Thames Valley District School Board **POLICY**

Title	**MEDICAL/HEALTH SUPPORT FOR STUDENTS**	Policy No.	5001
Department	**PROGRAM SERVICES**		
Reference(s)	- *Ministry of Education Policy/Program Memorandum No. 81* - *Education Act, Section 265* - *Ministry of Education Memorandum, August 17 1989 re: "Catheterization and Suctioning:* - *Ministry of Health, Regulated Health Professions Act, 1991* - *Bill 3 - Sabrina's Law - An Act to Protect Anaphylactic Pupils* - Managing Food Allergies: A Resource Package for Schools (2004)	Effective Date:	1999 Feb 26

1.0 It is the policy of the Board that the Director of Education or designate develop all procedures related to medical/health support. Such procedures include but are not limited to:

- consultation processes with appropriate service providers including the School Health Support Program (Community Care Access Centres)
- development of procedures for dealing with reportable and communicable diseases
- approval of agreements, at the request of parents/guardians and their physician on behalf of an individual student, relating to the medical treatment and provision of medical services including emergency care plans where the physician and parent/guardian request exemption for a child from the Board's normal emergency practices. This applies when standard emergency intervention procedures could worsen the circumstance of the student.

2.0 Students with special medical/health needs will be maintained in their neighbourhood school whenever possible; however, when assistance or coping with special needs becomes a primary requirement, students should be supported in appropriate facilities strategically located within the system to address their individual needs.

3.0 The designation of roles and responsibilities for medical/health support services in school settings does not preclude, in emergency situations, the provision of assistance by school board personnel. Staff who provide health support to students under their supervision shall have full coverage under the Board's liability policies.

Administered By	**PROGRAM SERVICES**	Board Resolution	32-B Rec.6
Amendment Date(s)	2005 Dec. 20	Amendment Resolution No.	13-C

Thames Valley District School Board **PROCEDURE**

Title	**MEDICAL/HEALTH SUPPORT FOR STUDENTS** - **General Guidelines and Procedures** - **School Health Support**	Procedure No.	5001
Department	**PROGRAM SERVICES**		
Resource(s)	- Authorization for Administration of Prescription Medications - Individual Student Log of Prescription Medication Administration - Individual Medical Emergency Plan	Effective Date:	1999 Sep 01

References:
- Board Policy: Medical/Health Support for Students
- *Ministry of Education Policy/Program Memorandum No. 81*
- *Ministry of Education Memorandum, April 1995 and May 2003 re "Anaphylaxis in the School Setting"*
- *Education Act Section 265*
- *Ministry of Education Memorandum, August 17, 1989 re: "Catheterization and Suctioning"*
- *Ministry of Health, Regulated Health Professions Act, 1991*
- *Bill 3 - Sabrina's Law - An Act to Protect Anaphylactic Pupils*

1.0 GENERAL GUIDELINES

It is recognized that in respect of students with special medical/health or physical needs:

1.1 The parent/guardian has the primary responsibility to inform school authorities about their child's medical/health conditions and to transmit relevant information. School procedures must be cooperatively developed to address differentiated strategies for the purpose of addressing the student's needs in a reasonable manner.

1.2 Medical/health or physical assistance may be necessary in order for students to take advantage of their right to attend school.

1.3 Following an initial review of a student's uniqu e medical/health needs but prior to registering a particular student, a principal shall consult with the appropriate Learning Coordinator: (e.g., Special Education) and if necessary the Superintendent of Education to discuss placement options to best address the student's needs. Final determination of school location is the responsibility of the Executive Superintendent of Program Services.

1.4 Arrangements for the provision of medical/health support services to school aged children is a shared responsibility of the Ministries of Children and Youth Services, Community and Social Services, Health and Long-Term Care. The primary responsibility for provision of the required services and medical/health procedures remains with parents/guardians and health professionals.

Administered By	**PROGRAM SERVICES**
Amendment Date(s)	2004 May 04 2005 Dec. 20

1.5 Procedures related to medical/health needs of individual students will address physician or health professional prescribed care plans and relevant legislation and policies.

1.6 Whenever feasible and authorized, the pupil or the pupil's parent/guardian, may accept the responsibility of performing the medical service, if required during school hours.

1.7 Where the pupil or the pupil's parent/guardian cannot perform required service and where the parent/guardian so requests, the service is to be requested in accordance with the Provision of Health Support Services in School Settings," (Ministry of Education Policy/Program Memorandum No. 81.) (See Section 3.0)

1.8 In responding to such circumstances, principals or other staff performing such services, on a voluntary or emergency basis, are acting according to the principle of "in loco parentis" and not as a health professional.

Failure to act as a prudent parent would do when a student is in distress, could result in legal liability for the harm that flows from failure to act. (See also 2.5 Emergency Procedures.)

Staff who provide health support to students under their supervision shall have full coverage under the Board's liability policies.

The Board shall not require any teacher to administer medication or perform any medical or physical procedure on any pupil that might in any way endanger the safety of the pupil or subject the teacher to risk of injury or liability for negligence.

With appropriate training, Educational Assistants shall assist with student medication and medical procedures as required, in accordance with Ministry of Education Policy/Program Memorandum No. 81, Memorandum of August, 1989, and Bill 3 Sabrina's Law.

It shall not be part of the duties and responsibilities of a teacher to examine pupils for communicable conditions or diseases or to diagnose such conditions or diseases.

1.9 Staff who volunteer to provide health support services shall be governed by the Regulated Health Professions Act (1991), available at

http://192.75.156.68/DBLaws/Statutes/English/91r18_e.htm#p227_13534

Note especially the following sections:

27. (1) No person shall perform a controlled act set out in subsection (2) in the course of providing health care services to an individual unless,
(a) the person is a member authorized by a health profession Act to perform the controlled act; or
(b) the performance of the controlled act has been delegated in accordance with section 28 to the person by a member described in clause (a). 1991, c. 18, s. 27 (1); 1998, c. 18, Sched. G, s. 6.

29. (1) An act by a person is not a contravention of subsection 27(1) if it is done in the course of,
(a) rendering first aid or temporary assistance in an emergency;
(b) assisting a person with his or her routine activities of living and the act is a controlled act set out in paragraph 5 or 6 of subsection 27 (2).

Controlled acts

29. (2) A "controlled act" is any one of the following done with respect to an individual:

1. Communicating to the individual or his or her personal representative a diagnosis identifying a disease or disorder as the cause of symptoms of the individual in circumstances in which it is reasonably foreseeable that the individual or his or her personal representative will rely on the diagnosis.

2. Performing a procedure on tissue below the dermis, below the surface of a mucous membrane, in or below the surface of the cornea, or in or below the surfaces of the teeth, including the scaling of teeth.

3. Setting or casting a fracture of a bone or a dislocation of a joint.

4. Moving the joints of the spine beyond the individual's usual physiological range of motion using a fast, low amplitude thrust.

5. Administering a substance by injection or inhalation.

1.10 All medication and an INDIVIDUAL STUDENT LOG OF PRESCRIPTION MEDICATION and an AUTHORIZATION FOR ADMINISTRATION OF PRESCRIPTION MEDICATION will be stored together in a secure location. It is the obligation of the parent, guardian or student to ensure that information on the student's file is kept current and includes the medication that the student is taking.

1.11 Any deviation from these Procedures must have the prior written approval of the Executive Superintendent of Program Services.

2.0 PROCEDURES FOR THE PROVISION OF MEDICAL/HEALTH SUPPORT SERVICES

The following procedures define the parameters within which the assistance is provided to students.

2.1 PRESCRIPTION MEDICATION

Prescription medication, within the limits of this policy, is any prescription medication prescribed by a physician. In exceptional cases in which a student must have medication administered during school hours, the principal will arrange to have the medication administered at school with the following procedures:

2.1.1 An "Authorization for Administration of Prescription Medication" form will be completed by the parent/guardian and the physician, and be forwarded to the Principal prior to the administering of any prescription medication. At this time the parent/guardian will receive a copy of this policy.

2.1.2 For each school year and whenever a modification of the prescribed medication is directed by the physician, a new Authorization Form will be completed by the parent/guardian and the physician, and be forwarded to the Principal

2.1.3 All authorization and log forms will remain on file one year beyond the end of the school year to which the record pertains.

2.1.4 Each parent/guardian will deliver to the Principal the student's prescribed medication at intervals as may be determined in consultation with the Principal by the parents/guardians or physician. In addition, a parent MUST supply to schools a copy of the Pharmacy Information Sheet for medications. The parent/guardian will retrieve any unused medication. If the medication is not retrieved, the principal will dispose of it.

2.1.5 The Principal will maintain a list of all students currently receiving prescription medication.

2.1.6 The Principal will monitor the administering of the prescription medication and ensure appropriate security for storage of medications. In each case a person administering medication will indicate consent to provide such administration by signing the Authorization form. In the event of the designated person's absence the Principal will ensure that the medication is given.

2.1.7 The Principal will only accept prescription medication that is in the official container provided by the pharmacist and is clearly labeled specifying the student's name, the medication, the dosage, the frequency and method of administration and the dates for which the Authorization applies.

2.1.8 The person administering medication will complete an "Individual Student Log of Prescription Medication Administered." On dates when the pupil is absent the log should reflect such pupil absence. The "comments" section should indicate abnormal or unusual circumstances related to the administering of the dose. The monthly Log sheet will be attached to the Authorization form and be filed with the Principal.

2.1.9 Pupils may self-administer medication as directed by the physician and with the consent of the parent/guardian, in accordance with the Authorization For Administration form, under the supervision of the principal or designate.

2.1.10 Medication should be administered in a manner which allows for student's sensitivity and privacy and which encourage the pupil to take an appropriate level of responsibility for their medication.

2.2 NON-PRESCRIPTION MEDICATION

Staff should not administer non-prescriptive medication to students

2.3 INJECTIONS

NON-EMERGENCY INJECTIONS (e.g., INSULIN)

The injection of medication in non-emergency situations will be administered only by a health professional or by the parent/guardian or authorized pupil. The injection of medication should be administered in a manner that allows for sensitivity and privacy. School personnel must ensure that the student has time and a clean, private space to self-inject insulin. If necessary school personnel must make arrangements for the safe storage of for example insulin and syringes / pens. School personnel must arrange for the safe disposal of lancets, syringes, test strips, etc. This may mean that a container is provided by a school nurse or parents so that the student transports them home for disposal.

EMERGENCY INJECTIONS (e.g., EPIPEN / ADRENALINE)

These are administered only when failure to do so would result in a life threatening situation (ie., anaphylactic reaction to insect bite/ food allergy). For example, an employee who has reason to believe that a student is experiencing an anaphylactic reaction, may administer an epinephrine auto-injector or other prescribed medication, if there is no pre-authorization to do so. When a student has been diagnosed with a life threatening allergy, the courts have indicated in particular cases that staff must exercise the degree of care that an ordinary and prudent parent would exercise in relation to their own child. ("in loco parentis").

Records of authorization are to be filed for each student by the Principal.

2.4 INHALED MEDICATIONS

Inhaled medications are used by students with Asthma to help control breathing difficulties. Inhaling devices include puffers, aerochambers, powdered inhalers and compressors. An authorization for Administration of Prescription Medication is to be completed if students require assistance from Board staff in using these devices.

Students requiring regular inhalation therapy (administration of medication through a mask using a compressor) can be referred to Community Care Access Centre (CCAC) to request nursing support.

2.5 BLOOD GLUCOSE MONITORING

School personnel are not expected to participate in blood glucose monitoring unless there is mutual agreement, and separate training has been provided for identified school personnel in contact with special needs who cannot do blood testing by themselves.

Students who are able can do blood glucose monitoring as necessary in a designated area in the school or classroom. Students must be allowed enough time and have access to a clean, private space to test their blood. Arrangements must be made for safe disposal of lancets and needles. This may mean a container is provided by a school nurse or parent(s)/guardian so that a student transports them home for disposal.

2.6 EMERGENCY PROCEDURES

In emergency situations, a teacher's duty is to use reasonable care and judgement. If it appears that the illness or injury may be such as to require emergency treatment, a safe procedure is to arrange to have the student taken immediately by ambulance to a hospital. Staff should not drive students to meet the ambulance “en route”. Only “stable” children may be driven by staff to the hospital. The parent/guardian should be contacted as soon as possible.

It is often helpful if a person being transported to hospital by ambulance is accompanied in the ambulance by a staff member or other person. While ambulance personnel assume charge of the situation once they arrive, it can be useful if someone who knows the circumstances of the onset of the emergency or who knows the student, accompanies the individual in the ambulance. This may also provide comfort and assurance to a person in distress.

The individual calling for the ambulance should indicate the location of the access door to the area where the person in distress is located. The person should not be moved.

A person should be assigned to meet the ambulance and bring ambulance personnel to the location of the person in distress. A copy of the medical information sheet should be given to ambulance staff. This information, in particular situations, could also be given to the dispatch staff over the phone in advance of arrival of the ambulance.

If An Individual Emergency Care Plan should accompany the student in the ambulance. (See Resource Material and Appendix A.)

The principal will establish a protocol within the school to access emergency services and will ensure necessary inservice for staff on specific procedures e.g. use of epipen. When an emergency call is placed from another location, the main office must always be notified. Office staff will advise the principal and/or designate.

2.7 PHYSICAL DISABILITIES

In circumstances where students with physical disabilities require lifting and positioning, or assistance with mobility, feeding, or toileting, an educational assistant or an attendant will provide assistance to students as required. If staff training is required to safely provide this assistance, a referral to the CCAC should be made. Appropriate aspects of Occupational or Physical Therapy treatment are incorporated into the child's everyday activities. Outside agencies such as Thames Valley Children's Centre may provide ongoing and/or consultative services.

3.0 SPECIALIZED HEALTH SUPPORT SERVICES IN SCHOOL SETTINGS

3.1 Summary of Services Provided to the School Board (P/PM #81)

The provision of Health Support Services in school settings is addressed through Policy/Program Memorandum No. 81 issued July 19, 1984 and the Ministry of Education Office Memorandum issued August 17, 1989 with regards to clarifications around catheterization and suctioning. The responsibility for ensuring the provision of health support services is shared among the Ministries of Children and Youth Services, Community and Social Services, Health and Long-Term Care. At the local level, the responsibility is shared by school boards, the Ministry of Community and Social Services/Ministry of Children's Services (Community Care Access Centre), and agencies operating under the Ministry of Community, Family and Children's Services.

The Ministry of Community and Social Services/Ministry of Children's Services through the Community Care Access Centre, is responsible for assessing student needs, and for providing such services as injection of medication, sterile catheterization, manual expression of the bladder, stoma care, postural drainage, deep suctioning and tube feeding. The Ministry of Community and Social Services/Ministry of Children's Services is also responsible for intensive physio, occupational and speech therapies, and for assisting school boards in the training and direction of school board staff performing certain other support services.

The Ministry of Community, Family and Children's Services is responsible for ensuring the provision of health support services in children's residential care and treatment facilities.

School Health Support Services are provided to schools throughout the District by the following Community Care Access Agencies:

- London/Middlesex Community Care Access Centre (519) 473-2222
- Elgin Community Care Access Centre (519) 631-9907
- Oxford Community Care Access Centre (519) 539-1284

3.2 School Health Support Services Process for Determining Eligibility for Professional Services

- Parent(s)/legal guardian(s) contacts principal or designated school personnel and requests Case Manager Assessment of Eligibility for School Health Services.
- Should a parent(s)/legal guardian(s) contact the CCAC, the Case Manager will support the parent(s)/legal guardian(s) to initiate the Request for Assessment of Eligibility through the school principal.
- Outside agencies should discuss Request for Eligibility Assessment with the parent(s)/legal guardian(s), who in turn, contacts the principal.
- School obtains the Board/School Release of Information consent and has it signed by parent(s)/legal guardian(s). This allows the school to release information to the CCAC that may assist in determining eligibility - (e.g. Reports on investigations/interventions from other agencies).
- The school will then contact the CCAC Manager with a verbal Request for Assessment of Eligibility. The school then forwards the consent to the CCAC.
- The Case Manager will call the designated school personnel contact and complete the eligibility assessment with said contact and parent(s)/legal guardian(s).
- In the case of referrals for speech therapy the referral process is initiated by the school board Speech-Language Pathologist in consultation with the parent(s)/legal guardian(s).

3.3 Eligible

- If the student is deemed to be eligible for CCAC services, the Case Manager will forward a referral package to the school.
- Upon completion of the referral, the school personnel contact MUST have it signed and dated by the principal.
- Referrals for speech therapy services must be signed by the School Board Speech - Language Pathologist.
- Upon completion of the referral, it is returned to the appropriate CCAC.
- Upon receipt of the completed referral, the Case Manager will contact the parent(s)/legal guardian(s) to obtain a medical/social history and additional pertinent information. The Case Manager will also obtain a CCAC consent to provide service/share information. A notice of CCAC involvement with the child will be forwarded to the Physician of Record.

3.4 Ineligible

- For children deemed ineligible, the Case Manager will contact the school and inform the designated school personnel/contact and outline the reasons for ineligibility.
- The School and/or Case Manager then contacts the parent(s)/legal guardian(s) to inform them that the child is not eligible for service.
- The Case Manager may contact the parent(s)/legal guardian(s) for further discussion of possible alternative (non CCAC) services/resources.
- A conflict resolution process is available for differences of opinion regarding the agency responsible for service delivery. Parents may contact CCAC to inquire as to the appeal process.

3.5 Speech referrals to CCAC are submitted through the school's designated Speech-Language Pathologist.

3.6 Specialized Health Support Services

Specialized Health Support Service	Agency or position of person who performs the service (e.g., CCAC, Board staff, parent(s)/legal guardian(s), student)	Eligibility criteria for students to receive the service	Position of person who determines eligibility to receive the service and the level of support	Criteria for determining when the service is no longer required	Procedures for resolving disputes about eligibility and level of support (if available)
Nursing	CCAC contracted service provider	as determined by CCAC case manager	CCAC case manager	as determined by CCAC manager and service provider	**Consultation between Case Manager and School Principal**
Occupational Therapy	CCAC contracted service provider, programming carried out by Board staff, parent(s)/legal guardian(s), student	as determined by CCAC case manager	CCAC case manager	as determined by CCAC case manager and service provider	
Physiotherapy	CCAC contracted service provider, programming carried out by Board staff, parent(s)/legal guardian(s), student	as determined by CCAC case manager	CCAC case manager	as determined by CCAC case manager and service provider	
Nutrition	CCAC	CCAC case manager	CCAC case manager	CCAC case manager and service provider	
Speech and language therapy (CCAC)	CCAC contracted service provider	as determined by Board SLPs in consultation with CCAC (Speech Disorders)	Board SLP- eligibility CCAC - level of support	CCAC case manager and service provider - when student no longer has moderate/severe speech disorder	
Speech and language intervention (school board)	Board SLPs	as determined by Speech and language Services (Language and Speech Disorders that affect academics)	Board SLP	when student not longer has moderate/severe speech and/or language disorder or can be maintained by classroom teacher	Board SLP in consultation with Principal, teacher and parent(s)/legal guardian(s)

Specialized Health Support Service	Agency or position of person who performs the service (e.g., CCAC, Board staff, parent(s)/legal guardian(s), student)	Eligibility criteria for students to receive the service	Position of person who determines eligibility to receive the service and the level of support	Criteria for determining when the service is no longer required	Procedures for resolving disputes about eligibility and level of support (if available)
Administering of prescribed medications	Board staff, parent(s)/legal guardian(s), student, CCAC contracted service provider	CCAC case manager, physician's prescription	CCAC case manager	physician, CCAC case manager and service provider	**Consultation between Case Manager and School Principal**
Catheterization	Board staff - clean intermittent CCAC contracted service provider - sterile intermittent	CCAC case manager	CCAC case manager	physician, CCAC case manager and service provider	
Suctioning	Board staff - shallow surface suctioning CCAC contracted service provider - deep suctioning	CCAC case manager	CCAC case manager	physician, CCAC case manager and service provider	
Lifting and positioning	Board staff	CCAC case manager, family/principal request	Board staff, CCAC case manager	Board staff and CCAC service provider	
Assistance with mobility	Board staff	CCAC case manager, family/principal request	Board staff, CCAC case manager	Board staff and CCAC service provider	
Feeding	Board staff, CCAC contracted service provider (enteral feeds)	Board staff, CCAC case manager, parent(s)/legal guardian(s)	Principal, CCAC case manager	Board staff and CCAC service provider	
Toiletting	Board staff	Board staff, CCAC case manager, parent(s)/legal guardian(s)	Principal, CCAC case manager	Board staff and CCAC service provider	

4.0 FORMS

- Authorization for Administration of Prescription Medication
- Individual Student Log of Prescription Medication Administration
- Individual Medical Emergency Plan

5.0 RESOURCE MATERIAL

A) Managing Life Threatening Allergies

B) Managing Food Allergies: A Resource Package for Schools (A copy of this package should be located in the office or can be obtained from the local Health Unit.)

C) Kids with Diabetes in School (A copy of this package should be located in the office or can be obtained from the local Health Unit.)

6.0 APPENDICES

A. Sample Emergency Protocol
B. Sample Letter to Parents
C. Sample Letter to Parents
D. Sample Item for Newsletters
E. A Checklist for Creating Safe and Healthy Schools tor Children with Food Allergies
F. A Checklist for Secondary Schools

Authorization for Administration of Prescription Medication

[Please Print]

STUDENT'S NAME: _____ **BIRTH DATE:** _____

ADDRESS: _____ **TELEPHONE:** _____

SCHOOL: _____ **TEACHER:** _____

EMERGENCY: Contact Person: _____ _____

REQUEST AND APPROVAL OF PARENT/GUARDIAN:

I hereby request and give permission for prescription medication prescribed herein to be administered to my child who is named above for the duration indicated by the Physician. I will provide the medication in the original container.

NOTE:IT IS THE PARENT'S/GUARDIAN'S RESPONSIBILITY TO NOTIFY THE PRINCIPAL OF ANY CHANGES IN THE PRESCRIBED MEDICATION OR IN THE ADMINISTRATION OF THAT MEDICATION. THIS AUTHORIZATION WILL EXPIRE ON THE DATE INDICATED BY THE PHYSICIAN OR ON JUNE 30TH OF EACH SCHOOL YEAR.

I release the Thames Valley District School Board, its employees and agents from any liability for loss, damage or injury, howsoever caused, to my child's person or property arising out of administering, or failure to administer the procedure as provided herein.

_____ _____

Parent's/Guardian's Signature — Date Signed

PLEASE TYPE OR PRINT IN BLOCK LETTERS

STATEMENT OF PHYSICIAN:

1. Name/type of prescription medicine _____
2. Dosage/amount to be given _____
3. Frequency/times for administration _____
4. Instructions for administration _____
5. Duration _____
6. Anticipated reaction to medication (symptoms, side effects . . .) _____

_____

_____

Physician's Name [Print or Type]

_____ _____

Physician's Signature — Date Signed

_____ _____

Physician's Address — Physician's Telephone Number

STATEMENT OF PERSON ADMINISTERING PRESCRIPTION MEDICATION:

I have agreed to administer the prescription medication as herein requested by the parent/guardian and as prescribed by the Physician. I will maintain a log of such administration.

_____ _____

Signature of Person Administering Prescription Medication — Date Signed

_____ _____

Signature of Principal — Date Signed

Copies to : [Principal (Original), Parent/Guardian, Physician, Person Administering]

Personal information on this form is collected under the authority of the Education Act, and amendments thereto, and the policies of the Thames Valley District Board of Education. It will be used for educational, health and welfare purposes affecting the student. For further information about collection practices, contact the school Principal.

Thames Valley District School Board

Individual Student Log of Prescription Medication Administered

Name of Student: _____ **Birth Date:** _____

Address of Student: _____ **Student Phone No.:** _____

School: _____ **Teacher:** _____

Physician: _____ **Physician Phone No.:** _____

MEDICATION

Name of Medication: _____ Prescription Number: _____

Dosage to be Administered: _____ Time to be Administered: _____

Name of Person to Administer Medication: _____

Medication Record: Place initials in appropriate space below to confirm that prescription medication has been administered. Indicate abnormal or unusual circumstances and action taken on reverse.

	Year: _____								Year: _____											
	September		**October**		**November**		**December**		**January**		**February**		**March**		**April**		**May**		**June**	
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Notice of Collection: In accordance with Section 29(2) of the Municipal Freedom of Information and Protection of Privacy Act, 1989, this is to advise you that the information you have provided is collected under the legal authority of Section 327 of the Education Act, R.S.O. 1990 c. E2 as amended, and may be used as necessary for some or all of the following principal administrative purposes related to: the Board operation, school programs and educational services, student records, and Ministries of the Government of Ontario. If you have any questions, please contact the Principal and/or the Freedom of Information Coordinator, Thames Valley District School Board, 1250 Dundas Street, London, Ontario, N6A 5L1 (telephone 519-452-2257).

Operations Services

1999 03 30

(14)

Thames Valley District School Board

Individual Medical Emergency Plan

Student's Name:

Student Photo

Medical Condition:

SYMPTOMS:

NAME/LOCATION/DOSAGE OF MEDICATION:

EMERGENCY PROCEDURES: (INCLUDE ALL TELEPHONE NUMBERS)

ALLERGIES:

This plan was developed on _____ and will be reviewed on an annual basis (or earlier) at the request of either the school or parent or Health Professional.

[See page 2]

Signatures:

Principal *Parent(s)/Guardian(s)* *Health Professional*

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INDIVIDUAL MEDICAL EMERGENCY PLAN

[Please see outline of plan on the reverse side of this form]

MEDICAL CONDITION

Student Surname: _____

Given Names: _____

Address: _____

_____

School: _____

School Telephone: _____ **Grade:** _____

Date of Birth: _____

Bus Student: ☐ Yes ☐ No

Bus Route No.: _____

Bus Driver: _____

Bus Operator: _____

PARENTS/GUARDIANS

	Mother	Father
Name		
Home Phone #		
Work Phone #		
Cell Phone #		

EMERGENCY INFORMATION

Doctor: _____

Telephone: _____

Hospital: _____

Ambulance No.: _____

Hospital Emergency No.: _____

Fire Department No.: _____

Police No.: _____

There is a statement from the Doctor in the OSR outlining the nature of the medical condition and any steps to be taken. ☐ Yes ☐ No

PERSONS INFORMED OF PLAN

Person			Date Given	By Whom?
☐ Parents(s)/Guardian(s)	☐ Yes	☐ No		
☐ ALL School Staff	☐ Yes	☐ No		
☐ Volunteers	☐ Yes	☐ No		
☐ Bus Driver(s)	☐ Yes	☐ No		
☐ Bus Operator/Dispatcher	☐ Yes	☐ No		

☐ Emergency Response Personnel [please check appropriate one(s)]

☐ Ambulance ☐ Police ☐ Fire Department

☐ Other (please specify): _____

COPIES OF THIS PLAN ARE FILED WITH THE FOLLOWING:

1. Parent(s)/Guardian(s) Date _____
2. Ontario Student Record Date _____
3. Bus Operator/Driver Date _____
4. Principal Date _____

Attachments (if any): (Please list here and attach)

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RESOURCE MATERIAL

A) MANAGING LIFE THREATENING ALLERGIES

Introduction:

Anaphylaxis or "allergic shock" is a severe, systemic allergic reaction which can be fatal, resulting in circulatory collapse or shock. Susceptible students may die if exposed to even minute amounts of the substance that triggers their reaction. Immediate treatment in the form of an injection of epinephrine can be life-saving.

The most common causes of anaphylaxis are:

- foods: While any food may cause anaphylaxis, peanuts, tree nuts, seafood, cow's milk, eggs, wheat and soy seem more likely to trigger a reaction in students. Most individuals lose their sensitivity to milk, eggs, wheat and soy by school age.

- non-food substances: Insect venom, medications, latex and rarely, vigorous exercise may involve a reaction.

The onset of anaphylaxis can begin within seconds of exposure or after several hours. Any combination of the following symptoms may signal the onset of a reaction. These symptoms are not in any specific order. Each reaction can be different.

- hives
- itching (on any part of the body)
- swelling (of any body part, especially eyes, face, tongue)
- red watery eyes
- runny nose
- vomiting
- diarrhea
- stomach cramps
- change of voice
- coughing
- wheezing
- throat tightness or closing
- difficulty swallowing
- difficulty breathing
- fainting or loss of consciousness
- change of colour
- sense of doom
- dizziness

The interval of time between onset of the first symptoms and death can be as short as a few minutes, if the reaction is not treated. Even when symptoms have subsided after initial treatment, they can return.

Schools must recognize, and communicate to parents that, in spite of their best efforts, accidents may occur. However, once reasonable precautions have been taken, staff, parents or other students should not feel responsible for accidental exposure. If accidental exposure does occur, appropriate emergency procedures must be in place and acted upon immediately.

Most literature about anaphylaxis in school settings divides the school's responsibility into three distinct categories: information and awareness; avoidance; and emergency response. (Action)

1.0 Information and Awareness:

1.1 Identification of Anaphylactic Students to School Authorities:

- It is the responsibility of parents with anaphylactic children to identify their children to the school principal and provide information regarding:
  - the foods or allergen which trigger an anaphylactic reaction
  - a treatment protocol, signed by the child's physician (including the medication the student is currently taking)
  - any changes in the child's condition from previous years or since last reported
  - information to be posted in key locations like the classroom, school bus, staff room, office, nurse's room, etc.

- This identification should be completed through the school registration process and student information updates. Parents / guardian are required to update the school immediately if conditions change in order for the school to provide appropriate emergency treatment. It is the obligation of the parent / guardian to ensure that information on file is current and includes the medication the student is presently on.

- Identifying children with life-threatening allergies is more difficult in a secondary school setting. Although parents must still bear the burden of responsibility for reporting the condition to the school, schools may wish to explore ways of encouraging and reminding them to do so, particularly with older students, those who have moved into the system, and those who have been recently diagnosed.

1.2 Identification of Anaphylactic Students to Staff:

- All staff members (teaching and non-teaching) must be made aware that a child with anaphylaxis is attending their school, and the child must be identified, preferably before the school year begins. This information must be included in the OSR and the office files. An individual file must be maintained for each anaphylactic student.

- The board policy on Medical/Health Support For Students must be provided to all staff, along with specific information about each anaphylactic child in attendance.

- An allergy-alert form, with photograph, description of the allergy, monitoring and avoidance strategies treatment and action plan should be placed in key locations, such as the office, staff room, etc. and wherever the child's epinephrine auto-injector is stored. (See Appendices).

- Parents must be included in a decision about whether posters should also be placed in the child's classroom and other public places, like school buses. For younger children, this may be advisable. For older children and adolescents, issues of personal privacy must be considered. (See Appendix for sample poster.)

- Instructions on the use of the epinephrin auto-injector, along with a list of symptoms and emergency procedures, should be posted in a clearly visible location in the child's classroom and other key areas e.g. staff room, office. (See Appendices)

- The child's classroom teacher should ensure that information is kept in a place where it will be highly visible and readily understood by supply teachers. If not posted in the classroom, it should be kept with the teacher's day book.

- The student should wear a medic-alert bracelet which identifies specific allergens.

1.3 **Inservice for Teachers and Other School Staff:**

- The principal must ensure that regular training is provided to school personnel, occasional teachers and volunteers on how to recognize and treat anaphylactic reaction, on school policies that protect anaphylactic children from exposure, and on school protocol for responding to emergencies.

- All teachers and staff who may be in a position of responsibility for children with anaphylaxis (including noon-hour supervisors, cafeteria staff and bus drivers) must receive personal training in the use of the epinephrine auto-injector.

- It is the responsibility of parents/guardians to ensure that the specific information about their child is made available to school personnel to be included in the in-service training programs.

- Where possible, parents should be encouraged to participate directly in training staff in emergency response and the use of the epinephrine auto-injector, either as part of formal in-service, or in brief, one-on-one sessions with individual staff.

- Public health nurses, and representatives of allergy groups or local medical professionals should play a role in delivering in-service and/or invited to share their expertise with school staff. Elgin, Oxford and Middlesex London Health Units will provide yearly training for staff around Epipen and Anaphylactic Education.

1.4 Occasional Teachers, Parent Volunteers and Other Classroom Assistants:

All schools involve adults in their classroom who are unfamiliar with individual students and school procedures. The following guidelines should help to prepare them to handle an anaphylactic emergency.

- Require the classroom teacher to keep information about the anaphylactic student's allergies and emergency procedures in a visible location.

- Ensure that procedures are in place for informing occasional teachers and volunteers and older students about anaphylactic students.

- Involve occasional teachers and volunteers and older students, in regular in-service programs, or provide separate in-service for them.

1.5 **Sharing Information with Other Students and Parents:**

- Consideration should be given to identifying students suffering life-threatening allergies to all students in the school, and enlisting their co-operation. This should be done in a way that is appropriate to the student's age and maturity, without creating fear and anxiety, and in consultation with the parents of individual anaphylactic children.

- Identification of anaphylactic students to their peers in secondary school settings should NOT take place without consultation with the anaphylactic student.

- The risk of teasing or threatening anaphylactic children is reduced if classmates are introduced to the situation at a young age. The risk of ignorance is generally judged to be greater that the risks associated with sharing information.

- A number of books and audio-visuals are available to help young classmates understand life-threatening allergies without frightening them.

- Information may be included in health and family studies classes.

- Parents of anaphylactic children, and older anaphylactic children, may be excellent resources in information sharing.

1.6 **Strategies to Enlist Community Support**
Sharing Information with Parents and Parent Organizations:

- Develop a communication strategy to inform parents of the presence of a student with life-threatening allergies in their child's school and the measures being take to protect the student.

- Send home letters at the beginning of the year asking parents to avoid sending the allergen in school lunches and snacks. Do not "ban" the substance; instead ask for co-operation.

- When the allergen is a common item in school lunches, like peanut butter, provide parents with suggestions for alternative foods.

- Provide parents with information about food labelling, as it applies to the allergen in question.

- Parent organizations could be encouraged to plan an information night on life-threatening allergies in school children.

- Reminders or information articles in school newsletters are a way of reaching most parents.

All concerns MUST be directed to the principal or Public Health Nurse, not to the parents of the anaphylactic child.

1.7 **Maintaining Open Communications between Parents and the School:**

- The school should maintain open lines of communication with the parents of anaphylactic students.

- Parents should be involved in establishing specific programs for their own children, and in training staff in emergency procedures.

- Parents should be invited to review and provide input into school protocol to reduce the risk of exposure to allergens.

2.0 Avoidance:

It is the Board's policy to provide a safe environment for children who are susceptible to anaphylactic reactions, but it is not possible to reduce the risk to zero. The following procedures and resources allow schools and classrooms to adapt to the needs of individual children and avoidance of the allergen which triggers reactions as well as the organizational and physical environment in different schools. It should also be noted that precautions may vary depending on the properties of the allergen, (i.e. peanut butter poses additional cross-contamination and cleaning concerns due to its particular viscosity).

All of the following recommendations should be considered in the context of the anaphylactic child's age and maturity.

In the earlier elementary school grades where there are peanut allergic children peanuts, peanut butter or peanut containing foods should be discouraged, since it is extremely difficult to avoid accidental ingestion.

In the higher elementary school grades and secondary school settings, complete avoidance policies, while desirable, may not be practical. If there are common eating areas, peanut foods should be discouraged if there are peanut allergic children. Allergy-free classrooms may need to be instituted when appropriate. Public education of the dangers of peanut allergy and requests for cooperation limiting peanut use at school are important.

2.1 Providing Allergen-free Areas:

The following are options to consider when deciding on an appropriate eating environment:-

- The allergic child could return home for lunch, if possible
- If the allergic child must stay at school for lunch, provisions must be made to ensure the child's safety by providing an allergen-free eating area.
- The established allergen-free classroom must not be used as a common lunch room. If the classroom is used, then establish it as an "allergen-free" eating area using a cooperative approach with students and parents.
- Establish at least one common eating area as allergen-free. In a high school setting a section of the single common eating area could be designated as "allergen-free."
- Develop strategies for monitoring allergen-free areas, and for identifying high risk areas for anaphylactic students.
- As a last resort, if allergen-free eating areas cannot be established, provide a safe eating area for the anaphylactic child and a buddy.

2.2 Establishing Safe Lunchroom and Eating Area Procedures:

It should be stressed that minute amounts of certain foods like peanut when ingested, touched or inhaled, can be life threatening. Children have had skin reactions just from simply contacting residual peanut butter on tables wiped clean of visible material. Therefore, protection of the anaphylactic child requires the school to exercise reasonable control over all food products, not only those directly consumed by the anaphylactic student.

- The anaphylactic child should eat only food that has been prepared specifically for them, usually at home.
- There should be no trading or sharing of food, food utensils, or food containers.
- Establish a hand washing routine before and after meals.
- Ensure that tables and other eating surfaces are cleaned before and after eating, using a cleansing agent approved for school use. This is particularly important for peanut-allergic students because of the adhesive nature of peanut butter.
- Careful supervision of lunch rooms and food celebrations will help to prevent accidental exposure to an anaphylactic child.

2.3 Allergens Hidden in School Activities:

Not all allergic reactions to food are a result of exposure at meal times.

- Teachers, should be made aware of the possible allergens present in:-

curricular material (i.e.):	playdough, birdseed, beanbags, stuffed toys (peanut shells or walnut shells are sometimes used), toys, books, and other items which may have become contaminated in the course of normal use.
art and craft projects:	The use of food in crafts and cooking classes may need to be restricted depending on the allergies of the student.

- Musical instruments should be sterilized as per standard procedures.
- Anaphylactic children should not be involved in garbage disposal, yard cleanup or other activities which could bring them into contact with food wrappers or debris.
- Eating should only take place in designated areas within the school. This will reduce the risk of accidental exposure in the schoolyard to the allergen.
- Since foods are stored in lockers or desks, the anaphylactic child should be allowed to keep the same locker or desk all year.

2.4 Holidays and Special School Celebrations:

- Focus on activities rather than food to mark special occasions
- The anaphylactic child should eat only food that has been prepared specifically for them, usually at home.
- If foods are to come into the classroom from home, remind parents that the classroom is allergen-free, name the allergen(s) and insist on ingredient lists.
- Encourage the use of non-food rewards (stickers, pencils, books) as opposed to food rewards.
- Fund-raising activities should attempt to exclude allergen containing products.

- Check the ingredients of any food supplied by commercial sources (i.e. Pizza, cakes, cookies)

- Consider cleanliness and risk of contamination when food is prepared, handled or served on school premises.

2.5 **Field Trips**:

In addition to the usual safety precautions applying to field trips, the following procedures should be in place to protect the anaphylactic child.

- Include a separate "serious medical conditions" section as a part of the school's registration permission form for all field trips in which the details of the anaphylactic students allergens, symptoms and treatments can be recorded. A copy of this should be available on site at any time during the field trip.

- Require all supervisors, staff and parents to be aware of the identity of the anaphylactic child, the allergens, symptoms and treatment.

- Ensure that a supervisor with training in the use of the epinephrine auto-injector is assigned responsibility for the anaphylactic child

- Ensure use of a cell phone.

- The parent of the anaphylactic child should provide at least two epinephrine auto injectors to be administered every 10 to 15 minutes en route to the nearest hospital, if breathing problems persist or if symptoms recur.

- If the risk factors are too great to control, the anaphylactic child may be advised not to participate in the field trip or the parents of the anaphylactic child could be encouraged to attend the field trip.. This decision should be made in consultation with the parents.

2.6 **Anaphylaxis to Insect Venom:**

Food is the most common trigger of an anaphylactic reaction in school children, and the only allergen which schools can reasonably be expected to monitor. The school cannot take responsibility for possible exposure to bees, hornets, wasps and yellow-jackets, but certain precautions can be taken by the student and the school to reduce the risk of exposure.

- Students should avoid wearing loose, hanging clothes, floral patterns, blue and yellow clothing and fragrances.

- School personnel should check for the presence of bees and wasps, especially nesting areas, and arrange for their removal.

- Eating areas should be restricted to indoors, as this decreases attraction of bees and wasps, etc. This also reduces the amount of garbage in the schoolyard which also attracts insects.

- Ensure that garbage containers are not attracting insects to student areas. Consult your custodian on prevention and placement of garbage containers.

- Caution children not to disturb insect nests.

- Allow students who are anaphylactic to insect stings to remain indoors for recess during bee/ wasp season.

- Immediately remove a child with an allergy to insect venom from the room, if a bee or wasp gets in.

3.0 Action: Emergency Response Protocol

Even when precautions are taken, an anaphylactic student may come into contact with an allergen while at school. It is essential that the school develop a response protocol, and that all staff are aware of how to implement it. A separate emergency plan should be developed for each anaphylactic child, in conjunction with the child's parents and physician, and kept in a readily accessible location. The plan should clearly identify individual roles.

Anaphylactic children usually know when a reaction is taking place. School personnel should be encouraged to listen to the child. If he or she complains of any symptoms, which could signal the onset of a reaction, they should not hesitate to implement the emergency response. There is no danger in reacting too quickly, and grave danger in reacting too slowly. Epinephrine is a relatively harmless drug and is best administered when you suspect a reaction.

3.1 Emergency Plans:

Every emergency plan should include procedures to:-

i) administer the epinephrine auto-injector (NOTE: Although most anaphylactic children 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.**) Note: An employee who believes a student is experiencing an anaphylactic reaction may administer an epinephrine auto injector or other prescribed medication, even if there is no pre-authorization to do so.

ii) telephone 911 or an ambulance (Inform the emergency operator that a child is having an anaphylactic reaction). Staff must not transport students to meet the ambulance en route.

iii) telephone the parents/guardians.

iv) if no ambulance source is available, transport the child to hospital at once with at least one adult as well as the driver.

v) if transportation is by car, the police should be notified and provided with a description of the car and licence number.

vi) continue to monitor for signs/symptoms of relapse (difficulty breathing, decreasing level of consciousness).

vii) assign a staff person to take extra auto-injectors, accompany the child to hospital and stay with the child until a parent/guardian arrives.

NOTE: In a situation where it is determined a child is in such risk that an ambulance cannot reach the school within safe time limits, action should be taken to reduce the response time required by an ambulance; for example, transferring/enrolling the child to a school located closer to a hospital.

3.2 **Location of Epinephrine Auto-Injectors:**

- Epinephrine Auto-injectors should be kept in a covered and secure area, but unlocked for quick access. Although epinephrine is not a dangerous drug, the sharp needle of the self-injector can cause injury, especially if injected into the fingertip.

- As soon as they are old enough, students should carry their own epinephrine auto-injectors. Many young children carry an injection kit in a fanny pack around their waist at all times.

- An up-to-date supply of epinephrine auto-injectors, provided by the parents, should be available in an easily accessible, unlocked area of the child's classroom and/or in a central area of the school (office or staff room). At least 2 should be provided by parents in case one malfunctions or additional treatment is necessary.

- All staff should know the location of the auto-injectors. Classmates should be aware of the location of the auto-injector in the classroom and in the school.

3.3 **Training Older Students to Assist:**

- Older students may be trained to administer the epinephrine auto-injector, and can play a role in the emergency response, particularly in a secondary school setting. Information about anaphylaxis and auto-injector training may be included in the health curriculum.

3.4 **Role Playing:**

- The school could occasionally simulate an anaphylactic emergency -- similar to a fire drill -- to ensure that all elements of the emergency plan are in place.

3.5 **Review Process:**

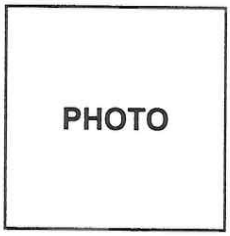
- School emergency procedures for each anaphylactic student should be reviewed annually with staff and parents. In the event of an emergency response, an immediate evaluation of the procedure should be undertaken.

- All staff and volunteers, etc. new to the school should be inserviced.

Appendix A

SAMPLE EMERGENCY PROTOCOL

Child's Name - SAFETY PLAN



ALLERGIES: Anaphylactic reaction (life threatening) to peanuts, peanut butter, and nuts.

SYMPTOMS: Difficulty swallowing, swollen tongue, coughing (could sound like throat clearing), drooling, burning or itching throat, hives, generalized swelling, redness, itching, vomiting, breathing difficulties.

ACTION: If ANY suspicions that child may have consumed peanuts (or any other type of nuts):

- DO NOT WAIT FOR VOMITING OR BREATHING TO CHANGE.
- Send a runner to immediately notify the child's classroom teacher and the principal or designate.
- Lie the child on the floor.
- Get EpiPens from TOP RIGHT HAND DRAWER of teacher's desk or other EpiPen storage location established in the school plan.
- Use EpiPen.
- Proceed immediately to _____Hospital.

TO INOCULATE:

- Remove needle from case.
- Pull off grey safety cap.
- Firmly strike OUTER MID-THIGH of child's leg with the black tip end of the needle (This may be injected through the child's clothing, if necessary).
- Wait for fluid to enter body (10 seconds) (an accurate way to count: one-one thousand, two-one thousand, etc).
- Massage area for 10 seconds.
- If breathing once again becomes laboured, administer the second EpiPen.
- Rush the child to the hospital, bringing the second EpiPen along for a possible second injection.

PHONE:

- Call ambulance - 911 or go immediately to the hospital.
- Call parents: Mother _____ Father_____ or

Emergency Contact _____

DO NOT HESITATE TO ADMINISTER MEDICATION
OR CALL AMBULANCE EVEN IF PARENTS CANNOT BE REACHED

Appendix B

SAMPLE LETTER TO PARENTS

Dear Parent:

I am writing to you on behalf of our student _____ and his parents(s) _____. _____ is 5 1/2 years old in Mrs. _____ Grade 1/2 class. He has a life threatening reaction to peanuts and all types of nuts. If peanut butter or even the tiniest amount of peanut or any type of nut enters his body (through his eyes, nose or mouth), his body triggers an immediate defense and sends out extra antibodies to fight the allergen. Within his body he experiences very strong reactions: his face swells and breaks out in hives, his throat swells and tightens. Without immediate medical treatment he could die within minutes.

After discussions with school staff and other knowledgeable parties in the medical community, it has been suggested that the best way to provide a safe environment for _____ would be to enlist the support of the grade 1/2 parents to help make his classroom a "peanut and nut free environment". This means that each child entering this grade 1/2 is asked to bring a peanut and nut free snack and lunch. Though it sounds simple, it means no peanut butter sandwiches or peanut butter cookies. Other foods like muffins, granola bars and cereals will require reading labels before being packed in your child's snack. Our concern is for foods where peanuts or other nuts might be a "hidden" ingredient.

I realize this request poses an inconvenience for you when packing your child's snack and lunch, however, I wish to express sincere appreciation for your support and understanding of this potentially life-threatening allergy. In the very near future the school will announce a parent meeting for you to become acquainted with this situation. Literature will be provided suggesting healthy and nutritional alternatives to nuts and their by-products.

Sincerely,

Vice-Principal

Appendix C

Sample Letter to Parents

Dear Parent:

I am writing to you on behalf of our student John Doe and his parents Bob and Carol Doe. John is 4 years old. If he eats, touches or smells even tiny amounts of peanuts, peanut butter, or any type of nut he has a very strong reaction. His face swells and breaks out in hives. His throat swells and tightens. He could die within minutes without immediate help.

The best way to keep John safe is to ask you to help make our place peanut and nut free. Please do not send any foods which contain peanuts, nuts or peanut butter. Other foods like muffins, granola bars and cereals may also contain nuts. Be sure to read food labels.

Thank you for your support. Soon we will have a parent meeting to discuss any concerns you may have.

Sincerely,

Appendix D

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. Even a tiny bit 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 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.

From: NORTH YORK BOARD OF EDUCATION. 1995

Appendix E

A CHECKLIST FOR CREATING

SAFE AND HEALTHY SCHOOLS

FOR CHILDREN WITH FOOD ALLERGIES

School staff and parents are responsible for creating safe and healthy environments for students. This is an extra challenge for schools attended by children with life-threatening food allergies. For some children, severe allergic reactions can be triggered not only by eating foods, but also by their touch and smell. This has implications for the whole school, not just individual classrooms.

It's important to review your school's use of foods. If foods pose health risks for some children, try not to make them the focus of all your special events. It will be safest to use non-food fundraisers. Discourage the use of food as a reward for good behaviour. Too often these rewards are unhealthy or unsafe food choices.

When food is a part of your school's activities, emphasize healthy and wholesome foods like fresh fruits and vegetables. They can be safely enjoyed by most children because they are easily identified and have no added ingredients. Highly processed foods contain hidden ingredients which cannot be enjoyed freely by children with special dietary needs.

While it is impossible to create a risk-free environment, school staff and parents can take important steps to minimize potentially fatal allergic reactions. Accurate records, written protocols, staff education, parental support, and classroom and school rules should all be considered. Use this checklist to develop and implement your school's plan.

- ☐ **Have you received written notification from the allergic child's physician regarding specific foods to avoid, as well as authorization for emergency treatment?**

- ☐ **Have you established a written protocol with the parent of the allergic child which includes:**
  - ☐ a picture of the child?
  - ☐ specific information on the child's food restrictions?
  - ☐ use of a Medic Alert bracelet to identify the child's specific allergies?
  - ☐ authorization and directions for administration of emergency medications?
  - ☐ at least 2 doses of the emergency medication, labelled with the child's name, and expiry date (children who are old enough can carry 1 dose with them at all times)?
  - ☐ unlocked, safe, and accessible storage of emergency medication, in locations which are known to all appropriate staff?
  - ☐ plan for transportation to hospital?
  - ☐ telephone numbers for parents and alternate emergency contacts?
  - ☐ posting of an Emergency Protocol, with parental consent, in accessible location in the school (See Appendix A)?
  - ☐ annual review of this protocol to ensure that it is still current?

- ☐ **Have you worked with the parent of the allergic child and the Public Health Nurse assigned to your school to educate and update your school staff, lunchroom/playground supervisors, bus drivers, parents, parent-teacher association, volunteers and other students about:**

  - ☐ food allergies and their potential severity?
  - ☐ recognizing symptoms of an allergic reaction?
  - ☐ administering emergency medications?
  - ☐ the emergency plan?

- ☐ **Have you gained the cooperation of other parents in the school by working with the parent of the allergic child to:**

  - ☐ organize information sessions?
  - ☐ set up information displays?
  - ☐ send out letters explaining the need for special food rules (see Appendix B)?

- ☐ **Have you taken steps to create safe classrooms where:**

  - ☐ allergic children are encouraged to eat the foods they bring from home?
  - ☐ trading and sharing of food is discouraged?
  - ☐ the use of food in crafts and activities is reviewed?
  - ☐ hand washing is encouraged before and after eating?
  - ☐ clean desks or other eating surfaces are promoted?
  - ☐ the banning of food allergens from the classroom is considered?
  - ☐ adequate controls are in place if food allergens are allowed in the classroom?
  - ☐ parents are asked to provide detailed labelling on foods they send into the classroom for sharing?
  - ☐ there is appropriate training for older students who may be responsible for supervising classrooms?

- ☐ **Have you taken steps to create safe conditions outside the classroom:**

  - ☐ do you have plans in place to ensure safe field trips or extra-curricular activities?
  - ☐ do your permission slips for off-site activities include information on food allergies?
  - ☐ can children take foods outside at recess?
  - ☐ are they encouraged to wash their hands after eating?
  - ☐ what types of foods are available at special events? If foods are ordered in from commercial sources, do you ask for a list of ingredients?
  - ☐ are food preparation/handling areas kept clean?
  - ☐ are staff/parents reminded to use clean utensils when preparing foods for the allergic child?
  - ☐ is garbage disposal handled safely?

- ☐ **Have you been sensitive to the needs of the child? Each child's need will be different. Make sure that you have taken all the information you need about their specific food allergies, as well as their severity. Take realistic and practical actions which will be well-supported by everyone involved.**

Developed by staff of Middlesex-London Health Unit in collaboration with the
London Chapter of the Allergy Asthma Information Association.
November 1994

Appendix F

A CHECKLIST FOR SECONDARY SCHOOLS

- ☐ **Check registration forms for medical information.**
- ☐ **Develop an emergency protocol with the assistance of the parent and the student who has a severe allergy (see protocol items in previous checklist).**
- ☐ **Work with the parent, allergic student and Public health Nurse to ensure that school personnel and other students are educated and updated regarding anaphylaxis and the emergency plan.**
- ☐ **Remind students with severe allergies to provide the office with information about their specific allergy early in the school year.**
- ☐ **Include an article about allergies and anaphylaxis in your first newsletter to educate parents and students.**
- ☐ **Review student emergency protocols every year for accuracy.**
- ☐ **Establish an allergen-free section in the lunchroom or other area.**