



Administering Medicine to Students

The Park West School Division believes that under **normal circumstances**, medication prescribed to students should be dispensed before and/or after school hours under the supervision of the parents/guardians.

The Board considers it to be the responsibility of the parent/guardian to make arrangements to eliminate the need for school personnel being so involved.

Exception to the Above

If, in the opinion of a practising physician, a particular student requires medication in order to attend school, and that medication, by necessity, must be taken during school hours, the Park West School Division approves the procedures contained below.

Procedures:

The Medical Protocol is a guide and a resource for families, human service practitioners, educators, medical personnel, and others who must collaborate to provide reliable and effective supports to children who live with special needs. This guide does not provide instruction in health care procedures.

Individual planning and child specific training are necessary.

Administering Medicines to Students

Whenever it is agreed that it is necessary for a student to receive medicines during involvement at school or in school activities, the attached Medical Protocol and its procedures and requirements of the parties involved shall be strictly followed.



PROCEDURAL GUIDELINES STUDENTS WITH CHRONIC MEDICAL CONDITIONS

A specific individual management plan is to be prepared for each student with a chronic medical condition such as diabetes, epilepsy, kidney disease, asthma, migraine headaches, thyroid conditions, intestinal disorders, and significant allergies. The guidelines in this administrative procedure will assist the school administrator in preparing the plans required in each school.

SCHOOL	DIVISION	HEALTH CARE PROVIDER	
✓			On or before the commencement of school in the Fall term to determine those students in attendance at the school (using the intake registration form) who have a chronic disability or illness and who require or may require medical attention during the school day.
✓			Complete URIS application form and submit to coordinator by May 1 st and new applications as they occur.
	✓		Applications will be forwarded to URIS by Student Services Coordinator.
		✓	Meet personally with the parents/guardians detailing the nature of the illness being manifested, and ask for other instructions of a specific nature which the parent may consider necessary to safeguard the child.
		✓	Determine from the parents or, with the permission of the parents, from the child's physician the possible educational implications of the illness and the possible side effects of any medication the child may be taking or which may need to be administered at the school.
✓		✓	Communicate the above information to all personnel employed at the school and file the information in a readily accessible place.
✓			Take such measures as may be necessary to ensure that chronically ill children will be recognized by any member of the staff should medical attention be required.
✓			Ensure that all substitute teachers are aware but



			not responsible to deliver Health Care Plan procedures of chronically ill children placed in their care.
✓			Where a chronically ill child requires or may require medication, the Health Care Plan procedures in “Administering Medication to Students” shall be strictly applied.
✓			Under no circumstances shall staff ignore any symptoms or suggestions from a child that medical attention may be required or necessary.
✓			In all instances where symptoms of the illness manifest themselves or the child suggests they may be feeling the onset of symptoms, the school shall respond in accordance with directives provided under the Individual Health Care Plan and, as deemed necessary, communicate directly with the parents or the child’s physician.



Storage, Disposition and Administration of Medication

Storage and Safety Re: Medications

Storage and safety are important concerns when medications are administered in school settings. The purpose of the following guidelines is to ensure adequate record-keeping access and availability; and prevent abuse.

Medications administered in school settings shall be:

1. Stored in a locked location (see #11 below)
2. The key to the locked location shall be in the care and control of the person(s) responsible to administer the medications.
3. Regardless of the foregoing, the key to the locked location shall remain on the premises of the school at all times.
4. A spare key to the locked location shall be reasonably available.
5. Every employee who administers medication in the school setting during the normal course of their duties shall be made aware of the location of the spare key.
6. A locked location may be a cabinet, cupboard, drawer, steel box or other similar arrangement.
7. If a medication requires refrigeration, the locked location shall be, or shall be within, an operating refrigerator.
8. Medications shall be stored separately and apart from any other material, supply or objects in the locked location.
9. Medications for more than one child may be stored in one locked location. However, in this circumstance, **each medication shall be separated by a clear physical means** such as, but not limited to, metal partitions, sealable plastic jars or boxes, individual plastic zipper bags or appropriate equivalent.
10. Each physical separation shall be clearly and unambiguously labelled with the child's name.
11. **MEDICATION THAT MAY BE REQUIRED URGENTLY SHALL NOT BE STORED IN A LOCKED LOCATION.** Such medication shall be carried at all times on the person of the child or the adult responsible to administer the medication. Such medication includes, but is not limited to:
 - A. inhalers;
 - B. injectable adrenaline ("Epipen" or equivalent)

Reference: UNIFIED REFERRAL AND INTAKE MANUAL: POLICIES: MEDICATION ADMINISTRATION: STORAGE AND SAFETY



PARENT/GUARDIAN AUTHORIZATION TO ADMINISTER PRESCRIBED MEDICATION TO STUDENT

Please print the following required information

Date: _____ 20__

Personal Information:

Student Name: _____

Birthdate / /
 Y M D

Address: _____

Present School: _____

Medication Information:

Name of prescribing physician: _____

Phone #: _____

Name of medication (as indicated on the pharmacy label) _____

Dosage _____

Time of day to be administered _____

Start date / /
 Y M D

End date / /
 Y M D

Ongoing
 YES NO

Date of first dosage / /
 Y M D

Diagnosis and/or reason for medication:

"I/We authorize the school to contact the doctor or the dispensing pharmacist for further information, and I authorize them to release any further information requested by the school.

Parent/Guardian/Substitute Decision Maker

Date



ADMINISTRATION OF PRESCRIBED MEDICATION RECORD

Student Name: _____ **School:** _____
Medication: _____ **Time:** _____ **Dosage:** _____
Route: _____

Daily Medication Record

1. Person administering the medication shall read the label three times:
 - a) removal from storage
 - b) before removal from container
 - c) after removal from container
2. The daily medication sheet must be filled out immediately following the administering of medication.
3. Outcome section must be completed as: "Successful", "Refused", "Unsuccessful", or "Absent".

DATE	Time Given	Initial	OUTCOME	DATE	Time Given	Initial	OUTCOME

INITIAL VERIFICATION

DATE	FULL SIGNATURE	INITIAL	DATE	FULL SIGNATURE	INITIAL



DISPOSITION OF UNUSED MEDICATION

Date: ____/____/____

Name of Student: _____

Name of medication/dosage/amount:

**I have received the above medication from _____
for the purpose of disposal.**

DATE

PHARMACIST SIGNATURE



Administration of Injections

Anaphylactic Students

Anaphylaxis - definition

Anaphylaxis - sometimes called “allergic shock” or “generalized allergic reaction” - is a severe allergic reaction that can lead to rapid death, if untreated. Like less severe allergic reactions, anaphylaxis occurs when the body’s immune system reacts to harmless substances as though they were harmful invaders.

Although peanuts may be the most common allergen causing anaphylaxis in students there are other life-threatening allergens such as insect venom, pollen, medications, or certain synthetic substances. School systems must be aware that anaphylaxis is a life-threatening condition regardless of the substance that triggers it.

Despite the best efforts of parents and schools, no individual or organization can guarantee an “allergy-free” environment.

Purposes of the Administrative Protocol

The school will endeavour:

- to create a safe and healthy environment for students with severe life-threatening allergies;
- to do so without exceeding the attention required for those particular students;
- to be aware of those students’ need to maintain a positive self-concept.

Procedures

A. Information and Awareness

1. Identification of students who may urgently require medication/treatment to school authorities:
 - i) It is the responsibility of the parent/guardian whose child may urgently require medication/treatment to identify their child to the school administrator by completing the health information section of their school registration form and signing *Administration of Prescribed Medication (JLCD-R)*.
 - ii) School case manager will complete *Group B URIS Application E-3*) for each identified child and forward to the Administrator, Educational Support Services (or designate).
 - iii) Administrator, Educational Support Services (or designate) forwards all *Group B URIS Applications* to URIS in order to access funding for the training and monitoring of School Division staff by a registered nurse.



- iv) The registered nurse shall review the *Group B URIS Application* for each identified student in order to develop and maintain a written *Individual Health Care Plan (IHCP)* for each child requiring assistance by school personnel for Group B health care procedures.
- v) For children who are able to independently accomplish their own Group B health care procedures, the registered nurse will develop a child specific *Individual Health Care Plan (IHCP)*. These plans are developed by the registered nurse in consultation with parents/guardians, the student, school personnel and, if required, the physician.

2. Identification of students who may urgently require medication/treatment to staff:

- i) All staff members shall be made aware that a child who may urgently require medication/treatment is attending their school and the child shall be identified, either individually or at a staff meeting at the beginning of the school year.
- ii) All students identified as having a life-threatening allergy shall have an "allergy alert" attached to their cumulative file. This "allergy alert" shall remain on the cumulative file throughout the student's attendance in Park West School Division.
- iii) The child's classroom teacher shall ensure that a copy of the *Individual Health Care Plan (IHCP)* is kept in a place where it will be highly visible and readily available to substitute teachers.
- iv) It is recommended that students wear a medic-alert bracelet that identifies specific medical information.
- v) Medications shall be clearly marked with the student's name.

3. Training for teachers and other school staff:

- i) The school administrator shall ensure that group training provided by a health care professional (i.e. registered nurse/doctor/pharmacist, as provided by URIS) occurs annually with school personnel, lunch hour supervisors and volunteers, if deemed appropriate by the school administrator, in schools where children with life threatening medical conditions are enrolled.
- ii) The School Division shall provide opportunities for group training provided by a health care professional for substitute teachers and bus drivers. Any new employees/volunteers e.g. Lunch Supervisors who may have missed the school-based training could attend these sessions.
- iii) All staff who may be in a position of responsibility for children with life threatening medical conditions shall receive, from a registered nurse, child specific training related to the medical condition.
- iv) Parents/guardians of the child with life threatening medical conditions shall ensure that the specific information about their child is made available to school personnel to be included in training sessions. Parents/guardians are encouraged to attend/participate in training sessions.



4. Sharing information with other students and parents/guardians:

- i) In consultation with parents/guardians and student, the school may identify a student with life threatening medical conditions to classmates who are in direct contact with the child and enlist their understanding and support. This shall be done in a way that is appropriate to the students' age and maturity, without creating fear and anxiety.

5. Maintaining open communication between parents/guardians and the school:

- i) The school shall maintain open lines of communication with the parents/guardians of students with life threatening medical conditions.
- ii) Parents/guardians shall be involved in establishing specific plans for their own children, and may be involved in training staff in emergency procedures.

6. Authorization Forms: Parents shall complete Authorization To Administer Prescribed Medication To Student

B. Anaphylaxis Regulations

Avoidance of Allergens

The greatest risk of exposure to allergens is in new situations, or when normal daily routines are interrupted, such as birthday parties, camping, or school trips. Young children are at greatest risk of accidental exposure, but many allergists believe that more deaths occur among teenagers due to increased independence, peer pressure and a reluctance to carry medication.

Avoidance of specific allergens is the cornerstone of management in preventing anaphylaxis. All of the following strategies shall be considered in the context of the student's age and maturity as well as the organization and physical layout of the school and the properties of the allergen(s). As students mature, they shall be expected to take increasing personal responsibility for avoidance of their specific allergen(s).

1. Establishing Safe Lunchroom and Eating Area Procedures

Students with life threatening allergies are dependent upon the school community to minimize the presence of substances to which the student is allergic. Therefore it is recommended that the school community:

- (a) Require students with life threatening allergies to eat only food prepared from home.
- (b) Discourage the sharing of food, utensils and containers.
- (c) Encourage the child with life threatening allergies to take precautions such as:
 - placing food on wax paper or a paper napkin rather than directly on the desk or table
 - taking only one item at a time from the lunch bag to prevent cross contamination.
- (d) Establish a hand-washing routine before and after eating.
- (e) Recommend that tables and other eating surfaces are washed clean after eating, using a cleansing agent approved for school use.

This is particularly important for students with peanut allergies because of the adhesive nature of peanut butter.



2. Allergens Hidden in School Activities

Not all allergic reactions are a result of exposure at meal times. Children with life threatening allergies may be at risk if involved in garbage disposal, recycling, yard clean-ups, or other activities which could bring them into contact with food wrappers, containers or debris.

(a) Teachers will attempt to choose products which are safe for all children in the classroom.

(b) Teachers, particularly in the primary grades, will attempt to be aware of the possible allergens present in curricular materials such as:

- craft materials (e.g. play dough, egg cartons, etc.)
- pets and pet food
- bean-bags, stuffed toys (peanut shells are sometimes used)
- counting aids (e.g. beans, peas)
- toys, books and other items which may have become contaminated in the course of normal use
- science projects, Human Ecology classes
- special seasonal activities (e.g. Easter eggs, garden projects)

(c) Allow the child with life threatening allergies to keep the same locker and desk all year in order to prevent accidental contamination, as foods are often stored in lockers and desks.

3. Holidays and Special Celebrations

Food is often associated with special occasions and events. The following procedures will help to protect the child with life threatening allergies:

(a) Require the child with life threatening allergies to eat food brought from his or her own home.

(b) Focus on activities rather than food to celebrate special occasions.

4. Field Trips/Excursions

In addition to the usual school safety precautions applying to field trips, the following procedures shall be in place to protect the child with life threatening allergies:

(a) Require all staff and volunteers to be aware of the identity of the child with life threatening allergies, the allergens, symptoms and treatment.

(b) Ensure that a staff member or volunteer, at the discretion of the school administrator, with training in the use of the EpiPen, is assigned responsibility for the child with life threatening allergies. A copy of the *Individual Health Care Plan (IHCP)* shall be carried by the person responsible for administration of the EpiPen.

(c) If the risk factors are too great to control, the child with life threatening allergies may be unable to participate in the field trip. Parents/guardians shall be involved in this decision.

(d) Teachers/administrators shall ensure that EpiPens are taken on field trips and emergency response plans are in place when planning the trip.

(e) There shall be reasonable and appropriate access to a telephone, cellular telephone, or radio communication during an excursion.

5. Anaphylaxis to Insect Venom

Avoidance is more difficult to achieve for this type of allergy but certain precautions by the schools may be helpful:



- (a) Request removal of insect nests from school property by calling Park West School Division, Maintenance Department.
- (b) Allow students with life threatening allergies to insect stings to remain indoors for recess during bee/wasp season.
- (c) Immediately remove a child with an allergy to insect venom from the room if a bee or wasp enters.
- (d) Ensure proper storage and prompt disposal of garbage.

6. Epinephrine is the treatment for an anaphylactic reaction. There are no contra-indications to the use of epinephrine for a life threatening allergic reaction. Epinephrine must be administered as early as possible after the onset of symptoms of severe allergic response.

i. The emergency plan includes the following:

- (a) communicate the emergency rapidly to a staff person who is trained in the use of the Adrenaline Auto-injector (EpiPen)
- (b) administer the EpiPen (NOTE: Although most children with life threatening allergies learn to administer their own medication by about age 8, individuals of any age may require help during a reaction because of the rapid progression of symptoms, or because of the stress of the situation. Adult supervision is required.)
- (c) telephone 911 and inform the emergency operator that a child is having an anaphylactic reaction
- (d) transport the child to hospital at once by ambulance
- (e) provide a copy of the *Individual Health Care Plan (IHCP)* as well as the used EpiPen to the ambulance attendants
- (f) telephone the parents/guardians of the child
- (g) implement *Universal Precautions (OP 25002)* as appropriate

ii. Location of Adrenaline Auto-injectors (EpiPens)

- (a) Students shall carry their own EpiPen on their person at all times with instructions for use. If the student is not developmentally able to carry the EpiPen, it will be kept in an unlocked, safe, easily accessible location, and a staff member will be designated its responsibility.
- (b) Where a question arises regarding the urgency of medication or the capability of a student, the registered nurse in consultation with parent/guardian, physician, and school personnel shall develop an appropriate plan.
- (c) It is recommended that parents/guardians supply an extra EpiPen to be kept in the school office for emergency situations. This extra EpiPen shall be kept in a covered and secured area, but unlocked for quick access.

iii. Review Process

School emergency procedures for each student with life threatening allergies shall be reviewed annually at the beginning of the school year with staff and parents/guardians. In the event of an emergency response, an immediate evaluation of the procedure shall be undertaken.



C. Division of Responsibilities

Ensuring the safety of children with life threatening allergies in a school setting depends upon the understanding and support of the entire school community. To minimize the risk of exposure, and to ensure rapid response to emergency, parents/guardians, students and school personnel must all understand and fulfill their responsibilities.

Responsibilities of the Parents of an Anaphylactic Child

- (a) Inform the school of their child's allergies and the causal allergens.
- (b) Provide a medic alert bracelet for their child.
- (c) Provide the school with physician's instructions for administering medication.
- (d) Provide the school with up-to-date injections kits, and keep them current.
- (e) Provide support to school and teachers as requested.
- (f) Assist in school communication plans, if requested.
- (g) Review the school action plan with school personnel.
- (h) Supply information to the school regarding:
 - the allergens;
 - circumstances to avoid.
- (j) Be willing to provide safe foods for special occasions (if foods are the allergen).
- (i) Teach their child (depending on age and maturity):
 - to recognize the first symptoms of an anaphylactic reaction;
 - to know where medication is kept, and who can get it;
 - to communicate clearly when he or she feels a reaction starting;
 - to carry his/her own auto-injector in a fanny-pack (depending on child's age and maturity);
 - not to share snacks, lunches or drinks;
 - to understand the importance of hand-washing before and after eating;
 - to develop strategies for coping with teasing and being left out;
 - to report bullying and threats to an adult in authority; and
 - to take as much responsibility as possible for his/her own safety.
- (k) Welcome other parents' calls with questions about safe foods. (the allergens).

Responsibilities of the Principal

- (a) Work closely with the parents of an anaphylactic child.
- (b) Ensure that the parents have completed all the necessary forms.
- (c) Ensure that instructions from the child's physician are on file.
- (d) Notify the school community of the anaphylactic child, the allergens and the treatment, with proper consideration given to avoid drawing undue attention to the child.
- (e) With parental consent, post allergy-alert forms in the staffroom and office
- (f) Maintain up-to-date emergency contacts and telephone numbers.
- (g) Ensure all staff have received training regarding allergen avoidance strategies, recognition of symptoms and emergency treatment, and that the training be done prior to the new school year.
- (h) Ensure that all substitute teachers are informed of the presence of an anaphylactic child
- (i) Inform all parents that a child with life-threatening allergies is attending the school, and ask for their support.



- (j) In collaboration with parents and the nurse, participate in the development of an Individualized Health Care Plan/Emergency Response Plan for each anaphylactic child.
- (k) Store auto-injectors in an UNLOCKED, easily accessible location.
- (l) Establish safe procedures for field trips and extra-curricular activities.
- (m) Develop a school plan for reducing risk in classrooms and common areas.

Responsibilities of Classroom Teacher

- (a) With parental consent, discuss anaphylaxis with the class, in age-appropriate terms.
- (b) Ensure students do not share lunches or trade snacks.
- (c) Choose allergy-free foods for classroom events.
- (d) Reinforce hand-washing before and after eating.
- (e) Facilitate communications with other parents.
- (f) Follow the school plan for reducing risk in classrooms and common areas.
- (g) Leave information and a photo of the anaphylactic child in an organized prominent and accessible format for substitute teachers.
- (h) Ensure that auto-injectors are taken on field trips.

Responsibilities of the Bus Driver

- (a) Attend in-service training provided by the Board.
- (b) Be aware of the presence of any and all anaphylactic students in his/her care while riding the bus.
- (c) Receive training in the use of the auto-injector.
- (d) Carry a copy of the Emergency Response Plan on the school bus, displayed in a prominent location.
- (e) Ensure that auto-injector is stored in a safe and accessible place on the bus or that the child carries one in an identified location while on the school bus.
- (f) Follow the Emergency Response Plan should a student be exposed to an allergen

Responsibilities of Recess and Noon Hour Supervisors

- (a) Attend in-service training provided by the Board.
- (b) Be aware of the presence of any and all anaphylactic students in his/her care while on supervision.
- (c) Receive training in the use of the auto-injector.
- (d) Follow the Emergency Response Plan should a student be exposed to an allergen.

Responsibilities of Anaphylactic Students

- (a) Keep auto-injector handy at all times.
- (b) Know how to use auto-injector.
- (c) Take as much responsibility as possible for avoiding allergens.
- (d) Eat only foods brought from home.
- (e) Take responsibility for checking labels and monitoring intake (older students).
- (f) Wash hands before eating and after eating.
- (g) Learn to recognize symptoms of an anaphylactic reaction.
- (h) Promptly inform an adult, as soon as accidental exposure occurs or symptoms appear.



Responsibilities of All Students

- (a) Follow school rules about sharing foods.
- (b) Follow school rules about keeping allergens out of the classroom and washing hands.
- (c) Refrain from “tempting” a child with a food allergy.

D. Involvement of Health Professionals

In collaboration with parent/guardian and the school, the nurse will develop an Individual Health Care Plan/Emergency Response Plan for the child with anaphylaxis. In support of the HCP/ERP, the nurse will:

- (a) provide an in-service for school personnel on anaphylaxis
- (b) review the student plan for the child with anaphylaxis;
- (c) provide training in the use of the auto-injector, and/or other procedures, as required.

E. Emergency Response

Epinephrine is the treatment for an anaphylactic reaction. There are no contra-indications to the use of epinephrine for a life threatening allergic reaction. Epinephrine must be administered as early as possible after the onset of symptoms of severe allergic response.

In co-operation with parents, the child’s physician, and the public health nurse, schools should establish a separate emergency plan for each student, including:

- (a) A rapid response procedure to:
 - administer epinephrine;
 - call Ambulance (911) or drive the child to the hospital;
 - include a familiar and trusted adult to accompany the child;
 - contact the hospital; and
 - contact the student’s parents.
- (b) An easily accessible, up-to-date supply of auto-injectors.

References: **Anaphylaxis: A Handbook for School Boards (Health Canada)**
Unified Referral And Intake System Manual (MECY)

ADMINISTRATION OF INJECTIONS

Anaphylactic Shock: Administering of EpiPen in emergency situation.

1. The school administration shall notify the parents/legal guardians/substitute decision maker that they are required to sign an authorization and release form and return same to school.
2. Arrangements will be made through the Public Health Nurse or private health care provider to provide training of all school staff and bus drivers in the administering of medication by EpiPen on a yearly basis.
3. School personnel and Health Care Provider must complete one Emergency Allergy Alert Form and place in the classroom, staff room, administration office and other areas deemed necessary.
4. Copies of the Emergency Allergy Alert form must be forwarded to the Student Services Coordinator for distribution to the Transportation department.



**THE PARK WEST SCHOOL DIVISION
AUTHORIZATION AND RELEASE
ADMINISTRATION OF EPINEPHRINE**

NAMES OF PARENT(S)/GUARDIANS(S): _____

NAME OF STUDENT: _____

1. The above-named child suffers from extreme allergic reactions which may lead to anaphylactic shock.
2. I authorize designated school staff members to administer epinephrine (Epi/pent) or similar medication to child if it is considered necessary by the school administration or designate person.
3. I realize that the staff members who volunteer to assist my child in this way are not medical professionals. In consideration of their assistance, I **RELEASE THE PARK WEST SCHOOL DIVISION AND ITS OFFICERS AND EMPLOYEES FROM ANY LIABILITY ARISING FROM THE ADMINISTRATION OF EPINEPHRINE OR SIMILAR MEDICATION.**

Date

Signature of Parent/Guardian/Substitute Decision Maker



Anaphylactic Shock - Sample Letter to Parents

Date

Dear Parents

There is a child attending our school who suffers from a life threatening allergy to peanut products, i.e. peanut butter, peanut oil, etc. You can help to ensure the safety of this student by sending lunches and snacks that do not contain peanut products.

Students who have severe allergies to such food substances are exposed to a health risk when peanut products are eaten in their environment or shared with them. Please speak with your child about not sharing their snacks with other children. Alternative snack ideas are available through the District Health Centre.

If your child has health problems of any kind, please inform your child's teacher immediately so that the necessary health protection steps may be taken.

Your understanding and cooperation are appreciated so that we might provide for the safety of all students at risk of health trauma.

Yours truly,

Principal



Anaphylactic Shock - Sample Letter to Kindergarten Parents

Date

Dear Parents:

Kindergarten students are given an opportunity to eat a snack sent from home each day to provide for their nutritional needs.

As there is a child attending your child's class who suffers from a life threatening allergy to peanut products, i.e. peanut butter, peanut oil, etc. we ask your cooperation by not sending any snacks with your child containing peanut products.

Students who have severe allergies to such food substances are exposed to a health risk when peanut products are eaten in their environment or shared with them. Please speak with your child about not sharing their snacks with other children. Alternative snack ideas are available through the District Health Centre.

If your child has health problems of any kind, please inform your child's teacher immediately so that the necessary health protection steps may be taken.

Your understanding and cooperation are appreciated so that we might provide for the safety of all students.

Yours truly,

Principal



Anaphylactic Shock - Sample Item for Newsletters

Watch out for life-threatening allergies

Many children have allergies. A few, however, are life threatening. Some children, for example, are severely allergic to peanut butter. A tiny bit from a knife or even a crumb from the table can be fatal within minutes. Nuts, shellfish, fish, eggs and milk are also known to cause severe reactions. Knowing that your child has allergies and knowing how to deal with them is your best defence.

If your child is allergic to peanuts or peanut products, please tell us. With your help, we will do our best to prevent mishaps and to make sure that all of our students are safe, healthy, and able to concentrate on learning.

If you would like further information about our policies and practices, please call the school.



ASTHMA

EMERGENCY RESPONSE PLAN (FORM B)

ASTHMA

Child's name:	MHSC:	PHIN:
	Birthdate:	Grade:
Community program:		Grade:
Parent/Guardian:	Phone:	Phone:
Parent/Guardian:	Phone:	Phone:
Substitute Decision Maker:	Phone:	Phone:
Emergency Contact:	Phone:	Phone:
Physician(s):	Phone:	
	Phone:	
Other health care professionals:	Phone:	
	Phone:	

<p>IF YOU SEE THIS:</p> <p>Child is experiencing an asthma episode</p> <p>Symptoms of asthma</p> <ul style="list-style-type: none"> *coughing *wheezing *chest tightness *shortness of breath *increase in the rate of breathing <ul style="list-style-type: none"> *Reliever medication has been given and there is no improvement of asthma symptoms in 5 minutes. *Greyish/bluish color in lips and nail beds *Inability to speak in full sentences *Heaving of the chest, chest sucking inward *Shoulders held high, tight neck muscles 	<p>DO THIS:</p> <ol style="list-style-type: none"> 1. Remove the child from any triggers of asthma. 2. Ensure the child takes reliever medication (blue cap). 3. Provide assistance in giving the medication if the child is unable to do it independently. 4. Encourage slow deep breathing. It may be helpful for the child to perform a quiet task for distraction purposes. 5. Monitor the child for improvement of asthma symptoms. Relief from asthma symptoms should occur within minutes of taking reliever medication. <ol style="list-style-type: none"> 1. Activate 911/EMS 2. Give reliever medication every five minutes. 3. Contact the child's parent/guardian. 4. Stay with the child until emergency medical services (EMS) arrives. Provide information to EMS personnel including:
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- | | |
|--|----------------------------------|
| *Cannot stop coughing | - symptoms of asthma observed; |
| *Difficulty walking | - medication and dose given; |
| *If asthma symptoms are severe, the child may NOT be wheezing as there is not enough air moving in the lungs to generate a wheeze. | - when medication was given; and |
| | - effect of medication on child |

Guardian/Parents/Substitute Decision Maker Signature:

Date: _____

Prevention Strategies

1. Avoid substances and situations that are known to trigger extreme allergic reactions.
2. Reduce risk for anaphylaxis from insect bites.
3. Discuss emergency plan with parents prior to any school trips
4. Communication with school community – please see letters