

<p style="text-align: center;">Grasslands Regional Division #6</p> <p style="text-align: center;">POLICY HANDBOOK</p>	<p>Policy Code: 9.9.3.5. Policy Title: Administration of Medication / Personal Care Appendix A – Treatment of Asthma Appendix B – Treatment of Severe Allergies Appendix C - Treatment of Diabetes Appendix D - Medication Management Forms</p> <p>Cross Reference: Legal Reference: School Act Emergency Medical Aid Act Chapter E-9, 2(b) Adoption Date: November 25, 2002 Amendment Date: June 28, 2010</p>
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POLICY

The Board is committed to providing a safe and healthy environment for its students. The Board recognizes that Division employees do not generally possess the expertise required to determine the needs for or deal with student health emergencies. The Board nevertheless supports staff members who may be required to administer medication, medical assistance or emergency medical procedures to a student in order to preserve the life or well-being of a student.

PREAMBLE

The Board believes administration of prescribed medication/personal care is a medical, not an educational function. Primary responsibility for the administration of prescribed medication/personal care, therefore, rests with the individual student, his/her parents or guardians and/or the appropriate medical personnel. The Board, however, believes it is appropriate for staff to assist in the self administration of medication/personal care if so requested. The Board further authorizes the provision of medical assistance to students in emergency situations.

GUIDELINES

1. Responsibility for administration of prescribed medication shall rest with the student and/or his/her parent or guardian. Upon written request of the parent, the school shall assist by providing safe storage for prescribed medications. Parents are encouraged to advise schools of medication which are being carried and self-administered by students.
2. The school principal may determine that school personnel will provide for the in-school

medical need of a student in those circumstances where:

- a) professional medical judgment is not required in order to effect the treatment;
 - b) special skills are not required in order to effect the treatment;
 - c) the services cannot be rescheduled for out-of-school hours;
 - d) not providing the medical service will prevent attendance at school;
 - e) no other reasonable alternative for the provision of medical services is available;
 - f) appropriate resources are available, and it will not be disruptive to the educational program of the school. In making this assessment, the principal may consider:
 - i) probability of serious side effects or health risks from the administration of medication or treatment;
 - ii) frequency, time, location of administration of medication/treatment;
 - iii) difficulty of storage of medication;
 - iv) availability of qualified staff;
 - v) number of students requiring medical assistance;
 - vi) other relevant factors; and
 - g) the request for administration of medication or treatment is made in accordance with Board policy, guidelines and procedures.
3. The Board recognizes that its employees may from time-to-time be called upon to provide unforeseen medical assistance to a student. In such a case, a staff member is expected to act as would a careful and prudent parent.

PROCEDURES

1. The administration of medical assistance for students, including the administration of medication, shall be limited to that which can be provided by teachers and teacher assistants or, at the direction of the principal, such other staff or volunteers, who have received explicit instruction from the attending physician and the parent/guardian of the child with the medical condition.
2. Prior to a student being given physician-prescribed medication or medical treatment during the school day or during school sponsored extra-curricular or co-curricular activities, the principal shall:
 - a) obtain a "Student Physical or Medical Condition Form" from the parent or guardian;
 - b) obtain a "Request for Assistance to Administer Medication Form" from the parent or guardian;

- c) assign to an employee the responsibility for the administration of medication, for the security (eg. acceptance of medication only in its original container with its original label or bubble packed, safe storage of medication under lock and key, where necessary, with access provided for designated persons, record of access, inventory) of medication, where necessary, and/or the responsibility for medical assistance, authorized by parent/guardian and prescribed by a physician for enrolled students. Those assigned employees shall:
 - i obtain from parent/guardian written instructions and/or training from the physician and/or parent/guardian as to the correct means of administering and securing medication and/or providing other assistance to the student;
 - ii administer medication and/or provide medical assistance in accordance with the schedule provided by the physician; and
 - iii provide such security for the medication as deemed appropriate by the physician and the principal.
 - d) make provisions for the employee assigned medical assistance duties to have the time required to be trained in the administration of required medications or medical assistance, the time to access, prepare and administer the prescribed medications or medical assistance as well as the time to complete any required records.
3. Medications are to be stored at school in accordance with the following requirements:
- a) In the case of students who are self-medicating:
 - i. unless the principal makes arrangements for storage, medication is to be restricted to a single day's dosage.
 - ii. the student is to ensure that medications are handled in a safe and responsible manner.
 - b) When medication is accepted for administration to a student, or when a student is permitted to bring a quantity of medication exceeding a single day's requirements, the following will apply:
 - i. Arrangements are to be made for delivery of the medication to the school in a responsible way and for storage of the medication in a place which is secure and which meets the storage instructions provided by the student's parent and/or physician.
4. A school office record is to be maintained which includes information concerning the following:
- a) students who take or receive medications
 - b) medications taken by these students

- c) emergency contacts given by the parent or physician
5. Instructions provided by parents and physicians relating to student medication are to be made known to staff and followed with reasonable care.
 6. Except as provided for in this regulation, no medications, including both prescription and non-prescription medication (e.g. aspirin), are to be given or administered.
 7. The principal has the right to reject requests for administration of medication or medical procedures if the required information is not provided or if staff are not capable of performing the requested treatment.
 8. The authorization for any medical assistance procedure, if granted by the principal, shall be limited to the period of time established by the physician or for a period not exceeding the current school year. The principal shall conduct a review and assessment prior to approving further requests for such assistance.
 9. In those instances where the student is deemed by the physician to be capable of self-administration of a prescribed medication, a written request from the parent or guardian of the student to do so and all the information required for safe administration shall be provided to the principal.
 10. In those circumstances where monitoring of the self-administration of medication by a student is required, the employee designated by the principal to carry out the monitoring shall:
 - a) monitor the student's compliance with the schedule;
 - b) provide security for the medication as deemed necessary by the physician and the principal; and
 - c) keep a record of the student's compliance with the schedule.
 11. In those cases where monitoring of the self-administration of medication is not required, provision for the security of the medication shall be provided by the principal.
 12. The principal shall advise the parents/guardian of the child receiving treatment, that the parent/guardian is responsible for providing written notice from the physician of any changes in the medication schedule or to medical procedures required by the physician.
 13. Upon receiving notice of change to medication schedules or medical procedures, the principal shall forward a copy of the letter giving notice of change to the employee designated.
 14. The principal, through registration procedures and in consultation with parents/guardians, shall attempt to identify any students who are subject to medical conditions which may be life threatening and who, therefore, may require specific medical attention.
 15. The principal shall ensure that all who may be involved with a student that has been identified in #14 above are informed concerning any required emergency procedures. This would include school staff, volunteers, school bus drivers and substitutes.

16. The principal shall ensure that all who may be involved with a student who has been identified in #14 above, receive specific instruction by medically qualified personnel for any required medical procedure (eg: giving an injection for a severe allergic reaction.)

APPENDIX A - Treatment of Students with Asthma

General Information

Asthma is the most common chronic disease of childhood. As many as 10 to 15% of children have asthma and it is the “number one” reason why children are admitted to hospitals.

Asthma is a condition where the lining of the lungs swells and fills with mucus. The airways then go into spasm. This causes breathing problems and distress. The symptoms are reversible but can be life threatening if not promptly and adequately treated. Children with asthma should be able to participate in school activities. However, they may need to take medication prior to exercise activities. Some field trips, cooking, perfume, chemicals or pets in the classroom may cause an asthma attack. Each asthmatic child will have individual needs.

Some key points on asthma:

- Asthma severity and management issues are individual and can change over time.
- Knowledge of asthma is essential in providing appropriate support to students with asthma.
- Avoidance of triggering factors can reduce asthma episodes and need for medication.
- Asthma clinic personnel and Public Health Nurses can provide information and education about asthma.

Guiding Principles

1. Asthma is a manageable condition that, if poorly controlled, can be serious and impact the student’s health and ability to learn.
2. All students with asthma will participate to the best of their ability in school activities.
3. A specific plan will be obtained from each parent outlining the child’s asthma and what to do if symptoms occur.
4. Schools will be aware of and follow through with each student’s specific plan of care.
5. Schools will work to reduce environmental factors and school activities that exacerbate asthma for the student.
6. Immediate and ready access to asthma medication will be arranged.

Responsibilities

Parent/Guardian Responsibilities

1. Parent/Guardian to complete Asthma Alert Form on a yearly basis or if management changes during the school year.

2. Parent/guardian to provide medication and administration devices for the child to use at school.
3. School personnel and parent/guardian work together to reduce/avoid triggers of asthma in the school environment.
4. Appropriate medication use is vital to asthma management. The school needs to be aware if the child has used medication before coming to school. The parent/guardian needs to be aware of how much reliever medication is used at school, as increasing use can be an indicator of poor control of asthma.

School Responsibilities

1. Schools to establish an accurate method of identifying students with asthma.
2. Schools offer asthma awareness sessions as necessary.
3. School obtain asthma resources and information.
4. School establish home/school communications regarding the student's asthma and medication use.
5. School personnel know the emergency plan for each child with asthma and follow it.
6. School personnel and parent/guardian work together to reduce/avoid triggers of asthma in the school environment.
7. Schools support easy access and use of reliever medication.
8. School personnel follow appropriate medication as per individual emergency data sheet.
9. Schools liaise with health professionals as needed.

References

1. Allergy Anaphylaxis Informational Response, Alberta Education
2. Asthma Alert Form

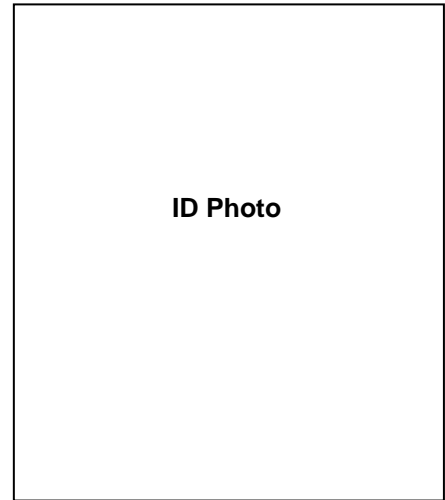
ASTHMA ALERT

Urgent Asthma Management for _____

Room: _____ Grade: _____ Date of Birth _____

Signs of a severe asthma episode and when to call 911 are:

- Chest and neck are pulled in with breathing.
- Struggles to breathe.
- Trouble walking or talking (3-5 words/breath).
- Becomes quiet or withdrawn.
- Lips or fingernails are gray or blue.
- No improvement after 5-10 min of taking reliever inhaler; any doubts about the child's condition.



EMERGENCY ACTION PLAN

Response Plan to Symptoms:

- Give the prescribed reliever medication right away (should work in 5-10 minutes)

Drug Name	Color	Number of puffs/amount	How often
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- Act immediately and **do not** leave child alone.
- Stay calm and reassure the child.
- Have the child sit to rest; **do not** lie down.
- Listen to the child. Believe what the child is telling you.
- Remove the child from the environment trigger if applicable.
- Call 911 if child feels no improvement from reliever inhaler after 5-10 min. or is having severe symptoms (see above)
- Notify parents/guardians.
- Document medication use.
- As soon as they feel better, they can slowly return to normal activities.
- If inhaler is required again in less than 4 hours, parent should be notified that the child may need further medical attention.

Emergency Contacts

Mother/Guardian _____ Phone (H) _____ Phone (W) _____ Cell _____

Father/Guardian _____ Phone (H) _____ Phone (W) _____ Cell _____

Other _____ Phone (Day) _____

Doctor _____ Phone _____

CONSENT

Yes No I consent to the Emergency Action Plan and supervision or administration of the prescribed medications as outlined above.

Yes No I consent to have my child participate in asthma education activities as available.

Name of Parent/Guardian (please print)	Signature of Parent/Guardian	Date
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PHYSICIAN'S ENDORSEMENT

The preceding information provided by the parent/legal guardian or independent student is correct. Yes No

The assistance required of staff is within the competence of a person untrained in medical procedures Yes No

Physician's Name (please print) _____ Physician's Phone # _____

Physician's Location and Address _____

Signature of Physician _____ Date _____

PRINCIPAL'S APPROVAL (in accordance with Policy 9.9.3.5)

Name of Principal (Please print) _____

School _____

Signature of Principal _____ Date _____

APPENDIX B Treatment of Students with Severe Allergies

General Information

Anaphylaxis is a growing public health issue. While anaphylaxis has the potential to cause death, fatalities are rare and usually avoidable. Measures must be in place to reduce the risk of accidental exposure and to respond appropriately in an emergency.

Signs and symptoms of a severe allergic reaction can occur within minutes of exposure to an offending substance. Reactions usually occur within two hours of exposure, but in rarer cases can develop hours later. Specific warning signs as well as severity and intensity of symptoms can vary from person to person and sometimes from attack to attack in the same person.

An anaphylactic reaction can involve **any** of the following symptoms, which may appear along with or in any combination, regardless of the triggering allergen:

1. **Skin:** Hives, swelling, itching, warmth, redness, rash
2. **Respiratory (breathing):** wheezing, shortness of breath, throat tightness, cough, hoarse voice, chest pain/tightness, nasal congestion or hay fever like symptoms (runny, itchy nose and watery eyes, sneezing), trouble swallowing
3. **Gastrointestinal (Stomach):** nausea, pain/cramps, vomiting, diarrhea
4. **Cardiovascular (heart):** pale/blue color, weak pulse, passing out, dizzy/lightheaded, shock
5. **Other:** anxiety, feeling of “impending doom”, headache, uterine cramps in females

If an allergic person expresses any concern that a reaction might be starting, the person should always be taken seriously. When a reaction begins, it is important to respond immediately, following instructions in the person’s Anaphylaxis Emergency Plan (attached). The cause of the reaction can be investigated later. The most dangerous symptoms of an allergic reaction involve breathing difficulties caused by swelling of the airways or a drop in blood pressure indicated by dizziness or lightheadedness, or feeling faint or weak. **Both can lead to death if untreated.**

Guiding Principles

1. This policy defines standards and procedures required for the management of students and staff at risk of severe allergic reactions while they are the responsibility of the school system, recognizing that this responsibility is shared among the individual, parents, the school system and health care providers.
2. The purpose of this policy is to minimize the risk of exposure of students with severe allergies to potentially life-threatening allergens without depriving the student with severe allergies of normal peer interactions or placing unreasonable restrictions on the activities of other students in the school.

3. The Division recognizes the dangers faced by students and staff with severe reactions to certain allergens. While the Division cannot guarantee an allergen-free environment, the Division will take reasonable steps to ensure a safe environment for students with life-threatening allergies, further to the goal of maintaining an appropriate learning environment for all students.

Responsibilities

Parent/Guardian Responsibilities

1. Advise the principal and home-room teacher about the student's severe allergy when the allergy is diagnosed, at the beginning of each school year, or when the student changes schools;
2. Provide and keep emergency information current;
3. Assist the principal by asking the student's medical doctor to complete the Anaphylaxis Emergency Plan form when the student is first registered or re-registered with the Grasslands Public Schools, or when the student's severe allergies change;
4. Provide the principal with a recent photograph of the student;
5. Provide the student with a Medic Alert bracelet or other suitable identification;
6. Provide the student with a case containing at least one unexpired injector or other medication as prescribed by a physician and ensure that the student has the injector or medication readily available, while at school, on off-campus programs, off-site activities or at other school events and activities;
7. Check expiry dates of medication and injectors and replace them as necessary;
8. Provide snacks and lunches for the student;
9. Assist the principal by supporting the provision of educational information about severe allergies to other parents and the school community; and
10. Advise the school bus driver of the student's severe allergies.

Student Responsibilities

Students with severe allergies must:

1. Eat only foods brought from home unless authorized by the parents in writing;
2. Wash their hands before eating;
3. Learn to recognize symptoms of a severe allergic reaction;
4. Promptly inform a teacher or an adult as soon as accidental ingestion or exposure to an allergen occurs or symptoms of a severe allergic reaction appear;
5. Keep an injector or medication handy at all times; and
6. When age appropriate, know how to use an injector or take medication.

Principal Responsibilities

1. The principal is responsible for planning the coordination and management of students who have life-threatening allergies.
2. The principal must:
 - a. advise the parents of the student with severe allergies of this regulation and provide them with a copy;
 - b. consult and advise the parents of the student with severe allergies, the school council and the school community of any school specific procedures regarding severe allergies;
 - c. request that the parents sign the Authorization to Administer Medication (Appendix D);
 - d. advise all staff members of students who have potentially life threatening allergies as soon as possible; and
 - e. request the consent of the parent to post the student's picture and display the Emergency Care Plan.
3. The principal is encouraged to involve parents in all phases of planning.

4. The principal must ensure that an emergency plan:
 - a. is developed for each student with severe allergies in cooperation with the parents, the student's physician and where the principal deems it necessary, the public health nurse, and
 - b. is kept in a readily accessible location at the school and includes emergency contact information.
5. With the consent of the parent or guardian, the principal may post a photograph of the students with severe allergies with a description of the allergy and the student's emergency response protocol in a central but not a public location at the school.
6. The principal must ensure:
 - a. that all teaching staff, non-teaching staff and lunch program supervisors be aware of the emergency response protocol and receive annual training, or more frequently if required, in the recognition of severe allergic reactions and the use of injectors;
 - b. that all members of the school community including substitute teachers, student teachers and volunteers have appropriate information about severe allergies, including background information on allergies, anaphylaxis and safety procedures; and
 - c. that all off-site activity service providers are notified of the student's severe allergy, if necessary.

With the consent of the parent, the principal and the classroom teacher must ensure that:

- a. the student's classmates are provided with information on severe allergies in a manner that is appropriate for the age and maturity level of the students, and that
- b. strategies to reduce teasing and bullying are incorporated in this information.

Sample letters and communications are available for the use of principals in [Anaphylaxis: A Handbook for School Boards](#).

7. The principal must ensure that:
 - a. a school severe allergies emergency response protocol is developed including provision for the collection and storage of injectors, education of all parties, procedures to be followed, location of the medication, photographs of students, and off-campus, off-site, and lunch program procedures;
 - b. any injectors provided by parents and which are not in the student's possession are stored in a covered, secure and accessible location at the school; and

- c. all teaching staff, including substitute teachers, and non-teaching staff and lunch program supervisors and staff, and student teachers are aware of the location of the injectors.
8. The principal must ensure that an individual student Anaphylaxis Emergency Plan form:
- a. is developed for each student with severe allergies in cooperation with the parents, the student's physician and where the principal deems it necessary, the public health nurse;
 - b. includes emergency contact information and procedures; and
 - c. is kept in a readily accessible location at the school.

Teacher Responsibilities

1. The classroom teacher of a student with severe allergies must:
- a. discuss anaphylaxis with the class, in age-appropriate terms;
 - b. avoid allergenic foods and substances for classroom events;
 - c. facilitate communication with other parents;
 - d. leave information about students with severe allergies in an organized, prominent and accessible format for substitute teachers;
 - e. discuss anaphylaxis in appropriate terms with student teachers, guest speakers and volunteers who are in the classroom, and explain the school rules and the school's emergency response protocol;
 - f. ensure that the emergency response protocol and appropriate medication is taken on off-site activities; and
 - g. ensure that appropriate and knowledgeable adults accompany off-site activities.

Teacher & Lunch Room Supervisors

1. The classroom teacher and any lunch program supervisor of a student with severe allergies must:
- a. know the school's emergency response protocol;
 - b. encourage students not to share or trade food;
 - c. encourage the student with severe allergies to eat only what he/she brings from home;
 - d. reinforce hand-washing before and after eating;

- e. follow school policies for reducing risk in classrooms and common areas; and
- f. encourage an empathetic understanding of severe allergies and the seriousness of the consequences.

References

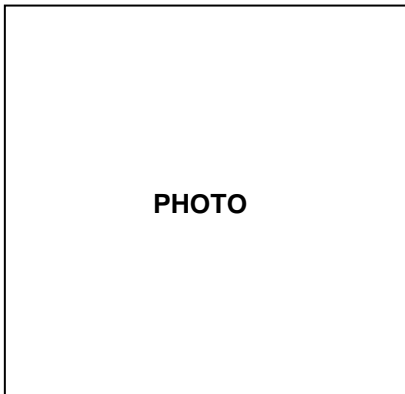
1. Anaphylaxis: A Handbook for School Boards, Canadian School Boards Association
2. Allergy Anaphylaxis Informational Response Kit, Alberta Education
3. Anaphylaxis in Schools and Other Settings, Canadian Society of Allergy and Clinical Immunology
4. Anaphylaxis Emergency Plan Form

Anaphylaxis Emergency Plan: _____(name)

This person has a potentially life-threatening allergy (anaphylaxis) to:

(check the appropriate box)

- | | |
|------------------------------------|--|
| <input type="checkbox"/> Peanut | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Tree Nuts | <input type="checkbox"/> Insect Stings |
| <input type="checkbox"/> Eggs | <input type="checkbox"/> Latex |
| <input type="checkbox"/> Milk | <input type="checkbox"/> Medication: _____ |



Food: The key to preventing an anaphylactic emergency is absolute avoidance of the allergen. People with food allergies should not share food or eat unmarked/bulk foods or products with a “may contain nuts” warning.

Epinephrine Auto-Injector: Expiry Date: _____ / _____

- Dosage:**
- | | |
|---|--|
| <input type="checkbox"/> EpiPen® Jr 0.15 mg | <input type="checkbox"/> EpiPen® 0.30 mg |
| <input type="checkbox"/> Twinject™ 0.15 mg | <input type="checkbox"/> Twinject™ 0.30 mg |

Location of Auto Injector(s) _____

Asthmatic: Person is at greater risk. If person is having a reaction and has difficulty breathing, give epinephrine auto-injector before asthma medication.

A person having an anaphylactic reaction might have ANY of these signs and symptoms:

Skin: hives, swelling, itching, warmth, redness, rash

Respiratory (breathing): wheezing, shortness of breath, throat tightness, cough, hoarse voice, chest pain/tightness, nasal congestion or hay fever-like symptoms (runny nose and watery eyes, sneezing), trouble swallowing

Gastrointestinal: (stomach): nausea, pain/cramps, vomiting, diarrhea

Cardiovascular: (heart): pale/blue color, weak pulse, passing out, dizzy/lightheaded, shock

Other: anxiety, feeling of “impending doom”, headache

Early recognition of symptoms and immediate treatment could save a person’s life.

Act quickly. The first sign of a reaction can be mild, but symptoms can get worse very quickly.

Give epinephrine auto-injector (e.g. EpiPen® or Twinject™) at the first sign of a reaction occurring in conjunction with a known or suspected contact with allergen. Give a second dose in 10 to 15 minutes or sooner **IF** the reaction continues or worsens.

Call 911. Tell them someone is having a life-threatening allergic reaction. Ask them to send an ambulance immediately.

Go to the nearest hospital, even if symptoms are mild or have stopped. Stay in the hospital for an appropriate period of observation, generally 4 hours, but at the discretion of the ER physician. The reaction could come back.

Call contact person.

Emergency Contact Information

Name	Relationship	Home Phone	Work Phone	Cell Phone

The undersigned parent or guardian authorizes any adult to administer epinephrine to the above named person in the event of an anaphylactic reaction, as described above. This protocol has been recommended by the patient’s physician.

Parent/Guardian Signature

Date

Physician Signature

Date

PHYSICIAN'S ENDORSEMENT

The preceding information provided by the parent/legal guardian or Independent Student is correct. Yes No

The assistance required of staff is within the competence of a person untrained in medical procedures Yes No

Physician's Name (please print) _____ Physician's Phone # _____

Physician's Location and Address _____

Signature of Physician _____ Date _____

PRINCIPAL'S APPROVAL (in accordance with Policy 9.9.3.5)

Name of Principal (Please print) _____

School _____

Signature of Principal _____ Date _____

APPENDIX C - Treatment of Diabetic Students

General Information

Diabetes is one of the most common chronic diseases of childhood. Diabetes is a serious chronic disease that impairs the body's ability to use food. Insulin, a hormone produced by the pancreas, helps the body convert food into energy. In people with diabetes, either the pancreas does not make insulin or the body cannot use the insulin properly. Without insulin, the body's main energy source – glucose, cannot be used as fuel. Rather, glucose builds up in the blood. Over many years, high blood glucose levels can cause damage to the eyes, kidneys, nerves, heart and blood vessels.

The most common type of diabetes in school-aged children/youth is **Type 1 diabetes**. People with Type 1 diabetes do not produce insulin and must receive insulin through either injection or an insulin pump. Insulin taken in this manner does not cure diabetes and may cause the student's blood glucose level to become dangerously low. **Type 2 diabetes**, the most common form of the disease typically affecting obese adults, has shown to be increasing in youth. This may be due to the increase obesity and decrease in physical activity in young people. Students with Type 2 diabetes may be able to control their disease through healthy eating and exercise alone or may require oral medication and/or insulin injections. All people with Type 1 and Type 2 diabetes must carefully balance food, medications, and activity level to keep blood glucose levels as close to normal as possible.

Definitions

Hypoglycemia - A blood sugar level that is too low (generally less than 4.0 mmol/l). This may also be called an Insulin reaction. Hypoglycemia is a medical emergency and can lead to seizures and death if not treated properly.

Symptoms occur when the body gets too much insulin, too little food, a delayed meal or snack, or more than the usual amount of exercise. Symptoms include:

- | | |
|------------------|------------------------------------|
| ▶ Tremors | ▶ Light headedness |
| ▶ Sweating | ▶ Irritability/mood changes |
| ▶ Confusion | ▶ Drowsiness |
| ▶ Hunger | ▶ Paleness |
| ▶ Blurred vision | ▶ Decreased ability to concentrate |

Treatment of Diabetic Students

The student will need to ingest carbohydrates promptly and may require assistance. Severe low blood sugar may lead to unconsciousness and convulsions and can be life-threatening if not treated promptly.

Hyperglycemia: A blood sugar level that is too high (generally over 8.0 mmol/l). High blood sugars can affect student learning.

Hyperglycemia occurs when the body gets too little insulin, too much food, or too little exercise;

stress or an illness such as a cold may also cause it. Symptoms include:

- ▶ Thirst
- ▶ Blurry vision
- ▶ Irritability/mood changes
- ▶ Frequent urination
- ▶ Tiredness
- ▶ Decreased ability to concentrate

If untreated over a number of days, hyperglycemia can cause a serious condition called Diabetic Ketoacidosis, which is characterized by nausea and vomiting. This condition can be life-threatening and require medical attention.

Glucagon: A chemical hormone produced in the pancreas. It mobilizes stored sugar and causes the blood sugar level to rise. It is used to treat severe hypoglycemia and must be given by injection.

Responsibilities

Parent/Guardian Responsibilities

1. Parents/guardians are to provide all materials and equipment necessary for diabetes care tasks including:
 - ▶ Blood glucose testing
 - ▶ Emergency Hypoglycemia Treatment Kit, including Glucagon when indicated
 - ▶ Insulin administration
 - ▶ Urine ketone testing
 - ▶ Sharps disposal for insulin needles and lancets
2. Parents/guardians are to collaborate with the diabetes team, school or public health nurse and school personnel to complete a Diabetes Care Plan, which will be reviewed on a yearly basis and revised during the school year as needed.
3. Parents/guardians are to arrange an annual meeting with school personnel to update medical information and arrange dates for yearly education sessions for school personnel.

School Responsibilities

1. Schools will establish a method of identifying students with diabetes to staff using a photograph displayed in a visible location.
2. Schools will facilitate and provide opportunity for all school personnel in contact with the student with diabetes including teachers, coaches, substitute teachers, office staff, lunchroom/recess supervisors and bus drivers to attend staff education sessions on diabetes. Sessions will include the treatment of hypoglycemia, hyperglycemia and glucagon's administration when indicated. Trained personnel will be identified in the Diabetes Care Plan.
3. Personnel, responding to student needs, will be instructed to remain with the student until appropriate treatment has been administered and blood glucose level stabilizes.

4. Schools will allow flexibility in the student's class routine/school rules to ensure that the student with diabetes can appropriately manage his/her diabetes. Situations may include allowing the student to eat on the bus or at his/her desk, not participating temporarily in certain activities, asking for assistance from school personnel, etc.
5. If indicated in the Diabetes Care Plan, designated school personnel will administer glucagon for the treatment of severe hypoglycemia. The glucagon's emergency kit should be labeled and kept in an accessible and secure location with the student's hypoglycemia treatment kit.
6. If the student wishes privacy, schools will provide a hygienic, safe and private environment for the student to perform diabetes related tasks.
7. Schools will provide for safe and accessible storage of the student's food supply.
8. Designated school personnel will notify the parent if:
 - ▶ the student does not eat all scheduled meals and snack (age appropriate) or vomits. (Young children and those with special needs may need to be reminded of snack times).
 - ▶ there are any expected changes in the school schedule that will affect the student's meal/snack times and activity level.
 - ▶ the student is unwell or exhibits signs of hyperglycemia or hypoglycemia.
9. Schools will provide adequate supervision at special events such as field trips, intramural sports, recess, etc., to ensure the safety of students with diabetes.
10. Schools will communicate and liaise with the school or public health nurse and diabetes care team as required.

Student Responsibilities

1. Children and adolescents will implement their diabetes care at school with parental consent to the extent that is appropriate for the student's development and his/her experience with diabetes.
2. The extent of the student's ability to participate in diabetes care should be agreed upon by the student, parents, the diabetes care team, school or public health nurse and school personnel. This should be documented in the Diabetes Care Plan.
3. The child/adolescent with diabetes will communicate with school personnel any concerns with diabetes care tasks including circumstances of hypoglycemia, when feeling unwell, or when requiring assistance from school personnel.

Equipment/Resources

1. Diabetes Care Plan. Photo ID of student to be attached to this document.
2. Education training sessions on diabetes for school personnel, provided by parents, diabetes care team and school or public health nurse.
3. Glucagon Emergency Kit Administration Handout.
4. Emergency Hypoglycemia Treatment Kit: (provided by parents and labeled with the student's name). Containing:
 - ▶ quick acting glucose source (e.g. BD glucose tablets, unsweetened juice, lifesavers).
 - ▶ appropriate follow-up snacks (e.g. digestive/arrowroot cookies, crackers, cheese)
 - ▶ glucagon emergency kit when appropriate.
5. Kids with Diabetes in your Care resource package – Canadian Diabetes Association.

References

1. Kids With Diabetes in Your Care, Canadian Diabetes Association,

Diabetes Care Plan

Please remove this card and keep it with you in the classroom. (Personal information obtained from parent)

Name: _____ Age: _____ Grade: _____

Parent's Name & Address: _____

Home Phone: _____ Business Phone: _____ Emergency Phone: _____

Names & grades of siblings in the school: _____

Doctor's Name: _____ Doctor's Phone: _____

Emergency medical services eg. 911: _____ Nearest Hospital: _____

Time of day when low blood glucose is most likely to occur: _____

Symptoms commonly experienced: _____

What has been provided to treat hypoglycemia: _____ Where is it located: _____

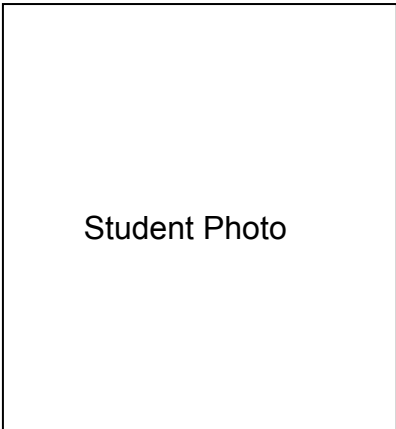
Type of morning snack: _____ Afternoon snack: _____

Suggested treats for 'in-school' parties/events: _____

Sports and Extracurricular Activities: It is critical that the people who have students with diabetes in their care, especially gym teachers and coaches, are familiar with the symptoms, treatments and prevention of hypoglycemia. For more information about hypoglycemia, refer to the About Diabetes section and the Signs, Symptoms and Treatment of Hypoglycemia cards.

Notes: _____

Special Instructions: _____



Parent's Signature: _____

Date: _____

PHYSICIAN'S ENDORSEMENT

The preceding information provided by the parent/legal guardian or Independent Student is correct. Yes No

The assistance required of staff is within the competence of a person untrained in medical procedures Yes No

Physician's Name (please print) _____ Physician's Phone # _____

Physician's Location and Address _____

Signature of Physician _____ Date _____

PRINCIPAL'S APPROVAL (in accordance with Policy 9.9.3.5)

Name of Principal (Please print) _____

School _____

Signature of Principal _____ Date _____



Appendix D Student Physical or Medical Condition Form (January 2009)

This form must be completed if a physical or medical condition may affect the student's attendance at school. The information gathered in this form is to be reviewed (and confirmed or updated) annually or if the student's physical or medical condition changes.

STUDENT INFORMATION (to be completed by Parent/Legal Guardian or Independent Student)

		Date
Student's Legal Last Name	Student's Legal First Name	Student's Legal Middle Name

PHYSICAL OR MEDICAL CONDITION (to be completed by Parent/Legal Guardian or Independent Student)

Does the student suffer from any of the following that would prevent him/her from participating fully in school programs?

- Medical Condition Yes No
- Physical Disorder Yes No
- Emotional Disorder Yes No
- Illness or Injury Yes No

Please state applicable particulars and provide any special instructions for school staff in the spaces below.

Nature of the condition _____

Symptoms of the condition _____

Recommended Response to Student Needs _____

If your child requires assistance with administering medication, please complete a:

Request for Assistance to Administer Medication Form Completed: Yes No

PHYSICIAN'S ENDORSEMENT

The preceding information provided by the parent/legal guardian or Independent Student is correct. Yes No

The assistance required of staff is within the competence of a person untrained in medical procedures Yes No

Physician's Name (please print) _____ Physician's Phone # _____

Physician's Location and Address _____

Signature of Physician _____ Date _____

medication management needs of your child. All information placed in a student's file will be protected and used in compliance with the Freedom of Information and Protection of Privacy (FOIP) Act and the Health Information Act (HIA).

I hereby request and give my permission for the below named Principal and/or his or her Designate, on behalf of the Board of Trustees of Grasslands Regional Division No. 6, to follow the recommended response to the student physical or medical condition prescribed on the reverse side of this form to my child, based upon the information contained therein. I make this request knowing that the school personnel have no special training or limited training in medical procedures. I am aware of the risks or benefits of consenting or refusing to consent to this treatment. If approval is granted, I agree to promptly advise the Principal of the school forthwith of any change in my child's physical or medical condition, to provide a sufficient supply of medication in its original containers, and accept full responsibility to ensure the safe transportation of these medications to the school.

I acknowledge that I have read and understood why I have been asked to complete this form and understand the Board's policy respecting the administration of medication and personal care.

I acknowledge that my request, if granted, will be valid for the remainder of the school year in which it is submitted, unless otherwise withdrawn by myself in writing.

I hereby acknowledge that, at my request, the Principal and/or his or her designate have been authorized to administer the recommended response to my child's needs in accordance with the directions I have provided, with my physician's agreement on the attached form.

In signing this form, the parent/legal guardian, or independent student releases the Board of Trustees of Grasslands Regional Division No. 6, its servants, employees and agents from and against all claims, suits, demands and actions whatsoever taken now or in the future which may arise by reason of the administration of the recommended response to the student's needs, as outlined on the previous page.

Name of Parent/Guardian or Independent Student (Please Print)	
_____	_____
Signature of Parent/Guardian or Independent Student	Date

Principal's Approval (in accordance with Policy 9.9.3.5)	
Name of Principal (Please print) _____	

School	
_____	_____
Signature of Principal	Date

The information you provide will be held in confidence to assist school staff in responding appropriately to the medication management needs of your child. All information placed in a student's file will be protected and used in compliance with the Freedom of Information and Protection of Privacy (FOIP) Act and the Health Information Act (HIA).

I hereby request and give my permission for the below named Principal and/or his or her Designate, on behalf of the Board of Trustees of Grasslands Regional Division No. 6, to administer the medication prescribed on the reverse side of this form to my child, based upon the information contained therein. I make this request knowing that the school personnel have no special training or limited training in the administration of medication. I am aware of the risks or benefits of consenting or refusing to consent to this treatment. If approval to administer medication is granted, I agree to promptly advise the Principal of the school forthwith of any change in my child's medical condition or medication, to provide a sufficient supply of medication in its original container or packaging, and accept full responsibility to ensure the safe transportation of these medications to the school.

I acknowledge that I have read and understand why I have been asked to complete this form and understand the Board's policy respecting the administration of medication.

I acknowledge that my request, if granted, will be valid for the remainder of the school year in which it is submitted, unless otherwise withdrawn by myself in writing.

I hereby acknowledge that, at my request, the Principal and/or his or her designate have been authorized to administer the prescribed medication in accordance with the directions I have provided, with my physician's agreement on the attached form.

In signing this form, the parent/legal guardian, or independent student releases the Board of Trustees of Grasslands Regional Division No. 6, its servants, employees and agents from and against all claims, suits, demands and actions whatsoever taken now or in the future which may arise by reason of the administration of medication to the student.

Name of Parent/Guardian or Independent Student (Please Print) _____

Signature of Parent/Guardian or Independent Student _____ Date _____

Principal's Approval (in accordance with Policy 9.9.3.5)

Name of Principal (Please print) _____

School

Signature of Principal

Date

Student Focused Medication Management Record	Student Name: <u>DOE, JOHN</u> <i>(Last/First)</i> Date of Birth <u>06-Jan-1993</u> <input type="checkbox"/> Male <input type="checkbox"/> Female <i>(Day/Month/Year)</i>
---	--

Medication	Dose	Time	Date: Month <u>September</u> Year <u>2009</u>																	
			17	18	19	20	21	24	25	26	27	28								
<i>Ritalin</i>	5 mgm	am Recess	JS	JS	JS	JS	JS	JS	JS	JS	JS	JS								
<i>Ritalin</i>	5 mgm	Lunch	JS	JS	O	JS	JS	JS	JS	JS	JS	JS								
<i>Ritalin</i>	5 mgm	pm Recess	JS	JS	JS	JS	JS	JS	JS	JS	JS	JS								

Date	Comments	Initials
<u>Sept. 19/09</u>	<u>Vomited following medication. Parent contacted</u>	<u>JS</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Administered/monitored by:

Print Name: _____	Signature _____	Initials _____
Print Name: _____	Signature _____	Initials _____
Print Name: _____	Signature _____	Initials _____