

## Administrative Procedure 316

---

### ADMINISTRATION OF MEDICATION TO STUDENTS

#### Background

Foothills School Division believes in safe, welcoming learning environments for all. As such, no child is to be denied an education on medical grounds. The Division has a responsibility (in loco parentis) to ensure the health and safety of all students enrolled in Division schools. The Division recognizes that exceptional situations may arise which may require one (1) or more of its employees to administer medication to a student. No employee of the Division shall administer or distribute any medication (including non-prescription medicine) except as provided in the following procedures. Staff are not authorized to give consent for the administration of any medical treatment or prescription or non-prescription medication for a student, except as provided in the following procedures.

Principals are responsible to the Superintendent for the administration of this administrative procedure.

#### Procedures

##### 1. Administration of Medication

Division staff may assist in the self-administration of medication by a student if so requested by the parent/guardian. In such situations the principal shall ensure that:

- 1.1 Responsibility for the administration of prescribed medication shall rest with the student and/or the parent/guardian. Upon written request by the parent/guardian, Division staff shall assist by providing safe storage for prescribed medications. Parents/guardians are encouraged to advise schools of medications which are being carried and self administered by students.
- 1.2 Staff are not authorized to give consent for medical treatment for a student.
- 1.3 Staff shall only directly administer medication to students in emergency situations (such as using an Epi-pen), or in situations in which the student is incapable of self administration (such as when a student has a physical disability).
- 1.4 Staff shall dispense medication only in accordance with written instructions from the parent:
  - 1.4.1 Medication shall be stored so as to prevent unauthorized access by staff or students.
  - 1.4.2 Procedures for dispensing of medication shall ensure each student receives the correct medication.
  - 1.4.3 A record shall be kept for each occasion on which medication is dispensed to a student using form [316-2](#).
  - 1.4.4 In the case of regularly administered medication, written instructions shall be provided on an annual basis to ensure the information is accurate.
- 1.5 Form [316-1](#) is completed and signed by both the parent and the physician and is on file at the school. If a request is made for medication to be administered on a short term

basis at school (10 days or less), the information on the prescription medication bottle will suffice for the physician's signature. Refer to 2.2 for more detailed information about this process.

- 1.6 If requested in writing by the parent, a staff member designated by the principal shall personally observe and keep a record of a student's self-administration of his/her medication.
- 1.7 At times it may be deemed necessary to identify students with medical conditions to others in the school in order to ensure the proper safety and supervision of the student; however, in such a situation the school shall be as respectful as possible to the student's right to privacy.
- 1.8 Parents are responsible for informing bus drivers and the transportation supervisor, who will inform any relief bus drivers.
- 1.9 Parents shall be responsible to ensure that medication supplied to the school (eg: EpiPens) have not exceeded their expiry date.
- 1.10 The Superintendent shall be immediately informed if a request for the administration of medication or personal care is refused.

## 2. Handling Medication

If the request by a parent/guardian for the administration of medications has been approved by the principal, then the following guidelines shall be implemented for the handling of the medications:

- 2.1 All medication, whether prescription or non-prescription, shall be brought into the school office by the parent/guardian and checked in at the office by the school secretary or administrator.
- 2.2 All medication should be brought to school in the original containers in one-unit doses. This will ensure that no school personnel will be responsible for measuring out medication or cutting pills into parts. Liquid medication should be administered using a dropper or medicine spoon to ensure accurate administration.
- 2.3 All attempts should be made to ensure that the medication is handled by as few persons as possible.
- 2.4 Medical/Personal Care Request and Authorization Forms (or copies) and all related medications should be kept in a secure, locked and clean location in the school office or area where the medication is administered.
- 2.5 Staff dispensing medication shall complete Form [316-2](#) – STUDENT LOG OF MEDICATION ADMINISTERED each time the medication is given to the student.
- 2.6 It is the parent's responsibility to notify the school of any changes to the original prescription or personal care plan. In the event of changes to a prescription, the school must be provided with a new pharmacy label with any change in the prescription. If the principal feels that the change is significant, a new Form [316-1](#) – Notification of Medical Condition and Personal Care Request/Authorization, signed by the parent and the physician, may be required.
- 2.7 Procedures for the safe return or disposal of unused medications should be provided for, in consultation with the parent(s).

- 2.8 Non-prescription drugs such as acetaminophen (eg. aspirins), cold remedies and inhalants shall not be administered to students without the written permission of the parent/guardian. As an exception to this, at the discretion of the principal, non-prescription remedies may be administered to a student, providing that verbal/ telephone permission from the parent/guardian is received, and two listeners hear the verbal permission. Details including date, time, type of medication and dosage must be documented in this situation on Form [316-2](#).

3. Potentially Fatal or Debilitating Medical Conditions – Required Information

In the event that a student has a potentially fatal or debilitating medical condition, such as serious allergies, diabetic conditions or epilepsy have been identified for any students within the school, the following procedures will be followed:

- 3.1 Form [316-1](#) is completed and includes the signature of the parent/guardian and physician.
- 3.2 A medical plan is developed in consultation with the parent/guardian and includes the student were appropriate and is kept on file in an easily accessible location
- 3.3 Staff members (both teaching and non-teaching) are aware of the identity of the students.
- 3.4 Staff members (both teaching and non-teaching) who may be in a position of responsibility for the students receive appropriate in-service training, for example how to use an Epi-pen.
- 3.5 Applicable Division emergency response protocols are reviewed annually with staff in the school.
- 3.6 The emergency medication is clearly labelled (in a prescription container) and kept in a secure location where staff members can access on short notice
- 3.7 A record is kept for each occasion on which medication is dispensed to a student using Form [316-2](#).
- 3.8 Adults who perform occasional duties at the school (substitute employees, volunteers, etc.) and post-secondary practicum students shall be made aware of the identity of any anaphylactic student(s) attending the school.
- 3.9 Parents are responsible for informing bus drivers and the transportation supervisor, who will inform any relief bus drivers.
- 3.10 If a situation develops that is considered serious or life-threatening, or any time the use of an Epi-pen is required, an ambulance shall be called immediately.
- 3.11 In some situations, it may be deemed appropriate to provide information about the serious health condition of a student to other students and their parents. A procedure for this shall be developed only in consultation with the parent/guardian of the student of concern and may include input from Alberta Health Personnel.

4. Emergency Procedures

In the event that a student has a potentially fatal or debilitating allergic reaction that requires immediate emergency treatment or displays potentially serious reactions as a result of a known medical condition (eg: epilepsy, insulin shock, asthma), the following steps shall be taken:

- 4.1 A staff member who has been briefed on the proper treatment procedures shall administer the treatment or medication in strict accordance with the emergency procedures laid out in the appropriate form (see Appendixes)
- 4.2 In the event that the student is riding on a Foothills School Division bus when the emergency medical treatment is required, the bus driver shall administer the treatment or the medication in accordance with the best available instructions at the scene.
- 4.3 The person in charge will designate someone to call “9-1-1” to secure trained medical assistance and have that person report back to them to confirm the placement of the phone call.
  - 4.3.1 The person in charge will cooperate with EMS personnel to arrange for the student to be transported to a medical facility
  - 4.3.2 A staff member may accompany the student to the medical facility, and stay until a family member arrives
- 4.4 The student’s parent/guardian shall be contacted immediately, informed of the situation, and asked to come to the medical facility.
- 4.5 The Principal shall record on-line all details of incidents involving injured students, actions taken, and any relevant subsequent developments using the PublicSchoolWORKS Student Accident Management module accessible [here](#).

## 5. Appendixes

Appendix A - Anaphylactic Allergies [316-3](#)

Appendix B - Asthma [316-4](#)

Appendix C - Diabetes [316-5](#)

Appendix D – Epilepsy

Insert Form [316-1](#) and [316-2](#)

## Appendix A – Anaphylaxis

### WHAT IS IT?

(ann-uh-fuh-LAK-suss)

Anaphylaxis is a severe allergic reaction that affects the entire body.

Onset can be very rapid.

Can be life-threatening.

### THINK F.A.S.T.

Symptoms may vary!

**Face-** Hives, swelling, itching, redness of the face, lips, or tongue

**Airways:** Trouble breathing, swallowing, or speaking, nasal congestion, sneezing

**Stomach:** Stomach pain, vomiting, diarrhea

**Total body:** Hives, itching, swelling, weakness, dizziness, sense of doom, loss of consciousness

### WHAT TO DO?

With any sign of breathing difficulty, face, neck, tongue or lip swelling or signs & symptoms of shock:

- Call 911
- Use Epi-pen immediately!
- Ensure that a first aid trained staff member is present
- After 5-10 minutes, if breathing difficulties persist, give second Epi-pen
- Inform parent/guardian as soon as possible

### Information Links

Alberta Education: [Students with medical needs](#)

Anaphylaxis Canada: [Food Allergy Canada - Food Allergy Canada](#)

Epi-Pen Demo: [How to Use EpiPen® | EpiPen.ca](#)

Learn Alberta: [Allergies - Information for Classroom Teachers \(learnalberta.ca\)](#)

## Appendix A – Continued

### Background

The Division recognizes the responsibility that it shares with students, parents and staff to minimize the risk of exposure of students or individuals with severe allergies to potentially life threatening allergens without depriving them of normal peer interactions, or placing unreasonable restrictions on the activities of other students in the school.

### Definitions

In this administrative procedure:

Allergen means a substance which provokes an allergic response and includes bee or wasp venom, certain foods, animal dander (eg. dogs see [AP314 – Service Dogs for Students with Special Needs](#)) and latex and other chemicals.

Injector means a syringe and needle which contain a premeasured dose of epinephrine or adrenaline and includes EpiPens® and other pre-loaded auto-injectors.

Parent means a parent as defined in the School Act.

Severe allergy means a severe allergic reaction or anaphylactic response to an allergen which, if left untreated, can lead to sudden death.

### Procedures

#### 1. Responsibilities of Parents

1.1 Parents of students with severe allergies share responsibility for minimizing the risk of exposure of students with severe allergies to potentially life-threatening allergens.

1.2 Parents of students with severe allergies must:

1.2.1 Advise the Principal, the home-room teacher and, where appropriate, Transportation Services about the student's severe allergy when the allergy is diagnosed, at the beginning of each school year, or when the student changes schools by providing the following:

1.2.1.1 Current emergency information.

1.2.1.2 Severe Allergy Alert Form (Form [316-3](#)) completed by a medical doctor.

1.2.1.3 Completed Consent to Administer Medication (Form [316-2](#))

1.2.1.4 Recent photograph of the student.

1.2.1.5 Medic Alert bracelet or other suitable identification for the student.

- 1.3 Provide the student with a case containing at least one (1) unexpired auto-injector or other medication as prescribed by a physician.
- 1.4 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.
- 1.5 It is strongly recommended that students with severe allergies have two injectors available for off campus or outdoor education trips when emergency services are not readily available.
- 1.6 Check expiry dates of medication and injectors and replace them as necessary.
- 1.7 In the case of food allergies, provide snacks and lunches for the student.
- 1.8 Be familiar with the school's severe allergies emergency response protocol.
- 1.9 Assist the Principal in developing a Care Plan for the student and help school personnel understand the care plan and its use.
- 1.10 Assist the Principal by supporting the provision of educational information about severe allergies to other parents and the school community.

## 2. Responsibilities of Students with Severe Allergies

- 2.1 Students with severe allergies share responsibility for minimizing their risk of exposure to potentially life threatening allergens.
- 2.2 Students with severe allergies must:
  - 2.2.1 Eat only foods brought from home unless authorized by the parents in writing,
  - 2.2.2 Wash their hands before eating,
  - 2.2.3 Learn to recognize symptoms of a severe allergic reaction,
  - 2.2.4 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,
  - 2.2.5 Keep an injector or medication handy or on their person at all times, and
  - 2.2.6 When age appropriate, know how to use an injector or take medication.

## 3. Responsibilities of the Principal and/or Site Supervisor

- 3.1 Principals and Site Supervisors share responsibility for minimizing the risk of exposure of students and staff with severe allergies to potentially life-threatening allergens.
- 3.2 Epipen training will be available in person for all staff where severe allergies are known to be present in the workplace.
  - 3.2.1 Employees who take part in in person training will not be required to complete the training in Public School Works

## **STUDENTS**

- 3.8 The Principal is responsible for planning the coordination and management of students who have life-threatening allergies in coordination with parents, by ensuring that:

- 3.8.1 The parents of the student with severe allergies are advised of this administrative procedure and provided with a copy of it and the emergency response protocol.
- 3.8.2 Any provided injectors which are not in the student's possession are stored in a covered, secure and accessible location at the school.
- 3.8.3 Protection of *Students With Life-Threatening Allergies Act* requires boards to ensure that a minimum of one epinephrine auto-injector is maintained in accordance with regulations in each school by the board.
- 3.8.4 A Student Care Plan is developed including:
  - 3.8.4.1 Provision for the collection and storage of auto-injectors,
  - 3.8.4.2 Education of all parties,
  - 3.8.4.3 Procedures to be followed,
  - 3.8.4.4 Location of the medication,
  - 3.8.4.5 Photographs of students, and
  - 3.8.4.6 Off-campus, off-site, and lunch program procedures.
- 3.8.5 The Student Care Plan is to be kept in a readily accessible location at the school and include emergency contact information.
- 3.8.6 When a student with a severe allergy transfers to another school, the Principal shall assist the parent in communicating the student's severe allergies and care plan to the receiving Principal.

#### 4. Responsibilities of Teachers of Students with Severe Allergies

- 4.1 The classroom teacher of a student with severe allergies shares responsibility for minimizing the risk of exposure of students with severe allergies to potentially life threatening allergens.
- 4.2 Such teachers must:
  - 4.2.1 Discuss anaphylaxis with the class, in age-appropriate terms, making sure to include the following:
    - 4.2.1.1 Encourage students not to share or trade food,
    - 4.2.1.2 Hand-washing before and after eating,
    - 4.2.1.3 Encouraging an empathetic understanding of severe allergies and the seriousness of the consequences.
  - 4.2.2 Avoid allergenic foods and substances for classroom events.
  - 4.2.3 Facilitate communication with other parents.
  - 4.2.4 Leave the Student Care Plan in an organized, prominent and accessible format for substitute teachers.
  - 4.2.5 Ensure that the emergency response protocol and appropriate medication is taken on off-site activities.
  - 4.2.6 Know the school's emergency response protocol.
  - 4.2.7 Encourage the student with severe allergies to eat only what is brought from home.

#### 5. Educating all Members of the Site or School Community

- 5.1 The principal/supervisor shall ensure:



- 5.1.1 that all staff and lunch program supervisors receive training annually, or more frequently if required, in the recognition of a severe allergic reaction and the use of injectors and the emergency response protocol.
- 5.1.2 that all members of the site or school community (such as substitute teachers, volunteers, bus drivers and FSD staff involved in student supervision) have appropriate information about severe allergies including background information on allergies, anaphylaxis and safety procedures;

that all off-site activity service providers are notified of the individual's severe allergy, if necessary.

#### 4. Responsibilities of the School Division

4.1 The School Division will ensure the following are made available to all schools and employees.

4.1.1 All employees will be required to take EpiPen and severe allergy training either made available through first aid training or via Public School Works

4.1.2 EpiPen training kits will be made available to every school and will be stored with the First Aid Kits in the main office at each school or site 7.2 Provide each school with an EpiPen storage container to be housed next to the First Aid Kit in the main office.

4.2 Develop standard documents for every school or site to list students and staff with allergies, what the allergies are, where they keep their personal EpiPen, and when the expiry date is.

4.2.1 These forms will be shared with each point of service, updated regularly, and secured with the First Aid Kit/EpiPen storage container to be installed housed next to the First Aid Kit in the main office.

4.3 Embed severe allergy training as part of operational days before first day of student attendance where possible

Reference: Relevant Legislation & Guidelines

## Appendix B – Asthma

### WHAT IS IT?

Asthma is a respiratory disease where inflammation of the airways causes cough, wheeze, chest tightness and shortness of breath.

### Signs of a life-threatening condition:

- Struggling to breathe
- Lips or fingernails blue
- Pale sweaty skin
- Severe coughing
- Fast breathing
- Difficulty talking

### WHAT TO DO?

With any sign of breathing difficulty:

- Call 911
- Ensure that a first aid trained staff member is present
- Help student take 2 puffs of (blue) reliever inhaler
- Repeat inhaler every 10 minutes until ambulance arrives
- Inform parent/guardian as soon as possible

### Information Links

Asthma Society of Canada: [Asthma Canada](#)

Allergies and Asthma: [Allergies and Asthma - Asthma Canada](#)

Learn Alberta: Asthma - [Information for Classroom Teachers \(learnalberta.ca\)](#) Appendix B – Continued

Response plans shall be in place in the event of an asthma attack in the school. Primary responsibility for the management of asthma rests with the student, his/her parents (where appropriate), and/or appropriate medical personnel. For any students with asthma:

1. A response plan shall be in place in the event of a severe asthma attack in the school
2. It is the responsibility of the asthmatic student's parents to inform the school principal of their child's condition.
3. Form [316-4](#) – Asthma Emergency Plan - shall be completed in consultation with the parent/guardian for students with a severe asthma condition.
4. School staff and parents shall work together to monitor, reduce and avoid triggers of asthma in the school environment.
5. School staff shall permit the student to self-administer medication using an inhaler as outlined in Form [316-4](#).
6. The principal shall ensure that emergency response information/training is provided to all employees and others, such as practicum students, who are in direct contact with severely asthmatic students on a regular basis.
7. Students are expected to participate in school activities as fully as possible.

## Form 316 – 4 – Asthma Emergency Plan

## Instructions

Emergency treatment information is shown in Section 2 on this page.

This form is for use by teachers and school officials. All information requested below must be obtained from the parent or guardian of the child/student.

## 1. Contact Information

School Office Use Only	
Student ID No.	
Grade	
School Year	
Date form completed	

Student Name		
Date of Birth		<input type="checkbox"/> Male <input type="checkbox"/> Female
Mother/Guardian		Phone
Father/Guardian		Phone
Other Contacts		Phone
Physician		Phone
Allergy Specialist		Phone
Preferred Hospital		Phone

Insert Photo of  
Student Here

## 2. Symptoms and Treatments for this Child/Student

Mild Attack Symptoms	Moderate Attach Symptoms	Severe Attack Symptoms
Treatment	Treatment	Treatment

**3. Medications prescribed for this child/student:**\_\_\_\_\_

**4. Allergies:** \_\_\_\_\_

**5. Location of Medical Supplies:** \_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Name

\_\_\_\_\_

Date

\_\_\_\_\_

Parent/Guardian Signature

## Appendix C - Diabetes

### WHAT IS IT?

Diabetes is a condition in which the body either cannot produce insulin or cannot properly use the insulin it produces. Insulin's role is to regulate the amount of glucose (sugar) in the blood. Blood sugar must be carefully regulated to ensure that the body functions properly. Too much blood sugar can cause damage to organs, blood vessels, and nerves. Your body also needs insulin to use sugar for energy.

### Type 1 Diabetes

People with type 1 diabetes are not able to produce their own insulin and must take insulin by injection or pump

### Type 2 Diabetes

People with type 2 diabetes cannot properly use the insulin made by their bodies, or their bodies are not able to produce enough insulin. Although controlled mostly through diet and exercise, insulin therapy or medications are sometimes required.

### SIGNS OF A LIFE-THREATENING CONDITION

Blood sugar too low (**hypoglycemia**) - too much insulin / too little sugar in diet

- Sweating, light-headed, irritable, confused, drowsy, hungry, blurred vision
- Convulsions, unconsciousness (Life threatening!)

Blood sugar too high (**hyperglycemia**) - too little insulin / too much sugar in diet

- Thirst, frequent urination, tiredness, blurred vision, irritable
- If untreated for several days: Diabetic ketoacidosis with nausea, vomiting (Life Threatening!)

### WHAT TO DO?

Both situations require immediate medical attention:

- Call 911
- Ensure that a first aid trained staff member is present
- If conscious, give student sugar (orange juice or sweet snack)
- Inform parent/guardian as soon as possible

### Information Links

Canadian Diabetic Association: [Diabetes Canada - Home](#)

Learn Alberta: Diabetes (Type 1) - [Information for Classroom Teachers \(learnalberta.ca\)](#)

Guidelines for Supporting Students with Type 1 Diabetes in Schools: [Alberta Education.pdf \(alberta.ca\)](#)

## Appendix C – Continued

Response plans shall be in place in the event intervention due to diabetes is required. Primary responsibility for the management of diabetes rests with the student, his/her parents (where appropriate), and/or appropriate medical personnel. For any students with diabetes:

1. Schools will establish a method for staff to identify students with diabetes using a photograph displayed in a visible location.
2. Administration will facilitate and provide opportunity for all school personnel in regular contact with the student with diabetes to attend a staff education session on diabetes. The session shall include the treatment of hypoglycemia, hyperglycemia and glucagon administration when indicated. Trained personnel will be identified in Form [316-5](#), Diabetes Care Plan.
3. Personnel, responding to student needs, will be instructed to remain with the student until appropriate treatment has been administered and the blood glucose level has stabilized.
4. Schools will allow flexibility in the student's class routine/school rules to ensure that the student with diabetes can appropriately manage the condition. Situations may include allowing the student to eat on the bus or at his/her desk, not participate temporarily in certain activities, ask for assistance from school personnel, etc.
5. If indicated in Form [316-5](#), Diabetes Care Plan, designated school personnel will administer glucagon for the treatment of severe hypoglycemia. The glucagon emergency kit should be labelled and kept in an accessible and secure location with the student's hypoglycemia treatment kit.
6. Schools will provide a hygienic, safe and private environment for the student to perform diabetes related tasks if the student wishes privacy.
7. Schools will provide for safe and accessible storage of the student's food supplies.
8. Designated school personnel will notify the parent if:
  - a. the student does not eat all scheduled meals and snacks (age appropriate) or vomits. (Young children and those with special needs may need to be reminded of snack times.)
  - b. there are any upcoming changes planned for the school schedule that will affect the student's meal/ snack times and activity level.
  - c. the student is unwell or exhibits signs of hyperglycemia such as frequent thirst or urination.
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 public health nurse and diabetes care team as required.
11. It is the parent's responsibility to:
  - a. provide all materials and equipment necessary for diabetes care tasks including:
    - i. Blood glucose testing
    - ii. Emergency Hypoglycemia Treatment Kit, including Glucagon when indicated
    - iii. Insulin administration
    - iv. Urine ketone testing
    - v. Sharps disposal for insulin needles and lancets
  - b. collaborate with the diabetes team, contact AHS Public Health and school personnel to complete a Diabetes Care Plan (Form 316-5), which will be reviewed on a yearly basis and revised during the school year as needed.
  - c. arrange an annual meeting with school personnel to update medical information and arrange dates for yearly education sessions for school personnel.

12. It is the student's responsibility to:

- a. 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.
  - i. 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 public health nurse and school personnel. This should be documented in the Diabetes Care Plan (Form 316-5)
- b. communicate with school personnel any concerns with diabetes care tasks including circumstances of hypoglycemia or hyperglycemia, when feeling unwell, or when requiring assistance from school personnel.



## Form 316-5 – Diabetes Care Plan

Diabetes Care Plan For:

School:

Effective Dates:

Date of Birth:

Grade:

Homeroom Teacher:

Place photo of student  
here

### Contact Information

Parent/Guardian	Home Phone	Work Phone	Cell Phone	Address
Student's Physician	Office Phone	Clinic Name	Address	
Other Contact	Home Phone	Work Phone	Cell Phone	

School to contact parent in the following situations:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**Hypoglycemia (low blood sugar)**

Usual symptoms of hypoglycemia:

- •
- 
- 

Treatment for hypoglycemia:

- •
- 
- 

Location of hypoglycemia kit: \_\_\_\_\_

**Glucagon treatment for severe hypoglycemia      ☐ Yes      ☐ No**

Location of Glucagon kit: \_\_\_\_\_

**Call 911 or emergency medical service if the student is incoherent, unconscious, is unable to swallow or has had a seizure. Glucagon should not be given during a seizure (convulsion).**

School personnel trained to administer glucagon and dates of training:

Name	Training Date(s)

**Hyperglycemia (high blood sugar)**

Usual symptoms of hyperglycemia:

- 
- 
- 
- 

Treatment for hyperglycemia:

- 
- 
- 
- 

Test urine for ketones when blood glucose greater than \_\_\_\_\_ mmol/L

Test urine for ketones when student is feeling sick:    ☐ Yes    ☐ No

Procedure for ketone testing:

- 
- 
- 
- 
- 

### Diabetes Supplies

Supplies	Location
Blood glucose monitoring equipment	
Insulin administration supplies	
Hypoglycemia treatment kit	
Glucagon emergency kit	
Ketone testing supplies	
Snack foods	
Other (specify)	
Other (specify)	

### Blood Glucose Monitoring

Type of blood glucose meter that student uses:

Target range for blood glucose: \_\_\_\_\_ mmol/L to \_\_\_\_\_ mmol/L

Usual times to test blood glucose:

- ☐ Before breakfast      ☐ Before lunch      ☐ Before supper  
☐ 2 hours after meals      ☐ During the night (time:    )      ☐ Before bedtime/before  
bedtime snack

Times to do extra test (check all that apply):

- ☐ Before exercise      ☐ After exercise  
☐ When student exhibits hyperglycemia  
☐ When student exhibits hypoglycemia  
☐ Other (explain):

Can student perform own blood glucose test?    ☐ Yes      ☐ No

School personnel trained to monitor blood glucose levels and dates of training: ☐

Not applicable

Name	Date(s) of Training

### Insulin

Time, type and dosages to be given during school:

Time	Type	Dosage

School personnel trained to help with insulin injections and dates of training: ☐

Not applicable

Name	Date(s) of Training

Can student give own injections?

☐ Yes

☐ No

Can student determine correct amount of insulin?

☐ Yes

☐ No

Can student draw/dial correct amount of insulin?

☐ Yes

☐ No

**For students with insulin pumps:**

Type of pump:

Basal Rates:

Meal Boluses:

Insulin/Carbohydrate ratios:

Correction Factor:

Is student competent regarding pump?

☐ Yes

☐ No

Can student deal with pump malfunction?

☐ Yes

☐ No

Contact person if pump malfunction is suspected:

Comments:

**Meals and Snack Foods**

Meal	Time	Food Content/Amount
Breakfast		
AM Snack		
Lunch		
PM Snack		
Dinner		
Bedtime Snack		

Snack before exercise? ☐ Yes ☐ No

Type of Snack:

Snack after exercise? ☐ Yes ☐ No

Type of Snack:

Other Times To Give Snacks:

Type of Snack:

A source of glucose, such as \_\_\_\_\_ should be readily available at all times.

Foods to Avoid:

Instructions for when food is provided to the class:

## Exercise and Sports

A snack such as \_\_\_\_\_ should be readily available at the site of the exercise or sport. Restrictions on activity if any:

Student should not exercise if blood sugar is below \_\_\_\_\_ mmol/L, or greater than \_\_\_\_\_ mmol/L, and showing ketones in urine.

---

---

## Signatures

Reviewed by: \_\_\_\_\_ (Diabetes Care Team Member)

Acknowledged by: \_\_\_\_\_ (Parent/Guardian)

Received by: \_\_\_\_\_ (School Support Team Member)

Received by: \_\_\_\_\_ (School Administrator)

For information regarding upcoming information sessions, visit the Alberta Children's Hospital Diabetes Clinic website at: <https://cumming.ucalgary.ca/research/achdiabetes/achdiabetes>

For more information, contact the Alberta Children's Hospital Diabetes Clinic at 403-955-7003

## Appendix D – Epilepsy

### Appendix D – Epilepsy – Continued

#### WHAT IS IT?

Epilepsy is a common condition that causes repeated seizures. The seizures are caused by bursts of electrical activity in the brain that are not normal. Seizures may cause problems with muscle control, movement, speech, vision, or awareness.

#### Convulsive Seizures

May last 2-5 minutes

Muscle stiffening and jerking

Some difficulty breathing

Saliva foaming around the mouth

#### Nonconvulsive Seizures

May last 5-15 seconds

Brief interruptions of consciousness

Staring spells

Small muscular facial movements

Confusion

#### WHAT TO DO?

- Ensure that a first aid trained staff member is present
- Protect the child from injury: remove hard/sharp objects, loosen tight clothing
- Guide the child's movements, but do not try to stop or restrict movements
- When the seizure is over, gently turn the child to his side with his face turned slightly downward. This will keep him from choking on vomit or saliva and will keep the airway open. DO NOT try to force the child's mouth open or put anything in his mouth
- Protect the child's privacy by asking onlookers to leave
- Call 911 IF: o the child has a second seizure shortly after the first, or o if unconscious for more than five minutes, or o if it is the child's first seizure and you do not know the cause.
- When convulsions stop, wipe away fluid from the mouth and nose. Lay the child on his side (recovery position), with the top knee and bottom arm extended to keep him from rolling on his stomach. Stay with the child and allow them to rest
- Inform parent/guardian as soon as possible

#### Information Links

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

Learn Alberta: [http://www.learnalberta.ca/content/inmdict/html/seizure\\_disorders.html](http://www.learnalberta.ca/content/inmdict/html/seizure_disorders.html)

Response plans shall be in place in the event a seizure occurs at school. Primary responsibility for the management of epilepsy rests with the student, his/her parents (where appropriate), and/or appropriate medical personnel. For any students with epilepsy:

1. It is the parent's responsibility to notify the school if their child is known to have an epileptic disorder. This should be done at the time of registration.
  - a. In addition, if there are any changes in the condition, including a change in medications, the school should be notified immediately. *(Medication is sometimes able to reduce the number of seizures or eliminate them entirely. While the child is growing, it may be difficult to find the right level of medication, and it may take time for the child to adjust to medication, particularly during growth spurts.)*
2. Administration will facilitate and provide opportunity for all school personnel in regular contact with the student with epilepsy to attend a staff education session on epilepsy.
3. Unless otherwise advised by the child's physician, the child can be expected to participate in all school activities.
4. Form 316-1 – Notification of Medical Condition and Personal Care Request/Authorization will be completed and maintained on file at the school, easily accessible to personnel as required.