

LL# 87589

***FIRST AID AND EMERGENCY MEDICAL CARE***  
(Administration of Urgently Required Medication/Treatment)

**I. POLICY**

The Boards of Trustees recognizes that many students attending schools require medication/treatment for the medical management of chronic diseases and illnesses. There are, as well, rare occasions when emergency procedures are required in life threatening situations, including but not limited to acute allergic reactions (anaphylaxis), asthmatic attacks and response to low blood sugar emergencies. The St. James-Assiniboia School Division will strive to ensure the safety and protection of students with life threatening allergies by reducing risks as much as possible; however, recognizing that risks can never be completely eliminated in a school environment.

**II. GUIDELINES**

This policy reflects the guidelines and procedures outlined in the provincial Unified Referral and Intake System (URIS) Manual.

To ensure the safety and protection of students, staff and parents/guardians, the following regulation must be followed by all trained School Division personnel who are assigned to administer medication/treatment to students within the Division. In order for prescribed medication/treatment to be administered in the school, the parent/guardian must comply with the procedures outlined in this regulation. In many circumstances a child is able to safely, competently, and consistently manage his or her own medication administration. Identification, however, must take place in order that a child specific *Individual Health Care Plan (JHC-E3)* can be developed.

Medication that may be required urgently shall be carried at all times on the person of the student requiring the medication or the staff responsible for administering the medication and shall not be stored in a locked location. Where a question arises regarding the urgency of medication or the capability of a student, a registered nurse, as provided by URIS, in consultation with parent/guardian, physician, and school personnel shall develop an appropriate plan.

If conditions of this policy are not met by the parents/guardians, the School Division may not be in the position to help the student in the event of medical needs/emergencies.

**III. 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 (JHCD-E1)*.

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- ii) School case manager will complete *Group B URIS Application (JHC-E2, 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 (JHC-E2, E3)* for each identified student in order to develop and maintain a written *Individual Health Care Plan (IHCP) Policy JHC-E1* 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) Policy JHC-E1*. 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 St. James-Assiniboia School Division.
  - iii) The child's classroom teacher shall ensure that a copy of the *Individual Health Care Plan (IHCP) Policy JHC-E1* 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.

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- 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 forms JHCE-E-1 and JHCE-E-2

**B. Anaphylaxis Regulation**

## 1. 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

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expected to take increasing personal responsibility for avoidance of their specific allergen(s).

i) 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:
  - (1) placing food on wax paper or a paper napkin rather than directly on the desk or table
  - (2) 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.

ii) 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:
  - (1) craft materials (e.g. play dough, egg cartons, etc.)
  - (2) pets and pet food
  - (3) bean-bags, stuffed toys (peanut shells are sometimes used)
  - (4) counting aids (e.g. beans, peas)
  - (5) toys, books and other items which may have become contaminated in the course of normal use
  - (6) science projects, Human Ecology classes
  - (7) 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.

iii) Holidays and Special Celebrations

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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.

iv) 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) Policy JHC-E1* 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.

v) 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 St. James-Assiniboia 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.

2. Emergency Response Protocol

Even when precautions are taken, a student with life threatening allergies may come into contact with an allergen while at school. A separate emergency plan, kept in a readily accessible location, shall be developed for each child with life threatening allergies; the child's parents/guardians and a registered nurse, as

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funded by URIS, are an integral part of the planning team. A copy of the plan must be kept in the substitute teacher file.

i) Emergency Plans

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.

(a) The emergency plan includes the following:

- (1) communicate the emergency rapidly to a staff person who is trained in the use of the Adrenaline Auto-injector (EpiPen)
- (2) 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.)
- (3) telephone 911 and inform the emergency operator that a child is having an anaphylactic reaction
- (4) transport the child to hospital at once by ambulance
- (5) provide a copy of the *Individual Health Care Plan (IHCP) Policy JHC-E1* as well as the used EpiPen to the ambulance attendants
- (6) telephone the parents/guardians of the child
- (7) 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

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parents/guardians. In the event of an emergency response, an immediate evaluation of the procedure shall be undertaken.

### 3. 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.

#### i) Responsibilities of the Parents/Guardians of a Child with Life Threatening Allergies

- (a) Inform the school of their child's allergies.
- (b) Provide the school with physician's instructions for administering medication by completing the health information section of the school registration form.
- (c) Sign the *Administration of Prescribed Medication (Policy JHCD-E1)* form
- (d) Provide the school with a clearly labelled, current EpiPen(s).
- (e) Provide support to school and teachers as required.
- (f) If possible and appropriate, supply information for school publications including:
  - (1) items to avoid that may contain allergen(s)
  - (2) resources
- (g) Provide safe foods for special occasions.
- (h) Teach their child:
  - (1) to recognize the first symptoms of an anaphylactic reaction
  - (2) to communicate clearly when he or she feels a reaction starting
  - (3) to carry his/her own EpiPen
  - (4) if not carried on the person, to know where medication is kept, and who can get it
  - (5) not to share snacks, lunches or drinks
  - (6) to understand the importance of hand-washing
  - (7) to cope with teasing and being left out
  - (8) to report bullying and threats to an adult in authority.
  - (9) to take as much responsibility as possible for his/her own safety.
- (i) To consider a medic alert bracelet for their child.

#### ii) Responsibilities of the Administrator

- (a) Maintain database of students who require medication/treatment for the medical management of chronic diseases and illnesses
- (b) Assist with the development and implementation of regulations and procedures for reducing risk in classrooms and common areas.
- (c) Work as closely as possible with the parents/guardians of a child with life threatening allergies.

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- (d) Ensure that the parents/guardians have completed *Administration of Prescribed Medication (JHCD-E1)* form.
  - (e) Notify the staff of the child with life threatening allergies, their allergens and the avoidance and treatment strategies.
  - (f) Post allergy-alert information including a photo-poster which identifies each student in the staff room and/or office.
  - (g) Maintain up-to-date emergency contacts and telephone numbers.
  - (h) Ensure that the "allergy alert" is attached to the cumulative file.
  - (i) Ensure that all staff and, where appropriate, lunch hour supervisors, bus drivers, and volunteers have received training related to life threatening allergies.
  - (j) Notify parents/guardians that training has been completed.
  - (k) Ensure that all substitute teachers are informed of the presence of a child with life threatening allergies and that appropriate support/response is available should an emergency occur.
  - (l) Discuss with parent/guardian/child the option of informing other parents/guardians that a child with life threatening allergies has direct contact with their child and ask for their support and cooperation.
  - (m) If not deemed appropriate for the child to carry an EpiPen, ensure that it is kept in an unlocked, safe, easily accessible location and that a staff member is designated its responsibility.
  - (n) Establish safe procedures for field trips and extra-curricular activities.
  - (o) Develop a school plan for reducing risk in classrooms and common areas.
  - (p) Administrators are responsible for seeing that substitute teacher files contain a copy of this emergency plan.
- iii) Responsibilities of Administrator, Educational Support Services (or Designate)
- (a) Request and compile all forms for *Group B URIS Application (JHC-E2, E3)* and *Administration of Prescribed Medication (JHCD-E1)* from all schools.
  - (b) Apply to URIS for support of a registered nurse who will train and monitor personnel involved with a child with life threatening allergies and who will develop *Individual Health Care Plans (IHCP) Policy JHC-E1* on an annual basis.
- iv) Responsibilities of the Classroom Teacher
- (a) Leave information in an organized, prominent and accessible format for substitute teachers.
  - (b) Display in the classroom, with parent/guardian/child approval, a photo-poster identifying the child with life threatening allergies.
  - (c) Discuss anaphylaxis, in age-appropriate terms, with the class.
  - (d) Encourage students not to share lunches or trade snacks.
  - (e) Choose products which are safe for all children in the class.

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- (f) Instruct children with life threatening allergies to eat only what he/she brings from home.
  - (g) Reinforce hand washing before and after eating.
  - (h) Where appropriate, facilitate communication with other parents/guardians.
  - (i) Follow the St. James-Assiniboia School Division Anaphylaxis Regulation for reducing risk of exposure to allergens.
  - (j) Ensure that EpiPens are taken on field trips and emergency response plans are in place when planning the trip.
  - (k) Consult with parents/guardians when planning activities such as field trips, art, science and human ecology projects in order that alternate plans can be developed if necessary.
- v) Responsibilities of the Registered Nurse
- (a) Review *Group B URIS Applications (JHC-E2, E3)* which identify children with life threatening allergies after URIS approval has been received.
  - (b) Consult with and provide information to parents/guardians, students and school personnel.
  - (c) Develop an *Individual Health Care Plan (IHCP) Policy JHC-E1* for the child with known risk of anaphylaxis.
  - (d) Provide child specific training and ongoing monitoring to personnel involved with children with known risk of anaphylaxis.
- vi) Responsibilities of the Public Health Nurse
- (a) Coordinate with school administrator, registered nurse and parents/guardians in the choice and implementation of strategies that support the needs of students with life threatening allergies.
  - (b) Facilitate and/or provide education and support to school personnel and community members involved with children with known risk of anaphylaxis.
- vii) Responsibilities of the Child with Life Threatening Allergy (as they are developmentally able)
- (a) Take as much responsibility as possible for avoiding allergens, including checking labels and monitoring intake.
  - (b) Eat only foods brought from home.
  - (c) Wash hands before and after eating.
  - (d) Learn to recognize symptoms of an anaphylactic reaction.
  - (e) Promptly inform an adult, as soon as accidental exposure occurs or symptoms appear.
  - (f) Keep an EpiPen on his/her person at all times (fanny pack).
  - (g) Know how to use the EpiPen.
- viii) Responsibilities of all Parents/Guardians
- (a) Follow the St. James-Assiniboia School Division Anaphylaxis Regulation.

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- (b) Support requests from school to eliminate allergens from packed lunches and snacks and, if appropriate, participate in parent/guardian information sessions.
  - (c) Encourage children to respect the needs of children with life threatening allergies.
  - (d) Inform the teacher prior to distribution of food products to any children in the school.
- ix) Responsibilities of All Children in the Class
- (a) Avoid sharing food, especially with children with known risk of anaphylaxis.
  - (b) Follow school rules about keeping allergens out of the classroom and washing hands.
  - (c) Refrain from bullying or teasing a child with a known risk of anaphylaxis.
- x) Responsibilities of Lunch Hour Supervisors and Bus Drivers
- a) Student information available in an organized and accessible format.
  - b) Training to recognize the first signs of an anaphylactic reaction and to assist a child, if required.
  - c) Knowledge of where medication is kept.
  - d) Ensures that lunch supervisors and bus ridership rules include no sharing of food items.

**Appendices and Policy References:**

Policy JHC - Student Health Services

Policy JHC-E1 - Individual Health Care Plan (IHCP)

Policy JHC-E2 - Unified Referral and Intake System (URIS) Application

Policy JHC-E3 - Authorization for the Release of Personal Health Information

JHCE E-1 - Authorization for Administration of Adrenaline Auto-Injector (EPI PEN)

JHCE E-2 - Photo I.D. – Allergy Alert Form

OP 25002 - Universal Precautions for Staff and Students Exposed to Blood and/or Body Fluids

JHCD - Administering Medicines to Students

JHCD-E1 - Administration of Prescribed Medication (Parent Consent Form)

JHCD-E2 - Daily Medication Record

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