Navigating eLITE – Health Management
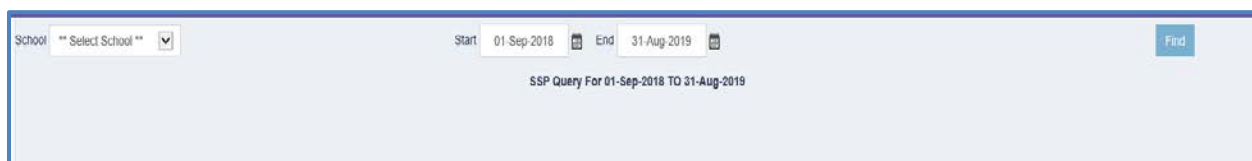
April 2020

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eLITE Medical Plan Module

- Under the Med Plan tab select SSP Query, your school.
- Dates should be Start Date September 1 of the previous school year End Date August 31 of the previous school year. This will give you a list of students in your class who previously have had a support plan in place.
- Export to Excel with query.
- The last plan on file for these students can be found on the Student Dashboard which you may use as reference to start your new Medical Plan.

Search Parameters:

School – the school list contains a list of schools the user has access to as determined in Usernames view. Select one school (or ALL SCHOOLS if applicable).

Grade – select a grade from the dropdown list. (not necessary if searching by Last Name)

ID # – enter the student ID number to find a particular student. (not necessary if searching by Last Name)

Last Name – enter the last name (or first few known characters of the last name) to restrict the working list.

'All' Checkbox – Only students with an open IEP are listed by default. In order to also include students that DO NOT have an open IEP, click the 'All' checkbox.

When the required parameters have been completed, click the FIND button. The student working list automatically appears. If the required student is not found, or the list is too long, revise or refine the search parameters and click the FIND button again. The student working list will be refreshed. As the cursor hovers over a student in the working list, the student name and ID number change color. To select a student, click once on the student name.

All student demographic data is pre-populated from PowerSchool.

Note: Once a student is chosen, record teachers and emergency contacts. When saved, Plan of Care Alert Forms can be created.

Medical Plan Dates: In order to create a new Plan of Care, enter Teachers and Emergency contacts then click the green Save button on the left side under your activity's menu.

The POC types will then be displayed on the screen – scroll down and select 'Create' in the POC Alert column beside the POC Type needed for that student.

Note: If there are multiple POC Types needed, create each one individually for the student.

Select **Create New Plan** from the drop-down list to auto-populate today's date – you can then change the plan date if needed.

Enter New Plan Date: When creating a new Plan of Care select the date using the calendar prompt.

Copy Forward: If a Plan of Care already exists and a new one is being created; the previous Plan can be copied forward by clicking this checkbox.

Click the Create New Plan button and the Plan of Care will appear with a status of Draft.

Additional Contact Information will appear below the Student Demographic information shown below.

The Discontinue button is only available when a Plan of Care has a status of Open. When selected, the Discontinue button will set the status of the Plan to Discontinued and the student demographic information will become frozen.

Created By: Populated with the user's name who created the Plan of Care and the date.

Last Edit By: Populated with the last user's name who edited the Plan of Care and the date.

Status: Current status of the Plan of Care (i.e. Draft, Open, Expired, or Discontinued).

Finalized On: Populated with the date the Plan of Care was Finalized.

Authorization/ Plan Review: A list of staff members and other individuals with whom this Plan of Care is to be shared with. There is also a record of other individuals to be contacted such as before/after-school programs.

Staff Members: *Board Staff Members* – Select the Board Staff Members from the list of names provided when clicking on the magnifying glass prompt. Type the first few characters of the staff member's name in order to narrow down the list of names that will appear when clicking on the magnifying glass prompt. *Other Individuals* – Enter the Non-Board Member names in the text boxes on the right.

Other Individuals to be Contacted: Use the radio buttons to indicate whether before/after-school programs apply to the student, listing the individual to be contacted in the text box provided. Free form text boxes are provided here for data entry.

Plan/Review Date: Select the school year for which this Plan of Care will remain in effect using the drop down. To select a date for review, click on the calendar prompt and select the applicable date.

IF THE STUDENT IS TRANSPORTED TO AND/OR FROM SCHOOL BY THE SCHOOL BOARD YOU MUST TYPE **YES** INTO THE **TRANSPORTED BY GEDSB** FIELD. THIS WILL ENSURE THAT OUR TRANSPORTATION DEPARTMENT RECEIVES AN EMAIL ONCE YOU HAVE SELECTED "FINALIZE AND EMAIL". IS STUDENT IS NOT
TRANSPORTED BY GEDSB LEAVE BLANK.

Asthma Plan of Care

Known Asthma Triggers

There is a checklist and plus additional detail text boxes for entering know Triggers that require more information. Also defined in this section is Asthma Trigger Avoidance instructions and any other medical condition or Allergy the student might have.

Daily/ Routine Asthma Management

This section describes all information needed for reliever inhaler use at school or during school-related activities. There is a mix of text-boxes and checklist items throughout this section.

Inhaler types: The type of inhaler that a student would be prescribed is defined in the Asthma Inhalers section.

Reliever Inhaler locations: Location of where the student would keep their inhaler is defined in the Asthma Inhaler Locations, utilizing prompt for additional details in 'Other (Specify)' field.

Controller Medication use at School and during School-Related Activities

Controller medications are taken regularly every day to control asthma. Usually, they are taken in the morning and at night, so generally not taken at school (unless the student will be participating in an overnight activity). This section provides all details needed regarding who will administer the medication, in what dose and at what times.

Anaphylaxis Plan of Care

Known Life-Threatening Triggers

There is a checklist in this section as well as an "Other" prompt with a field adjacent for additional details. Select the EpiPen Dosage, if a previous anaphylactic reaction has occurred and if the student has asthma using the radio buttons provided. The expiry date and location for the Auto-Injector are entered using free form text boxes, as well as the option to list any other medical conditions or allergies.

Daily/ Routine Anaphylaxis Management

The Symptoms checklist includes utilizing the description for specific details of the symptom itself. The additional free form text boxes can be customized to capture other information.

Epilepsy Plan of Care

Known Seizure Triggers
There is a checklist available as well as 'other' a free form text box to list any other medical conditions or allergies.

Daily/Routine Epilepsy Management
This section provides free form text boxes to describe the seizure a student may have, both non-convulsive and convulsive. As well, there are actions noted to deal with each instance.

Seizure Management
Seizure Type drop down provides a list in addition to a free form 'other'. Actions, frequency and duration are all free form text fields for the user to enter information about the Seizure type selected.

Diabetes Plan of Care

Type 1 Diabetes Supports
This section consists of 3 free form text boxes that can be used to document names of trained individuals who will support the student with diabetes-related tasks, method of home-school communication, or any other medical condition or allergy.

TYPE 1 DIABETES SUPPORTS
Names of trained individuals who will provide support with diabetes-related tasks: (e.g. designated staff or community care allies.)
Method of home-school communication:
Any other medical condition or allergy?

Daily/Routine Type 1 Diabetes Management
This section consists of a yes/no radio button that can be used to track whether a student is able to manage their diabetes care independently or not.

DAILY/ROUTINE TYPE 1 DIABETES MANAGEMENT
Yes ◯ No ◯ Student is able to manage their diabetes care independently and does not require any special care from the school.

Blood Glucose Monitoring
This section consists of a checklist, as well as free form text boxes.

BLOOD GLUCOSE MONITORING	
ROUTINE	**ACTION**
☐ Student requires trained individual to check BG/ read meter.	Target Blood Glucose Range
☐ Student needs supervision to check BG/ read meter.	Time(s) to check BG:
☐ Student can independently check BG/ read meter.	
☐ Student has continuous glucose monitor (CGM)	Contact Parent(s)/Guardian(s) if BG is:
	Parent(s)/Guardian(s) Responsibilities:
	School Responsibilities:
	Student Responsibilities:

Nutrition Breaks and Activity Plan
This section consists of a checklist, as well as free form text boxes.

NUTRITION BREAKS	
ROUTINE	**ACTION**
☐ Student requires supervision during meal times to ensure completion.	Recommended time(s) for meals/snacks:
	Parent(s)/Guardian(s) Responsibilities:
☐ Student can independently manage his/her food intake.	
	School Responsibilities:
	Student Responsibilities:
	Special instructions for meal days/ special events:

ACTIVITY PLAN	
ROUTINE	**ACTION**
Physical activity lowers blood glucose. BG is often checked before activity. Carbohydrates may need to be eaten before/after physical activity. A source of fast-acting sugar must always be within students' reach.	Please indicate what this student must do prior to physical activity to help prevent low blood sugar:
	1. Before activity:
	2. During activity:
	3. After activity:
	School Responsibilities:
	Student Responsibilities:
	For special events, notify parent(s)/guardian(s) in advance so that appropriate adjustments or arrangements can be made. (e.g. extracurricular, Terry Fox Run)

Insulin

This section consists of radio buttons, checklists, as well as free form text boxes.

INSULIN	
ROUTINE	**ACTION**
Yes ○ No ○ Student takes insulin at school. Student takes insulin at school by: ☐ Injection ☐ Pump Insulin is given by: ☐ Student ☐ Student with supervision ☐ Parent(s)/Guardian(s) ☐ Trained Individual * All students with Type 1 diabetes use insulin. Some students will require insulin during the school day, typically before meal/nutrition breaks.	Location of insulin: _____ Required times for insulin: ☐ Before School: _____ ☐ Morning Break: _____ ☐ Lunch Break: _____ ☐ Afternoon Break: _____ ☐ Other (Specify): _____ School Responsibilities: Student Responsibilities: Special instructions for meal days/ special events:

Diabetes Management Kit

This section consists of a checklist, as well as free form text boxes.

DIABETES MANAGEMENT KIT	
ROUTINE	**ACTION**
Parents must provide, maintain, and refresh supplies. School must ensure this kit is accessible all times. (e.g. field trips, fire drills, lockdowns) and advise parents when supplies are low.	Kits will be available in different locations but will include: ☐ Blood Glucose meter, BG test strips, and lancets ☐ Insulin and insulin pen and supplies ☐ Source of fast-acting sugar (e.g. juice, candy, glucose tabs.) ☐ Carbohydrate containing snacks ☐ Other (Please List) _____ Location of Kit: _____

Special Needs

This section consists of a statement and free form text box to provide additional information or special needs for the plan of care.

SPECIAL NEEDS	
ROUTINE	**ACTION**
A student with special considerations may require more assistance than outlined in this plan.	Comments:

Emergency Procedures: Hypoglycemia – Low Blood Glucose

This section consists of a checklist, as well as free form text boxes. The usual symptoms checklist plus a prompt for additional details in 'other'. The steps to take provide a text box as well as any other details to specify.

EMERGENCY PROCEDURES
HYPOGLYCEMIA - LOW BLOOD GLUCOSE
(4 mmol/L or less)
DO NOT LEAVE STUDENT UNATTENDED

Usual symptoms of Hypoglycemia for my child are:

- [ ] Shaky
- [ ] Blurred Vision
- [ ] Pale
- [ ] Irritable/Grouchy
- [ ] Headache
- [ ] Confused
- [ ] Dizzy
- [ ] Hungry
- [ ] Other _____
- [ ] Trembling
- [ ] Weak/Fatigue

Steps to take for Mild Hypoglycemia (student is responsive)
1. Check blood glucose, give _____ grams of fast acting carbohydrate (e.g. 1/2 cup of juice, 15 skittles)
2. Re-check blood glucose in 15 minutes.
3. If still below 4 mmol/L, repeat steps 1 and 2 until BG is above 4 mmol/L. Give a starchy snack if next meal/snack is more than one (1) hour away.
4. Other - Specify: _____

Steps for Severe Hypoglycemia (student is unresponsive)
1. Place the student on their side in the recovery position.
2. Call 9-1-1. Do not give food or drink (choking hazard). Supervise student until emergency medical personnel arrives.
3. Contact parent(s)/guardian(s) or emergency contact

Hyperglycemia – High Blood Glucose

This section consists of checklists, as well as free form text boxes. The usual symptoms checklist plus the prompt for additional details in 'other'. The steps to take provide a text box for any other details to specify.

HYPERGLYCEMIA - HIGH BLOOD GLUCOSE
(14 MMOL/L OR ABOVE)

Usual symptoms of hyperglycemia for my child are:

- [ ] Extreme Thirst
- [ ] Abdominal Pain
- [ ] Frequent Urination
- [ ] Irritability
- [ ] Headache
- [ ] Other: _____
- [ ] Hungry

Steps to take for Mild Hyperglycemia
1. Allow student free use of bathroom
2. Encourage student to drink water only
3. Inform the parent/guardian if BG is above _____
4. Other - Specify: _____

Symptoms of Severe Hyperglycemia (Notify parent(s)/guardian(s) immediately)

- [ ] Rapid, Shallow Breathing
- [ ] Vomiting
- [ ] Fruity Breath
- [ ] Other _____

Steps to take for Severe Hyperglycemia
1. If possible, confirm hyperglycemia by testing blood glucose
2. Call parent(s)/guardian(s) or emergency contact

Heart Condition Plan of Care

This plan of care consists of all free form text boxes.

The lower section has 4 text boxes which are being used to describe the symptoms that can be identified, as well as stating an emergency plan.

Administration of Medication Plan of Care

This plan of care consists of free form text boxes that can be used to capture the information needed for a student to receive medication while at school.

Other Plan of Care

This plan is developed to inform staff of health conditions that could/may result in a medical incident requiring immediate action/response or medical emergency. A free form text box is used to capture the names of the development team for this plan. Select the Staff Members from the list of names provided when clicking on the magnifying glass prompt. Type the first few characters of the staff member's name in order to narrow down the list of names that will appear when clicking on the magnifying glass prompt.

Use the remaining free form text boxes and section provided to capture the necessary data in this plan including a section on the bottom half of this form to inform transportation of a Plan for Problem Behaviour on Transportation.

Personal Care Plan

For students with physical disabilities, the school board provide such services as lifting and positioning, assistance with mobility, feeding and toileting, and general maintenance exercises.

To ensure the safety of staff and students, considerations and procedures for performing the above activities should be documented and reviewed on a regular basis. Since these activities are usually not listed in an Individual Education Plan, each child who requires a significant level of personal care requires a Personal Care Plan to be developed based on their unique needs.

Use the free form text boxes to record the necessary information – refer to the Personal Care Plan and examples for more information (located on the Staff Portal – Special Education Resources).

☐ Feeding

Frequency of care	Preferred time of care
Location of care	Special Equipment Required
Special Training Required	Date of Training
Trained By	Staff Trained
Visual prompts/cues required	Physical prompts/cues required
Verbal prompts/words used/explanation given	Level of assistance required (i.e., total care, hand over hand, an adult present)
Description of routine	

☐ Lifts/Transfers/Positioning

Frequency of care	Preferred time of care
Location of care	Special Equipment Required
Special Training Required	Date of Training
Trained By	Staff Trained
Visual prompts/cues required	Physical prompts/cues required
Verbal prompts/words used/explanation given	Level of assistance required (i.e., total care, hand over hand, an adult present)
Description of routine	

☐ **Toileting**

Frequency of care

Preferred time of care

Location of care

Special Equipment Required

Special Training Required

Date of Training

Trained By

Staff Trained

Visual prompts/cues required

Physical prompts/cues required

Verbal prompts/words used/explanation given

Level of assistance required (i.e., total care, hand over hand, an adult present)

Description of routine

☐ **Maintenance Stretches**

Frequency of care

Preferred time of care

Location of care

Special Equipment Required

Special Training Required

Date of Training

Trained By

Staff Trained

Visual prompts/cues required

Physical prompts/cues required

Verbal prompts/words used/explanation given

Level of assistance required (i.e., total care, hand over hand, an adult present)

Description of routine

☐ **Personal Hygiene/Oral Care**

Frequency of care

Preferred time of care

Location of care

Special Equipment Required

Special Training Required

Date of Training

Trained By

Staff Trained

Visual prompts/cues required

Physical prompts/cues required

Verbal prompts/words used/explanation given

Level of assistance required (i.e., total care, hand over hand, an adult present)

Description of routine

☐ Other (Specify)	Frequency of care	Preferred time of care
	Location of care	Special Equipment Required
	Special Training Required	Date of Training
	Trained By	Staff Trained
	Visual prompts/cues required	Physical prompts/cues required
	Verbal prompts/words used/explanation given	Level of assistance required (i.e., total care, hand over hand, an adult present)
	Description of routine	

Finalize

When any Plan of Care is complete, the blue Finalize button in the left hand navigation bar will set the plan status to Open, lock it down from further editing, and prompt an email to be sent to the board staff entered on the Plan of Care, as well as anyone defined in the email profile.

Print

While viewing a specific Plan of Care, the **Print MedPlan** button in the left-hand navigation bar will display a PDF of that *single medical plan* that you have open, including a student picture, which can be printed. The **Verification Copy** button will display the same version of the plan in PDF except all data fields are outlined in red to be sent home for parents to verify and sign off on.

While viewing the student medical POC Overview screen, shown below, the **Print Medplan** button will display *ALL draft or open* Plans of Care in PDF for the corresponding student, which can be printed. The **Print Verification** button will display the same PDF of ALL Plans of Care, with all data fields outlined in red to be sent home for parents to verify and sign off on multiple plans at once. Also, on this screen there is a **Print Summary** button which will only be active when all draft plans have been finalized and set to open status. The summary version was created as the alert form to be posted for staff, displaying a student, highlighting key elements of the students POC and the school procedure to follow.

When a Plan of Care is created it will be posted to the Student Dashboard regardless of the Status. Users with access to the Med Plan activity are then able to access the Plan of Care entry screen right from the Student Dashboard by selecting the Med Plan date that is underlined. Other users will only be able to see the date of the student's Plan of Care and the Status.

Medical Plan Query

The Med Plan Query will display all students from your school who have a Plan of Care.

Student demographic information is included as well as the status of each Plan of Care (i.e. Draft, Open, Archived, or Discontinued).

Select a status from the Status dropdown list to display Plans of Care with a particular status only. Select a POC Type from the dropdown list to display only a specific Type of Medical Care plan.

The Export to Excel button will open a new window with the report data.