

MODULE PARENTS AND SCHOOL BOARD

ACTIVITY 2 . EMERGENCY PLAN

- **TIME:** 30m.
- **RESOURCES:** Template.
- **LANGUAGES:** ENG / SPA.

DESCRIPTION:

Given the context surrounding the young person affected by a rare disease, it is necessary to develop an action protocol that allows us to face any situation that may arise. Both parties must know all the details and be prepared to react to unforeseen events that may affect the child well-being.

OBJECTIVES:

With the action protocol, both parties will be able to:

- Establish a criterion for action in the event of an emergency.
- Promote the trust of both parties.
- Improve the inclusion and well-being of the child in the classroom.
- Avoid risk situations.

LESSON OVERVIEW:

In one of the meetings, parents and school board should fill in the template together. Contact information, knowledge about the disease and treatment, as well as behaviours and routines to avoid risky situations should be provided. All people in contact with the student (teachers, school professionals, students) must know that there is an action protocol to act accordingly.

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About My Child & Family

- Date created
- Person creating document and signature
- Child's Name
- Nickname
- Child's Date of Birth
- Height
- Weight
- Diagnosis
- Best way to communicate with your child:



Parent(s)/Caregiver

- Name
- What your child calls this person(s)
- Phone Number
- Address
- Other people who live in the house with your child
- Who has the authority to make medical decisions if you aren't able to?
(make copies of any legal documentation to keep with this form)
- Are there any procedures or life sustaining treatments that should be avoided - such as intubation, chest /cardiac compressions. If there are medical orders (MOLST, POLST) attach them with this form.



Medication & Feeding

- Normal range of Vital Signs for your child -
- Temperature
- Blood Pressure
- Pulse Ox
- Respiratory Rate:
- Use of medical equipment?
- Daily Meds/doses/preparation/where to find in the home?



- Pharmacy phone
- Usual Hospital phone
- Medical Record ID at that Hospital
- Insurance company and ID numbers
- Other agencies that may be helpful at this time



Behavior and Routines

- What calms your child?
- What frightens your child or causes them anxiety?
- Does your child have “security” objects? (blanket, favorite toy, shows on Ipad, music)
- Does your child have predictable symptoms or unpredictable symptoms others might not understand?
- How can one identify these symptoms/behaviors?
- How do you address these symptoms/behaviors?
- Copies of existing care plans for symptoms ie. Escalating Pain, Seizures, Respiratory exacerbations
- What is your child’s sleep routine?
- Is there equipment they use overnight? (pulse ox, feeding, oxygen, BiPap etc)
- What is your child’s mobility status?
- Is there assistive equipment your child uses for mobility?
- Does your family have access to a handicap accessible van? If yes, please leave instruction for where to
- find the key.
- Are any other transportation services used? Please list.
- Any other helpful information for a crisis situation?

LOW RISK SITUATION	HIGH RISK SITUATION
REASON:	REASON:
SYMPTOMS:	SYMPTOMS:
IN THIS CASE, PHONE:	IN THIS CASE, FOLLOW EMERGENCY PLAN
CONTACT INFORMATION:	HOSPITAL INFORMATION: