
HORIZON SCHOOL DIVISION

Policy Code:	JFCH
Policy Title:	Illicit & Controlled Substances & Medical Management
Cross Reference:	IFGA, IGD, JHF
Legal Reference:	Education Act, Criminal Code Access to cannabis for medical purposes regulation, Protection of Students with Life Threatening Allergies Act
Adoption Date:	May 28, 1997
Amendment or Re-affirmation Date:	June 12, 2008 February 25, 2014 January 23, 2019 November 25, 2019

POLICY HANDBOOK

POLICY

THE BOARD OF TRUSTEES OF HORIZON SCHOOL DIVISION IS COMMITTED TO ENSURING THE HEALTH, AND SAFETY OF ITS STAFF, STUDENTS, AND THE PUBLIC AT LARGE. THE BOARD RECOGNIZES AND ACCEPTS ITS RESPONSIBILITY TO PROVIDE ITS STAFF WITH A SAFE, HEALTHY, AND PRODUCTIVE WORK PLACE. THE BOARD BELIEVES ALCOHOL, TOBACCO, CANNABIS, AND DRUGS CAN HAVE ADVERSE EFFECTS ON JOB PERFORMANCE, STUDENT LEARNING, AND THE HEALTH AND SAFETY OF STAFF, STUDENTS, AND THE PUBLIC AT LARGE. AS SUCH, THE BOARD STRICTLY PROHIBITS THE POSSESSION, USE, DISTRIBUTION OR SALE OF ALCOHOL; TOBACCO; CANNABIS; AND/OR DRUGS BY STUDENTS, STAFF, OR VISITORS WHILE ON SCHOOL JURISDICTION PREMISES, WHILE ENGAGED IN SCHOOL JURISDICTION WORK OR SCHOOL JURISDICTION SPONSORED ACTIVITY OR ANY TIME WHEN IT COULD NEGATIVELY AFFECT JOB PERFORMANCE, STUDENT LEARNING, OR THE CLIMATE OF THE SCHOOL JURISDICTION. (E.G. BEFORE ATTENDING SCHOOL/WORK OR SCHOOL JURISDICTION SPONSORED ACTIVITY).

DEFINITIONS

Drugs means any substance, inclusive of illicit drugs, restricted drugs, and medication, as defined by this policy, the use of which has the potential to cause impairment or intoxication, changing or affecting the way a person thinks, feels, or acts. For the purposes of this policy, drugs of concern are those that inhibit a worker's ability to perform his or her job safely and productively and include narcotic, tranquilizers, antipsychotics, hallucinogen, painkiller, performance enhancer, stimulant, depressant, controlled substance as per the *Controlled Drugs and Substances Act*, including alcohol, tobacco, and cannabis.

1. **"Illicit Drug"** means any drug or substance that is not legally obtainable and whose use, sale, possession, purchase or transfer is prohibited by law (for example, street drugs such as heroin and cocaine).
2. **"Restricted Drug"** means any drug or substance capable of causing intoxication or impairment which is legally obtainable for non-medical (recreational) use and whose sale, purchase, possession, or transfer are restricted by law.
3. **"Medication"** refers to a drug obtained legally by staff and used as indicated or directed, including but not limited to those obtained by staff with a doctor's prescription or medical document, as contemplated by the *Access to Cannabis for Medical*

Purposes Regulation (as amended, repealed and replaced from time to time), and non-prescription or over-the-counter products.

Drug or alcohol dependence: A mental, physical, or psychological dependence on drugs, alcohol, or other impairing substance which is considered by a physician to be a medical condition/disability as contemplated by Human Rights law. Note: non-medical usage of drugs, alcohol, or other impairing substances, is not a medical condition/disability as contemplated by Human Rights law.

Health-Care Practitioner: means a person who is registered and entitled under the laws of a province to practice medicine in that province or prescribe drugs in the province in which they practice.

Jurisdiction Premises: Includes all land, property, structures, installations, facilities, vehicles and equipment owned, leased, operated or otherwise controlled by the jurisdiction including colony schools. .

Possession: To have on one's person, in one's personal effects, in one's vehicle or otherwise under one's care, custody, or control including: locations to which a student and/or staff member has sole or primary access, including lockers or assigned vehicles.

Reasonable grounds: An understanding based on objective and articulated facts sufficient to lead an individual to form a reasonable suspicion that alcohol, cannabis, or other drug use or possession in violation of this policy might be influencing an individual's work performance. The decision will usually be based on specific, personal observations such as, but not limited to observed use, evidence of use, or evidence of being under the influence.

Safety-sensitive positions shall include any position where the performance of duties with impaired physical or mental abilities creates a reasonably foreseeable risk of injury, physical harm, or danger, including, but not limited to those staff who are required or permitted to operate the division's vehicles or their own personal vehicles for employment-related purposes.

Staff: In the context of this policy, staff includes any individual who works for wages or salary under a collective agreement or contract of employment, whether oral or written, express or implied, and has recognized rights and duties. It includes volunteers and all individuals who receive compensation from the Horizon School Division for services rendered including contractors while providing services.

Under the influence of drugs, alcohol, cannabis, medication or any illicit or restricted substance for the purpose of this policy is defined as the use of one or more of these substances to an extent that staff are:

- 1.1. Unable to perform in a productive manner including a deterioration in an individual's physical and mental judgements or abilities which a person is expected to possess in order to function as a reasonable and prudent staff/student;
- 1.2. In a physical or mental condition that creates a risk to the safety and well-being of the individual, other staff, students, or the property of the division or any member of the public; or
- 1.3. Displaying signs or symptoms of impairing substance use, including but not limited to the smell of alcohol or drugs, slurred speech, and/or atypical behaviour.

GUIDELINES

1. The Cannabis Act does not alter the responsibilities of staff when it comes to the use of drugs, including cannabis, and alcohol in the workplace.
 - 1.1. While non-medical cannabis is legal for adults, employers retain the right to regulate the consumption, possession and trafficking of cannabis at work, and prohibit students and staff from being and working under the influence of cannabis.
 - 1.2. Staff have the responsibility to report to work capable of performing their tasks productively and safely.
2. The use of drugs, alcohol, and cannabis, can have serious adverse effects on the safety of the workplace for staff, students, and the public.
3. The purpose of this policy is to establish the division's expectations for appropriate behaviour, consequences for non-compliance, and to provide accommodation and supports available for students and staff suffering from drug or alcohol dependency.
4. Students and staff are expected to use over-the-counter and/or prescription/medical document medications responsibly.
 - 4.1. Staff, parents/guardians, and independent students, are responsible for check with their own physician or pharmacist regarding side effects of their medication, especially as it relates to impairment and report any concerns to their principal/supervisor.
5. Students and staff who have drug or alcohol problems are encouraged to seek assistance before performance problems (whether or not in violation of this policy) lead to disciplinary action.
6. Medical disabilities are prohibited grounds of discrimination under the Alberta Human Rights Act. Human Rights protection will be extended to the treatment indicated and prescribed for a disability.
 - 6.1. Horizon will not accommodate impairment in the workplace/learning environment
 - 6.2. While drug addiction may qualify as a disability that requires the employer to make efforts to accommodate the employee, users of alcohol, and non-medical cannabis or drugs users are not considered to have a disability under human rights legislation. As such, Horizon has no legal duty to accommodate a recreational cannabis, alcohol, or drug user.
7. An acknowledgment by a student or staff of a drug and/or alcohol addiction will not be a cause for disciplinary action. Notwithstanding such, a student or staff's request for assistance will not be a defense to the imposition of disciplinary action where a violation of this or other policies has occurred.

REGULATIONS

Policy JFCH: Illicit & Controlled Substances & Medical Management – Cont'd

1. All jurisdiction premises, shall be alcohol; tobacco; cannabis; and illicit and restricted drug free environments on a 24 hour per day basis.
2. During a staff's working hours, whether on the division's premises or while conducting employment-related activities off the division's premises, including during meal periods, scheduled breaks, on field trips, during extra-curricular activities, and on-call shifts, no staff shall:
 - 2.1. Use, consume, possess, distribute, sell or be under the influence of illicit drugs;
 - 2.2. Use, consume, possess, distribute, sell or be under the influence of restricted drugs;
 - 2.3. Use, consume, possess, distribute, sell or be under the influence of alcohol, unless authorized by the division for a specific limited purpose; or
 - 2.4. Use, consume, possess, distribute, sell or be under the influence of any other intoxicants, whether a controlled or uncontrolled substance.
3. Staff shall not, under any circumstance, consume alcohol or use, consume, ingest, or inhale illicit drugs, restricted drugs or other intoxicants while in care and control of or responsible for any division vehicle or equipment, or while using the staff member's personal vehicle for work-related purposes.
4. Students shall not be in possession or use illicit drugs, restricted drugs, alcohol, tobacco, cannabis, their products, and/or paraphernalia including but not limited to cigarettes, cigars, cigarillos, electronic cigarettes, vapes, spit tobacco, snus, snuff, or any other kind of tobacco product, cannabis, and/or hookah/shisha/waterpipes on school jurisdiction premises and/or during school sponsored activities.
5. If a staff member is called back after regular working hours to perform work-related duties and has been consuming alcohol or using drugs or other intoxicants, it is the staff's responsibility to:
 - 5.1. Ensure that he or she does not perform any employment duties, including operating a motor vehicle, while under the influence of alcohol, illicit drugs, restricted drugs, medication, or any other intoxicant or substance, if impairment has resulted;
 - 5.2. Notify the staff member's supervisor of the circumstances immediately; and
 - 5.3. Confirm directly or through the staff member's supervisor that a responsible staff member who is not under the influence of alcohol, drugs, or intoxicants will perform the required task.
6. The legal use of medication in compliance with physician directions is permitted at work only if it does not impair the staff member's ability to perform his or her work effectively and in a safe manner. Staff are required to disclose to Human Resources the use of medication, which may reasonably be expected to affect their work performance or the safe execution of their duties. The division is committed to accommodating staff's necessary use of medication to the extent reasonably possible without suffering undue hardship.

7. Principals may apply to the Superintendent to designate an outdoor area where staff may smoke tobacco if smoking off school property creates a safety concern or concern regarding respect for neighbors' property.
 - 7.1. With principal approval, tobacco may be brought onto school premises for gifting to Indigenous people.
 - 7.2. With principal approval, non-tobacco smudging may occur on school premises as part of Indigenous ceremonies.
8. Parents and visitors under the influence of intoxicants; illicit and restricted drugs; alcohol; or cannabis; will generally be asked to leave the premises for the safety of the whole school.
9. Horizon reserves the right to conduct unannounced searches for alcohol, cannabis, or illicit and restricted drugs where there are reasonable grounds to believe students/staff are in possession while on jurisdiction premises.

Self-Declaration and Accommodation of Individuals who have a Drug or Alcohol Dependency

1. Any student or staff suffering from a drug or alcohol dependence is **required** to disclose the dependence to principal (in the case of student) / Superintendent or designate (in the case of staff). The division recognizes its responsibility to assist and accommodate students and staff suffering from a drug or alcohol dependence to the extent reasonably possible, including providing staff with access to sick leave as with any other illness, without suffering undue hardship. The division will take appropriate precautions to protect confidentiality, given the sensitive nature of the issue.
2. Staff who are concerned that a student or fellow staff member may be suffering from a drug or alcohol dependence are strongly encouraged to report their concerns to their immediate supervisor. While the division will make its best efforts to protect confidentiality when a concern is reported, it may be necessary for the division to disclose certain information, including but not limited to the identity of the reporting staff member, to parents or the staff in question in order to properly investigate concerns.
3. The legal use of medication in compliance with physician directions is permitted at work only if it does not impair the staff member's ability to perform his or her work effectively and in a safe manner, including, but not limited to, the safe operation of vehicles and equipment. Employees are required to disclose to the Superintendent or designate the use of medication which may reasonably be expected to affect their work performance or the safe execution of their duties. The division is committed to accommodating an employee's necessary use of medication to the extent reasonably possible without suffering undue hardship.
4. In the accommodation process, it is the parent/independent student/staff's responsibility to
 - 4.1. Identify the need for accommodation
 - 4.2. Provide medical information substantiating the accommodation request
 - 4.3. Cooperate with the treatment recommendations,

- 4.4. Cooperate with the accommodation process, and
- 4.5. Accept reasonable accommodations
5. In order to properly accommodate a student or employee, Horizon requires sufficient information from the physician or medical professional. This information balances Horizon's need to maintain a safe learning environment and safe workplace while respecting the student and employee's right to privacy. Information requests should be limited to essential duties and accommodation needs. The diagnosis or details of the treatment plan do not necessarily need to be disclosed. The employer and employee or student should share with the physician a complete description of the job and related duties/responsibilities, the work/school schedule, and any other pertinent information. The physician should provide a prescription or medical document detailing:
 - 5.1. whether the medication/drug needs to be taken at school/work
 - 5.2. the period of use (not to exceed one year)
 - 5.3. the details and contact information of the health care practitioner
 - 5.4. specific accommodation needs
 - 5.5. any restrictions or limitations
 - 5.6. whether there is a treatment plan, and any relevant details of that plan
 - 5.7. any implications regarding behaviour, attendance or performance
 - 5.8. the plan for return to school/work if the student/employee is to be off work/absent from school
 - 5.9. anticipated return to school/work date if on leave
 - 5.10. whether the employee is "fit to work", determine if medically the employee can safely perform the job or task under the working conditions. The medical professional should report one of three conclusions
 - 5.10.1. fit,
 - 5.10.2. unfit, or
 - 5.10.3. fit subject to work modifications.
 - 5.11. When required, an accommodation plan will be jointly developed by the individual requiring accommodation and the appropriate jurisdiction staff.

Contravention of this Policy

1. The division views the rules contained in this policy to be of the utmost importance. This is a zero-tolerance policy; any deviation from the above terms will result in confiscation and/or disciplinary

Policy JFCH: Illicit & Controlled Substances & Medical Management – Cont'd

action that may include expulsion (student) or immediate termination (staff). All employees will be made aware of this policy via a “Drug and Alcohol Policy Acknowledgement” as notification that any resulting dismissal will be considered as “dismissal for just cause” and not subject to notice or pay in lieu of notice.

2. As indicated above, any student or staff member suffering from a drug or alcohol dependence is required to disclose the addiction, and the division recognizes its responsibility to assist and accommodate students and employees suffering from such a condition. However, if a student or staff member neglects or refuses to disclose a drug or alcohol dependence to the division, in violation of this policy, the division will be forced to deal with breaches of this policy based on the understanding that the student or staff member is not suffering from a drug or alcohol dependence, but has simply disregarded this policy, in which case immediate and strict disciplinary action will be taken. Further, failure to disclose a drug or alcohol dependence is itself a violation of this policy.
3. Notwithstanding the foregoing, any and all disciplinary action under this policy that is taken by the division against a student and/or staff member will comply with the *Education Act* and the terms of any applicable collective agreement or contract then in place.
 - 3.1. If a student or staff is suspected of being in contravention of this policy, the first consideration shall be for the safety and well-being of the student, staff, and other individuals.
 - 3.1.1. If deemed necessary, medical help shall be sought.
 - 3.1.2. Student or staff contravention of this policy will be immediately reported to the principal/supervisor.
 - 3.1.3. In the case of students, an attempt shall be made immediately to contact the parent(s)/guardian(s).
 - 3.1.4. Unauthorized drugs will be confiscated
 - 3.1.5. The Principal/Supervisor will notify and consult with the police if the drug is suspected to be illegal or restricted, and hand over the drug to the police as soon as possible.
 - 3.1.6. A student may be suspended/expelled for violation of this policy as per policy IGD: suspension and expulsion of students.
 - 3.1.6.1. All cases of possession and/or use of restricted and illicit drugs, cannabis, or alcohol on school premises, shall result in the application of standard student suspension procedures.
 - 3.1.6.2. A principal shall normally make a recommendation for expulsion to the Board of Trustees when a student distributes, or sells illicit and/or restricted drugs.
 - 3.1.6.3. A principal may also make a recommendation for expulsion to the Board of Trustees when a student repeatedly contravenes this policy.
 - 3.2. Principals/supervisors should immediately notify the Superintendent or designate and arrange to escort staff home who report to work intoxicated or under the influence of alcohol, cannabis, or drug.

Post-Violation Return to Work/School

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1. Seeking voluntary assistance for drug or alcohol dependence will not jeopardize an employee's employment with the division, so long as the employee continues to cooperate and seek appropriate treatment for his or her disclosed problem and is able to treat and control the problem to facilitate a return to work within the reasonably foreseeable future.
2. Any employee violating this policy who is subsequently authorized and accepted by the division to return to the workplace shall receive a Return to Work Letter outlining conditions of the return to the workplace which will normally include, but is not limited to, the following:
 - 2.1. Requirement to continue treatment, counselling, and assistance programs or procedures recommended by the employee's advising physician or addiction counsellor;
 - 2.2. Express obligation to immediately cease performance of duties and notify a supervisor in the event the employee finds themselves under the influence at any time during work hours following a return to the workplace;
 - 2.3. Requirement to provide written medical confirmation that the employee has any condition under control and is able to safely return to the workplace without danger to the employee or others;
 - 2.4. Requirement to provide reasonably regular updates from the employee's physician or addiction counsellor confirming that the employee continues to follow recommended treatment programs and continues to be fit for performance of duties without danger to themselves or others; and
 - 2.5. An express warning to the employee that future violations of the policy will lead to further discipline and serious consideration of immediate termination for just cause.
3. Staff suffering from drug or alcohol dependence who fail to co-operate with assistance or treatment programs or engage in repeated infractions of this policy, will be subject to the normal disciplinary sanctions, up to and including immediate termination for just cause.

Employee Assistance in the Administration of Student Medication

1. The primary responsibility for the administration of prescribed medication rests with the individual student, his/her parents/guardians and/or the appropriate medical personnel. It is appropriate, however, for employees to assist in the administration of medication if necessary for the student to attend school, and if requested and authorized by the parents/guardian.
 - 1.1. It is the responsibility of the parent/guardian to inform the school of their child's medical condition if the condition requires regular medication or medication/personal care in special or emergency situations.
 - 1.2. Students with potential medical problems are to be identified annually during registration.
 - 1.3. If an identified medical condition may require: the administration of medication during school hours or while attending school sponsored events, and/or emergency intervention at school, parents/guardians will be required to complete the Illicit & Controlled Substances & Medical Management *Plan* (Attachment 2).

Policy JFCH: Illicit & Controlled Substances & Medical Management – Cont'd

- 1.4. The *Illicit & Controlled Substances & Medical Management Plan* (Attachment 2) is valid only for the school year. It is the responsibility of the parent/guardian to renew the form annually and update during the school year to reflect any change in the student's medication or medical condition.
- 1.5. Identification of students requiring medication shall respect the student's right to privacy.
- 1.6. The school principal shall be responsible for:
 - 1.6.1. The safe storage of medication, and disposal of any medication left at the school for which the *Illicit & Controlled Substances & Medical Management Plan* has been completed.
 - 1.6.2. Ensuring procedures are in place to ensure each student receives the correct medication.
 - 1.6.3. Ensuring a system to record dispensing of medication is in place.
 - 1.6.4. Instructions provided by parents and physicians relating to student medication are made known to appropriate staff and followed with reasonable care.
 - 1.6.5. Ensuring that procedures are in place for making staff aware of the identity of students with serious or life-threatening conditions who are attending the school.
 - 1.6.6. In-service is provided for all staff members who may be in a position of responsibility of students with serious or life-threatening conditions. In-service will include a review of the appropriate emergency procedures.
 - 1.6.7. Staff are aware of and have access to Horizon School Division Medical Conditions handbook (Attachment 3) that describes treatment of students with asthma, diabetes, epilepsy, and anaphylaxis.
- 1.7. Any medication needing to be returned to parents/guardians must be picked up personally by parents/guardians at the school.
2. When receiving and storing medication in connection with a student's prescription the label on the container must include:
 - 2.1. patient's name
 - 2.2. name of prescribing health care practitioner
 - 2.3. name of licensed producer
 - 2.4. daily equivalent quantity prescribed
 - 2.5. expiry date of the patient's registration

Protection of Students with Life-threatening Allergies Act

1. Upon enrollment, parents and students shall be asked to supply information on life threatening allergies, if any, and
2. Schools shall also implement a risk reduction plan that shall include

- 2.1. mandatory regular training on dealing with life-threatening allergies for all school staff whether or not the school has a student with a life-threatening allergy.
- 2.2. each school shall maintain a file for every student who has an anaphylactic allergy including emergency procedures, any current treatments, copies of any prescriptions, any instructions from health professionals and a current emergency contact list.
- 2.3. information for employees and others who on a regular basis are in direct contact with a student who has an anaphylactic allergy regarding the type of allergy, monitoring and avoidance strategies and appropriate treatments,
- 2.4. provisions for and information regarding storage for epinephrine auto-injectors, where necessary.
- 2.5. a communication plan for the dissemination of information on life-threatening allergies to parents, students and employees;
3. Effective January 1, 2020, schools shall ensure that a minimum of one epinephrine auto-injector is maintained in accordance with the regulations in each school.
4. Preauthorized administration of medication
 - 4.1. An employee may be preauthorized to administer or supervise student administration of medication in response to an anaphylactic reaction, and may do so, if
 - 4.1.1. the information maintained in the student's file under 2.2 remains current, and
 - 4.1.2. consent has been given by the parent or student, as applicable, in the manner prescribed by the regulations.
 - 4.2. Parents and students are responsible for ensuring that the information maintained under 2.2 remains current.
5. Effective January 1, 2020, emergency administration of medication
 - 5.1. Even if not preauthorized to do so under section 4.1, an employee may administer an epinephrine auto-injector or other medication prescribed to a student for the treatment of an anaphylactic reaction if the employee has reason to believe that the student is experiencing an anaphylactic reaction.

Acknowledgment

1. The Superintendent will ensure that all new employees sign an acknowledgment form (Attachment 1) that they are aware of this policy and specifically that the employee understands that contravention of this policy will result in disciplinary action, up to and including termination.

ATTACHMENT 1

Illicit & Controlled Substances & Medical Management
ACKNOWLEDGEMENT

Horizon School Division is committed to ensuring the health and safety of its staff and students, as well as fostering an effective and productive environment for working and learning. We recognize that the use of impairing substances, like drugs, alcohol, and even certain medications can impede our ability to achieve these common goals. For this reason, Horizon School Division is adopting new guidelines for substance use in the workplace, to clearly set out our expectations for staff conduct, options for seeking help, and the consequences of violations.

We expect that you’ll come to work able to work safely and effectively, which in our view means free from impairment. Under no circumstances should staff be in possession of, using, consuming, ingesting or under the influence of impairing drugs or alcohol during working hours, whether on or off Horizon School Division property. We also expect that if you’re operating a vehicle, whether it’s Horizon School Division or personal property, for any work-related purpose, that you’ll similarly be free from impairment. We expect that our staff will comply with these rules on a day to day basis.

This prohibition applies to illegal drugs, drugs which are approved for recreational use, and even to prescribed medications, which may cause impairment or otherwise interfere with an employee’s ability to work safely (even if they’re used as indicated or prescribed). We would encourage you to speak with your doctor or pharmacist to understand the risk of impairment associated with prescribed or over-the-counter medicines, and that you disclose this to Horizon School Division if there is a likely workplace impact. We are committed to working with you to accommodate necessary use of medication to limit or eliminate workplace impact, to the extent possible.

If you’re suffering from addiction, you must disclose it to the Horizon School Division. We will help you seek and obtain the help you need, without recourse or fear of reprisal. Horizon School Division will work with you and your advising physician and/or counsellors, provide you time away from work, if necessary, return you to work when appropriate, and keep you accountable upon your return. We expect you to cooperate in this process and follow reasonable treatment recommendations and reasonable guidelines set by the Horizon School Division. If you feel like one of your co-workers is struggling with an addiction, we ask that you let us know. Horizon School Division is committed to accommodating staff addictions to the point of undue hardship.

We wish to be clear that this is a zero-tolerance policy; violations of the policy will be subject to discipline, up to and including termination for cause.

It is very important that each staff understands their obligations under this policy, and to confirm their commitment to keeping our workplace safe, productive, and impairment-free.

I confirm that I have received a copy of the Illicit & Controlled Substances & Medical Management policy, and that I have read and understand the obligations outlined therein and summarized above.

Employee signature

Date

Print Employee Name

ATTACHMENT 2



**Horizon School Division
Policy JFCH
Medical Management Plan**
Medical Conditions and Disabilities Information

(To Be Completed by Parent/Legal Guardian or Independent Student)

This plan is for the 20____/20____ School Year

STUDENT’S LEGAL LAST NAME:	STUDENT’S LEGAL FIRST NAME:	STUDENT’S LEGAL MIDDLE NAME:
STUDENT ALIAS (Student goes by):		
AB ED Student ID Number:		
Grade:	Age:	Date of Birth:
Name of Medical Condition/Health Concern: (please specify if any allergies are life threatening)		
Date of Last Review of Plan:		
Homeroom Teacher:		Room:
Parent/Guardian Name:		
Phone (Home):	Phone (Work):	Phone (Cell):
Address:		
Parent/Guardian Name:		
Phone (Home):	Phone (Work):	Phone (Cell):
Address:		
Name(s) and contact phone numbers of Physician(s)/Health Care Provider(s):		
Emergency Response:		
Emergency Contact #1: _____ (Name/Relationship)		
Phone (Home): _____	Phone (Cell) _____	Phone (Cell) _____
Emergency Contact #2: _____ (Name/Relationship)		
Phone (Home): _____	Phone (Cell) _____	Phone (Cell) _____

Horizon School Division
Medical Management Plan (Continued)
Medical Conditions and Disabilities Information

STUDENT'S LEGAL LAST NAME:	STUDENT'S LEGAL FIRST NAME:	STUDENT'S LEGAL MIDDLE NAME:
<p>Describe the medical condition(s) that require attention/assistance, include current treatment, and signs or situations that indicate an emergency response is needed. If condition is an allergy, please specify what the student is allergic to and whether the allergies are life threatening</p> <p>List the steps to take in the event of an emergency related to this condition (include treatment other than medication which is appropriate when symptoms appear):</p>		
<p>SYMPTOMS: List symptoms of the condition that this student is experiencing or may experience and strategies for managing these symptoms:</p>		
<p>MONITORING: List signs or symptoms that may indicate the condition is not under control or that medication needs to be adjusted. Identify specific steps that the student or teacher should take to monitor this condition:</p>		

Horizon School Division
Medical Management Plan (Continued)
 Medical Conditions and Disabilities Information

STUDENT’S LEGAL LAST NAME:	STUDENT’S LEGAL FIRST NAME:	STUDENT’S LEGAL MIDDLE NAME:
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ACCOMMODATIONS AND SPECIAL CONSIDERATIONS

List any adaptations or strategies that will assist this student in participating as fully as possible:

List strategies that reduce the risk of exposure to anaphylactic causative agents in classrooms and school common areas:

Risk	Strategies to Avoid Allergen	Who is responsible

COMMUNICATION PLAN

For the dissemination of information on life-threatening allergies to all parents, students and employees

Independent Student Signature (if applicable)	Independent Student Name (PLEASE PRINT) (if applicable)	Date
Parent/Guardian Signature	Parent/Guardian Name (PLEASE PRINT)	Date
Physician/Pharmacist Signature	Physician/Pharmacist Name (PLEASE PRINT)	Date
Principal Signature	Principal Name (PLEASE PRINT)	Date

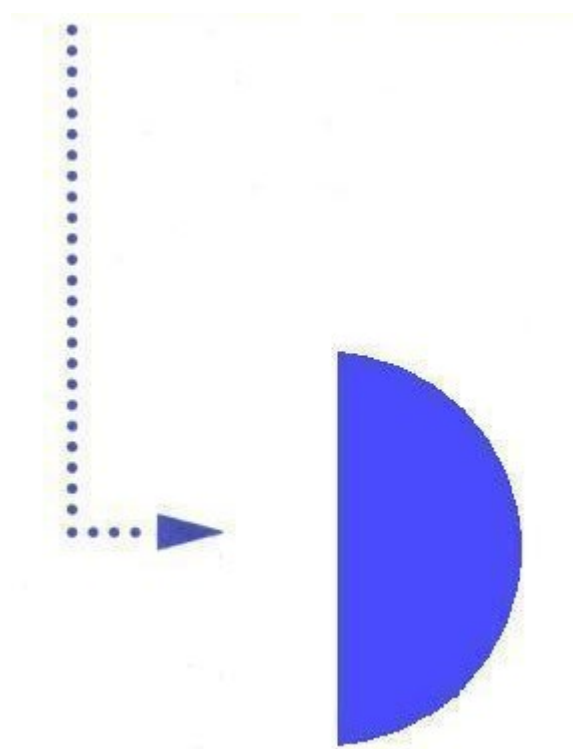
Personal information is collected under the authority of the *Education Act* and *Alberta’s Freedom of Information and Protection of Privacy Act (FOIP)*. This information will be used to respond to the identified medical need of the student named above. It will be treated in accordance with the privacy protection provisions of the FOIP Act.

ATTACHMENT 3



Medical Conditions Handbook

<http://www.learnalberta.ca/content/inmdict/html/index.html>



- Allergies/
Anaphylaxis
- Asthma
- Epilepsy
- Diabetes

ALLERGIES/ ANAPHYLAXIS

An allergy is the body's overreaction to usually harmless substances called allergens. The most common allergens are pollen, dust, insect bites, molds, pets, and a variety of foods. Certain foods, such as peanuts, nuts, seafood and milk, may cause severe reactions. Any kind of food can be an allergen to some people.

Allergens enter the body through the nose, eyelids, bronchial passage, digestive system or even the skin. These allergens stimulate the body to produce allergic antibodies which coat certain cells in the lining of the respiratory tract, skin and the gastro-intestinal tract. When one of the allergens again enters the body, the reunion of the allergen and the allergic antibodies stimulates these cells to release chemical mediators. These are usually histamines, which cause symptoms such as sneezing, runny nose, hives, itchy eyes and wheezing.

Studies indicate that one in every five students has a major allergy. As children mature, they may outgrow certain sensitivities only to have them replaced by others. The tendency to become allergic is usually inherited and remains throughout the person's life.

RECOGNIZING ALLERGIES

Symptoms include:

- excessive throat clearing, chronic cough
- wheezing, runny nose, sneezing, sniffing
- itchy puffy eyes, dark circles under the eyes
- intermittent hearing loss
- frequent brief absences from school
- inconsistent behaviour or spells of hyperactivity and irritability in a usually well-adjusted student
- disruptive behaviour
- lethargy and sleepiness which may be a result of allergic reactions, antihistamines or lack of sleep
- occasional decrease in attention span and lack of concentration
- headaches
- weakness and pallor
- listlessness and withdrawal from classroom activities
- learning difficulties, particularly with reading and listening skills
- itchiness, rashes, hives

Recognizing an Extreme Reaction

Severe Allergies: Anaphylaxis

General Information

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

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

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

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 and diarrhea

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

Other: anxiety, feeling of “impending doom”, headache, uterine cramps in females

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

Both can lead to death if untreated.

Guiding Principles

1. This portion of the Medical Conditions Handbook defines standards and procedures required for the management of students and staff at risk of severe allergic reactions while they are the responsibility of the school system, recognizing that this responsibility is shared among the individual, parents/guardians/guardians, the school system and health care providers.
2. The purpose is to minimize the risk of exposure of students with severe allergies to potentially life-threatening allergens without depriving the student with severe allergies of normal peer interactions or placing unreasonable restrictions on the activities of other students in the school.
3. The District recognizes the dangers faced by students and staff with severe reactions to certain allergens. While the District cannot guarantee an allergen-free environment, the District will take reasonable steps to ensure a safe environment for students with life-threatening allergies, further to the goal of maintaining an appropriate learning environment for all students.

RESPONSIBILITIES

Parent/Guardian Responsibilities

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

Student Responsibilities

Students with severe allergies must:

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

Principal Responsibilities

1. The principal is responsible for planning the coordination and management of students who have life-threatening allergies.
2. The principal must:
 - a) advise the parents/guardians of the student with severe allergies of the Horizon Medical Conditions Handbook and provide them with a copy;
 - b) consult and advise the parents/guardians of the student with severe allergies, the school council and the school community of any school specific procedures regarding severe allergies;
 - c) request that the parents/guardians sign the Authorization to Administer Medication;
 - d) advise all staff members of students who have potentially life threatening allergies as soon as possible; and
 - e) request the consent of the parent to post the student's photo and display the Emergency Care Plan.
3. The principal is encouraged to involve parents/guardians in all phases of planning.
4. The principal must ensure that an emergency plan:
 - a) is developed for each student with severe allergies in cooperation with the parents/guardians, the student's physician and where the principal deems it necessary, the public health nurse, and
 - b) is kept in a readily accessible location at the school and includes emergency contact information.

Policy JFCH: Illicit & Controlled Substances & Medical Management – Cont'd

5. With the consent of the parent or guardian, the principal may post a photograph of the student with severe allergies with a description of the allergy and the student's emergency response protocol in a central but not public location at the school.
6. The principal must ensure:
 - a) that all teaching staff and non-teaching staff be aware of the emergency response protocol and receive annual training, or more frequently if required, in the recognition of severe allergic reactions and the use of injectors;
 - b) that all members of the school community including substitute teachers, student teachers and volunteers have appropriate information about severe allergies, including background information on allergies, anaphylaxis and safety procedures; and
 - c) that all off-site activity services providers are notified of the student's severe allergy, if necessary.
7. With the consent of the parent, the principal and the classroom teacher must ensure that:
 - a) the student's classmates are provided with information on severe allergies in a manner that is appropriate for the age and maturity level of the students, and that
 - b) strategies to reduce teasing and bullying are incorporated in this information.
8. The principal must ensure that:
 - a) a school severe allergies emergency response protocol is developed including provision for the collection and storage of injectors, education of all parties, procedures to be followed, location of the medication, photographs of students, and off-campus, off-site, and lunch program procedures;
 - b) any injectors provided by parents/guardians and which are not in the student's possession are stored in a covered, secure and accessible location at the school; and
 - c) all teaching staff, including substitute teachers, and non-teaching staff, and student teachers are aware of the location of the injectors.
9. The principal must ensure that an individual student Anaphylaxis Emergency Plan form:
 - a) is developed for each student with severe allergies in cooperation with the parents/guardians, the student's physician and, where the principal deems it necessary, the public health nurse;
 - b) includes emergency contact information and procedures; and
 - c) is kept in a readily accessible location at the school.

Sample letters and communications templates are available for the use by principals in the *Anaphylaxis: A Handbook for School Boards* Manual.

Teacher Responsibilities

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

Lunch Supervisor Responsibilities

1. The lunch supervisor of a student with severe allergies must:

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- a) know the school's emergency response protocol;
- b) encourage students not to share or trade food;
- c) encourage the student with severe allergies to eat only what he/she brings from home;
- d) reinforce hand-washing before and after eating;
- e) follow school policies for reducing risk in classrooms and common areas; and
- f) encourage an empathetic understanding of severe allergies and the seriousness of the consequences.

How to use the EpiPen® Epinephrine Auto-Injector

Comment utiliser l'auto-injecteur d'adrénaline EpiPen®



1.



Grasp unit with black tip pointing downward and pull off grey activator cap.

Tenir l'unité avec le bout noir pointant vers le bas et enlever le bouchon activateur gris.

2.



Jab black tip firmly into outer thigh so it "clicks" AND HOLD on thigh approximately 10 seconds.

Enfoncer brusquement le bout noir dans la cuisse jusqu'à un « dé clic » ET MAINTENIR l'unité dans cette position pendant environ 10 secondes.

3.



Seek medical attention.

Obtenir des soins médicaux.

AVAILABLE THROUGH YOUR PHARMACIST
DISPONIBLE CHEZ VOTRE PHARMACIEN

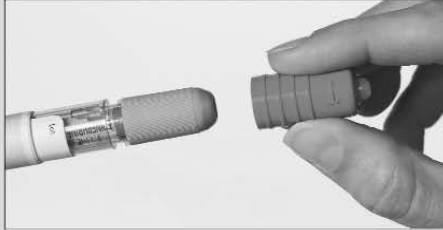


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www.epipen.ca

Twinject: Easy to use, easy to carry your back-up dose.



FIRST DOSE: AUTO-INJECTED



ONE
PULL off GREEN end cap to see a GREY cap.
Never put thumb, finger or hand over the GREY cap.

TWO
PULL off RED end cap.
Numbered caps are for memory purposes only, and order is not important.



INJECT
Place GREY cap against mid-outer thigh. Press down firmly. Hold against thigh while slowly counting to ten. Injects through clothes. Remove auto-injector.

**PREPARE FOR SECOND DOSE.
SEEK EMERGENCY MEDICAL HELP IMMEDIATELY.**

SECOND DOSE, IF NEEDED: MANUAL



Unscrew and remove GREY cap. **Beware of exposed needle.** Holding BLUE hub at needle base, remove syringe from barrel.



Slide collar off plunger. **PAUSE. If symptoms have not improved in about 10 minutes since first dose, inject second dose.**



Insert needle into mid-thigh (at least 5 cm/2 in from first injection site) and push plunger down completely.

SEEK EMERGENCY MEDICAL HELP IMMEDIATELY.

Twinject 0.3 mg Auto-Injector (0.3 mL Epinephrine Injection, USP, 1:1000) and Twinject 0.15 mg Auto-Injector (0.15 mL Epinephrine Injection, USP, 1:1000) are indicated for emergency treatment of severe allergic reactions (Type 1) including anaphylaxis to: stinging insects, biting insects, allergen immunotherapy, foods, latex, other allergens, and drugs. (Please see Product Monograph for full indication.) Epinephrine can also be used in the treatment of anaphylaxis of unknown cause, exercise-induced anaphylaxis, or anaphylactoid reactions.

Epinephrine should be used with caution in patients with cardiac arrhythmias, coronary artery or organic heart disease, hypertension, or in patients who are on medications that may sensitize the heart to arrhythmias. In patients with coronary insufficiency or ischemic heart disease, epinephrine may precipitate or aggravate angina pectoris as well as produce potentially fatal ventricular arrhythmias. Epinephrine use should be avoided in patients with organic brain damage. Administer with caution to elderly or hyperthyroid individuals, pregnant women, individuals with cardiovascular disease or diabetes.

Adverse reactions include transient, moderate anxiety; feelings of over stimulation; apprehensiveness; restlessness; tremor; weakness; shakiness; dizziness; sweating; an increase in pulse rate; the sensation of a more forceful heartbeat; palpitations; pallor; nausea and vomiting; headache, and/or respiratory difficulties.

More than 2 sequential doses of epinephrine should only be administered under direct medical supervision.



P030803E



During a Reaction to a Sting or Bite:

DO

notify parents—call an ambulance if the student experiences difficulty breathing, faintness, pallor, swelling in other areas or generalized itching



have the student lie down and remain in a prone position—however, if breathing is difficult, the student should be seated



flick out the stinger with your fingernail



put an ice pack on the sting or bite site.

DO NOT

squeeze the stinger, as this will inject the remaining venom.

CLASSROOM MANAGEMENT

- Meet with the parents and the student early in the year to determine the student's individual needs and plan a program to avoid contact with known allergens.
- Inform all appropriate school personnel of the student's condition.
- Have parents supply an antihistamine or an adrenalin kit (EpiPen or Ana-Kit) to have on hand. Be familiar with any treatment the student may be using; e.g., bronchodilators, antihistamines, adrenalin kits, (EpiPen or Ana-Kit). If the student is on a daily or seasonal medication routine, remind the student to take any prescribed medication.
- Be familiar with the specific substances to which the student is allergic. (This may include certain odours—chemicals, tobacco and other smoke, cosmetics, perfumes; heavily chlorinated pools; dust, chalk dust; cold air; paints; markers; clay; playdough; animals, animal dander from another student's clothes; plants; insect stings or bites; foods—especially nuts, seafood and dairy products; drugs; preservatives and colouring additives.)
- Expect participation in regular classroom activities. However, allow exemptions if they are in the student's best interest. Make any necessary adjustments for participation in outdoor activities or classes where environmental factors or materials could cause reactions; e.g., art, home economics, chemistry or woodworking. Seat the student in a well-ventilated area.
- Explain allergies to the class and suggest ways they can show support and encouragement.
- Encourage the students with food allergies to avoid swapping lunches.
- Keep furred and feathered pets out of the classroom so an allergic student can avoid contact.

CONTACTS

Alberta Children's Asthma Clinic

Telephone: (403) 943-7328

Fax: (403) 943-7527

Alberta Lung Association

Telephone: 1-800-661-LUNG

(780) 488-6819

Fax: (780) 488-7195

Allergy/Asthma Information Association

Edmonton Branch

Telephone: (780) 456-6651

Fax: (Same)

Asthma Teaching Clinic

Telephone: (780) 735-4353

Fax: (780) 735-4048

Chinook Health Region

Community Health

Taber: Telephone: (403) 223-4406

Fax: (403) 223-8733

Vauxhall: Telephone: (403) 654-2232

Fax: (403) 654-2134

Milk River: Telephone: 1-866-647-3430

Fax: (403) 647-3435

***The term "parent(s)" refers to parents or legal guardians.**

References

1. Anaphylaxis: A Handbook for School Boards, Canadian School Boards Association
2. Allergy Anaphylaxis Informational Response Kit, Alberta Education
3. Anaphylaxis in Schools and Other Settings, Canadian Society of Allergy and Clinical Immunology
http://aaia.ca/en/Anaphylaxis_3rd_Edition.pdf
<http://aaia.ca/en/aboutAnaphylaxis.htm>

*The term "parent(s)" refers to parents or legal guardians.

Adapted from Alberta Education, Special Education Branch, Awareness Series, "Allergies".

ASTHMA

Asthma is a chronic disease that causes the airways in the lungs to become constricted, leading to breathing difficulties. A variety of factors may cause the muscles of the airways to tighten and the linings of these passages to swell and produce extra mucus. As the narrowing increases, breathing becomes more difficult, ranging from persistent coughing to laboured wheezing.

An asthma attack or episode may last from a few minutes to several days and may be triggered by any of the following:

- air pollution
- allergies: pets, pollen, molds, dust mites, foods, drugs
- animals
- art or craft supplies, fresh paint
- aspirin
- carpets
- cold air
- cosmetics, perfumes
- dust
- emotions: excitement, fear, anger, laughter
- environmental factors: pollens, molds, grasses, weeds, trees, flowers
- exercise, overexertion
- tobacco and other smoke
- viral infections: colds, flu strains
- weather.

Asthma is the most chronic disease of childhood. As many as 10 to 20 per cent of students may have asthma at some time. Asthma can be controlled and students with asthma should be capable of participating in most school activities. Although asthma is not a psychological disorder, it may be triggered by emotional factors.

RECOGNIZING ASTHMA

Symptoms include:

- laboured breathing
- tightness in the chest
- chest discomfort and excessive breathlessness after exertion, inability to exercise
- recurring, persistent cough
- wheezing
- inexplicable agitation
- hunched-over posture, tight neck and shoulder muscles
- paleness, sweatiness

During an attack

DO

give the student a bronchodilator treatment



if symptoms remain, give another bronchodilator treatment and notify parents



if symptoms persist for more than five minutes, give a third bronchodilator treatment and call an ambulance



encourage the student to relax and breathe slowly



if the student requests a drink, allow a warm drink



remain calm and speak gently to the student.

DO NOT

leave the student alone



make the student lie down



allow the student to go home alone.

CLASSROOM MANAGEMENT

- Meet with the parents and the student early in the year to determine the student's individual needs and inform all appropriate school personnel of the student's condition. Get specific information on any treatment the student is using, for example, what medication is being taken and what relaxation techniques are effective.
- Prepare an action plan containing documentation for each student with asthma. It should include the location of medications and specific emergency procedures for both mild and severe attacks.
- Have parents provide a bronchodilator that is available at all times, in and out of the classroom. It should be carried by the student.
- Familiarize yourself with relievers (bronchodilators), preventers (anti-inflammatory inhalers) and peak flow metres.
- Respect the student's knowledge of asthma. Decide ahead of time what will be done if the student perceives an attack is starting. Encourage the student to take control by using preventative measures to avoid serious attacks. It may be necessary for the student to:
 - leave class and find a place to relax with supervision
 - use a bronchodilator
 - drink warm fluids.
- If the asthma is allergy-triggered and the offending source has been determined, make the classroom as comfortable as possible by removing the cause of the attacks.
- Expect the student to participate in as many classroom activities as possible and in exercise programs to improve physical fitness. However, exercise is a trigger for many students. To avoid reactions, these students require medication administered 30 minutes prior to exercise, a slow warm up, short bursts of activity and a slow cool down. Be aware of students who need pre-exercise medication and, if necessary, remind them to take it. They may also require further medication during exercise.
- An asthma attack may be frightening for those unfamiliar with the condition. Explain asthma to the class and suggest ways they can show support and encouragement.
- Inform parents if the student appears to be taking more medication than usual.

CONTACTS

Alberta Lung Association

Telephone: 1-800-661-LUNG
(780) 488-6819
Fax: (780) 488-7195

Alberta Children's Asthma Clinic

Telephone: (403) 943-7328
Fax: (403) 943-7527

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*The term "parent(s)" refers to parents or legal guardians.

Adapted from Alberta Education, Special Education Branch, Awareness Series, "Asthma".

EPILEPSY

Epilepsy is a disorder of the brain—it is not a disease nor is it a mental disorder. It is characterized by recurring seizures of varying severity which are caused by uncontrollable electrical discharges in the brain cells.

Cells working together in the brain communicate by means of electrical signals. When a particular group of cells sends abnormal discharges of electrical energy to different parts of the brain, a seizure results.

The brain controls motor movements, thought, sensations and emotions. It also regulates the involuntary functions of the heart, lungs, bowels and bladder. Some disruption of any or all of these functions may occur during an epileptic seizure.

The frequency of seizures varies greatly from one individual to another. Medication is sometimes able to reduce the number of seizures or eliminate them entirely. While the student is growing, it may be difficult to find the right level of medication and it may take time for the student to adjust to medication, particularly during growth spurts.

There are two main categories of seizures. If the whole brain is involved, the seizure is considered to be generalized. If the excessive electrical discharge is limited to one part of the brain, the seizure is partial.

RECOGNIZING A GENERALIZED SEIZURE

There are two types of generalized seizures—convulsive (formerly called Grand Mal) and non-convulsive (formerly called Petit Mal).

A convulsive seizure may last from two to five minutes. Symptoms include:

- muscles stiffening and jerking
- some breathing difficulty
- saliva forming around the mouth.

Non-convulsive seizures may last from 5 to 15 seconds. Symptoms include:

- brief interruptions of consciousness
- staring spells
- small muscular facial movements
- irregular eye movements
- confusion

During a Generalized Seizure:

DO

notify parents—call an ambulance if the seizure lasts more than five minutes

turn the student on the side to allow saliva to flow freely from the mouth

ease the student to the floor

loosen tight clothing

cushion the head to soften the impact of the seizure

cover the student with a blanket

remove any hard, sharp or hot objects nearby

talk calmly and gently to the student

allow the seizure to run its course

let the student rest or sleep after the seizure.

DO NOT

put anything in the student's mouth

give the student anything to drink

restrain the student

allow the student to go home alone.

RECOGNIZING A PARTIAL SEIZURE

Complete consciousness is not lost during a partial seizure. Symptoms include:

- inappropriate movements
- plucking at clothes, smacking lips
- aimless wandering
- confusion.

No first aid is required during a partial seizure. Talk calmly and gently to the student. Don't give the student anything to drink. A partial seizure may lead to a generalized seizure.

CLASSROOM MANAGEMENT

- Meet with the parents and the student early in the year to determine the student's individual needs and discuss how a seizure will be handled should one occur in school.
- Inform all appropriate school personnel of the student's condition.
- Respect the student's knowledge of epilepsy. Some students are able to recognize the onset of a seizure.
- A seizure may be frightening to those unfamiliar with the condition. Explain epilepsy to the class and tell them what might happen during a seizure. Suggest ways they can show support and encouragement.
- Assign a student to act as a buddy to help the student who has experienced a seizure readjust to the classroom. After resting, most students can carry on as before.
- Usually students with epilepsy are able to participate in all classroom activities. A physician may limit participation in some situations involving physical activities.
- The student with epilepsy may experience some interruption of classroom learning and require additional assistance and support.
- Observe and record behavioral changes and frequency of seizures and inform parents of any episodes.

CONTACTS

To contact the nearest branch of Epilepsy Associations of Alberta:

Telephone: 1-866-Epilepsy

Chinook Health Region

Community Health

Taber: Telephone: (403) 223-4406

Fax: (403) 223-8733

Vauxhall: Telephone: (403) 654-2232

Fax: (403) 654-2134

Milk River: Telephone: 1-866-647-3430

Fax: (403) 647-3435

*The term "parent(s)" refers to parents or legal guardians.

Adapted from Alberta Education, Special Education Branch, Awareness Series, "Epilepsy".

DIABETES

Diabetes results from the failure of the pancreas to produce the hormone insulin. Without insulin the body does not absorb sugar. The supply of insulin in the body may be stimulated by oral medication or may be replaced by injection. Diabetes can be controlled through planned eating, insulin supplementation and regular physical activity.

A student with diabetes can participate in all school activities; however, it may be necessary at times to help the student monitor food intake and activity. Students with diabetes may not fully understand the special needs and limitations of diabetes until about age 10. With support and encouragement, the student will gain increased confidence to assume responsibility for the condition.

Diabetes is the third largest cause of non-accidental death in North America. There are two types of diabetic emergencies school personnel may face—high blood sugar (hyperglycemia) and low blood sugar (hypoglycemia).

RECOGNIZING HIGH BLOOD SUGAR

Symptoms occur gradually over a period of hours or days and are caused by overeating, lack of insulin, stress, injury or undiagnosed diabetes. They include:

- thirst
- frequent urination
- flushed, dry skin
- nausea and vomiting
- laboured breathing
- fruity odour to breath
- drowsiness, confusion
- eventual unconsciousness.

RECOGNIZING LOW BLOOD SUGAR

Symptoms, which occur suddenly, are caused by too much insulin, delayed or skipped meals and increased exercise without extra food. Symptoms include:

- cold, clammy skin
- nervousness, trembling, shaking hands
- confusion, disorientation
- irritability, hostility
- lack of coordination, staggering
- difficulty speaking

- hunger
- abnormal pain
- blurred vision
- dizziness
- eventual unconsciousness

In an Emergency:

DO

notify parents—if student is unconscious, call an ambulance

▼
have sugar, pop or juice available at all times

▼
give the student 10 mL (2 tsp.) sugar or 125 mL (4 oz.) juice or pop and repeat in 10 minutes if the student isn't better.

DO NOT

give food or drink if the student is unconscious

▼
allow the student to go home alone.

Diabetes Management: Planning and Awareness

Understanding implications of a child/student's Type 1 diabetes is important for getting to know the child/student, planning effective instruction and providing support as needed. For example, some child/student behaviour, such as an inability to concentrate may be a symptom of high or low blood sugar, which would require attention as outlined in an individual care plan. In addition, children/students with Type 1 diabetes require insulin by injection or by a pump during the school day or on school activities.

The following are planning considerations for schools and/or school authorities and additional information that may be required in an ICP for supporting children/students with Type 1 diabetes in schools:

- Identify the appropriate school staff to meet with the child/student, where appropriate, and parents/guardians prior to the start of the school year or at the time of registration to discuss how the school can support the child/student's needs related to Type 1 diabetes.
- Develop an ICP that aligns with related school authority policies and procedures, in collaboration with the child/student, where appropriate, parents/guardians, school staff and healthcare professionals.
- Collaborate and plan with parents/guardians and the child/student, where appropriate, for school activities such as field trips, extra-curricular activities, class parties, special events and other events that may require physical activity beyond what would occur during an average school day. As part of planning for such school activities:
 - notify parents/guardians, as early as possible, of changes in their child's regular schedule due to school activities or other situations so that they can plan and provide the appropriate medication, equipment or supplies; and

- discuss possible modifications to the ICP with parents as a result of school activities and include such modifications in the ICP.
- Provide a private and sanitary place to test blood and inject insulin. In consultation with child/student and parents/guardians, develop a sanitary disposal and clean-up routine.
- Enable a supportive environment for the child/student to manage their medical condition, including allowing for meals and snacks when needed.
- Collaborate with parents/guardians and the school and/or school authority team to identify and coordinate any needed consultation and services with community healthcare professionals.
- Develop a system for sharing information with relevant staff members, including substitute teachers, school volunteers and bus drivers about the child/student's condition, including key management strategies and considerations.
- Develop a system for regular communication between parents/guardians/caregivers.
- Provide training to appropriate staff.
- Raises awareness about Type 1 diabetes within the school community.

RESPONSIBILITIES

Parent/Guardian Responsibilities

1. educate their child about their diabetes and/or medical need(s) with the goal of the child taking primary responsibility for the management of their procedures or medications, where possible;
2. work with the appropriate healthcare professionals to attend to the medical needs of their child outside of school hours, when possible;
3. ensure that their child has and/or wears suitable identification (e.g., medical alert bracelet) while at school or on a school activity, wherever possible;
4. ensure that their child's condition is as stable as possible and that they follow the medically prescribed care prior to arrival at school;
5. notify the school of any changes to their child's medical needs at the earliest possible opportunity in writing;
6. provide sufficient up-to-date and accurate information on their child's condition, symptoms, treatments, potential side effects of any medication and potential risks associated with their child's medical condition in a timely manner;
7. confirm at the beginning of each school year, school term or at the time of registration, the status of their child's medical needs;
8. encourage their child to notify school staff when they experience symptoms of low or high blood sugar;
9. participate in the development and implementation of the Medical Management Plan (MMP) for their child, including carrying out any action agreed to;
10. assist the principal by supporting the provision of educational information about Type 1 diabetes to other parents and the school community;
11. provide any medication, equipment or other supplies necessary to support the diabetes management of their child in school. This includes ensuring that these items are appropriately labelled, maintained and/or replaced before their expiration date or when supply is low;
12. providing snacks and lunches for the child/student;
13. provide appropriately labelled meals and snacks and details on when their child needs to consume these during the school day; and
14. provide up-to-date contact information, including an alternate authorized emergency contact, to ensure that they or the alternate contact can be reached as needed.

School Responsibilities

The principal of a school plays a crucial leadership role of school staff in the coordination of parents/guardians and other partners in the development of an MMP, to ensure the child/student is supported in a welcoming, caring, respectful and safe learning environment that enables the child/student to have access to meaningful and relevant learning experiences. In addition to relevant school administration and staff, key partners may include Alberta Health Services professionals (such as nurses, physicians, occupational therapists, physiotherapists, respiratory therapists, etc.), Alberta Children’s Services and Alberta Community and Social Services (Family Supports for Children with Disabilities) and other health practitioners.

1. The principal (or designate) should: strive for full participation of children/students with Type 1 diabetes in all aspects of the school and its activities;
 - (a) ensure that school staff, volunteers and other appropriate personnel are familiar with the Guidelines for Supporting Students with Type 1 Diabetes in Schools;
 - (b) establish school policy and/or procedures that align with school authority policy and/or administrative regulations/procedures for children and students with Type 1 diabetes;
 - (c) support and monitor children/students with Type 1 diabetes in accordance with the school authority and school policies and procedures;
 - (d) communicate to parents/guardians the appropriate process and provide appropriate forms for notifying the school of the medical condition and/or medical needs of the child/student and the process for developing an MMP;
 - (e) co-create the MMP with the child/student, where appropriate, parents/guardians, school staff and appropriate healthcare professionals;
 - (f) initiate and coordinate meetings for the development, implementation and regular review of the MMP;
 - (g) ensure that an emergency plan for responding to medical emergencies is included in the child/student’s MMP;
 - (h) keep a copy of the MMP in the child/student record and maintain records according to school authority record retention guidelines;
 - (i) ensure that the child/student’s MMP is readily accessible to those who need to reference it, while preserving and ensuring the privacy, confidentiality and security of the information;
 - (j) ensure that all school staff, volunteers and other personnel (e.g., bus drivers) that need the information for the performance of their duties and the safety of the child/student are aware of the child/student’s medical need(s) and how to respond to those medical needs in an emergency;
 - (k) ensure that relevant school staff, bus drivers and volunteers participate in necessary training and have access to resources on diabetes education for supporting the specific medical needs of individual children/students in accordance with the school and/or school authority’s policies and procedures and the child/student’s MMP;
 - (l) notify the parents/guardians if the child’s/student’s picture and emergency response plan will be displayed and in what manner it will be displayed to inform staff who need to have access to the information to serve the best interest of the child/student;
 - (m) notify off-site activity service providers (e.g., swimming lessons, etc.) of the child’s/students Type 1 diabetes;
 - (n) if the child/student is not allowed to carry their medication, equipment and/or supplies, ensure that they are readily accessible to the child/student at all times; and
 - (o) debrief after the occurrence of emergencies to determine if improvements to the daily/routine management plan and/or emergency plan are necessary.

2. The teacher should:

- (a) strive for full participation of children/students with Type 1 diabetes in all aspects of the school and its activities;
- (b) be familiar with the Guidelines for Supporting Students with Type 1 Diabetes in Schools;
- (c) participate in training provided by the school or school authority on Type 1 diabetes;
- (d) co-create the MMP with the child/student, where appropriate, parents/guardians, school staff and appropriate healthcare professionals;
- (e) support the implementation of the MMP by creating a welcoming, caring, respectful and safe learning environment for the child/student;
- (f) support and monitor children/students with Type 1 diabetes and support personnel providing direct supports to the child/student with Type 1 diabetes in accordance with the school authority and school policies and procedures, and according to the child/students MMP;
- (g) with the consent of the parents/guardian’s, the principal, provide classmates with information on Type 1 diabetes and strategies to support acceptance and understanding in a manner that is appropriate for the age and maturity of the children/students; and
- (h) maintain ongoing communication with parents/guardians about their child and any planned changes to regular school day schedule and or special events involving food or physical activity (e.g., field trips, athletic events, class parties, etc.) and any observed changes to the child/students well-being.

CONTACTS

Students with diagnosed diabetes are often referred by a medical doctor to a metabolic training centre. If this service is unavailable or if you require more information, contact:

Canadian Diabetes Association

Telephone: 1-800-563-0032

Canadian Diabetes Association, Lethbridge Branch

Telephone: 327-4114

Fax: (403) 488-0105

Chinook Health Region - Community Health

Taber: Telephone: (403) 223-4406

Fax: (403) 223-8733

Vauxhall: Telephone: (403) 654-2232

Fax: (403) 654-2134

Milk River: Telephone: 1-866-647-3430

Fax: (403) 647-3435

*The term “parent(s)” refers to parents or legal guardians.

Adapted from Alberta Education, Special Education Branch, Awareness Series, “Diabetes” and Guidelines for Supporting Students with Type 1 Diabetes in Schools.