A1420 - 3) for each student will be stored securely in the office area for ease of documentation of administration of medication. If medication is not

stored in the office, RAM will be stored in the same location as the medication. If a student carries the medication, the RAM will be stored in the office.

12.5 All syringes, including those used by students who self-administer medication, will 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 needles and syringes.

13. Administering and dispensing medication

13.1 The principal will assign appropriate staff to administer medication, unless it has been otherwise arranged with the parent(s)/guardian(s). Administration of medication may be provided by:
- 13.1.1 members of the administrative and teaching staff;
- 13.1.2 educational assistants and school administrative support staff; and,
- 13.1.3 other adults having direct contact with the student on a regular basis (e.g., volunteer coaches).

13.2 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 the SCSTC contracted school vehicle operators and their drivers.

13.3 Students will self-administer inhaled medication, unless it has been determined by the principal, in consultation with the parent(s)/guardian(s), 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 health care professional.
- 13.3.1 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.

13.4 Students with diabetes, who can perform self-blood glucose monitoring and insulin injections, need a safe, hygienic, and private space where they are comfortable.
- 13.4.1 Some students may not be able to self-care. Under these circumstances, the principal will consult with the parent(s)/guardian(s) to identify the medical staff required to assume responsibility for the administration of medication.

13.5 Medication will be dispensed from one location in the school, unless otherwise arranged with the parent(s)/guardian(s) of a student under the age of 16. Staff administering medication will:
- 13.5.1 identify the student by asking their name and comparing the student to the picture on the MRP;
- 13.5.2 verify that the name and dosage of the medication on the label of the medication container matches the information on the RAM (FORM A1420 – 3);
- 13.5.3 read the label on the medication container and compare the dose and the

dispensing instructions on the RAM;

13.5.4 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. If medication was administered later than 30 minutes or was missed, the school must notify parent(s)/guardian(s);

13.5.5 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,

13.5.6 complete the RAM each time medication is administered by recording both the name and signature of the staff administering the medication.

13.6 Students 16 years of age and older may carry and dispense their own medication, where appropriate.

13.7 School staff and the SCSTC contracted school vehicle operators and their drivers are not expected to administer injections other than epinephrine auto-injectors for anaphylaxis. The school and parent(s)/guardian(s) will work together on an MRP. School staff can only administer oral diabetes medications or glucagon if the appropriate training has been provided.

13.8 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 (i.e., insures and indemnifies) all staff, regardless of whether or not they have been trained to meet student-specific medical needs.

13.9 The principal may allow, without the completion of a SMF, for a **maximum of two weeks**, administration of medication to a student during the school day. Parent(s)/guardian(s) must complete Medication Dispensing Form – Two Weeks or Less (FORM A1420 – 2). **Parent(s)/guardian(s) should consult with their health care professional to determine if the medication could be administered at a time other than during the school day.** RAM must be completed by the staff who administered the medication.

14. Administering of Pro re Nata (PRN) medication

14.1 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 (e.g., overdose, etc.).

14.2 PRN administration guidelines

14.2.1 A **physician** must complete the PRN Administration Instructions (FORM A1420 – 12). The form must be reviewed by the Special Education Department and approved by the superintendent of education. Summary information for emergency medical services will be entered in PowerSchool by the office staff.

14.2.2 Development of PRN Administration Protocol (FORM A1420 - 13) **completed by school in collaboration with Special Education staff:**

14.2.2.1 update of student's Safety Plan – Notification of Worker Risk, if applicable, to reflect PRN protocol;
14.2.2.2 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); and,
14.2.2.3 develop communication system with home/group home to monitor total daily administration.

14.3 Administering PRN medication:
14.3.1 Special Education staff, in cooperation with the school administration team, will complete the PRN Administration Protocol (in place of RAM) and include:
14.3.1.1 date of administration;
14.3.1.2 time of administration;
14.3.1.3 activity preceding administration;
14.3.1.4 record of time(s) of previous PRN administration (home/school) within previous 24 hours; and,
14.3.1.5 signature of two staff members documenting PRN administration, including indication of behaviour (Stage 1 - Interactive and Stage 2 - Safety Response).
14.3.2 Special Education staff, in cooperation with the school administration team, will complete the PRN use timeline (FORM A1420 – 13b).

15. Training and procedures

15.1 The principal, in consultation with the parent(s)/guardian(s)/adult student, will ensure that any training required to support the student's medical needs, as outlined in the MRP and POC, takes place with all SCDSB staff, SCSTC staff and school vehicle operators contracted through the SCTSC, that come into direct contact with the student.

15.2 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.

15.3 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 services arrive.

15.4 The principal, in consultation with school staff, will develop procedures for:
15.4.1 reducing the risk of exposure to life-threatening allergens in classrooms and common areas (*Sabrina's Law*); and,

15.4.2 reducing the risk of exposure to potential asthma 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.

15.5 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 will include the SCSTC contracted school vehicle operators and their drivers. Signs indicating the location of these medications in the school are encouraged.

16. Responsibilities for MRPs for students with life-threatening and non-life-threatening medical conditions

16.1 **Principal responsibilities**

16.1.1 Annual notifications

The principal will:

16.1.1.1 notify the school community (APPENDIX D) via school newsletter, SchoolMessenger or school website that parent(s)/ guardian(s)/adult students must contact the principal if the need for an MRP exists;

16.1.1.2 post the Reduce the Risk Notice (APPENDIX E) at school entrance(s); and,

16.1.1.3 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 using the Reduce the Risk Notice APPENDIX E, Anaphylactic Student in Class FORM A1420 – 4, Anaphylactic Student in Class – Allergen Information Letter FORM A1420 – 5, and Anaphylactic/Allergen Reminder Letter FORM A1420 – 6, as applicable.

16.1.2 Medical Response Plan (MRP) Development (APPENDIX A)

The principal will:

16.1.2.1 provide the SMF (FORM A1420 – 1) and applicable POC(s) if needed, to the parent(s)/guardian(s)/adult student for completion when notified of the need to develop or update an MRP;

16.1.2.2 request an updated SMF:

16.1.2.2.1 at the beginning of each school year;

16.1.2.2.2 when the student's medical needs change; or

16.1.2.2.3 when an MRP becomes obsolete.

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

16.1.2.4 update PowerSchool using the completed SMF and POC(s) if applicable, to create an MRP for the student (APPENDIX B) by entering the required information in student fields on the 'Medical/Health' screen in PowerSchool:

16.1.2.4.1 update the 'Life-Threatening Medical Conditions' field based on information provided on the SMF (FORM A1420 – 1a, section B). Information entered

into this area in PowerSchool will create a Medical Alert icon beside the student's name;

16.1.2.4.2 update 'Non-Life Threatening Medical Conditions' field based on information provided on SMF (FORM A1420 – 1a, section C). Information entered into this field in PowerSchool will document any other medical condition(s) that may require attention while at school or on school-sponsored activities;

16.1.2.4.3 update the 'Medical Plan' field based on information provided on the SMF (FORM A1420 – 1b, section D). This field will be completed for both life-threatening and non-life-threatening conditions, and if applicable include information about other medical conditions that do not affect student's attendance at school but is necessary for the emergency medical services to be aware of in case of an emergency. Should medication be required as noted on the SMF (FORM A1420 – 1b, section E), the name, frequency and dosage will be noted in this area. All other dispensing of medication information will be managed and tracked using the RAM (FORM A1420 – 3);

16.1.2.4.4 update the 'Requires Long-Term Administration of Medication' field if section E was completed on the SMF (Form A1420 – 1b);

16.1.2.4.5 update the 'Prohibited Activities' field based on information provided on the SMF (FORM A1420 – 1b, section F);

16.1.2.4.6 update the 'Doctor Name' field based on information provided on the SMF (FORM A1420 – 1c, section G); and,

16.1.2.4.7 update the 'Doctor Phone' field based on information provided on the SMF (FORM A1420 – 1c, section G).

16.1.3 Distribution and sharing of the MRP

The principal will:

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

16.1.3.2 ensure a copy of the MRP is:

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

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

16.1.3.2.3 for life-threatening medication conditions - placed in the occasional staff handbook.

16.1.3.3 share MRPs for students transported on SCSTC contracted vehicles with the SCSTC via the weekly data transfer of student information from PowerSchool;

16.1.3.4 ensure new MRPs or changes to existing MRPs that occur throughout the school year, are entered into PowerSchool as quickly as possible, to ensure timely electronic uploading to the SCSTC;

16.1.3.5 file the original signed SMF (FORM A1420 – 1) and a copy of the most recent MRP in the OSR documentation file upon transfer of the student from the school;

16.1.3.6 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; and,

16.1.3.7 in case of an emergency, provide a copy of the MRP to emergency medical services.

16.1.4 POC development

The principal will:

16.1.4.1 Ensure the POC is created and signed by the parent(s)/ guardian(s)/adult student and health care professional:

16.1.4.1.1 when the student registers to attend school;

16.1.4.1.2 as the student's medical needs change and/or new medical information is provided; and,

16.1.4.1.3 when the POC becomes inactive based on the information noted in 'Authorization/Plan Review' section of the POC.

16.1.4.2 Where required, request that medication be provided to the office for dispensing.

16.1.5 Distribution and sharing of the POC

The principal will:

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

16.1.5.2 with authorization from the parent(s)/guardian(s)/adult student, 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).

16.1.5.3 ensure a copy of the POC is:

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

16.1.5.3.2 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)/adult student), and;

16.1.5.4 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.

16.1.6 Planning for school-sponsored activities/field trips

The principal will:

16.1.6.1 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:

16.1.6.1.1 contacting the host establishment to see if they can accommodate the dietary needs of an anaphylactic student;

16.1.6.1.2 ensuring that all supervisors, including staff and volunteers, are made aware of the student's medical health needs, including symptoms and treatment;

16.1.6.1.3 requiring that a supervising staff member ensures that a copy of the MRP and POC is available at all times;

16.1.6.1.4 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);

16.1.6.1.5 communicating with participating students and their families to gain their co-operation in reducing the risk of exposure to an allergen, as required;

16.1.6.1.6 ensuring that trip supervisors take and securely store all necessary medication required during school-sponsored activities/field trips. Refer to section 13 for information on how to administer and dispense medication. Upon return to school, medication must be returned to the original storage area and the RAM must be completed by the staff who administered the medication; and,

16.1.6.1.7 ensuring that if medication is required for overnight field trips and is not normally taken during the school day, that parent(s)/guardian(s)/adult student complete a Medication Dispensing Form – Two Weeks or Less (FORM A1420 – 2). An SMF is not required.

16.1.7 Planning for co-operative education placements

The principal will:

16.1.7.1 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,

16.1.7.2 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.

16.1.8 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).

16.2 **Teacher responsibilities**
The teacher will:

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

16.2.2 include the student's MRP and POC in the front of the day plan;

16.2.3 with consent from parent(s)/guardian(s)/adult student, 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;

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

16.2.5 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).

16.3 **SCSTC responsibilities**
The SCSTC will:

16.3.1 establish processes to make student medical health data provided from PowerSchool (via weekly data transfer of student information) is available to school vehicle operators via the SCSTC's secure transportation portal; and,

16.3.2 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 asthma inhalers and epinephrine auto-injectors.

16.4 **Vehicle operators and vehicle drivers' responsibilities**
The SCSTC contracted school vehicle operators and their drivers will:

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

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

16.4.3 meet with the school principal, or designate, as requested by the school principal to review MRPs; and,

16.4.4 establish processes to ensure substitute drivers to the student's assigned transportation routes have access to MRPs.

16.5 **Responsibilities of parent(s)/guardian(s)/adult student** (FORM 1420 – 1d)
Parent(s)/guardian(s)/adult student will:

16.5.1 ensure accurate emergency contact information is provided to the school:
- 16.5.1.1 at time of registration;
- 16.5.1.2 each September by completing the Student Information Verification Form;
- 16.5.1.3 in writing any time information is updated;

16.5.2 provide accurate information during the first 30 school days of every school year and, as appropriate during the school year;

16.5.3 consult with their health care professional where medication is required, to determine if the medication could be administered at a time other than during the school day;

16.5.4 provide the school with a completed and accurate SMF (FORM 1420 – 1) and work with the principal to develop an MRP based on the health care professional's instructions for the student:
- 16.5.4.1 when student registers to attend the school;
- 16.5.4.2 as the student's medical needs change and/or new medical information is provided; or
- 16.5.4.3 the SMF becomes inactive after two years;

16.5.5 sign an SMF every school year;

16.5.6 provide the school with a completed and accurate applicable POC(s) and work with the principal to develop an MRP based on the health care professional's instructions for the student:
- 16.5.6.1 when student registers to attend the school;
- 16.5.6.2 as the student's medical needs change and/or new medical information is provided;
- 16.5.6.3 when the POC becomes inactive based on the information noted in 'Authorization/Plan Review' section of the POC;

16.5.7 ensure a signature of a health care professional is obtained when a POC or PRN is required;

16.5.8 upon transfer of the student to a new SCDSB school, provide the new school with a copy of the MRP, and complete a new SMF;

16.5.9 consider the need for a medical alert symbol when it is necessary to identify that the student may require emergency treatment;

16.5.10 provide the school with details regarding the recognition of symptoms and actions to be taken if/when side effects occur;

16.5.11 provide information for staff administering medication as required by the condition, in consultation with the school principal;

16.5.12 ensure prescription medication provided to the school includes the following:
- 16.5.12.1 original prescription package;
- 16.5.12.2 name of the student;
- 16.5.12.3 name of the medication;
- 16.5.12.4 health care professional's name; and,
- 16.5.12.5 dispensing instructions including dosage, frequency and method of administration.

16.5.13 ensure non-prescription medication is supplied to the school, and an SMF is completed for such medication:
- 16.5.13.1 in a container clearly labeled with student's name;
- 16.5.13.2 medication must not be expired; and,
- 16.5.13.3 dispensing instructions provided by the parent(s)/guardian(s) must match the instructions provided on the packaging and be age appropriate.

16.5.14 discuss with the principal the quantity of medication to be stored at school or on the child's person;
16.5.15 notify the principal of situations when medication should not be given;
16.5.16 replace the medication upon expiry and collect any unused medication at the end of the school year;
16.5.17 make arrangements for safely transporting the medication to and from the school; and,
16.5.18 help teach the student, as developmentally appropriate to:
- 16.5.18.1 recognize the first symptoms of the condition and/or when medication is required;
- 16.5.18.2 know where the medication is kept;
- 16.5.18.3 communicate clearly when they feel the onset of any symptoms related to their medical condition;
- 16.5.18.4 not share snacks, lunches or drinks of other students;
- 16.5.18.5 be aware of the importance of hand and face washing; and,
- 16.5.18.6 take as much responsibility as possible for their own safety.

16.6 **Responsibilities of the school community**

Members of the school community will:
16.6.1 respond cooperatively to requests from the school to eliminate allergens from packed lunches and snacks;
16.6.2 ensure that procedures for proper hand washing are followed;
16.6.3 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,
16.6.4 consider substituting non-food items to celebrate a special event at school, to ensure all children may safely participate.

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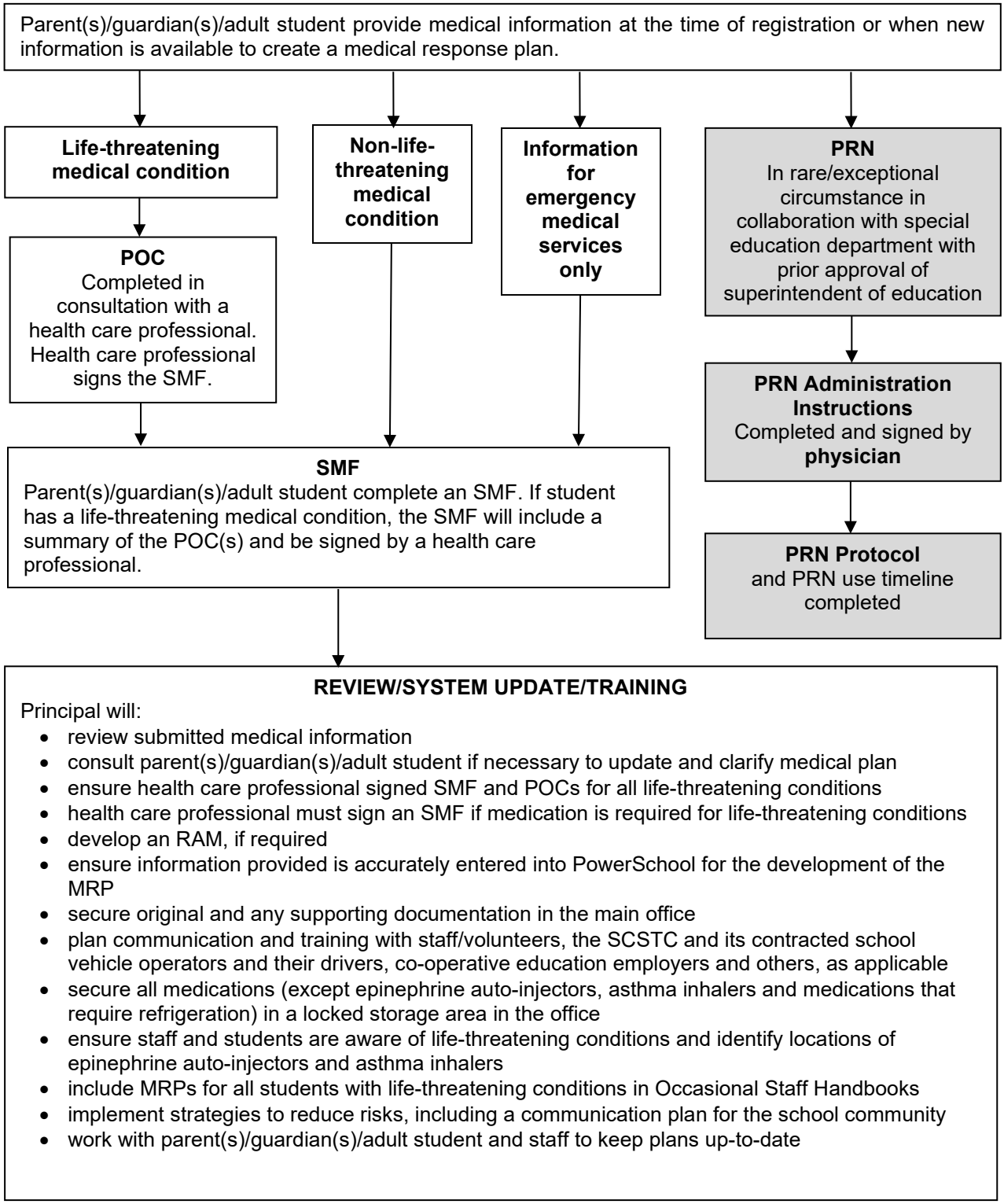
Revised: June 15, 1995; October 9, 1995; January 29, 1999; June 15, 1999; March 29, 2005; August 31; 2007; November 2009; March 2012; May 2014; April 2015, May 2015, June 2018, March 2021, August 2021, September 2023.

Issued under the authority of the Director of Education

Medical Response Plan Development



SCDSB Medical Response Plan (MRP)

Simcoe County District School Board

SCDSB PowerSchool Reports
Medical Response Plan

Run Date: [redacted]-2013

Page: 1 of 1

School Name [redacted] P. S.

Student's Preferred Name	Grade	Gender	Homeroom
[redacted]	8	F	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.	[redacted]
			ext.	
			ext.	

Emergency Contacts (Other than Parent/Guardian)

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

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.

Medical Response Plan - ver. 13.8.12.09.29 [redacted], 2013 3:28:40 PM

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.”

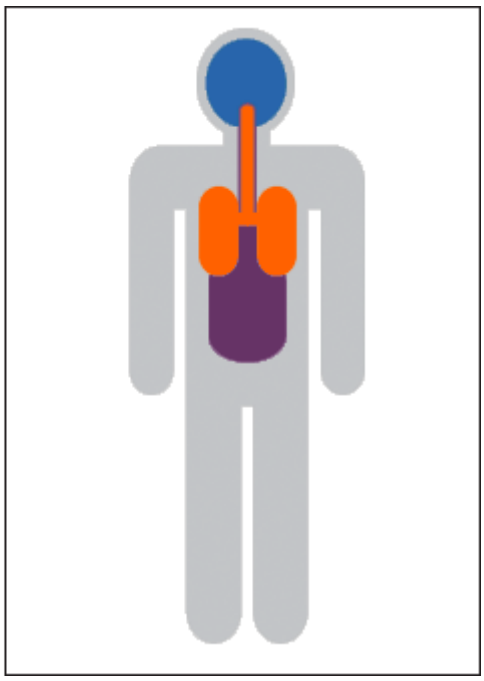
An anaphylactic reaction may not be immediately visible. During an anaphylactic reaction, **any** of these symptoms may appear. A good way to remember the symptoms is to think **F.A.S.T.**

Face
itchiness, redness, swelling of face and tongue

Airway
coughing, trouble breathing, swallowing or speaking

Stomach
stomach pain, vomiting, diarrhea

Total body hives, rash, itchiness, swelling, weakness, paleness, sense of doom, loss of consciousness



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 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.

ANNUAL NOTICE TO ADULT STUDENTS OR PARENTS/GUARDIANS 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 SchoolMessenger message home.

Suggested wording:

> A completed Student Medical Form (FORM A1420 - 1) is required each school year for all students with life-threatening and non-life-threatening medical conditions and when administration of medication is required.
>
> Parent(s)/guardian(s)/ adult students are responsible for ensuring that a current, completed Student Medical Form is on file at the school. Parent(s)/guardian(s)/adult students are also to complete a Plan of Care for students with life-threatening 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 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.
>
> Specific to asthma, every student under the age of 16 is permitted to carry their asthma medication if the student has the permission of the parent(s)/guardian(s).
>
> Please do not hesitate to contact the school with any questions you may have.

Simcoe County District School Board

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 onto the premises.

Thank you for your co-operation.

STUDENT MEDICAL FORM

The purpose of this form is to collect information required to create a Medical Response Plan to support the student's medical needs at school, while on school-sponsored activities, including co-op placements, and while on the bus. Information will be shared as required in accordance with the *Municipal Freedom of Information and Protection of Privacy Act,* and the *Personal Health Information Protection Act* with school staff, the Simcoe County Student Transportation Consortium (SCSTC), contracted vehicle operators and their drivers, and emergency medical services. 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 and Last Name	**School**	**D.O.B.** *(year/month/day)*

B. LIFE-THREATENING MEDICAL CONDITIONS

Does the student have any life-threatening conditions or life-threatening allergies? **YES** ☐ **NO** ☐
A Plan of Care form must be completed for each of the life-threatening medical conditions.

☐ **Anaphylaxis** ☐ **Asthma** ☐ **Type 1 Diabetes**

☐ **Epilepsy/Seizure Disorder** ☐ **Other:**

Life-threatening conditions or allergies and symptoms or warning signs and triggers which indicate that treatment or assistance may be required. Only include health concerns and allergies that are "life-threatening". Non-life-threatening health concerns and allergies should be reported in section C. Medical plan details for life threatening conditions should be entered in section D.

C. NON-LIFE-THREATENING MEDICAL CONDITIONS AND/OR ALLERGIES

List all non-life-threatening medical conditions that may require attention while at school, at school events or on the bus.

Condition:	**Medical Plan - Actions Required:**

SAMPLE

D. MEDICAL PLAN

Emergency procedures for life-threatening medical conditions – summary of information provided in Plans of Care. Outline all emergency procedures that the condition(s) may require, including administration and location of medication.	
Condition(s):	**Medical Plan - Actions Required:**
List any other medical information that does not affect student's attendance at school, but is necessary for the emergency medical services to be aware of in case of an emergency (e.g., allergic to anesthesia or other medication; cannot have transfusions)**:**	

E. ADMINISTRATION OF MEDICATIONS/PROCEDURES TO FOLLOW

Does the student require administration of medication for their condition while at school? **YES** ☐ **NO** ☐		
Name/Type of Medication		
Directions for Storage/Safe Keeping *(e.g., refrigeration)*		Dosage/Amount
Frequency: ☐ Daily:	Schedule:	
☐ Occasionally/as needed:	Provide details of when medication should be administered: Notify parent(s)/guardians when medication was administered: YES ☐ NO ☐	
Method of Administration		
Duration of Administration (if applicable)	Start Date *(year/month/day)*:	End Date *(year/month/day)*:
Does the student reliably: ☐ Take own medication when needed?	☐ Request assistance when needed?	
Reaction to medication (e.g., symptoms, side effects)		
Reaction to missed medication		

F. PROHIBITED ACTIVITIES (*please print)*

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

SAMPLE

ACKNOWLEDGEMENT

Health care professional and parent(s)/guardian(s)/adult student, please note: a new Student Medical Form (SMF) must be completed and reviewed with the principal: a) annually or when new medical information becomes available, 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) SMF becomes obsolete, or d) if the student transfers schools.

G. HEALTH CARE PROFESSIONAL APPROVAL

A health care professional's signature is required if a student has a Plan of Care for a life-threatening medical condition.

Health Care Professional's Name (*please print*):	Health Care Professional's Signature:	Date *(yy/mm/dd)*:
Address (*please print*):		Phone Number:

H. CONSENT

I have completed the Student Medical Form for my child/myself (adult student) and confirm that it is accurate. Should any changes or updates be required to this form, I will contact the school to revise the plan accordingly. I acknowledge that the plan will 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 medical condition management and for responding to a medical emergency.

Parent/Guardian Name (*please print*):	Signature:	Date *(yy/mm/dd)*:
Parent/Guardian Name (*please print*):	Signature:	Date *(yy/mm/dd)*:
Adult Student's Name (*please print*):	Signature: *(for student 16 years of age or older)*	Date *(yy/mm/dd)*:

I. YEAR TWO MEDICAL PLAN UPDATE

☐ NO CHANGE to the medical information provided on this form last school year
☐ Medical information has changed, new SMF required
☐ Medical information obsolete

Parent/Guardian/Adult Student Name (*please print*):	Signature:	Date *(yy/mm/dd)*:

Information collected in connection with this form is collected under the authority of the *Education Act* and the *Municipal Freedom of Information and Protection of Privacy Act,* and the use, retention and release of such information is governed by the provisions of those Acts. If you have any questions about this form, please email privacy@scdsb.on.ca or call the board office at (705) 734-6363.

SAMPLE

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

1. Ensure accurate emergency contact information is provided to the school:
   - at time of registration
   - each September by completing the Student Information Verification Form
   - in writing any time information is updated;
2. Provide accurate information during the first 30 school days of every school year and, as appropriate during the school year;
3. Consult with your health professional where medication is required, to determine if the medication could be administered at a time other than during the school day;
4. Provide the school with a completed and accurate SMF (FORM 1420 – 1) and work with the principal to develop an MRP based on the health care professional's instructions for the student:
   - when student registers to attend the school
   - as the student's medical needs change and/or new medical information is provided,
   - or the SMF becomes inactive after two years;
5. **Sign an SMF every school year;**
6. Provide the school with a completed and accurate applicable POC(s) and work with the principal to develop an MRP based on the health care professional's instructions for the student:
   - when student registers to attend the school;
   - as the student's medical needs change and/or new medical information is provided;
   - when the POC becomes inactive based on the information noted in 'Authorization/Plan Review' section of the POC;
7. Ensure a signature of health care professional is obtained when a POC or PRN is required;
8. Upon transfer of the student to a new SCDSB school, provide the new school with a copy of the MRP, or complete a new SMF;
9. Consider the need for a medical alert symbol when it is necessary to identify that the student may require emergency treatment;
10. Provide the school with details regarding the recognition of symptoms and actions to be taken if/when side effects occur;
11. Provide information for staff administering medication as required by the condition, in consultation with the school principal;
12. Ensure prescription medication supplied to the school includes the following:
    - original prescription package;
    - name of the student;
    - name of the medication;
    - health care professional's name; and,
    - dispensing instructions including dosage, frequency and method of administration.
13. Ensure non-prescription medication is supplied to the school, and an SMF is completed for such medication:
    - in a container clearly labeled with student's name;
    - medication must not be expired; and,
    - dispensing instructions provided by the parent must match the instructions provided on the packaging and be age appropriate.
14. Discuss with the principal the quantity of medication to be stored at school or on the child's person;
15. Notify the principal of situations when medication should not be given;
16. Replace the medication upon expiry and collect any unused medication at the end of the school year;
17. Make arrangements for safely transporting the medication to and from the school; and,
18. Help teach the student, as developmentally appropriate to:
    - recognize the first symptoms of the condition and/or when medication is required;
    - 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;
    - be aware of the importance of hand and face washing; and,
    - take as much responsibility as possible for their own safety.

SAMPLE

MEDICATION DISPENSING – TWO WEEKS OR LESS

The purpose of this form is to collect information required to provide medication to a student for two weeks or less. **Parents should consult with their health care professional to determine if the medication could be administered at a time other than during the school day**. Medication must be provided in the original container. If the medication is a prescription, it must be in the original prescription package and include the name of the student; the name of the medication; the health care professional's name; the dispensing instructions, and dosage on the medication label. The medication must **be kept at school for the dispensing period** and not be transported between the school and home daily. Student Medical Form (SMF) is not required.

A. STUDENT INFORMATION (*please print)*

First and Last Name	**School**	**D.O.B.** *(yy/mm/dd)*

B. ADMINISTRATION OF MEDICATIONS/PROCEDURES TO FOLLOW

Name/Type of Medication		
Directions for Storage/Safe Keeping *(e.g., refrigeration)*		Dosage/Amount
Method of Administration		
Duration of Administration (if applicable)	Start Date *(yy/mm/dd)*:	End Date *(yy/mm/dd)*:
Time(s) to administer medication:		
Does the student reliably: ☐ Take own medication when needed? ☐ Request assistance when needed?		
Reaction to medication (e.g., symptoms, side effects)		
Reaction to missed medication		
Other information:		

C. FORM COMPLETED BY

Parent/Guardian/Adult Student Name (*please print*):	Signature:	Date *(yy/mm/dd)*:

D. FORM APPROVED BY

Principal Name (*please print*):	Signature:	Date *(yy/mm/dd)*:

SAMPLE

RECORD OF ADMINISTRATION OF MEDICATION (RAM)

School Year _____

Student _____ **School** _____

Note: Medication will only be administered by school staff at school and at school-sponsored events when the required permission forms have been completed (see APM A1420 – Administration of Medication).

Staff Familiar with/aware of Plan

_____
_____
_____
_____

Staff Trained to Administer Medication

_____
_____
_____
_____

Information from Student Medical Form:

Name of Medication _____ **Amount to be Dispensed** _____

Frequency of Administration (FORM A1420 - 1b, Section E) _____

Special Instructions _____

Please indicate when medication is not administered because of student absence.

Date	Time	Name of Medication	Amount Dispensed	Amount Remaining	Print Name of Person Administering Medication	Signature

SAMPLE

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 (e.g., 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

SAMPLE

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 *(to be kept in classroom files for current school year)*

I have read the letter regarding anaphylaxis.

Student’s Name _____

Parent/Guardian Signature _____

Date _____

SAMPLE

ANAPHYLACTIC/ALLERGEN REMINDER LETTER

(Place on School Letterhead)

Dear Parent(s)/Guardian(s)

This is 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

SAMPLE

PREVALENT MEDICAL CONDITION — ANAPHYLAXIS
Plan of Care (POC)

STUDENT INFORMATION

Student name _____

Date of birth _____ Age _____

Teacher(s) _____ Grade _____

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? _____

_____

SAMPLE

DAILY/ROUTINE ANAPHYLAXIS MANAGEMENT

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

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

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

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

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

Food(s) to be avoided: _____

Safety measures: _____

_____

Insect stings: (Risk of insect stings is higher in warmer months. Avoid areas where stinging insects nest or congregate. Destroy or remove nests, cover or move trash cans, keep food indoors.)

Designated eating area inside school building _____

_____

Safety measures: _____

_____

Other information: _____

_____

SAMPLE

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(s); e.g., parent(s)/guardian(s).

SAMPLE

HEALTHCARE PROVIDER INFORMATION

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 POC:

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

SAMPLE

PREVALENT MEDICAL CONDITION — ASTHMA **Plan of Care (POC)**	
STUDENT INFORMATION	
Student name _____ Date of birth _____ Age _____ Teacher(s) _____ Grade _____	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				
❒ Colds/flu/illness	❒ Change in weather	❒ Pet dander	❒ Strong smells	
❒ Smoke (e.g., tobacco, fire, cannabis, second-hand smoke)	❒ Mould	❒ Dust	❒ Cold weather	❒ Pollen
❒ Physical activity/exercise	❒ Other (specify)_____			
❒ At risk for anaphylaxis (specify allergen) _____				
❒ Asthma trigger avoidance instructions: _____ _____				
❒ Any other medical condition or allergy? _____ _____				

SAMPLE

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 ACTIVITES

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)

SAMPLE

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 their side.
- ✓ Notify parent(s)/guardian(s) or emergency contact.

SAMPLE

HEALTHCARE PROVIDER INFORMATION

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 POC:

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

SAMPLE

PREVALENT MEDICAL CONDITION — TYPE 1 DIABETES
Plan of Care (POC)

STUDENT INFORMATION

Student name _____

Date of birth _____ Age _____ Student photo (optional)

Teacher(s) _____ Grade _____

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? _____

_____

SAMPLE

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
BLOOD GLUCOSE (BG) MONITORING ❒ Student requires trained individual to check BG/ read meter. ❒ Student needs supervision to check BG/ read meter. ❒ Student can independently check BG/ read meter. ❒ Student has continuous glucose monitor (CGM) ✷ Student should be able to check blood glucose anytime, anyplace, respecting their preference for privacy.	Target BG range _____ Time(s) to check BG: _____ _____ Contact parent(s)/guardian(s) if BG is: _____ Parent(s)/guardian(s) responsibilities: _____ _____ School responsibilities: _____ _____ Student responsibilities: _____
NUTRITION BREAKS ❒ Student requires supervision during meal times to ensure completion. ❒ Student can independently manage their food intake. ✷ 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.	Recommended time(s) for meals/snacks: _____ Parent(s)/guardian(s) responsibilities: _____ _____ School responsibilities: _____ _____ Student responsibilities: _____ Special instructions for meal days/special events: _____ _____

SAMPLE

ROUTINE	ACTION (CONTINUED)
INSULIN ❒ Student does not take insulin at school ❒ Student takes insulin at school by: ❒ Injection ❒ Pump ❒ Insulin is given by: ❒ Student ❒ Student with supervision ❒ Parent(s)/guardian(s) ❒ Trained individual ✷ All students with Type 1 diabetes use insulin. Some students will require insulin during the school day, typically before meal/nutrition breaks.	Location of insulin: _____ _____ Required times for insulin:_____ ❒ Before school: ❒ Morning break: ❒ Lunch Break: ❒ Afternoon break: ❒ Other (specify): _____ Parent(s)/guardian(s) responsibilities: _____ School responsibilities: _____ Student responsibilities: _____ Additional comments: _____
ACTIVITY PLAN 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 student's reach.	Please indicate what this student must do prior to physical activity to help prevent low blood sugar: 1. Before activity: _____ 2. During activity: _____ 3. After activity: _____ Parent(s)/guardian(s) responsibilities: _____ School responsibilities: _____ Student responsibilities: _____ 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)

SAMPLE

ROUTINE	ACTION (CONTINUED)
DIABETES MANAGEMENT KIT Parents/guardians 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/guardians when supplies are low.	Kits will be available in different locations but will include: ❒ BG meter, BG test strips, and lancets ❒ Insulin and insulin pen and supplies ❒ Source of fast-acting sugar (e.g., juice, candy, glucose tabs.) ❒ Carbohydrate containing snacks ❒ Other (please list) _____ _____ Location of kit: _____
SPECIAL NEEDS A student with special considerations may require more assistance than outlined in this plan.	Comments:

SAMPLE

EMERGENCY PROCEDURES

HYPOGLYCEMIA – LOW BLOOD GLUCOSE (4 mmol/L or less) DO NOT LEAVE STUDENT UNATTENDED

Usual symptoms of hypoglycemia for my child are:

❒ Shaky ❒ Irritable/grouchy ❒ Dizzy ❒ Trembling
❒ Blurred Vision ❒ Headache ❒ Hungry ❒ Weak/fatigue
❒ Pale ❒ Confused ❒ Other _____

Steps to take for mild hypoglycemia (student is responsive)

1. Check BG, give _____grams of fast acting carbohydrate (e.g., half a cup of juice, 15 skittles)
2. Re-check BG in 15 minutes.
3. If still below four (4) mmol/L, repeat steps one and two until BG is above four (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:

❒ Extreme thirst ❒ Frequent urination ❒ Headache
❒ Hungry ❒ Abdominal pain ❒ Blurred vision
❒ Warm, flushed Skin ❒ Irritability ❒ 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)
❒ Rapid, shallow breathing ❒ Vomiting ❒ Fruity breath

Steps to take for severe hyperglycemia

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

SAMPLE

HEALTHCARE PROVIDER INFORMATION

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 POC:

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

SAMPLE

PREVALENT MEDICAL CONDITION — EPILEPSY / SEIZURE DISORDER
Plan of Care (POC)

STUDENT INFORMATION

Student name _____

Date of birth _____ Age _____

Teacher(s) _____ Grade _____

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

❒ Stress
❒ Changes in diet
❒ Illness
❒ Change in weather
❒ Menstrual cycle
❒ Lack of sleep
❒ Improper medication balance
❒ Other _____
❒ Inactivity
❒ Electronic stimulation (TV, videos, fluorescent lights)

❒ Any other medical condition or allergy? _____

_____

SAMPLE

DAILY/ROUTINE EPILEPSY MANAGEMENT	
DESCRIPTION OF SEIZURE (NON-CONVULSIVE)	**ACTION:**
	(e.g., description of dietary therapy, risks to be mitigated, trigger avoidance.)
DESCRIPTION OF SEIZURE (CONVULSIVE)	**ACTION:**

SEIZURE MANAGEMENT	
Note: It is possible for a student to have more than one seizure type. Record information for each seizure type.	
SEIZURE TYPE	**ACTIONS TO TAKE DURING SEIZURE**
(e.g., tonic-clonic, absence, simple partial, complex partial, atonic, myoclonic, infantile spasms) Type: _____ Description: _____	
Frequency of seizure activity: _____ _____ Typical seizure duration: _____	

SAMPLE

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.

SAMPLE

HEALTHCARE PROVIDER INFORMATION

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 POC:

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

SAMPLE

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

STUDENT INFORMATION	
Student name _____ Date of birth _____ Age _____ Teacher(s) _____ Grade _____	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: _____

SAMPLE

DAILY/ROUTINE MANAGEMENT

SYMPTOMS

-
-
-
-
-

Safety measures: _____

_____

Other information: _____

_____

EMERGENCY PROCEDURES
(DEALING WITH A REACTION)

STEPS

1.
2.
3.
4.
5.

SAMPLE

HEALTHCARE PROVIDER INFORMATION

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 POC:

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

SAMPLE

Simcoe County District School Board **Pro re Nata (PRN) Administration Instructions**

PRN ADMINISTRATION 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 one hour after the first PRN if _____ (student name) continues to engage in target behaviour.

Target Behaviours:

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 ◯

SAMPLE

Guidelines for administration of PRN Medication:
Purpose for prescription:
Expected outcome:

PRN use timeline

Name of student: _____ **PRN:** _____

Instructions: Please fill out this sheet each time a PRN is administered.

Date	**Time**	**Dosage**	**Circumstances** (Describe the behaviours being exhibited that warranted the use of a PRN and any antecedents that may have been a contributing factor)	**Observed effect** (Describe the response to PRN after each interval. Ie. Lethargic, drowsy, agitated, anxious, calm, relaxed, irritable, smiling etc.)	**Staff Initials**
				15 min: 30 min: 45 min: 60 min: 75 min:	
				15 min: 30 min: 45 min: 60 min: 75 min:	
				15 min: 30 min: 45 min: 60 min: 75 min:	
				15 min: 30 min: 45 min: 60 min: 75 min:	
				15 min: 30 min: 45 min: 60 min: 75 min:	
				15 min: 30 min: 45 min: 60 min: 75 min:	

SAMPLE