Toronto District School Board

Student Health Support Procedures Update

To: Governance and Policy Committee

Date: 24 April, 2019

Report No.: 04-19-3576

Strategic Directions

- Create a Culture for Student and Staff Well-Being
- Allocate Human and Financial Resources Strategically to Support Student Needs
- Build Strong Relationships and Partnerships Within School Communities to Support Student Learning and Well-Being

Recommendation

It is recommended that the Student Health Support updated Operating Procedures for prevailing medical conditions, as presented in this report, be received for information.

Context

On October 24, 2018 the Board passed the Student Health Support Policy (P092). Since then four Operating Procedures have been updated to reflect the new Policy, these include:

- Anaphylaxis Management (PR563)
- Diabetes Management (PR607)
- Asthma Management (PR714)
- Medication (PR536)

These four Operating Procedures are attached in the Appendix.

Action Plan and Associated Timeline

Updated Operating Procedures will be communicated to staff through Direct Line and to Principals through System Leaders. In addition to ongoing staff training, Health and Safety, Special Education and Professional Support Services staff in partnership with Toronto Public Health, community organizations and families will support students at a school level as required.

The following additional Student Health Support Procedures are under development:

- Sickle Cell Management (PRXYZ)
- Epilepsy Management (PRXYZ)

Resource Implications

Resources will be aligned with the work outlined in the Multi-Year Strategic Plan.

Communications Considerations

To provide clarity and context around the new Operating Procedures, communication will take place with all key internal stakeholder groups over the coming weeks.

Appendices

- Appendix A: Anaphylaxies Management (PR563)
- Appendix B: Diabetes Management (PR607)
- Appendix C: Asthma Management (PR714)
- Appendix D: Medication (PR536)

From

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APPENDIX A

Toronto District School Board

Operational Procedure PR563

Title: **ANAPHYLAXIS MANAGEMENT**

Adopted: November 1, 2000
Effected: November 1, 2000
Revised: November 5, 2005; January 20, 2010; **April 15, 2019**
Reviewed: April 2012; **April 15, 2019**
Authorization: Executive Council

1.0 RATIONALE

The Anaphylaxis Management Procedure ("The Procedure") supports the implementations of the Student Health Support Policy (P092) in the management of anaphylaxis in schools in accordance with Section 2 of *Sabrina's Law*.

2.0 OBJECTIVE

To provide instructions for anaphylaxis management in schools.

3.0 DEFINITIONS

Anaphylaxis is a severe systemic allergic reaction which can be fatal, resulting in circulatory collapse or shock.

Epinephrine is the drug form of a hormone (adrenaline) that the body produces naturally and is the treatment or drug of choice to treat anaphylaxis. This treatment is life-saving.

Prevalent Medical Conditions are conditions that have the potential to result in a medical incident or a life-threatening medical emergency, which include, but are not limited to, anaphylaxis, asthma, diabetes, epilepsy, and sickle cell disorder.

4.0 RESPONSIBILITY

Associate Director, Equity, Well-Being, and School Improvement.

5.0 APPLICATION SCOPE

This procedure applies to all school staff and others that have contact with students on a regular basis.

APPENDIX A

6.0 PROCEDURES

6.1. Creating an Allergen-Safe School/Learning Environment

Efforts will be made to control the school/learning environment in order to minimize the exposure of identified causative allergens/agents as part of a prevention plan, whenever possible. This must be a collaborative process involving parents/guardians, school staff, students and the community.

Despite efforts to reduce the risk of exposure to zero, the Board cannot ensure an allergen/agent-free school/learning environment. There is no legal responsibility in any jurisdiction to reduce the risk of exposure to zero.

6.2. Special Consideration for Secondary Schools

Procedures must be developed that take into consideration the age, maturity and responsibility level of students with potential anaphylaxis. Young students may be at greatest risk of accidental exposure, but current statistics indicate that more deaths occur amongst teenagers and young adults. Students who have a history of both asthma and anaphylaxis may experience more severe reactions. Secondary students may possess the necessary level of maturity and responsibility to monitor their allergens. However, the three major reasons for secondary students to be at higher risk are:

- they need to navigate a larger and more complex school environment with less consistency of monitoring;
- they are more vulnerable to peer influences; and
- they may, at this stage of their development, deny their vulnerability.

Therefore, the need for vigilance in secondary settings and for secondary school age students should not be overlooked.

Secondary students with a risk of anaphylaxis should be responsible for carrying/having immediate access to an epinephrine auto-injector device at all times.

6.3. Effective Practices in Schools

Ensuring the safety of students with anaphylaxis in a school setting depends on the cooperation of the entire school community. To minimize risk of exposure, and to ensure rapid response to an emergency, parents, students and school personnel must all understand and fulfill their responsibilities.

School principals and school staff should:

(a) provide for the presentation of information on allergies and anaphylaxis through school assemblies and parent information;

(b) allow for information of anaphylaxis to be presented throughout the curriculum;

(c) ensure all staff including teachers, cafeteria staff, lunchroom supervisors, other staff and volunteers are aware of students with anaphylaxis and are included in anaphylaxis training;

(d) promote staff, student and parent collaboration to help to prevent anaphylaxis.

(e) promote hygienic practices associated with hands, surfaces, toys, equipment sharing and food; and

(f) be aware that no person should be expected, during a reaction, to be fully responsible for self-administration of an epinephrine auto-injector.

6.4. Roles and Responsibilities for Elementary and Secondary Schools

(a) School Principal

Operational Duties

(i) Reviews *Operational Procedure PR.563 SCH: Anaphylaxis,* with entire staff each year in September and throughout the school year when required.

(ii) Obtains a back-up epinephrine auto-injector for emergency use in the school.

(iii) Requests the school community consult with the school or teacher before sending in food to a classroom where there are food-allergic students

(iv) Notifies cafeteria staff, lunchroom supervisors, other staff and volunteers of the individual student plan.

(v) Ensures that all occasional teachers review the individual plans for students in their assigned classroom.

(vi) Ensures that the student is transported to a hospital or emergency medical facility following the administration of epinephrine. Give used device to the EMS and provide the time of administration. It is suggested that the backup epinephrine auto-injector should accompany the student.

(vii) Designates a staff person is to accompany the student to the hospital.

Consent and Parental Involvement

(i) Ensures that upon registration, parents, guardians, caregiver and students are asked to supply information on life-threatening allergies and any other prevalent medical conditions.

(ii) Obtains informed consent from parent/guardian/student prior to displaying and sharing emergency intervention practices information

with staff and other approved individuals related to the student's prevalent medical condition. This information is to be posted in a non-public area of the school (e.g. staff room and/or school office in a sealed non-descriptive envelope, etc.) in accordance with applicable privacy legislation.

(iii) Obtains consent to administer medication and complete Form 536A, Administration of Prescribed Medication and Form 536B, Management of Emergency Medical Concerns.

(iv) Convenes a meeting with parents and/or guardians, student at risk for anaphylaxis, and appropriate school staff, to gather medical information related to the condition including: identified allergen(s), severity of allergy, past incidents of anaphylactic reactions, and other health considerations such as asthma etc.

(v) Works closely with the parents/guardians and student with anaphylaxis to provide ongoing support.

(vi) Ensures parent/guardian provide an epinephrine auto-injector to designated person as soon as possible. Parents are encouraged to provide two single-dose epinephrine auto-injectors or one dual-dose epinephrine auto-injector.

(vii) Requests parent to provide a carrier for transporting an epinephrine auto-injector with the student and in addition suggest a Medic Alert® identification.

(viii) Requests an ingredient list for any food or craft material provided by parents or community members at a school-planned event

Documentation

(i) Develops and maintains a file for each student including but not limited to:

- current management and treatment;
- a copy of any prescriptions and instructions from the student's physician or nurse;
- a current emergency contact list; and
- develops an individual plan for each student. (Form 536B)

(ii) Develops a communication plan for the dissemination of information on life-threatening allergies to parents/guardians, students, employees and volunteers. Reviews this plan annually and updates as appropriate.

(iii) Develops and maintains a prevention and management plan that is consistent with this document.

(iv) Ensures that Form 536B, Management of Emergency Medical Concerns, is posted in a non-public area of (i.e. staff room and/or school office, classroom etc.) and the Teacher's Day Book.

(v) Ensures that the cafeteria staff keeps a copy of the Management of Emergency Medical Concerns (Form 536B) in the food preparation area where staff can review it discretely while respecting the privacy and confidentiality of the student with food allergies.

Training

(i) Confirms that training on dealing with life threatening allergies has been provided for all employees and others who are in direct contact with students on a regular basis.

(b) Teachers and Classroom Support Staff

Preparation

(i) Reviews and maintains Form 536B, Management of Emergency Medical Concerns, in the Teacher's Day Book and is posted in a non-public area of the classroom according to the individual plan.

(ii) Reviews emergency response protocol and regularly reviews the administration of auto-injectors.

(iii) Leaves information in an organized, prominent and accessible format for occasional teachers.

(iv) Avoids using causative allergens in crafts.

(v) Ensures that the individual student emergency response plan is adhered to during school-sanctioned excursions and that it is readily accessible to other individuals as required.

Work with Students

(i) Discusses allergen awareness with the class, in age-appropriate terms.

(ii) Encourages students with anaphylaxis to eat only what he/she brings from home.

(iii) Encourages students not to share lunches or trade snacks and avoid isolating the allergic student during lunch or snack time whenever possible.

(iv) Reinforces with all students the importance of proper hygiene and effective hand washing.

(v) Enforces school rules about bullying and threats related to allergens.

(vi) Requests an ingredient list for any food or craft material provided by parents or community members at a school-planned event.

(c) Parent(s)/Guardian(s) of a Student with Anaphylaxis

(i) Informs the school of their child's allergies and completes Form 536A, Administration of Prescribed Medication, Form 536B, Management of Emergency Medical Concerns and Form 536C, Student Medical Alert.

(ii) Provides the principal with up-to-date information and any change to diagnoses and the medications that the child is taking.

(iii) Provide an epinephrine auto-injector to designated person as soon as possible. One single-dose is essential, however, two single-dose epinephrine auto-injectors or one dual-dose epinephrine auto-injector is highly recommended. Devices must be clearly labeled with student's name.

(iv) Provides a safe means to carry epinephrine auto-injector and additionally suggest that they provide MedicAlert® identification.

(v) Provides their child with allergen-appropriate foods.

(vi) Encourages their child to be allergen-aware and self-protecting.

(d) All Parent(s)/Guardian(s) within the School Community

(i) Support a safe and caring school environment for all members of the school community.

(ii) Respond co-operatively to requests from the school to reduce the risk of causative allergens in the school environment.

(iii) Are encouraged to participate in parent information sessions.

(iv) Encourage their children to respect students with anaphylaxis and school prevention and management plan.

(e) Students with Anaphylaxis

(i) Has an age appropriate understanding of his/her allergy and its triggers and symptoms.

(ii) Learns how to inform others of the allergy and its consequences. Assumes responsibility, where appropriate, for allergen avoidance.

(iii) Complies with taking prescribed medication.

(iv) Promptly informs an adult as soon as accidental exposure occurs or symptoms appear.

(v) Responsible for carrying/having immediate access to an epinephrine auto-injector device at all times.

(vi) Practices proper hygiene and effective hand washing.

(f) Public Health/Nurse

Provides consultation to school administration and staff regarding the school's anaphylaxis plan.

7.0 EVALUATION

This procedure will be reviewed as required, but at a minimum every four (4) years after the effective date.

8.0 APPENDICES

Appendix A: What is Anaphylaxis?
Appendix B: Supplementary Materials
Appendix C: Communication – Sabrina's Law
Appendix D: Anaphylaxis Emergency Plan (new)

9.0 REFERENCE DOCUMENTS

Policies

- Student Health Support Policy (P091)

Forms:

- 536A: Administration of Prescribed Medication
- 536B: Management of Emergency Medical Concerns
- 536C: Student Medical Alert
- 563A: Sample Letters and Newsletters

Other Documents:

- *Sabrina's Law*

Other Resources

- Food Allergy Canada (416-785-5666 : www.foodallergycanada.ca)

APPENDIX A

What is Anaphylaxis?

Anaphylaxis (pronounced anna-fill-axis) is a serious allergic reaction that is rapid in onset and may cause death. An allergen is a substance capable of causing an allergic reaction. Upon first exposure, the immune system treats the allergen as something to be rejected and not tolerated. This process is called sensitization. Re-exposure to the same allergen in the now-sensitized individual may result in an allergic reaction which, in its most severe form, is called anaphylaxis.

Sampson H. et al. Second Symposium on the Definition and Management of Anaphylaxis: Summary Report – Second National Institute of Allergy and Infectious Disease/Food Allergy and Anaphylaxis Network Symposium. Journal of Allergy and Clinical Immunology 2006: 117(2) 391-397.

*The information in the appendices is based on a consensus statement entitled Anaphylaxis in Schools & Other Setting: 2nd Edition 2009, Canadian Society of Allergy and Clinical Immunology.

Whom does it affect?

While the exact prevalence is unknown, it has been estimated that more than 600,000 or 2% of Canadians are at risk of anaphylaxis. Food allergy alone affects up to 6% of young children and up to 4% of adults. In any given Canadian school, approximately two children per 100 have an allergy to peanuts; however, peanuts should not be considered the only food allergen that can cause anaphylaxis.

Symptoms may include any of the following

Face:	itchiness, redness, swelling of the 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.

Breathing difficulties (the airway) and loss of consciousness are considered the most severe symptoms. Because of the unpredictability of reactions, early symptoms should never be ignored, especially if the person has suffered an anaphylactic reaction in the past.

APPENDIX B

Supplementary Material

B.1 Websites:

Anaphylaxis: A Handbook for School Boards www.cdnsba.org

Food Allergy Canada. Information as well as webcasts are available. www.foodallergycanada.ca

Canadian MedicAlert Foundation www.medicalert.ca

Collaborative of five organizations working together to promote allergy-safe communities. www.allergysafecommunities.ca and www.safe-4kids.ca/content/schools/schools.asp

Health Canada, Nine most common food allergens pamphlets http://www.hc-sc.gc.ca/fn-an/secrit/allerg/allergen_con_info_e.html www.ontla.on.ca/documents/Bills/38_Parliament/Session1/b003repe.htm

Information on Epinephrine Auto-injectors: www.epipen.ca and www.epipen.com; www.twinject.ca

Ontario Ministry of Education. E-learning module for teachers and others in regular contact with pupils. Covers requirements to be incompliance with Sabrina's Law. Contains avoidance strategies, emergency procedures and online videos on administration of auto-injectors. www.eworkshop.on.ca/allergies

B.2 Additional Resources for School Principals and Staff

Additional information and tools available are;

- Sabrina's Law: An Information Manual for TDSB Schools and Staff 2009
- Sabrina's Law: Presenter/Facilitator Notes for School Presentations on TDSBweb
- Managing Anaphylaxis in Our Schools, a PowerPoint, on TDSBweb
- Epinephrine Auto-injectors Purchase Information:
- http://tdsbweb/_site/ViewItem.asp?siteid=61&menuid=4000&pageid=3331 (purchase epi-pen)

APPENDIX C

Communication: Sabrina's Law

WHO	WHAT	WHEN
Parents	Newsletters	Ongoing
	Personal interviews with school staff	At registration and on request
	School Council	At beginning of year and at regular intervals
	Letters from School Principal re: Anaphylaxis	At regular intervals
Students	Student Planners	Ongoing
	Class Information	Ongoing
	Class Discussion	Ongoing
	Food Safety Discussions	Beginning of the year and at regular intervals
Principals	New Principal Orientation	August annually
	Annual Procedure Review with Staff	At beginning of the school year
	Principals' Website	Ongoing
	Direct Line Announcements for Training	Twice a year
	Posted Emergency Plans for Students	Ongoing
Staff	Staff Meetings	At least once per year
	Personal meetings as students are identified	As required
	Meetings and information for cafeteria staff when students are identified	As required
	Posted Emergency Plans for Students	Ongoing
Community	Newsletters	Ongoing
	On request	Ongoing

APPENDIX D

APPENDIX D

Anaphylaxis Emergency Plan: _____ *(name)*

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

PHOTO

(Check the appropriate boxes.)

- ☐ Peanut
- ☐ Tree nuts
- ☐ Egg
- ☐ Milk
- ☐ Other: _____
- ☐ Insect stings
- ☐ Latex
- ☐ 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*" warning.

Epinephrine Auto-Injector: Expiry Date: _____ / _____

Dosage: ☐ EpiPen® Jr 0.15 mg ☐ EpiPen® 0.30 mg ☐ Twinject™ 0.15 mg ☐ 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 itchy nose and watery eyes, sneezing), trouble swallowing
- **Gastrointestinal (stomach):** nausea, pain/cramps, vomiting, diarrhea
- **Cardiovascular (heart):** pale/blue colour, 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 signs of a reaction can be mild, but symptoms can get worse very quickly.

1. **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. (See second page for instructions.)
2. **Call 911.** Tell them someone is having a life-threatening allergic reaction. Ask them to send an ambulance immediately.
3. **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.
4. **Call contact person.**

Emergency Contact Information

Name	Relationship	Home Phone	Work Phone	Cell Phone

The undersigned patient, 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.

Patient/Parent/Guardian Signature	Date	Physician Signature	Date

ASSOCIATION QUÉBÉCOISE DES ALLERGIES ALIMENTAIRES

Canadian Allergy, Asthma and Immunology Foundation

Anaphylaxis Canada
Helping people live with deadly allergies

Canadian Society of Allergy and Clinical Immunology

Allergy Asthma Information Association

APPENDIX D

How to use the EpiPen® / EpiPen® Jr. (Epinephrine) Auto-Injectors

Remove yellow or green cap from carrying case

- Grasp the Auto-Injector with black tip pointing downward
- Pull off grey safety cap

Place black tip against mid-outer thigh and press firmly until the Auto-Injector activates. Hold while counting for several seconds, then remove

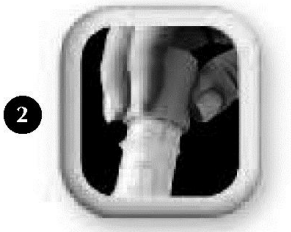
- Massage the injected area for 10 seconds

After administration

Call 911 or have someone take you to the emergency room

After using EpiPen® / EpiPen® Jr. follow 3 easy safety steps:

Carefully place used Auto-Injector, needle-end first, into storage tube



Screw cap of carrying case on completely

- This automatically bends needle back and secures pen so it won't fall out of tube

Give any used Auto-Injectors to emergency responders or emergency room personnel

[Epinephrine] Auto-Injectors 0.3/0.15mg

EPIPEN®

EpiPen Auto-Injectors are indicated for the emergency treatment of anaphylactic reactions and for patients determined by a physician to be at increased risk for anaphylaxis.

For additional information, please visit www.EpiPen.ca

King Pharmaceuticals

APPENDIX B

Toronto District School Board

Operational Procedure PR607

Title: **DIABETES MANAGEMENT**

Adopted: April 27, 2010
Effected: April 27, 2010
Revised: **April 15, 2019**
Reviewed: **April 15, 2019**
Authorization: Executive Council

1.0 RATIONALE

The Diabetes Management Operational Procedure (The Procedure") supports the implementation of the Student Health Support Policy (P092) and the management of Diabetes in schools.

2.0 OBJECTIVE

To provide procedures for the management of diabetes in schools.

3.0 DEFINITIONS

Diabetes refers to a chronic disease, in which the body either cannot produce insulin or cannot properly use the insulin it produces. Without insulin, glucose builds up in the blood stream and the body begins to break down fat to be used for energy. The body creates ketones and an excess of this material can result in severe complications that can result in coma and/or death. There are three types of diabetes which require significantly different management, they include, Type 1 Diabetes; Type 2 Diabetes; and Gestational Diabetes. Type 1 Diabetes (insulin dependent) can occur at any age and cannot be prevented or cured. Students with Type 1 Diabetes must inject insulin several times every day. Type 2 Diabetes (non-insulin dependent) typically develops in late adolescent and adulthood, but can appear earlier. Individuals who are obese are at the greatest risk of developing Type 2 Diabetes. Management includes lifestyle modification emphasizing healthy eating, increased physical activity and decrease in sedentary activity. Students with Type 2 Diabetes may need to self-monitor their blood glucose and in some cases take oral medication or inject insulin. Gestational Diabetes develops in 2-5 per cent of pregnant women. This type of diabetes usually disappears after childbirth, but can result in a higher risk of future development of Type 2 Diabetes for the mother.

Prevalent Medical Conditions are conditions that have the potential to result in a medical incident or a life-threatening medical emergency, which include, but are not limited to, anaphylaxis, asthma, diabetes, epilepsy, and sickle cell disorder.

For additional definitions see (Appendix A - What is Diabetes?) and (Appendix C - Glossary of Terms).

4.0 RESPONSIBILITY

Within the Director's Office, the responsibility for the implementation, coordination, and day-to-day management of the Procedure is assigned to the Associate Director, Equity, Well-Being, and School Improvement.

5.0 APPLICATION AND SCOPE

This procedure applies to all school staff and others that have contact with students on a regular basis.

6.0 PROCEDURES

6.1. Creating a Positive Environment for Students with Diabetes

School personnel can support students with diabetes by learning about the disease and by having frequent, open communication with parents and students. This will help to reduce apprehension and anxiety in students, parent/guardian/caregiver, and school personnel. Open communication will support a positive attitude toward students' full participation and ensure that students participate in all school activities including excursions and sports activities.

When the blood glucose is in proper balance, children or adolescents will behave and achieve as others. In terms of academic performance, physical activity, behaviour and attendance at school, the teacher's expectations of students should be the same as if they did not have diabetes.

6.2. Special Considerations for Students with Additional Needs

In the event that students are not able to be independent in their care (e.g. a student may be too young, physically and/or developmentally challenged or in a diabetic emergency situation) adult intervention will be required on their behalf to support their safety and management of their diabetes.

If students are not taking responsibility for their diabetes care it may be due to other factors including: language, cognitive ability, physical ability, maturity level, behavioural issues and psychosocial barriers. This requires communication between parent/guardian/caregiver, teachers and other professional support as appropriate and may require more direct intervention and support to ensure their safety.

Research indicates that with increasing age comes decreasing compliance and worsening of blood sugar control. This can be understood within the context of

normal adolescent development and the desire to be independent. Adolescent students may require ongoing guidance and support to ensure safe management of their diabetes. Young students may be at risk of non-compliance, but current statistics indicate that more deaths occur among teenagers and young adults. A process must be developed that takes into consideration the age, maturity and responsibility level of students with diabetes.

6.3. Effective Practices in Schools

(a) Blood Glucose Monitoring/Insulin Injection

Students need a safe, hygienic, private space or space where they are comfortable in the school to perform self-blood glucose monitoring and insulin injections throughout the school day. In some instances, they may require support or supervision of these activities.

Some students may not be able to perform self-blood glucose monitoring and or insulin administration throughout the school day. As necessary, school staff will seek support from the parent/guardian/ caregiver and/or the Community Care Access Centre. This will be discussed as part of the Diabetes Management Plan and arrangements made where students are not able to self-care.

(b) Management of Diet Requirements

Proper timing of meals and snacks is important for a student with diabetes to maintain proper blood sugar levels. Students need the opportunity to eat all meals and snacks fully, where applicable, and on time. Students may require more time, flexibility and supervision as they eat lunch or snacks throughout the day. As well, some assistance may be required to keep an appropriate schedule. Students should have a safe place in the classroom to keep their required food and be encouraged to eat only what is sent from home.

In addition, emergency food supplies that include oral glucose, juice and/or fast acting sugar should be available in other locations in the school including the school office and gymnasium. The location of emergency supplies should be recorded on the Diabetes Management Plan. Staff should be aware of the location of emergency supplies. Where classmates are sufficiently mature to understand the importance of these emergency supplies, they too can be informed of the location.

Parent/guardian/caregiver is responsible for the provision of all food and emergency supplies for the children. Additional supplies should be provided for special events such as excursions or days with high levels of physical activity.

(c) Emergency Procedures

A Diabetes Management Plan will be developed for each student who is identified with diabetes. The plan will be implemented in accordance with the medical requirements for each student.

Hypoglycaemia (low blood sugar) occurs when the amount of blood sugar is lower than an individual's target range. This can develop quickly and requires an immediate response. Staff should be alert for the following symptoms and contact parent/guardian/caregiver/ if they appear:

- cold, clammy or sweaty skin;
- paleness, quietness;
- shakiness or lack of coordination;
- fatigue, dizziness; and
- irritability, hostility and poor behaviour.

The symptoms of severe hypoglycaemia are confusion, slurred speech, staggered gait and eventual unresponsiveness. In the most severe cases students may become unconscious and/or experience a seizure requiring emergency response. Severe hypoglycaemia can be life threatening and will require a call to 911 for Emergency Medical Services and treatment with injectable glucagon.

Hyperglycaemia (high blood sugar) occurs when the amount of blood sugar is higher than an individual's target range for a prolonged period of time. An urgent response to severe high blood sugar levels is not necessary if there are no symptoms. However, parent/ guardian/caregiver should be notified the same day if school personnel note the following symptoms:

- frequent trips to the washroom to urinate;
- excessive thirst;
- blurred vision; and
- hunger.

An urgent response to severe hyperglycaemia symptoms may be necessary in the event that the student experiences some of the following symptoms:

- nausea;
- vomiting;
- extreme thirst;
- frequent/excessive urination; and
- general malaise.

This may result in DKA (Diabetic Ketoacidosis), which is a life threatening condition caused by a severe shortage of insulin and which can occur for a variety of reasons. The body becomes dangerously acidic and extremely dehydrated.

If any of these symptoms is present school staff must call 911 immediately. The parent/guardian/ caregiver should be alerted and if they cannot be reached, school staff should accompany the student to the hospital.

6.4. Roles and Responsibilities for Elementary and Secondary Schools

Nothing in this procedure is intended to alter the terms or effect of any TDSB collective agreement or the provision of any TDSB policy or procedure in respect to the administration of medication.

(a) School Principal

(i) *Operational Duties*

(A) Reviews Operational Procedure PR607, Diabetes Management, with entire staff each year in September and throughout the school year when required.

(B) Notifies cafeteria staff, lunchroom supervisors, other school-based staff and volunteers of the individual student's Diabetes Management Plan.

(C) Advises occasional teachers to review the individual Diabetes Management Plans for students in their assigned classroom.

(D) Ensures that the parent/guardian/caregiver is called and emergency action is taken as required when the student has not responded to the actions outlined in the Diabetes Management Plan. Where necessary arranges for transport of students to a hospital or emergency medical facility. Designates a staff person to accompany the student to the hospital.

(E) Provides a discreet location where the student may self-monitor and/or self-administer medication.

(F) Provides a secure location(s) for the student's emergency supplies in the school office and classroom, as necessary.

(G) Informs School Council on the Diabetes Management Procedure (PR607) and provides information on diabetes identification and prevention.

(H) Provides appropriate supervision, including during self-monitoring and/or self-administration of medication, as appropriate.

(I) Communicates procedures for the safe disposal of sharps, lancets and testing strips. (TDSB Caretaking Handbook Section H-4)

(J) Communicates universal precautions for blood and bodily fluids.

(ii) *Consent and Parental Involvement*

(A) Ensures that upon registration, parent/guardian/caregiver and students are asked to supply information on diabetes and any other prevalent medical conditions.

(B) Obtains informed consent from parent/guardian/student prior to displaying and sharing emergency intervention practices information with staff and other approved individuals related to the student's prevalent medical condition. This information is to be posted in a non-public area of the school (e.g. staff room and/or school office in a sealed non-descriptive envelope, etc.) in accordance with applicable privacy legislation.

(C) Obtains consent to administer medication and complete Form 536A, Administration of Prescribed Medication and Form 536B, Management of Emergency Medical Concerns.

(D) Meets with parent/guardian/caregiver to complete the following:

- Form 536A, Administration of Prescribed Medication
- Form 536B, Management of Emergency Medical Concerns
- Form 536 C Student Medical Alert
- Form 607A, Diabetes Management Plan
- Form 607B, Hyperglycaemic Emergency Plan and/or Hypoglycaemic Emergency Plan
- Excursion Form 511E Medical Information
- Excursion Form 511K Physical Education Information
- Excursion Forms 511C, 511I, 511J, as appropriate.

(E) Convenes a case conference which may include parent/guardian/caregiver, the student if appropriate, school staff to gather medical information related to the condition including identification and management of an individual student's diabetes. In some instances, LHINCase Manager, Care Coordinator and/or Diabetic Care Educators may also be part of the case conference.

(F) Obtains consent from parent/guardian/caregiver and student with diabetes to share information with staff and other approved individuals.

(G) Works closely with the parent/guardian/caregiver and student with diabetes to provide ongoing support.

(H) Requests parent/guardian/caregiver provides all required supplies and food for their children.

(I) Ensures that LHIN is contacted for all students who are unable to manage their blood glucose (sugar) monitoring, insulin injections or pump independently as well as to request support for training and education of involved school personnel. Medication which safely can be administered by a layperson within the terms and conditions of collective agreements may be administered by staff.

(iii) *Documentation*

(A) Develops and maintains a file for each student including but not limited to:

- current management and treatment;
- a copy of instructions from the student's physician or nurse, if appropriate; and
- forms identified in 4.4(a)(ii)(B)

(B) Communicates information on diabetes to parent/guardian/caregiver, students, employees and volunteers and updates information as appropriate.

(C) Ensures that Form 536B, Management of Emergency Medical Concerns, is posted in a non-public area of (i.e. staff room and/or school office, classroom etc.) and the Teacher's Day Book. Ensures that Hypoglycaemic or Hyperglycaemic Emergency Action Plans are readily available.

(D) Provides cafeteria staff with a copy of the Management of Emergency Medical Concerns (Form 536B) in the food preparation area where staff can review it discretely while respecting the privacy and confidentiality of the student.

(E) Provides the Board's Transportation department with a list of students with diabetes riding the school bus.

(iv) *Professional Learning*

(A) Distributes information on managing diabetes to school-based staff and others who are in direct contact with students on a regular basis.

(B) Provides information for school staff regarding how to respond to hypoglycaemic incidents and other emergency situations related to diabetes.

(C) Provides teachers with appropriate resources to use in their classrooms.

(D) Directs staff to on-line course on Key to Learn.

(b) Teachers and Classroom Support Staff

(i) *Preparation*

(A) Reviews and maintains Form 536B, Management of Emergency Medical Concerns and the Diabetes Management Plan in the Teacher's Day Book and posts them in a non-public area of the classroom according to the individual plan.

(B) Reviews Emergency Plan for individual students.

(C) Leaves information in an organized, prominent and accessible format for occasional teachers.

(D) Receives information on diabetes management and the causes, identification and prevention of diabetes.

(E) Participates in case conferences with parent/guardian/caregiver, principal and health professionals as required.

(F) Permits the student with diabetes to take action to prevent or treat low blood glucose (sugar). Allows flexibility in class routine and school rules as required.

(G) Informs parent/guardian/caregiver when the supply of fast acting sugar (oral glucose, juice etc.) is running low.

(H) Develops open lines of communication and encourages student(s) to indicate low blood sugar when he/she feels the first symptoms or has a general feeling of "unwellness".

(I) Notifies parent/guardian/caregiver of the child with diabetes of school trips, special events, and athletic activities. Takes steps necessary to support the safety of the student (e.g. emergency glucose on hand, watches for signs of hypoglycaemia/hyperglycaemia).

(J) Takes appropriate supplies and Pocket Emergency Card on all trips off the school property.

(K) Provides an accessible, secure and safe location for items for blood sugar monitoring and insulin injections.

(L) Follows the individual student Diabetes Management Plan during school-sanctioned excursions and provides it to other individuals as required.

(ii) *Classroom Support*

(A) Discusses diabetes with the class in age appropriate terms and informs classmates of the location of fast acting sugars.

(B) Encourages students with diabetes to eat only what they bring from home.

(C) Enforces school rules about bullying and threats related to diabetes.

(c) Parent/guardian/caregiver of a Student with Diabetes

(i) Upon Informs the school of the child's diabetes and completes forms identified in 4.4(a)(ii)(B).

(ii) Participates in a case conference with school principal, teacher, involved health professionals as required.

(iii) Informs school administration regarding changes in the child's health, lifestyle, diabetes procedures, management and updates emergency contact numbers on an on-going basis.

(iv) Provides and maintains at the school a supply of fast-acting sugar (carbohydrates) e.g. oral glucose, juice.

(v) Provides a safe container for blood sugar monitoring items, insulin injection items and medication labelled with the child's name.

(vi) Provides and replenishes all necessary diabetic related supplies including:

- glucose monitor and strips;
- lancing devise and lancets;
- insulin, syringes/pen needles;
- sharps container or for insulin pump, extra infusion set, insulin cartridge, insulin, batteries as appropriate; and
- glucagon needle, Emergency Glucagon Kit.

(vii) Teaches Children

- to wear MedicAlert® identification;

- to understand the causes, identification, prevention and management of low/high blood sugar as appropriate to his/her age or cognitive ability;
- to recognize and act on the first symptoms of low blood sugar;
- to communicate clearly to adults/those in authority that he or she has diabetes and when feeling the onset of symptoms or a general feeling of "unwellness";
- to be responsible for all management apparatus, including proper disposal container;
- to report any possible bullying and threats to an adult in authority;
- to eat only foods approved by parents; and
- to participate at an age appropriate level in their Diabetes Management Plan.

(d) Parent/guardian/caregiver of a Student with Diabetes

With an understanding of diabetes as age appropriate and according to ability:

(i) Wears his/her MedicAlert® identification at all times during the school day.

(ii) Recognizes the symptoms of a low blood sugar reaction.

(iii) Manages symptoms.

(iv) Takes responsibility for following an established eating plan as outlined in the student management plan.

(v) Takes responsibility for bringing and looking after his/her blood glucose (sugar) monitoring and insulin injection apparatus, including proper disposal in an appropriate manner.

(vi) Participates in blood glucose checking, insulin administration and safe disposal of sharps.

(vii) Informs an adult promptly that he/she has diabetes as soon as symptoms of low blood sugar appear or when experiencing feelings of being unwell.

(viii) Self monitors his/her blood glucose regularly with a glucose meter and keeps the results within a target range.

(e) Parent/guardian/caregiver of a Student with Diabetes

(i) Board Supports a safe and caring school environment for all members of the school community.

(ii) Participates in parent information sessions.

(iii) Encourages their children to respect students with diabetes and their management plans.

(f) Community Care Access Centre and School Health Support Services

(i) Receives applications from parent/guardian/caregiver for health support services beyond the capacity, resources and/or requirements of the schools and/or Board.

(ii) Supports students directly or informs, supports and consults with appropriate school staff.

7.0 EVALUATION

This operational procedure will be reviewed as required, but at a minimum every four (4) years after the effective date.

8.0 APPENDIX

Appendix A: What is Diabetes?
Appendix B: A Glossary of Terms
Appendix D: Supplementary Information
Appendix C: Age-Appropriate Developmental Tasks for Children with Diabetes
Appendix D: Misunderstood Behaviours in the Classroom

9.0 REFERENCE DOCUMENTS

Policies:

- Student Health Support Policy (P091)

Procedures:

- Administration of Prescribed Medication (PR536A)
- Diabetes Management Plan (PR607A)
- Hyperglycaemic Emergency Action Plan (PR607B)
- Hypoglycaemic Emergency Action Plan (PR607C)
- Interschool Athletics Tryout and Participation (Elementary) (PR511I)
- Interschool Athletics Tryout and Participation (Secondary) (PR511J)
- Management of Emergency Medical Concerns (PR536B)
- Medical Information Form (PR511E)
- Parent/Guardian Permission for Excursion (PR511C)
- Physical Education Information and Intramural Information/Permission (PR511K)
- Student Medical Alert (PR536C)

APPENDIX A

What is Diabetes?

Diabetes (formerly known as Diabetes Mellitus) is a serious disease that impairs the body's ability to use food properly. In students with diabetes, insulin is either not produced or does not work efficiently. Without insulin, glucose builds up in the blood stream and the body begins to break down fat to be used for energy. The body creates ketones and an excess of this material can result in severe complications that can result in coma and/or death.

There are three types of diabetes which require significantly different management.

Type 1 Diabetes (insulin-dependent)

Type 1 Diabetes can occur at any age, but most commonly is diagnosed from infancy to the late 30's. One in every 300-400 children live with Type 1 Diabetes. Students with Type 1 Diabetes must inject insulin several times every day. Type 1 Diabetes cannot be prevented or cured.

Type 2 (non-insulin-dependent)

Type 2 Diabetes typically develops in adulthood, but can appear earlier. It has been appearing with more frequency in pubertal children and adolescents. Individuals who are obese are at greatest risk. Management includes lifestyle modification emphasizing healthy eating, increased physical activity and decrease in sedentary activity. Students with Type 2 Diabetes may need to self-monitor their blood glucose and in some cases take oral medication or injected insulin.

Gestational Diabetes

Gestational Diabetes develops in 2-5 per cent of pregnant women. This type of diabetes usually disappears after childbirth, but can result in a higher risk of future development of Type 2 Diabetes for the mother.

APPENDIX B

Glossary of Terms

Blood Glucose
This is the amount of sugar in the blood at a given time. Blood glucose levels fluctuate within a normal range but in students with diabetes that fluctuation can be exaggerated well beyond the normal range.

Blood Glucose Monitoring or Self-Monitoring
This is mandatory for achieving a target blood glucose level. Levels will change depending on food consumption, physical activity, stress, illness, problems with the insulin delivery system and many other unknown factors. To obtain a reading, a drop of blood is placed on a blood glucose strip which is inserted into a blood glucose meter.

Community Care Access Centre (CCAC)
The 14 CCAC's in communities across Ontario are funded by Local Health and Integration Networks through the Ministry of Health and Long-Term Care. They coordinate support for care for individuals. For students who require assistance to inject insulin or glucagon, an application may be made to CCAC for support.

Diabetes Care Kit (Low Kit)
This contains the required tools for the monitoring and treatment of symptoms for Hypoglycaemia (low blood sugar):

- blood monitor/strips/lancet;
- fast acting sugar (tablets or juice);
- Pocket Information Card; and
- glucagon.

Diabetic Ketoacidosis (DKA)
DKA is a life threatening condition caused by a severe shortage of insulin, but it is generally preventable. DKA results in a build up of sugar and ketones in the blood and leads to vomiting and severe dehydration. DKA happens over a period of hours not minutes and is always preceded by high blood sugar symptoms (e.g. excessive thirst and excessive urination).

Fast-acting Glucose
A carbohydrate to eat or drink that is absorbed quickly by the body to correct low blood sugar (e.g. juice, glucose tablets)

Glucose
This is a simple sugar produced when carbohydrates are consumed and /or released by the liver or the muscles in the body. It is the primary source of energy for the body.

Glucagon
This is a hormone that raises blood glucose. An injectable form of glucagon is used in an emergency situation to safely treat severe hypoglycaemia. Note that no harm can come from administering glucagon injections. (Refer to: Diabetes Educator 2008; 34; 128-Teresa Pearson *Glucagon as a Treatment of Severe Hypoglycaemia: Safe and Efficacious but Underutilized*.
http://tde.sagepub.com/cgi/content/abstract/34/1/128)

APPENDIX B

Hypoglycaemia (low blood glucose)
This is an emergency situation and occurs when the amount of blood glucose has dropped below 4.0 mml. Symptoms of hypoglycaemia can be mild, moderate or severe and may include but are not limited to:

- cold, clammy or sweaty skin;
- paleness, quietness;
- shakiness or lack of coordination;
- fatigue, dizziness; and
- irritability, hostility and poor behaviour.

Severe hypoglycaemia (confusion, slurred speech, staggered gait and eventual unresponsiveness) can be life threatening and will require a call to 911 for Emergency Medical Services and treatment with injectable glucagon sharps.

Hyperglycaemia (high blood glucose)
This occurs when the amount of blood sugar is higher than an individual's target range. Parent/guardian/caregiver should be notified if school personnel note frequent trips to the bathroom to urinate and/or excessive thirst, and called immediately if the student has a stomach ache, nausea, and/or vomiting.

Insulin
This hormone is required to effectively convert glucose to energy for the body to use. With no insulin, glucose builds up in the blood instead of being used for energy. Therefore, students with Type 1 Diabetes must administer insulin by syringe, insulin pen or insulin pump. Students with Type 2 Diabetes whose bodies make insulin but are unable to use it effectively will require life style changes, oral medication and/or insulin.

Ketones
This acid is created when the body burns its own fat. Ketones are common in Type 1 Diabetics because the body cannot get enough glucose from the blood. The insulin cannot deliver energy to the body's cells, so the body has a survival mechanism that begins burning fat. In most Type 1 Diabetics there may not be a lot of fat to burn. Diabetics may want to know what their ketone level is as a means of managing their blood glucose levels more efficiently.

Target range
This is the acceptable blood glucose level based on the Canadian Diabetes Association's Clinical Practice Guidelines and personalized for the student by the parent/guardian/caregiver and the diabetes care team.

APPENDIX C

Supplementary Information

Resources for Training and Information

A. DVDs

Diabetes in Children and Teens: A Survival DVD and booklet.
www.trilliumhealthcentre.org

Kids talk Diabetes (8 to 10 min) Vancouver Island Health Authority 2000. For copies call 250-370-8204 or Mediasales@viha.ca

Supporting Students with Type 1 Diabetes in the Classroom (15-20 min) Trillium Health Centre, 2008 www.trilliumhealthcentre.org

Living with diabetes: Tips for teachers (19 min)
Milwaukee Wisconsin: Maxishare Productions in association with Wisconsin Connection for Children's Hospital of Wisconsin, 1996

B. Websites

Canadian Diabetes Association: www.diabetes.ca
American Diabetes Association: www.diabetes.org
Children with Diabetes at School: www.childrenwithdiabetes.com
SickKids Hospital: aboutkidshealth.ca/Diabetes
SickKids Hospital: sickkids.ca/HealthinFocus/Type-1-Diabetes/index.html
Health Canada: www.healthcanada.gc.ca/
Joslin Clinic: www.joslin.harvard.edu
Juvenile Diabetes Research Foundation: www.jdrf.ca
Ontario Physical Health Education Association: http://www.ophea.net
Trillium Health Centre: www.trilliumhealthcentre.org
Hamilton Health Sciences: www.hamiltonhealthsciences.ca
Glucagon and Hypoglycaemia:
www.hamiltonhealthsciences.ca/documents/Patient%20Education/Glucagon-lw.pdf
http://tde.sagepub.com/cgi/content/abstract/34/1/128

C. Additional Resources for School Principals and Staff

TDSB Physical Education and Outdoor Education Safety Documents
http://tdsbweb/_site/ViewItem.asp?siteid=38&menuid=6577&pageid=5731)

Toronto Public Health
www.toronto.ca/health/cdc/pdf/infectioncontrolmanual_appendices.pdf)

Kids with Diabetes in School: Resource List for School Personnel
Canadian Diabetes Association
www.diabetes.ca/Files/CardResource.pdf

Ten Tips for Teachers
www.mariemontschools.orgnurse/health/10.Diabetes_10tipsforteachers.pdf
What is Type 1 Diabetes: Trillium Health Centre

APPENDIX C

http://www.trilliumhealthcentre.org/programs_services/womens_childrens_services/childrensHealth/familyCareCentre/media/diabetesmov.html

Diabetes Management: A Handbook for Principals and School Staff
Flipchart Booklet (available July 2010)

D. Local Health Integration Network (LHIN) supporting TDSB

Toronto Central LHIN- Head Office - Toronto
(Services available in French)
250 Dundas Street West, Suite 305
Toronto, ON M5T 2Z5
Tel: 416-506-9888
Fax: 416-506-1857
Toll free: 1 888 470 2222

Central West LHIN- (Peel - North)
(Services available in French)
199 County Court Boulevard
Brampton, ON L6W 4P3
Tel: 905-796-0040
Fax: 905-796-4678
Toll free: 1-888-733-117

Central LHIN- Sheppard Ave. East Site - North York
(Services available in French)
45 Sheppard Avenue East, Suite 700
Toronto (North York), ON M2N 5W9
Tel: 416-222-2241
Fax: 416-222-6517
Toll free: 1-888-470-2222

Central East LHIN- Scarborough Branch
(Services available in French)
100 Consilium Place Suite 801
Scarborough ON M1H 3E3
Tel: 416-750-2444
Fax: 416-750-7652
Toll free: 1-800-263-3877

Mississauga Halton LHIN- Etobicoke Office
(Services available in French)
401 The West Mall
Suite 1001
Etobicoke, Ontario M9C 5J5
Tel: 905-855-9090
Fax: 905-855-8989
Toll free: 1-877-336-9090

APPENDIX D

Age-Appropriate Developmental Tasks for Children with Diabetes

**Abstracted from a survey done by Srs. T. Wysocki, P. Meinhold, D.J. Cox and W.L. Cox at Ohio State University and The University of Virginia (Diabetes Care 11:54-58, 1990).*

These are general guidelines of what children and adolescents can accomplish toward diabetes management based upon typical physical, emotional and cognitive development. Any individual may vary from this schedule for numerous reasons.

Preschool Children

- Recognize, report, and treat hypoglycaemia
- Use lancet device to obtain adequate blood sample (with support)
- State reasons for wearing diabetes identification

School-age Children (6 to 11 years)

- State insulin types and number of injections daily
- Administer injection to self
- Rotate injection sites
- Draw dose with one insulin type
- State common symptoms of hyperglycaemia
- Describe appropriate actions in response to hyperglycaemia
- Perform blood glucose test
- Categorize food into food groups
- State role of diet in diabetes treatment

Young Adolescents (12 to 14 years)

- Anticipate and prevent hypoglycaemia
- Record insulin dose and type in log book
- Draw dose with two insulin types
- Use meal plan at home and in restaurants
- Identify appropriate pre-exercise snack
- Identify appropriate physical activity

Adapted from an article entitled "Childhood Diabetes and the Family", by Tim Wysocki and Wynola Wayne, from Practical Diabetology, June 1992, pg. 31.

Average Age for Diabetes Related Skills		
Skill	Recommended by the ADA	*Survey of Care Providers
Hypoglycaemia		
Recognizes and Reports	8-10	4-9
Able to treat	10-12	6-10
Anticipates/Prevents	14-16	7-11
Blood Glucose		
Testing (by meter)	8-10	7-11
Insulin Injection		
Gives to Self (at least sometimes)	N/A	8-11
Draws 2 insulins	12-14	8-12
Able to adjust dose	14-16	12-16
Diet		
Identifies appropriate pre-exercise snack	10-12	10-13
States role of diet in care	14-16	9-15
Able to alter food in relation to blood glucose level	14-16	10-15

APPENDIX D

Misunderstood Behaviours in the Classroom

Interference with School Activities
When blood sugar levels are outside the target range (i.e. Hypoglycaemia or Hypergly-caemia) the student's learning behaviour and participation may be affected. In the class-room, the behaviour of students with Hyperglycaemia may be taken for misbehaviour (e.g. frequent requests to go to the washroom or frequent requests drinks or other symp-toms.) Hyperglycaemia and hypoglycaemia may also affect the students' behaviour; however, having diabetes is not an excuse for inappropriate behaviour.

Sick Days
Children with diabetes are no more susceptible to infection or to illness than their class-mates. They do not need to be in a special health class at school. Their attendance record should be normal.

Illness
When children with diabetes become ill at school with the usual fevers and other child-hood sicknesses the blood glucose balance is likely to be upset. Careful monitoring with blood glucose, a fluid diet and extra insulin may be required. Such illness management is the responsibility of the parent/guardian/caregiver.

When students with diabetes become ill at school, the parent/guardian/caregiver should be notified immediately so that they can take appropriate action. Nausea and vomiting and the inability to retain food and fluids are serious situations since food is required to balance the insulin. This can lead to hypoglycaemia or be the result of hyperglycaemia.

APPENDIX C

Toronto District School Board

Operational Procedure PR714

Title: **ASTHMA MANAGEMENT**

Adopted: June 7, 2016
Effected: September 9, 2016; **April 15, 2019**
Revised: **April 15, 2019**
Reviewed: N/A
Authorization: Executive Council

1.0 RATIONALE

The Asthma Management Procedure ("the Procedure") supports the implementation of the Student Health Support Policy (P092) related to the management of asthma in accordance with *Ryan's Law, 2015.*

2.0 OBJECTIVE

To provide instructions for asthma management in schools.

3.0 DEFINITIONS

Anaphylaxis is a severe systemic allergic reaction which can be fatal, resulting in circulatory collapse or shock.

Asthma refers to a common, chronic (long term) lung disease that can make it hard to breathe. Asthma is a controllable disease and students with well-managed asthma should be able to participate in school events the same as anyone else. However, asthma can be fatal without proper management and access to medications.
Asthma Episodes are characterized by the inflammation and swelling of the inside walls of the airways of the lungs. In this instance, membranes in the airway linings may also secret mucous in an asthma attack. During an asthma attack the narrowed airways make it harder to breathe and may cause coughing and wheezing.

Asthma Medication refers to medications that are prescribed by a health care provider and, by necessity, may be administered to a student, or taken by the student during school hours for school related activities. These medications are prescribed, and typically involve a personalized asthma management plan. Asthma medications work in one of two ways to relieve symptoms:1) to control or prevent the inflammation and mucous production or 2) to relieve the muscle tightness around the airways.

Controller Medication (e.g., Flovent, Advair, Qvar, Pulmicort) is used daily, before and after school at home, to prevent asthma attacks. It helps to and prevents swelling of the airways. It can take days to weeks of regular use to work effectively. This medication is administered through the use of an inhaler that comes in various colours (orange, purple, brown, red).

Emergency refers to a situation where a student is experiencing an asthma exacerbation (worsening of a condition).

Exercise Induced Asthma (EIA) may present itself during or after physical activity. It is more common when activities are done in cold environments and during high pollen or pollution count days. However, students can experience EIA symptoms anywhere, including indoors.

Individual Asthma Management Plan is developed for each student who has asthma in collaboration with the parent/guardian or student, as appropriate, taking into consideration any recommendations made by the student's healthcare provider and outlines specific information and actions related to the care of the student with asthma.

Reliever Inhaler Medication (e.g., Ventolin/Salbutamol, Bricanyl) is used to relieve the symptoms of asthma. It is called the 'rescue' inhaler **(**usually blue in colour).
Rescue inhalers:

- Need to be readily accessible at all times
- Provide relief quickly, within minutes
- Relax the muscles of the airways
- Are taken only when needed or prior to exercise if indicated

4.0 RESPONSIBILITY

Associate Director, Equity, Well-Being, and School Improvement.

5.0 APPLICATION AND SCOPE

This procedure applies to all school staff and others that have contact with students on a regular basis.

6.0 PROCEDURES

6.1. Special Considerations for Students with Additional Needs

In the event that a student is not able to be independent in his/her own care (e.g., a student may be too young, physically and/or developmentally challenged or in an asthma emergency situation) adult intervention will be required on the student's behalf to ensure his/her safety and well-being during the asthma episode.

If a student is not taking responsibility for his/her asthma management and care, because of factors such as language barriers, cognitive and/or physical ability, maturity, behavioural issues and psychosocial barriers. This will require communication between parents/guardians, teachers and other professional support staff as appropriate for a more direct intervention to ensure his/her safety.

A student with asthma who is also diagnosed with anaphylaxis (a severe systemic allergic reaction which can be fatal) is more susceptible to severe breathing problems when experiencing an anaphylactic reaction. It is extremely important for a student with asthma to keep his/her asthma well controlled. In cases where an anaphylactic reaction is suspected, but there is uncertainty whether or not the person is experiencing an asthma attack, epinephrine should be used first.

Epinephrine can be used to treat life-threatening asthma attacks as well as anaphylactic reactions. A student with asthma at risk of anaphylaxis should carry his/her asthma medication (e.g. puffers/inhalers) with his/her epinephrine auto-injector (e.g. EpiPen).

6.2. Roles and Responsibilities for Elementary and Secondary Schools

Ensuring the safety of students with asthma in a school depends on the cooperation of the entire school community to minimize risk and to ensure rapid response to any emergency. School staff, students and parents/guardians must all understand their roles and responsibilities.

School Staff:

1) School staff must be aware of all students with asthma and the information contained in each student's individual asthma management plan. School staff must be aware of the exact location of a student's back-up reliever inhaler.

2) School staff have a responsibility to participate in an education session on asthma management, that includes information about Exercise Induced Asthma (EIA) and the use of medication inhalers;

3) School staff may administer reliever inhaler medication to students who have special considerations as outlined in the student's individual asthma management plan and must record this information on the Student Log of Administered Medication (Appendix B).

4) School staff may administer reliever inhaler medication in an emergency situation, as outlined in the student's individual management plan, and must record this information on the Student Log of Administered Medication, in the

event that there is reason to believe that the student is experiencing worsening or asthma exacerbation, even when there is no preauthorized written consent from the parent/guardian or student, as appropriate.

5) School staff shall inform the parent/guardian in an emergency situation. If the student's asthma worsens, staff will call 911.

Principal/Designate:

The Principal/designate shall take steps to create a supportive, safe environment for students with asthma and the staff supporting them. The Principal/designate will:

1) Review the Asthma Management operational procedure with the entire staff each year in September and throughout the school year as required;

2) Ensure upon registration that parents/guardians and students provide the necessary information about asthma including medications (see Appendix C: Form 536F Sample Letter to Parents/Guardians for Administration of Prescribed Medication to Students; Appendix D: Form 536A Administration of Prescribed Medications);

3) Ensure that all students are permitted to carry their prescribed reliever inhaler(s) medications if they have their parents/guardians permission. Students who are 16 years or older, do not require the permission of their parents/guardians to carry their asthma medication;

4) Ensure that a back-up reliever inhaler is available at all times and that the exact location of a student's back-up reliever inhaler is communicated to school staff and others that have contact with the student on a regular basis.

5) Develop an individual management plan for each student who has asthma, in collaboration with the parent/guardian and the student as appropriate, taking into consideration any recommendations made by the student's health care provider (see Appendix A Individual Student Asthma Management Plan; Appendix B Student Log of Administered Medication; Appendix E Managing Asthma Attacks);

6) *Consent and Parental Involvement*

   (i) Ensures that upon registration, parents, guardians, caregiver and students are asked to supply information on life-threatening allergies and any other prevalent medical conditions.

(ii) Obtains informed consent from parent/guardian/student prior to displaying and sharing emergency intervention practices information with staff and other approved individuals who are in direct contact on a regular basis with a student's prevalent medical condition (e.g. lunchroom supervisors, bus drivers, etc). This information is to be posted in a non-public area of the school (e.g. staff room and/or school office in a sealed non-descriptive envelope, etc.) in accordance with applicable privacy legislation.

(iii) Maintain a file for each student that is stored in a secure location in the school office that contains the student's Individual Student Asthma Management Plan, including a copy of any notes and instructions from the student's health care provider, in accordance with applicable legislation, including relevant privacy legislation. This file should include all current emergency contact information;

(iv) Obtains consent to administer medication and complete Form 536A, Administration of Prescribed Medication and Form 536B, Management of Emergency Medical Concerns.

7) Establish a communication plan to share information on asthma with staff, students, parents/guardians and any other person who has direct contact with a student with asthma;

8) Ensure asthma education and regular training is provided for all school staff and others who are in direct contact with a student with asthma. This training will include how to recognize and prevent asthma triggers and Exercise Induced Asthma (EIA); how to recognize when symptoms are worsening; how to manage an asthma attack; and how to use asthma medication;

9) Identify and monitor asthma triggers in classrooms, common school areas and in planning field trips and implement strategies to reduce the risk of exposure;

10) Create and support the expectation that students with asthma should be participating in physical activities to the best of their abilities, including recess and physical education; and

11) Ensure that students with asthma participating in excursions, sporting events and other off school-site learning experiences have their reliever inhaler on their person and that the supervising teacher has a back-up reliever inhaler and a cell phone to be used in emergency situations.

APPENDIX C

Parents/Guardians:

1) Parents will provide school staff with up-to-date information about their child's asthma. Information should be provided to the school at the start of each school year. The school must be informed of any changes to the student's asthma situation that may affect their school routine and/or performance or ability to participate in activities;

2) Develop in collaboration with school staff and health care professionals, if necessary, the student's individual asthma management plan.

3) Complete and return all medication(s) and the administration of the medication(s) forms.

4) Work with the school to create an asthma friendly environment for their child.

6.3. Creating a Positive Environment for Students with Asthma

All school staff can support students with asthma by learning about the disease and by having frequent, open communication with parents/guardians and students. Open communication will support students' participation in all school activities, including excursions and sporting events and build a positive attitude toward students' participating fully in school life. This will also help to reduce apprehension and anxiety for everyone involved.

When a student's asthma is well managed, he/she is able to function and achieve successfully. Teachers have the same expectations for all students, in terms of academic performance, physical activity, behaviour and attendance at school.

7.0 EVALUATION

This procedure will be reviewed as required, but at a minimum every four (4) years after the effective date.

8.0 APPENDICES

Appendix A: Individual Student Asthma Management Plan
Appendix B: Student Log of Administered Medication
Appendix C: PR536F Sample Letter to Parents
Appendix D: PR536A Administration of Prescribed Medication Form
Appendix E: Managing Asthma Attacks – Poster/Reference Sheet

9.0 REFERENCE DOCUMENTS

Policies:

APPENDIX C

- Student Health Support Policy (P092)

Other Documents:

- *Ryan's Law* (*Ensuring Asthma Friendly Schools Act), 2015*

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APPENDIX D

Toronto District School Board

Operational Procedure PR536

Title: **MEDICATION**

Adopted: June 28, 2000
Effected: June 28, 2000
Revised: October 11, 2003; October 23, 2007**; April 15, 2019**
Reviewed: **April 15, 2019**
Authorization: Executive Council

1.0 RATIONALE

The Medication Operational Procedure ("The Procedure") supports the implementation of the Student Health Support Policy (P092) in the administering of medication to students.

2.0 OBJECTIVE

To establish a process for the administration of medication to students.

3.0 DEFINITIONS

Emergency medication refers to medication that is necessary for a specific condition and situation, e.g. epinephrine for a severe anaphylactic reaction administered by an auto-injector

Long-term medication refers to medication that is necessary on an ongoing basis, e.g. drugs that control hyperactivity, seizures

Medication, for the purposes of this Procedure, refers only to medication prescribed by a physician authorized to practice within the Province of Ontario. Non-prescriptive medication of any type is not to be administered by staff without written direction from a licensed physician

Short-term medication refers to medication that is necessary for a clearly specified period of time, e.g. antibiotics, or trials of drugs for specified conditions

Prevalent Medical Conditions are conditions that have the potential to result in a medical incident or a life-threatening medical emergency, which include, but are not limited to, anaphylaxis, asthma, diabetes, epilepsy, and sickle cell disorder.

APPENDIX D

4.0 RESPONSIBILITY

Associate Director, Equity, Well-Being, and School Improvement.
System Superintendent

5.0 APPLICATION AND SCOPE

This Procedure applies to all school staff and others that have contact with students on a regular basis.

6.0 PROCEDURES

6.1 This Procedure applies only to the administration of medications which may be safely administrated by an untrained layperson and does not apply to medications which must be administered by a regulated health professional.

6.2 The primary responsibility for the treatment of the medical condition(s) of a student lie with parents/guardians and medical practitioners; and the safety, health, and well-being of students is a shared concern of the Board and its staff, students and parents/guardians.

6.3 The Board and its staff are responsible for exercising the duty of care, which a reasonably careful and prudent parent/guardian would exercise. A principal does have a duty under section 265(j) of the *Education Act*: "to give assiduous attention to the health and comfort of the pupils". It must be recognized that staff administering prescribed medication are acting in the place of the parent/guardian of the student and not as health professionals.

6.4 In the course of a school day situations may arise that require measures be taken to address students medication needs. The Board authorizes the involvement of designated staff in the essential administration of prescribed medication only when all of the following conditions apply:

(i) the use of the medication is prescribed by a physician;

(ii) the medication is essential for a student to continue to attend school;

(iii) it is necessary that the medication must be taken during school hours or during school-sponsored events;

(iv) it is not appropriate for the student to self-administer the medication; and

(v) the student's parent/guardian or other authorized adult is not reasonably able to attend at school to administer the medication.

6.5 Roles and Responsibilities

APPENDIX D

(a) Superintendent, Student Voice, Parent and Community Engagement and Well-Being

(i) Ensures that superintendents of schools are aware of this Operational Procedure

(b) Superintendent of School

(i) Ensures that all staff and school principals are aware of this Operational Procedure

(ii) Ensures school principals develop and annually review school based procedures

(iii) Determines with the principal any administering of medication which fall beyond the procedures

(c) School Principal

(i) Ensures that upon registration, parents, guardians, caregiver and students are asked to supply information on any prevalent medical conditions

(ii) Obtains informed consent from parent/guardian/student prior to displaying and sharing emergency intervention practices information with staff and other approved individuals related to the student's prevalent medical condition. This information is to be posted in a non-public area of the school (e.g. staff room and/or school office in a sealed non-descriptive envelope, etc.) in accordance with applicable privacy legislation

(iii) Obtains consent to administer medication and complete Form 536A, Administration of Prescribed Medication and Form 536B, Management of Emergency Medical Concerns

(iv) Collects and maintains health and medical information for all students currently registered in accordance with applicable privacy legislation

(v) Designates which person(s) will supervise the administration of medication

(vi) Ensures a daily log or record is in place and completed by designated person(s)

(vii) Reviews annually school-based procedures for administration and storage of medication

(viii) Ensures information is available for staff designated to administer medication

(ix) Ensures that staff designated to administer medication have received instructions on the administration of the medication

(x) Designates an alternate staff member to administer medication if designated staff is absent

(xi) Reviews and makes decisions regarding the request of a parent/guardian or adult student as detailed on the Form 536A, Administration of Prescribed Medication

(xii) Provides a letter to parents and students (Form 536F) and necessary forms to parents/guardians about the administering of medication.

(xiii) Develops a school prevention plan that includes:

- a procedure to ensure that staff and student will have knowledge of and access to the medication during outdoor activities
- provision for storage of medication in a safe, accessible place clearly labeled with student's name, physician's name, storage requirements
- a file of completed forms which can be accessed by designated staff

(d) Board Staff

(i) Will be expected to administer medication which can safely be administered by a layperson provided that this is within the terms and conditions of the employee's collective agreement

(ii) Receive information and participate in appropriate activities regarding the administering of a medication

(iii) Ensures that the daily log or record is completed

(e) Parents/Guardians

(i) Complete the appropriate Administration of Prescribed Medication forms

(ii) Comply with the delivery of medication criteria as outlined on Form 536A and in Letter to Parents/Guardians

(iii) Meet with school staff as required, to review the manner of administration of the medication and any related issues.

(iv) Provide up-to-date health and medical information about their child for purposes of this Procedure

(v) Provide up to a maximum of one week's medication in correct dosage under normal circumstances

(f) Student

(i) Complies with taking medication as arranged and approved by the principal

(ii) Will understand that sharing his/her medication with other students is a violation of the Board's Safe Schools policy

(iii) Will inform school office if taking medication

(iv) Will comply with procedures regarding only a maximum of one week's dosage stored at the school

(v) Aware of the Toronto District School Board's Caring and Safe School Policy (P051) and Restrictions on Alcohol, Drug, and Tobacco Use Policy (P0XX) regarding the possession of controlled drugs

(vi) Exception: Circumstances may be such and would be agreed upon regarding secondary school students who may be able and responsible to manage their own prescribed medication

(vii) Exception: Students self-administering medication with prior written approval of principal would bring amount sufficient for that day only

(g) Public Health Nurse

(i) Acts in an advisory capacity to principal and staff in order to collaborate and facilitate access to information and other relevant resources.

7.0 EVALUATION

This Procedure will be reviewed as required, but at a minimum every four (4) years after the effective date.

8.0 APPENDICES

Appendix A: Sample Letter to Parents/Guardians for Administration of Prescribed Medication to Students

9.0 REFERENCE DOCUMENTS

Policies:

- Caring and Safe School Policy (P051)
- Restrictions on Alcohol, Drug, and Tobacco Use Policy (P0XX)

APPENDIX D

- Student Health Support Policy (P092)

Procedures:

- Administration of Prescribed Medication (PR536A)
- Caring and Safe School Procedure
- Management of Emergency Medical Concerns (PR536B)
- Student Medical Alert (PR536C)
- Monthly Administration of Medication Record (PR536D)
- Monthly Medical Administration Record (PR536E)
- Sample Letter to Parents/Guardians for Administration of Prescribed Medication to Students (PR536F)

APPENDIX A

Sample Letter to Parents/Guardians for Administration of Prescribed Medication to Students

[School Letterhead]

Date:

Dear:

You have requested to have prescribed medication administered to your child by school personnel. While it is the responsibility of parents to administer medication to their child, the Board is prepared to agree to undertake this responsibility on the following conditions:

- that the use of medication is prescribed by a physician;
- that the medication is essential for a student to continue to attend school;
- that it is necessary that the medication must be taken during school hours or during school sponsored events;
- that it is not appropriate for the student to self-administer the medication;
- that the student's parent/guardian or other authorized adult is not reasonably able to attend at school to administer the medication.

The following steps must be followed:

1. The attached form 536A, Administration of Prescribed Medication must be carefully and fully completed by you and your child's physician before medication is administered at the school.
2. The instructions from your physician must be very clearly stated.
3. Under normal circumstances, only a maximum of one week's medication can be stored in the school.
4. The medication must be delivered by you to the school in the original prescription container, clearly labeled, with student's name, name of the medication, dosage/frequency, physician's name, storage and safekeeping requirements, possible side effects and the medicine must not be stale-dated.
5. It is your responsibility to ensure that the medication kept in the school is current and that all medical information about your child and where the school may reach you is up-to-date. This would also pertain to requisite medical information needed for school excursions. You are encouraged to require your child to wear a medical information/alert bracelet or pendant while at school or at school-sponsored activities.

School staff will not administer prescription drugs or over the counter drugs unless authorized in writing by a physician.

The principal will inform school staff and volunteers of your child's need for this medication.

In return for the agreement of the Board to administer the medication to your child, the Board, its employees and agents are absolved from any legal liability related to the administration of this

medication by the Board or its employees or agents, and will not be held responsible for any illness or injury to your child relating to or resulting from the administration of the medication.

Please understand that all of this information is required in the interest of your child's physical well-being. The school does not have health professionals who administer medication. This would be done by a consenting adult within the school who is not medically trained but acting in the place of the parent/guardian.

Should you have any questions with respect to these procedures, please consult with the principal of your child's school.

Sincerely,

Principal

I/We acknowledge receipt of this letter, have reviewed its contents and agree to the conditions set out in this letter in return for the Board's agreement to undertake the administration of medication to our child.

Date:_____

Parent/Guardian Signature: _____