

**1. Purpose:**

To provide a safe environment for children with life-threatening allergies while recognizing that it is not possible to reduce the risk to zero.

In the event that a student is identified by a physician as anaphylactic, it is the responsibility of the parents to identify the child to the school principal and to provide all relevant information.

It is the principal's responsibility to make all reasonable efforts to provide a safe environment for the child as outlined in this procedure.

**2. Administrative Procedures For Response to Anaphylactic Reaction:**

Each School Procedure includes the following:

- a) communicate the emergency rapidly to a staff person who is trained in the use of the auto-injector
- b) administer the auto-injector (NOTE: individuals of any age may require help during a reaction even if they are capable of self-administering because of the rapid progression of symptoms, or because of the stress of the situation)
- c) telephone 911 or an ambulance (inform the emergency operator that the child is having an anaphylactic reaction)
- d) keep the phone line free for emergency use
- e) transport the child to hospital at once, if no ambulance service is available
- f) telephone the hospital to inform them that a child having an anaphylactic reaction is en route
- g) notify the police and provide them with a description of the vehicle and license number if transportation is by car
- h) telephone the parents/guardians of the child
- i) re-administer epinephrine every 10 to 15 minutes while waiting for the ambulance and en route to hospital, if breathing does not improve or if symptoms reoccur (subject to availability of auto-injectors as provided by parents/guardians)
- j) assign a staff member or members to accompany the child and remain at hospital until a parent or guardian arrives.
- k) school Procedures will adapt to individual requirements as needed and as possible

**Auto-Injectors:**

- **ONE (1) IS TO BE KEPT ON THE CHILD'S PERSON.**
- **A SECOND (2)** is to be kept in a covered, central and secure area but unlocked for quick access if not on child's person.
- The auto-injectors are to be accompanied by auto-injector instructions and identified with child's name supplied by the parents in an up-to-date manner.

**School emergency procedures should be reviewed annually with staff and parents. In the event of an emergency response, an immediate evaluation of the procedure should be undertaken.**

**3. Administrative Procedures for Prevention:**

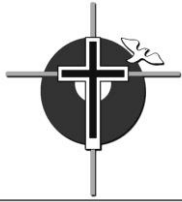
**The Parents/Guardians' Responsibility:**

- a) The emphasis on children taking responsibility for their own safety increases with age. Children need to be educated by the parent about their own condition and developmentally appropriate response in an emergency situation as well as care and respect for medication.
- b) As with all medications, the appropriate consent form for administration of medication must be completed by the prescribing physician and parent.
- c) The student should wear a medic alert bracelet which identifies specific allergens.
- d) Parents of the anaphylactic child will ensure that the specific information about their child is made available to the school.
- e) Parents of anaphylactic children will be encouraged to limit their child's intake to food from his or her own home, particularly in regards to birthdays, special occasions, field trips and bake sales.
- f) The parents/guardians of the anaphylactic child are responsible for the provision of auto-injectors to the school and for ensuring that they have not expired.

**The Schools' Responsibility:**

- a) All teaching and non-teaching staff members will be made aware that a child with anaphylaxis is attending their school and the child will be identified, either individually or at a staff meeting, as soon as possible.
- b) Where a student requires a specific medication due to a life threatening allergy the medication must be carried by the student on his or her person.

- c) A copy of this Administrative Procedure will be provided to all staff, along with specific information about each anaphylactic child in attendance
- d) The *Life Threatening Emergency Allergy/Medical Form*, with photograph, description of the allergy, treatment and action plan will be placed in key locations such as the office, the staff room and wherever the child's epinephrine auto-injector is stored, as well as being made available to the Student Transportation of Eastern Ontario (STEO).
- e) Parents will be included in a decision about whether posters should also be placed in the child's classroom and other public places, like school buses
- f) Instructions on the use of the auto injector, along with a list of symptoms and emergency procedures, may be posted in a visible location in the child's classroom, whether or not the child's picture is posted
- g) The child's classroom teacher will 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 or lesson plans
- h) The principal will ensure that in-service is provided annually to all school personnel on how to recognize and treat anaphylactic reaction, on policy for the protection of anaphylactic children from exposure, and on school procedure for responding to emergencies
- i) All teachers and staff who may be in a position of responsibility for children with anaphylaxis should receive personal training in the use of the auto-injector
- j) The school will identify students suffering life-threatening allergies to all students in the school and enlist their co-operation. This will be done in a way that is appropriate to the student's age and maturity and in consultation with the parents
- k) The school will 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 taken to protect the student
- l) Letters will be sent home at the beginning of the year to all parents/guardians of children in the same classroom as the anaphylactic child asking them to avoid including the allergen in school lunches and snacks and discouraging the sharing or trading of food - suggestions will be included of alternate foods as well as information about food labeling, as it applies to the allergen in question.
- m) If practical, use of the classroom as a lunchroom will be avoided.
- n) If the classroom must be used as a lunchroom establish it as an area in which the use of the allergen is to be discouraged by all methods outlined in this policy.
- o) Require parents to ensure that anaphylactic students eat only food prepared at home.



- p) Teachers should be aware of the allergens potentially present in curricular materials and eliminate their use in the classrooms of anaphylactic children.
- q) Anaphylactic children will not be involved in garbage disposal or yard clean up.
- r) The serious medical condition section of the family information form should be available on site at any time during a field trip as will the auto-injector.
- s) During field trips all supervisors, staff and parents, are to be aware of the identity of the anaphylactic child, the allergens, symptoms and treatment.
- t) During field trips a supervisor with training in the use of the auto-injector will be assigned responsibility for the anaphylactic child and, if possible, a parent with a car will accompany.
- u) If practical, a cell phone will be present on all field trips involving the anaphylactic child.

#### **Insect Sting**

- a) The school will check building and grounds for the presence of bees and wasps, especially nesting areas, and arrange for their removal.
- b) The school will ensure that garbage is properly covered.
- c) Children will be cautioned not to throw objects at insect nests.
- d) Staff will immediately remove a child with an allergy to insect venom from the room if a bee or wasp gets in.
- e) It is recommended that classrooms containing students with insect venom allergies should be supplied with fly swatters.

Cross Reference      Living Faith, p. 138, 175, 181  
Duty of Care (Education Act 265 J)  
Health and Safety Committee  
Ontario Human Rights Code  
Guidelines for Bus Drivers  
Administration of Medication Procedure

---



# CATHOLIC DISTRICT SCHOOL BOARD OF EASTERN ONTARIO

Kemptville, Ontario K0G 1J0  
Phone: (613) 258-7757 or 1-800-443-4562  
Fax: (613) 258-7134

## REQUEST FOR ADMINISTRATION OF MEDICATION

Student \_\_\_\_\_

Date \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

School \_\_\_\_\_

Teacher \_\_\_\_\_

### Physicians' Instructions for Administering Medication:

Name/Type of medication: \_\_\_\_\_

Dosage/amount to be given: \_\_\_\_\_

Frequency/Times to be administered: \_\_\_\_\_

Duration: \_\_\_\_\_

Physician's Signature \_\_\_\_\_

Telephone Number \_\_\_\_\_

### Parent/Guardian Authorization

We hereby request that the above medication and procedure as outlined by our physician be administered to our child.

We understand that the Catholic District School Board of Eastern Ontario will not be legally responsible for the administration of the medication.

Parent/Guardian Signature \_\_\_\_\_

**Note: This request will expire June 30 of each school year or  
at the end of the duration as specified above.**

Please Check One:

Student is a Walker

Student Rides the Bus

## Life Threatening Emergency Medical Form For School and Transportation Use

1. Use of this form is limited **ONLY TO STUDENTS WITH LIFE-THREATENING MEDICAL CONDITIONS** that may require the emergency administration of an epinephrine auto-injector or other emergency medical attention.
2. This form shall contain a clear and recent photograph of the student.
3. Please ensure that this form is filled out completely, legibly and in pen.
4. This form should be updated yearly and/or as medical information changes.
5. NOTE: Bus companies **do not** provide epinephrine auto-injectors on the school bus/vehicle. It is the responsibility of the parent(s)/guardian(s) to ensure that their child carries an auto-injector if it is required. Bus drivers are trained in administering an auto-injector.

Student Name:	
Parent(s)/Guardian(s):	
Civic Address:	
Primary Emergency Contact #:	
Secondary Contact #:	Alternate #:
School:	Grade:
Bus Company:	Route #:

Student Photo

### Life Threatening Medical Condition(s):

<input type="checkbox"/>	<b>Allergy/Anaphylaxis to</b> (specify allergy/allergies):
Auto-injector can be found (Please indicate location of auto-injector on student):	
<input type="checkbox"/>	<b>Asthma (specify type of reliever inhaler):</b>
Inhaler can be found (Please indicate location of inhaler on student):	
<input type="checkbox"/>	<b>Other Medical Condition(s)</b> (please specify condition(s) <u>and</u> location(s) of any support devices):

I/we authorize this "Life Threatening Emergency Medical Form" to be shared with school staff, bus companies, bus drivers and Student Transportation of Eastern Ontario (STEO).

\_\_\_\_\_  
Parent(s)/Guardian(s) Signature

\_\_\_\_\_  
Date

**FOR STUDENTS WHO ACCESS TRANSPORTATION, I hereby confirm that the school has received the Administration of Medication Form and that discussions were held with the parent(s)/guardian(s) and the bus company and/or bus driver to review the transportation emergency action plan for the child identified on this form.**

\_\_\_\_\_  
Principal's Signature

\_\_\_\_\_  
Date

Copy to:	<input type="checkbox"/> School Office Administrator for Student File
Copy (if applicable) to:	<input type="checkbox"/> Bus Company/Driver <input type="checkbox"/> STEO (Fax: 613-925-0024)

**EMERGENCY ACTION PLAN: List steps to be taken in a concise and legible format**


**Medical Condition – Specific Allergy – Please Check All That Apply*****Indications of Severe Allergic Reaction:***

- |  |  |
|--|--|
| <input type="checkbox"/> Difficulty breathing or swallowing, wheezing, coughing, choking | <input type="checkbox"/> Loss of consciousness/passes out  |
| <input type="checkbox"/> Flushed face, hives, swelling or itching lips, tongue, eyes     | <input type="checkbox"/> Tightness in throat, mouth, chest |
| <input type="checkbox"/> Dizziness, unsteadiness, sudden fatigue, rapid heartbeat        | <input type="checkbox"/> Pale blue skin or lips            |
| <input type="checkbox"/> Vomiting, nausea, diarrhea, stomach pains                       | <input type="checkbox"/> Other (identify): _____           |

**Medical Condition – Asthma – Please Check All That Apply*****Indications of Severe Asthmatic Reaction:***

- |  |  |
|--|--|
| <input type="checkbox"/> Restlessness, irritability, fatigue, coughing (frequent, dry and regular)                   | <input type="checkbox"/> Wheezing (can't always hear it)   |
| <input type="checkbox"/> Breathlessness (child may talk in one or two word sentences; nostrils flaring with breaths) | <input type="checkbox"/> Breathing quickly                 |
| <input type="checkbox"/> Obvious discomfort  | <input type="checkbox"/> Constantly rubbing nose or throat |
| <input type="checkbox"/> Neck muscles tighten every time they breathe  | <input type="checkbox"/> Other (identify): _____           |
| <input type="checkbox"/> Lips and nail beds may have a grayish or bluish colour                                      | _____  |

***Asthma Triggers:***

- cold/flu/illness    mould    dust    cold weather    strong smells    pet dander    cigarette smoke  
 physical activity/exercise    pollen    allergies (specify): \_\_\_\_\_

**Medical Condition – Diabetes – Please Check All That Apply*****Possible Symptoms of Low Blood Sugar in Diabetics:***

\* More likely when activity changes (field trip or track day etc.) or if meal time is missed or schedule changes.

- |                                    |   |   |   |
|------------------------------------|---|---|---|
| <input type="checkbox"/> confusion | <input type="checkbox"/> shakes           | <input type="checkbox"/> crying             | <input type="checkbox"/> increased heart rate                   |
| <input type="checkbox"/> trembling | <input type="checkbox"/> hunger           | <input type="checkbox"/> feeling low        | <input type="checkbox"/> numbness or tingling of tongue or lips |
| <input type="checkbox"/> headache  | <input type="checkbox"/> withdrawn, quiet | <input type="checkbox"/> pale               | <input type="checkbox"/> nauseated                              |
| <input type="checkbox"/> sweating  | <input type="checkbox"/> weak, drowsy     | <input type="checkbox"/> irritable, anxious |   |

\* May lead to loss of consciousness (passing out) or seizures

***Possible Symptoms of High Blood Sugar in Diabetics:***

\* More rare

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> increased thirst | <input type="checkbox"/> increased urination | <input type="checkbox"/> feeling unwell |
|---|--|---|

**Medical Condition – Epileptic Seizure – Please Check All That Apply*****Symptoms of Epileptic Seizures:***

- |   |  |
|---|--|
| <input type="checkbox"/> Staring, apparently not hearing, no movement | <input type="checkbox"/> Jerking of the arms, legs, face |
| <input type="checkbox"/> Twitching                                    | <input type="checkbox"/> Drowsiness or inattention       |
| <input type="checkbox"/> Drooling or biting lips, cheeks or tongue    | <input type="checkbox"/> May become unconscious          |

***Instructions for bus driver in the event of an epileptic seizure:*** DO NOT put anything in the child's mouth. DO NOT restrain movement. If possible, put something soft under the head for protection. AFTER THE SEIZURE put the child on their side in recovery position. If a seizure lasts longer than 5 minutes, or repeats without full recovery, SEEK MEDICAL ASSISTANCE IMMEDIATELY.