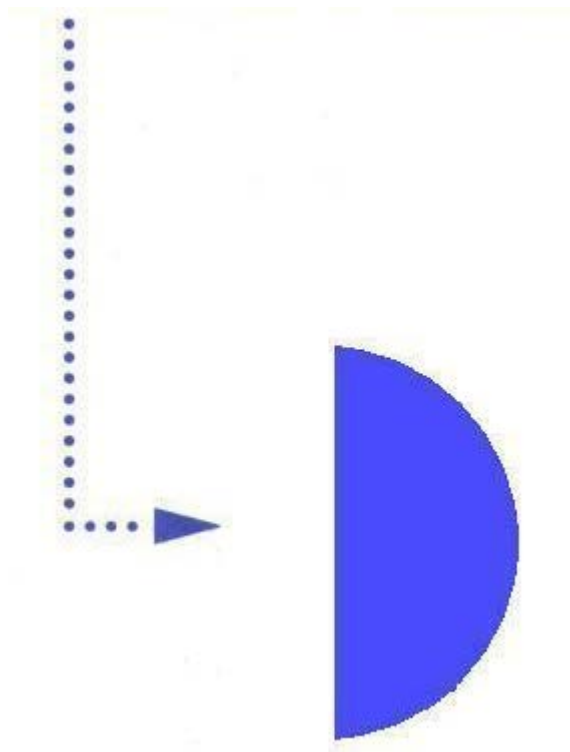




# **Horizon School Division No. 67**

## **Medical Conditions Handbook**



- **Allergies/  
Anaphylaxis**
- **Asthma**
- **Epilepsy**
- **Diabetes**





# **ALLERGIES/ ANAPHYLAXIS**

**A**n 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.
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:
  - 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.





# SAMPLE FORM

## Horizon School Division No. 67

Anaphylaxis Emergency Plan: \_\_\_\_\_ (student name)

Please note: copies of this information must be:

- Placed in the Student Record
- Provided to teacher(s)
- Kept in a central location for access in case of emergency

This person has a potentially life-threatening allergy (anaphylaxis) to: (check the appropriate box)

PHOTO	<input type="checkbox"/> Peanuts <input type="checkbox"/> Eggs <input type="checkbox"/> Latex <input type="checkbox"/> Medication: _____ <input type="checkbox"/> Tree Nuts <input type="checkbox"/> Milk <input type="checkbox"/> Insect Stings <input type="checkbox"/> Other: _____
	<b>Food:</b> The key to preventing an anaphylactic emergency is absolute avoidance of the allergen. People with food allergies should not share food or eat unmarked/bulk foods or products with a "may contain nuts" warning.  <b>Epinephrine Auto-Injector: Expiry Date:</b> _____

Location of Auto Injector(s) \_\_\_\_\_

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

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

- **Skin:** hives, swelling, itching, warmth, redness, rash
- **Respiratory (breathing):** wheezing, shortness of breath, throat tightness, cough, hoarse voice, chest pain/tightness, nasal congestion or hay fever-like symptoms (runny nose and watery eyes, sneezing), trouble swallowing
- **Gastrointestinal:** (stomach): nausea, pain/cramps, vomiting, diarrhea
- **Cardiovascular:** (heart): pale/blue color, weak pulse, passing out, dizzy/lightheaded, shock
- **Other:** anxiety, feeling of "impending doom", headache

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

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

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

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

**Call parents** and notify them that their child had a life-threatening allergic reaction and that epinephrine auto injector has been administered and 911 called.

**Go to the nearest hospital and stay until parent or guardian arrives.**

**Call contact person.**

### Emergency Contact Information

Name	Relationship	Home Phone	Work Phone	Cell Phone

The undersigned parent or guardian is aware that school personnel are not licensed medical personnel and have limited or no training, and authorize any adult to administer epinephrine to the above named person in the event of an anaphylactic reaction, as described above. This protocol has been recommended by the patient's physician.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date

### Principal Approval

Name of Principal (please print) \_\_\_\_\_

Signature of Principal \_\_\_\_\_

School \_\_\_\_\_

Date \_\_\_\_\_



# 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 « déclic » 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

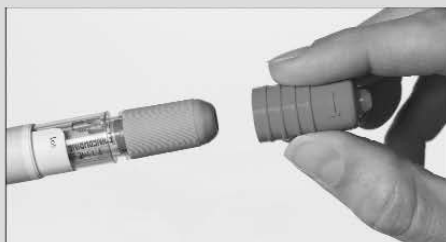


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Twinject: Easy to use, easy to carry your back-up dose.



### 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.**



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**Twinject™**  
auto-injector  
(epinephrine Injection USP 1:1000)  
Twice the confidence.

## 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 odors—chemicals, tobacco and other smoke, cosmetics, perfumes; heavily chlorinated pools; dust, chalk dust; cold air; paints; markers; clay; play dough; animals, animal dander from another student's clothes; plants; insect stings or bites; foods—especially nuts, seafood and dairy products; drugs; preservatives and coloring 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

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

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



# ASTHMA

**A**sthma 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***

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.



# **Responsibilities**

## **Parent/Guardian Responsibilities**

1. Parent/Guardian to complete Asthma Alert Form on a yearly basis or if management changes during the school year.
2. Parent/Guardian to provide medication and administration devices for the child to use at school.
3. School personnel and parent/guardian work together to reduce/avoid triggers of asthma in the school environment.
4. Appropriate medication use is vital to asthma management. The school needs to be aware if the child has used medication before coming to school. The parent/guardian needs to be aware of how much reliever medication is used at school, as increasing use can be an indicator of poor control of asthma.

## **School Responsibilities**

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

**Asthma Alert Plan – see attachment pdf**

# **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.

# Asthma Alert

## Daily Asthma Management for \_\_\_\_\_

(Child's name)

Asthma can be controlled (meaning no symptoms and normal physical activity) by avoiding triggers and using medication properly. In spite of this, attacks may occur; therefore, the child (or an accompanying adult) must keep his / her medication with them at all times.

This medication is called \_\_\_\_\_.

- ☐ Y ☐ N An extra inhaler is given to staff.  
☐ Y ☐ N The child can take the inhaler on her/his own.  
(This means they can make decisions on when to use it.)  
☐ Y ☐ N The child can carry the inhaler.  
If not, to ensure immediate access, it is stored \_\_\_\_\_.

## Identify triggers (check all that apply to the child)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Exercise                    | <input type="checkbox"/> Strong odor (i.e., cleaning products, deodorizers, paint) | <input type="checkbox"/> Specific weather conditions |
| <input type="checkbox"/> Animals                     | <input type="checkbox"/> Carpet  | <input type="checkbox"/> Food _____                  |
| <input type="checkbox"/> Pollen                      | <input type="checkbox"/> Real Christmas trees                                      | <input type="checkbox"/> Other _____                 |
| <input type="checkbox"/> Respiratory infection/colds | <input type="checkbox"/> Smoke   |  |
| <input type="checkbox"/> Mold                        |  |  |
| <input type="checkbox"/> Perfume / cologne           |  |  |
| <input type="checkbox"/> Dust                        |  |  |

List environmental control measures the child requires to prevent an asthma attack:

- ☐ Y ☐ N Does the child need medication prior to physical activity?

If yes, describe type of physical activity \_\_\_\_\_

Name of medication, number of puffs and when to use \_\_\_\_\_

## Symptoms of Asthma

All children with asthma are unique. They may have one or more signs. Some children may not appear to be in distress. All symptoms are important. Early action can often stop asthma symptoms from worsening. The child's common signs of worsening asthma are (check all that apply):

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Restless                    | <input type="checkbox"/> Complains of shortness of breath          | <input type="checkbox"/> Dry cough         |
| <input type="checkbox"/> Irritable                   | <input type="checkbox"/> Wheezing (a whistle sound when breathing) | <input type="checkbox"/> Cough with phlegm |
| <input type="checkbox"/> Tiredness                   |  | <input type="checkbox"/> Chest tightness   |
| <input type="checkbox"/> Breathing is fast (>25/min) |  | <input type="checkbox"/> Other _____       |

Please give a sense of the child's asthma control. Complete the following:

\_\_\_\_\_ How many **urgent visits** to the emergency or physician due to breathing problems has the child had in the last year?

- ☐ Y ☐ N Is the child on an asthma **controller medication** at home?

Name and frequency of use: \_\_\_\_\_

## Parent Comments / Special Instructions

# **CONTACTS**

## **Alberta Lung Association**

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

## **Alberta Children's Asthma Clinic**

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	Fax:	(403) 647-3435

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

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



# EPILEPSY

**E**pilepsy 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

**D**iabetes 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.

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

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.

# **Responsibilities**

## **Parent/Guardian Responsibilities**

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

## **School Responsibilities**

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

## **Student Responsibilities**

1. Children and adolescents will implement their diabetes care at school with parental/guardian consent to the extent that is appropriate for the student's development and his/her experience with diabetes.
2. The extent of the student's ability to participate in diabetes care should be agreed upon by the student, parents/guardians, and the diabetes care team, school or public

health nurse and school personnel. This should be documented in the Diabetes Care Plan.

3. The child/adolescent with diabetes will communicate with school personnel any concerns with diabetes care tasks including circumstances of hypoglycemia, when feeling unwell, or when requiring assistance from school personnel.

## **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.

# SAMPLE FORM

## Horizon School Division Diabetes Care Plan

Please note: copies of this information must be:

- Placed in the Student Record
- Provided to teacher(s)
- Kept in a central location for access in case of emergency

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian Name & Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Names & grades of siblings in the school: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Doctor's Phone: \_\_\_\_\_

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

Symptoms commonly experienced: \_\_\_\_\_

\_\_\_\_\_

What has been provided to treat hypoglycemia: \_\_\_\_\_

Where is it located? \_\_\_\_\_

Type of morning snack: \_\_\_\_\_ Afternoon snack: \_\_\_\_\_

Suggested treats for 'in-school' parties/events: \_\_\_\_\_

Sports and Extracurricular Activities: It is critical that the people who have students with diabetes in their care, especially gym teachers and coaches, are familiar with the symptoms, treatments and prevention of hypoglycemia.

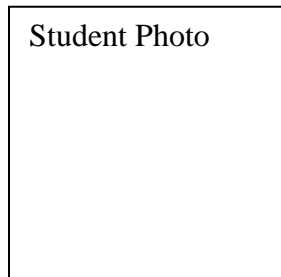
Notes: \_\_\_\_\_

\_\_\_\_\_

Special Instructions: \_\_\_\_\_

\_\_\_\_\_

Student Photo



I hereby request and give my permission for the below named principal and/or his designate, to follow the recommended Diabetes Care Plan above, based on the information contained therein. I make this request knowing that the school personnel are not licensed medical personnel and have no special training or limited training in medical procedures. I am aware of the risks or benefits of consenting or refusing to consent to this treatment.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_





# **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

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