

POLICY

THE BOARD OF TRUSTEES OF HORIZON SCHOOL DIVISION RECOGNIZES THAT STAFF STAND IN PLACE OF PARENTS (IN LOCO PARENTIS) WITH REGARD TO STUDENTS. IF A STUDENT SUSTAINS AN INJURY DURING A SCHOOL RELATED ACTIVITY OR BECOMES ILL AND REQUIRES MEDICAL ATTENTION, THE CARE THAT SHALL BE EXTENDED BY A TEACHER IS THAT WHICH A REASONABLE AND PRUDENT PARENT WOULD PROVIDE UNDER SIMILAR CIRCUMSTANCES. HOWEVER, ONLY THE PARENT OR LEGAL GUARDIAN OF A DEPENDENT STUDENT CAN PROVIDE CONSENT FOR MEDICAL TREATMENT.

REGULATIONS

1. Schools shall make provision for the temporary care and supervision of students who become sick or injured at school.
2. If an accident occurs or a student becomes ill, the supervisor in charge becomes responsible for taking prudent action in dealing with the injured or sick student.
 - 2.1. The nature and extent of the injury or illness should be ascertained.
 - 2.2. First aid and/or assistance within one's competence should be rendered by the best qualified person immediately available.
 - 2.3. The Principal shall be notified as soon as possible.
 - 2.4. Parents of students shall be notified as soon as possible and advised of the situation and subsequent action should be taken in accordance with their wishes.
3. In the event of student illness or injury, where it is determined that in the best interests of the student that he/she not remain at school, parents will be contacted and requested to come to the school to transport their child home or to an appropriate medical location.
 - 3.1. As warranted, the patient may be accompanied by a staff member or another adult or transported to the hospital or doctor's office by private vehicle or ambulance.
 - 3.1.1. Each School Principal shall be responsible to endeavor to have a staff vehicle at the school each school day for the purposes outlined in the policy statement.
 - 3.1.2. Normally, only designated emergency response vehicles, designed and equipped for this purpose, would be used to transport students and/or staff in emergency situations, however, a staff vehicle may be used when the school Principal deems it more appropriate to do so.
 - 3.2. Further, students will not be dismissed from the school until a parent/guardian or emergency contact has provided consent.

Policy IHCE - *Student Illness and Accidents, Cont'd.*

4. If the student requires immediate medical attention and the parent cannot be contacted, the employee or agent of the Board shall:
 - 4.1. arrange for the transportation of the student to a medical facility;
 - 4.2. attend or arrange for another employee's attendance with the student at the medical facility;
 - 4.3. provide the health care provider with the student's health care number; and
 - 4.4. remain with the student until:
 - 4.4.1. relieved by the parent;
 - 4.4.2. relieved by another employee;
 - 4.4.3. the student is discharged by the practitioner or medical facility and is taken back to the school or placed in the care of a responsible adult; or
 - 4.4.4. advised by a medical practitioner that there is no further need to remain as the treatment and safety of the student has been undertaken by the medical facility or institution.
 - 4.5. upon arrival at the practitioner or facility, advise those in authority that he or she is not the parent of the student;
 - 4.6. refrain from providing any consent for medical treatment of the student; and
 - 4.7. advise the principal of the situation and action taken.
5. The school shall require employee(s) or agent(s) of the Board involved in providing first aid or obtaining medical services for the student to document:
 - 5.1. student accidents on the District reporting system, paying careful attention to time(s) and observation of the student; and
 - 5.2. the appropriate accident form should be filled out and submitted to the Principal who in turn shall submit a copy to the Board office
6. In dealing with an injury or illness to a student, first aid treatment administered by the teacher is administered in compliance with the Emergency Medical Act, Chapter E-7.
7. Internal medication must not be given to any student unless the parents or, in the case of an independent student, the student has previously given written authorization for a school staff member to do so as per Policy IHCD Medication to Students/Medical Conditions.
8. All staff and authorized supervisors are protected by the Board's liability insurance when acting within the scope of their duties as approved by the school administration.



Horizon School Division No. 67

School Accident Report Form

Name of Student: _____

Age: _____ Grade: _____

School: _____ Teacher: _____

Time of Accident: Hour _____ Day _____ Month _____ Year _____

Place: _____

Nature of Injury *(Please Describe)*: _____

Treatment Given or Measures Taken:

First Aider: _____

Nurse/Doctor (if known): _____

Other Person: _____

Name of Parents: _____ Parents Notified: Yes No

Witness to Accident: _____

Cause of Accident *(Please Describe)*: _____

Further Particulars: _____

What supervision if any was in effect? _____

Accident insurance – is the student covered? _____

Date Submitted: _____

Name: _____

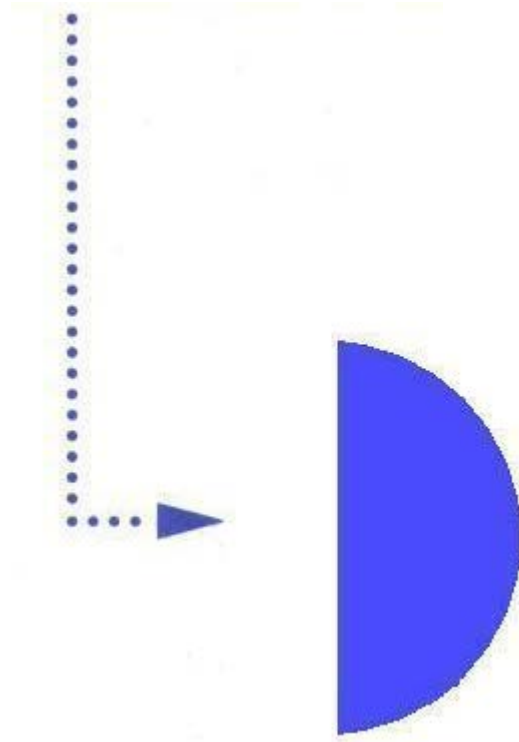
Position: _____

Signature: _____



Horizon School
Division No. 67

Medical Conditions Handbook



- Allergies
- Asthma
- Epilepsy
- Diabetes



Allergies

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 (anaphylaxis)

Extreme allergic reactions can be fatal. The following symptoms may appear within a few seconds or up to two hours after exposure:

- flushing, swelling of the tissues of the lips, throat, tongue, hands, feet
- itching of the skin, hives
- weakness, dizziness
- wheezing, coughing, shortness of breath, difficulty breathing
- nausea, vomiting
- inability to say a complete sentence without taking a breath
- loss of consciousness.

During an Anaphylactic Reaction:

Do

administer an adrenalin kit (EpiPen or Ana-Kit)
▼
call an ambulance—notify parents
▼
allow the student to rest in a sitting position
▼
remain clam and help the student relax.

Don't

leave the student alone
▼
allow the student to go home alone.

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.

Don't

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 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

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.

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, moulds, 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, moulds, 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

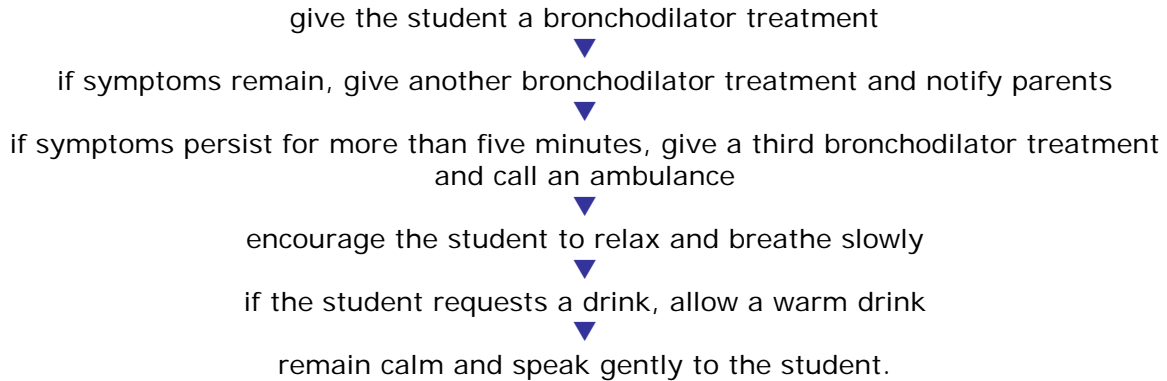
Symptoms include:

- laboured breathing
- tightness in the chest
- chest discomfort and excessive breathlessness after exertion, inability to exercise

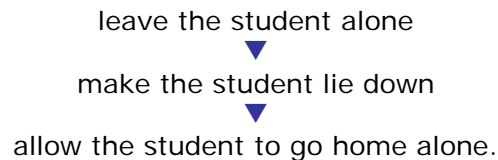
- recurring, persistent cough
- wheezing
- inexplicable agitation
- hunched-over posture, tight neck and shoulder muscles
- paleness, sweatiness

During an attack

Do



Don't



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

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Telephone: 1-800-661-LUNG
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**Chinook Health Region
Community Health**

Taber:	Telephone:	(403) 223-4406
	Fax:	(403) 223-8733
Vauxhall:	Telephone:	(403) 654-2232
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	Fax:	(403) 647-3435

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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.

Don't

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 behavioural 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.

Don't

give food or drink if the student is unconscious



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. Discuss with parents the specific requirements for more or fewer snacks.
- Have sugar or juice available at all times and never hesitate to give sugar, even when in doubt about the onset of a reaction. It will not harm the student in any way and may avert a more serious reaction. Inform parents of all insulin reactions.
- Ensure that meals and snacks are eaten at regular times, even during field trips, altered school hours and detentions.
- Students love to share food, so explain diabetes to the class and the importance of adhering to a dietary plan. Suggest ways they can show support and encouragement.
- Exercise increases the rate that the body uses sugar. Most students with diabetes require nourishment before physical activity and active students may be prone to reactions.

- Allow older students to make decisions and take responsibility for personal maintenance. For example, enjoying pizza with friends may be more important than other considerations as long as such trade-offs are understood.

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

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

