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**SECTION I**

**GUIDELINES AND PROCEDURES ON  
ADMINISTRATION OF MEDICATION AND MEDICAL  
INTERVENTIONS DURING SCHOOL HOURS**

## **PRESCRIPTION MEDICATION ADMINISTRATION**

### **PARENT/GUARDIAN RESPONSIBILITY:**

#### **PROCEDURES:**

- 1.0 Parents/guardians requesting school personnel to administer medications (oral, nasal, inhaled, rectal, etc.), regardless of the duration, shall make contact with the Administrator and obtain a **Parent/Guardian Medication Consent and Release Form (Form A)** as well as a **Medication Administration-Physician's Report Form (Form B)**.
- 1.1 Parents/guardians shall submit both completed forms (**Forms A and B**) to the Administration on a yearly basis, and when any changes are made to the student's medication(s), **before any medications may be administered to the student.**
  - 1.1.1 The parent/guardian shall be required to sign the Medication Consent and Release Form (**Form A**). This form will be kept in the student's Confidential File.
  - 1.1.2 Parents/guardians shall be responsible for having the student's physician complete the Physician's Report Form (**Form B**) before any medications can be administered at the school. Form B shall also be kept in the student's Confidential file.
- 1.2 Requests by a parent /guardian for administration of medication and/or security of medication must be supported by a statement from the student's physician indicating that the prescribed medication is of a type which can be safely administered by non-medical personnel (Forms A and B).
- 1.3 Instructions and arrangements pertinent to the nature and administration of the medication must be clearly outlined by the prescribing physician via **Form B** including, but not limited to the following information:
  - C student identification
  - C documentation of the medical condition

- C medication prescribed
- C amount and frequency of dosage
- C duration of treatment
- C special handling or storage required
- C possible side effects
- C expiry date clearly indicated
- C emergency contact information
- C amount, frequency and method of administration
- C any other pertinent information needed to safely administer the medication

1.3 Prescribed medication shall be provided to the school by the parent, legal guardian or a designated adult representative who has responsibility for the student who requires the administration of medication during the school day.

1.3.1 Schools shall not administer medication provided by anyone other than the parent/guardian of a student.

1.4 Parents/guardians shall provide the medication in the original container administered by the originating pharmacy with clear instructions from the Pharmacist.

1.4.1 The container in which the medication is kept must have a label attached showing **at least the following information:**

- i. the name of the doctor prescribing the medication
- ii. the name of the student
- iii. the date prescribed
- iv. the dosage and the times for administering
- v. the expiry date of the prescription

1.5 Where a physician or the pharmacist provides additional information regarding storage, possible side effects, instructions on emergency procedures in the event of a reaction to the medication, etc. such information shall be provided to the school by the parent.

1.5.1 This information shall be stored with the medication at all times.

1.6 Parent/guardians shall identify alternate emergency contacts who shall be available in case of an emergency.

1.6.1 Emergency telephone numbers must be provided.

1.6.2 If no contact can be made with the parent/guardian or emergency contacts then "Good Samaritan" action may occur.

- 1.7 At the request of the school, the parent/guardian shall keep a student home from school if medication to be given in school is not provided/available and the situation is life-threatening and/or detrimental to self and/or others.
- 1.8 Parents/guardian shall take full responsibility for providing the school with medical information, the physician's protocol for treatment, and an adequate supply of medication.
- 1.9 Parents/guardians shall provide **at least a five day supply of medication** to the school. In circumstances where the dosage cannot be divided into a 5 day supply then the full dosage may be stored (e.g. metered dose inhalants).
  - 1.9.1 The school in consultation with the parent/guardian will determine an adequate supply to be left in school at any one time.
- 1.10 Parents/guardians are expected to ensure that all medications provided to the school are current or not expired.
  - 1.10.1 Parents will be responsible for noting expiry dates on all medications given to the school to be administered to the student and will provide a new supply to the school in sufficient time.
  - 1.10.2 Parents will be responsible for disposing of any stale or outdated medication.
- 1.11 Parents of children with life-threatening medical conditions shall be expected to teach their children to take responsibility for precautions and management of their own medical administration as soon as possible.
  - 1.11.1 School staff should never assume that children or teens will always self-administer and as such, should be cognizant of the medical conditions and the symptoms of the absence of the medication and act accordingly.
- 1.12 Parents/guardians shall be expected to provide support to the school and teachers as requested, participate in parent advisory/support groups, and assist in school action and communication plans.

## **SCHOOL RESPONSIBILITY**

## **STORAGE OF MEDICATIONS:**

### **PROCEDURES:**

- 2.0 Medication shall be kept in a locked cabinet with **individual containers** for each student's medication.
  - 2.0.1 This cabinet shall be accessible only to the Administration and the person(s) administering the medication.
  - 2.0.2 The student's name should be clearly visible on each container with the identifying information as outlined in Procedure 1.4.1.
  - 2.0.3 The medication shall be stored as per the directions of the prescribing physician and/or pharmacist.
- 2.1 For Epipen storage, the principal, parent, teacher(s) and students (depending on maturity level of the student) will determine whether it will be stored on the child or in a safe accessible location in the school. **For specific procedures regarding students with anaphylactic allergies see Section II entitled Protocol on Anaphylaxis (Kindergarten - Level III).**
- 2.2 Some medication may need to be refrigerated (e.g. insulin).
  - 2.2.1 Any medications stored in a refrigerator shall be clearly marked to indicate the student's identifying information as described in Procedure 1.4.1.
- 2.3 For needle injections, a Sharp's container is recommended for disposal since needles must be stored and disposed of in a safe place.
  - 2.3.1 The school shall consult with the Community Health Nurse regarding safe and appropriate storage of needles.
  - 2.3.2 Needles may be stored in a safe, locked cabinet.
- 2.4 Some medications (e.g. insulin, needles) shall be stored in a zip lock bag with the student's identifying information as described in Procedure 1.4.1 since there may be several students receiving insulin in a school.
- 2.5 The Administrator shall be responsible for consulting with the Community Health Nurse on any matters related to the safe storage of any medications administered during the school day.

## **ADMINISTRATION OF MEDICATION:**

### **PROCEDURES:**

- 3.0 Teachers, administrators and student assistants shall be the **only** staff permitted to administer medication prescribed by a physician.
- 3.1 Medications shall be administered to students by the same person, as much as possible.
  - 3.1.1 Another staff member who is familiar with the procedures shall also be available to administer medication to the student, if necessary.
- 3.2 The school's Administration office shall maintain **a group record of all students** who are administered medication during the school day via completion of the **School Medication and Procedures Record Form (Form C)**.
  - 3.2.1 The Administrator is responsible for ensuring that this form is completed for all students in the school requiring administration of medication.
  - 3.2.2 Form C shall be updated annually, at the beginning of the school year.
  - 3.2.3 Any changes to a student's medications shall be updated as necessary throughout the school year.
  - 3.2.4 It is the responsibility of the Administrator to ensure that this form is accurate and updated as needed.
- 3.3 **A Student's Daily Record of Medication Administration Form (Form D)** shall be used to maintain a daily record of all medications administered to an **individual student**.
  - 3.3.1 The Administrator shall be responsible for ensuring that staff are aware that Form D must be completed for each administration of medication to a student.
  - 3.3.2 Staff administering medication must maintain a daily record of the

medications administered via Form D.

3.3.3 Form D shall be completed each time medication is administered and shall be stored with the medication at all times.

3.3.3.1 This form must contain the child's name, the type of medicine or medication, the amount, specific time that each dosage is administered, and the signature of the person administering it and a witness.

3.3.3.2 The Administrator shall be responsible for ensuring that all teachers working with the student shall be aware of the nature of the medication being administered to the student.

3.4 The classroom/homeroom teacher shall maintain **a class record of all students** who are administered medication during the school day via completion of the **Medications/Health Class Profile: School Office Record Form (Form E)**.

3.4.1 The teacher is responsible for ensuring that this form is completed for all students in the class requiring administration of medication.

3.4.2 Form E shall be updated annually, at the beginning of the school year.

3.4.3 Any changes to a student's medications shall be updated as necessary throughout the school year.

3.4.3.1 It is the responsibility of the teacher to ensure that this form is accurate and updated as needed and is available to substitute teachers.

3.5 No medication shall be administered following the expiry date of the medication.

3.5.1 Schools shall notify parents/guardians if medications are about to expire so that parents can provide a new supply in sufficient time.

3.6 Medication shall be administered in a manner which allows for student sensitivity and privacy and which encourages the student to take an appropriate level of responsibility for the required medication.

3.7 School personnel and the Community Health Nurse are not legally authorized to prescribe any medication, including over-the-counter drugs.

3.7.1 The Public Health Nurse may, however, administer medication under a

physician's order and thus may be involved in the administration of the medication.

- 3.8 The Administrator shall ensure that the Community Health Nurse and the parent/guardian shall provide an information session to all teachers and student assistants prior to their administering prescription medication to a student.

## **DISPOSAL OF OUTDATED MEDICATIONS:**

### **PROCEDURES:**

- 4.0 Outdated medication shall be picked up by the parents for disposal.
- 4.0.1 In the event that this is not possible, the school may make arrangements with a local pharmacy for proper disposal.
- 4.0.2 Under no circumstances shall medications be flushed down a toilet.
- 4.0.3 Some outdated medications not picked up by parents may be disposed of in the school's Sharp's container, if one is available, which can be disposed of through the Community Health Nurse or Pharmacist.

## **NON-PRESCRIPTION MEDICATION ADMINISTRATION TO STUDENTS:**

### **PROCEDURES:**

- 5.0 School personnel **shall not** administer any over-the-counter medication **unless** prescribed by a physician, and then only as per the procedures as outlined in sections 1.0 to 4.0 of this policy.

## **SELF-ADMINISTRATION OF MEDICATION BY STUDENT:**

### **PROCEDURES:**

- 6.0 Students in Grades 7 to 12, or students 12 year of age or older, may use puffers independently with parental/guardian approval.
- 6.0.1 Parental requests for self administration of medication by a student younger than as detailed in Section 6.0 may be reviewed by the student's ISSP Team in consultation with district/regional office staff.
- 6.1 Parents/guardians who are requesting permission for a student to self administer his/her medication shall provide the Administrator with a completed **Self-**

### **Administration of Medications by Students Form (Form F).**

- 6.1.1 All written instructions and arrangements pertinent to the administration of the medication as clearly defined by the prescribing physician must accompany such a written request.
- 6.1.2 It must be indicated that this medication is of a type which can be safely administered by the student.
- 6.2 It is the responsibility of the parent/guardian to have someone available at all times as a contact person in case of an emergency.
- 6.3 Parents are responsible for ensuring that the student has been properly educated to administer the medication and to be responsible for its safety and security.
- 6.4 The Administrator shall make the final decision whether a student shall self administer his/her medication or whether the medication will need to be administered under different circumstances.
- 6.5 **The school shall reserve the right to discontinue self-administration in the event of a perceived safety risk to the student or others**
  - 6.5.1 It is the responsibility of the Administrator to meet with the parents/guardians to discuss any concerns in this area.

### **STUDENTS ADMINISTERING MEDICATION TO OTHER STUDENTS:**

#### **PROCEDURES:**

- 7.0 No student shall be permitted to administer medication to another student.
  - 7.0.1 Schools shall not grant siblings the right to administer medication to each other at a parent/guardian's request.

### **ADMINISTRATION OF EMERGENCY/RELIEF MEDICATION:**

#### **PROCEDURES:**

***For specific procedures regarding students with anaphylactic allergies see Section II entitled Protocol on Anaphylaxis (Kindergarten - Level III).***

- 8.0 All School Board personnel shall be prepared to administer emergency medication to a student in an emergency situation.
  - 8.0.1 Administration of emergency medication shall follow the procedures as outlined in Sections 1.0 to 4.0 of this policy.
  - 8.0.2 All school personnel shall be informed about any student with whom they will have contact who may require emergency medication as indicated by a physician (eg., Epipen, glucogen, etc.).
  - 8.0.3 The Administrator shall ensure that all staff who come into contact with the student shall be trained by the school nurse in the administration of emergency medication before permission is given to administer.
  - 8.0.4 The Administrator will determine who will administer the student's medication.
- 8.1 Emergency medications (Epipen, glucogen) and relief medications, as prescribed by a physician, shall be kept close to the student at all times, both on school property and on school field trips.
  - 8.1.1 Emergency medication shall only be administered to the student for whom it has been prescribed.
  - 8.1.2 The student and appropriate staff shall be aware of the location of the emergency medication.
  - 8.1.3 The emergency medication shall be clearly marked with the student's name and the appropriate emergency dosage.
  - 8.1.4 The emergency medication shall be stored in an unlocked drawer of the teacher's desk unless the ISSP team determines it is safe for the student to carry his/her own medication.
    - 8.1.4.1 If the ISSP team determines that it is safe for the student to carry his/her own medication then the procedures in Section 6.0 of this policy must be followed for Self Administration of Medication.
  - 8.1.5 Medical supplies such as a glucometer, needles and other supplies shall be stored in an area determined by the student's ISSP Team so that a student or school personnel can have access to this equipment in the event of a medical emergency.
- 8.2 Substitute teachers shall be alerted to all students in the class who require emergency medication and the location of the emergency medication.

8.3 Schools shall employ identification procedures to alert all staff of students who require emergency medication.

8.3.1 The Form, produced by the Airways Group, containing Allergy/Asthma Information, shall be the authorized form to be used by all schools in identifying students. (See Section II ).

8.3.2 This form shall be placed, with parental permission, in at least the following areas in the school building:

- student's classroom (s)
- the cafeteria
- the Main Office
- the Staff Room
- any other areas as decided upon by the student's ISSP Team.

8.4 Each student's ISSP team shall be responsible for developing an individual Emergency Response Protocol for the student and communicating this to all school staff.

8.4.1 The following procedures shall be included in the Emergency Response Protocol:

- notify the parent/guardian that emergency medication has been administered to the student.
- the Administrator/designate may decide emergency intervention by medical personnel is required (hospital, local clinic, local dentist office, etc.).
- the Administrator may authorize transportation to hospital by ambulance
- school personnel shall accompany the student to the hospital/clinic in the absence of the parent/guardian.
- it is the responsibility of the parent to incur all medical costs associated with the emergency treatment, including the ambulance costs, if applicable.

8.5 When an ambulance is called, the Administrator shall ensure that pertinent, concise information regarding the nature of the student's emergency is provided in both the emergency call and to the ambulance attendants upon their arrival.

- 8.6 All remaining emergency medication shall be provided to the ambulance attendants or brought to the hospital/clinic.
- 8.7 Upon request, Administrators shall provide the Assistant Director (Programs) information regarding students who have been identified as having life threatening allergies and provide a copy of the Emergency Response Protocol which is in place for each student.

**MEDICAL EMERGENCIES:**

**PROCEDURES:**

***For specific procedures regarding students with anaphylactic allergies see Section II entitled Protocol on Anaphylaxis (Kindergarten - Level III)***

- 9.0 All School Board personnel shall be prepared to assist a student in an emergency situation where failure to act before qualified medical help arrives may prove injurious or life threatening to the student or other students placed in the person's care.
  - 9.0.1 In addition to direct response by staff to the student in an emergency situation, the following steps shall be taken, not necessarily in this order:
    - 9.0.1.1 Notify the student's parent/guardian or emergency contact of his/her condition.
    - 9.0.1.2 If necessary, staff shall arrange for emergency intervention by medical personnel, which may include transportation to a hospital or clinic.
    - 9.0.1.3 Ensure that the area is thoroughly/properly cleaned (e.g. blood stains) of all body fluids and medical debris and other waste to ensure the safety of others.
- 9.1 Administration will make every reasonable effort to educate students, and parents to the importance of complying with particular expectations for the safety of students with medical needs.
- 9.2 The school administration and staff will maintain a delicate balance between student's confidential medical needs ( e.g. HIV) and the educational/safety needs of the general school population.
- 9.3 Parents/guardians will have the opportunity to discuss their child's medical needs at staff meetings, parent-teacher meetings, ISSP team meetings, seminars or

professional development sessions.

9.4 Medical documentation related to emergency situations shall be placed in the student's Confidential File.

9.4.1 Access to this information would be restricted on a need-to-know basis.

9.4.1.1 Such confidential information will be accessed through the Administrator.

9.4.2 A notice regarding emergency medical documentation on file will be placed in the student's Cumulative Record.

9.5 Posting of emergency medical information shall only be done with parental permission.

9.5.1 If it is a life-threatening situation then access will be on a need to know basis and not in public view.

## **SCHOOL ADMINISTRATORS RESPONSIBILITIES - ADMINISTRATION OF MEDICATION AND MEDICAL INTERVENTIONS/PROCEDURES:**

### **PROCEDURES:**

#### **Administrator's Responsibilities:**

10.0 Administrators will:

- determine who will administer medication or be responsible for performing other medical procedures, for a student.
- work closely with parents/guardians and health care professionals.
- ensure parent(s) have completed all necessary consent/release forms and that physician's/medical specialists instructions are on file. (Forms A and B)
- maintain a current school profile of all students' medical/health needs. (Form C)
- follow usual disciplinary procedures for dealing with student peer pressure regarding medications/health conditions.
- notify the school community of any life threatening situations (*See Anaphylaxis Protocol -Section II*).
- post alert forms in the staff room and maintain up-to-date emergency contacts and telephone numbers on life threatening medical situations. (*Also see Anaphylaxis Protocol -Section II*).
- arrange for annual inservice early in the school year through district/regional

office to ensure that all staff, volunteer and substitute teachers are informed and adequately trained to deal with responsibilities and emergencies.

- establish procedures for field trips, extra-curricular activities in dealing with medical and/or emergency situations. (*Also see Anaphylaxis Protocol - Section II*).

### **Classroom Teacher Responsibilities:**

10.1 All teachers are expected to:

- know the medical condition, the medication, and procedures for students under their care.
- inform the class of the situation in age appropriate terms
- follow all school and district procedures
- monitor medications during school hours and on field trips
- administer prescribed medication for students whom a physician certifies could not otherwise attend school

### **Special Education Teacher Responsibilities:**

10.2 Categorical and non categorical teachers have the responsibility to ensure that personal care and specific health related procedures are met in all cases where these medical procedures are required for the physical well being and educational development of the student.

10.2.1 This may include the administration of medication or performance of medical procedures/interventions in the case of a student with chronic health issues.

10.2.2 Medical interventions/procedures, under the direction of the appropriate health care professional, may include any of the following but will not be limited to:

- a. Catheterization and cleaning
- b. Naso/gastrostomy feeding
- c. Oral suctioning
- d. Postural drainage
- e. Lifting, transferring, positioning students using proper body mechanics
- f. Monitoring ileostom /colostomy functions
- g. Checking blood sugar levels
- h. Implementing exercise programs/therapy programs

10.2.2.1 Administrators will be responsible for arranging for the

school's Community Health Nurse, and/or the various health professional(s) involved (e.g., Physiotherapist, Occupational Therapist, Respiratory Therapist, etc.) to provide training under delegation of function where a physician has certified that these procedures need to be performed in order for the student to attend school.

### **Student Assistant Responsibilities:**

11.0 Student assistants may also be involved in administering medication or other specific medical interventions/procedures as described in section 9.8.2.

11.0.1 Student assistants may only perform these medical procedures after being trained and certified by such qualified health specialists as Community Health Nurse, Occupational Therapist, Physiotherapist, etc. through delegation of function as per section 10.2.2.1 of this policy.

### **Other Medical Interventions:**

### **Health Care Professionals Responsibilities:**

## **PROCEDURES**

12.0 In consultation with the school Administration, the Community Health Nurse and other appropriate health care professionals will:

- complete assessments of student's medical needs
- provide consultation to the schools and teachers
- have input into program plan development
- be a member of a student's ISSP Team
- teach, monitor and supervise school personnel who perform specific health related procedures requiring medical expertise during school hours, under delegation of function.

Such services and procedures specifically *may* include any of the following:

- injection of medication
- catheterization
- manual expression of the bladder
- suctioning and tube feeding
- any such services that requires nursing expertise, medical training, and delegation of function certification

12.1 Community Health Nurses shall be contacted by the Administrator at the beginning of the school year for consultation on emergency procedures, medical

interventions/procedures and/or delegation of function(s) for individual students for medical procedures/interventions.

**District/Regional Office Staff Responsibilities:**

13.1 District/Regional Office Staff shall:

- 13.1.1 Support schools in professional development needs (e.g. First Aid, CPR Medical Procedures, Delegation of Function, etc.).
- 13.1.3 Support schools in securing medications in a safe and legal manner.
- 13.1.4 Provide opportunities to review this policy on a regular basis.

**ADMINISTRATION OF MEDICATION AND MEDICAL  
INTERVENTIONS FORMS**

**EASTERN SCHOOL DISTRICT**  
**FORM A - PARENT/GUARDIAN MEDICATION CONSENT AND RELEASE FORM**  
**(To be completed by Parent/Guardian)**

Student Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Address: \_\_\_\_\_

Emergency Contact(s): \_\_\_\_\_ Tel #: \_\_\_\_\_

School: \_\_\_\_\_ School Year: \_\_\_\_\_

Grade/Level: \_\_\_\_\_ Room/Class: \_\_\_\_\_ Teacher: \_\_\_\_\_

**Prescribed Medication:**

I hereby request, authorize and empower the Eastern School District to administer medication as described herein or treatment as described in Form B (see attached) to the student named above. I release the Eastern School District and any staff member of the student's school from any legal liability that may result from the administration of such medication or the giving of such treatment. I also agree to indemnify the Eastern School District against claims at any time made by the student named or by any other party arising out of the administration of medication or treatment described herein to my child.

I further acknowledge awareness that school staff members are not medically trained personnel and that my expectations of school personnel in the knowledge and administration of medication to my child or any other child shall be no greater than that of their professional field.

---

**PARENT/GUARDIAN PERMISSION:**

I request and give consent to allow a staff member to administer this prescribed medication at school with the in full realization that that person is not a medically trained person.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Signature of Witness

**EASTERN SCHOOL DISTRICT**

**FORM A-PARENT/GUARDIAN MEDICATION CONSENT AND  
RELEASE FORM  
(CONTINUED)**

---

**FOR SCHOOL USE ONLY**

**Form B Submitted and Completed:**      \_\_\_\_\_ Yes      \_\_\_\_\_ No

**SCHOOL AUTHORIZATION TO ADMINISTER MEDICATION**

Your request is hereby granted and medication will be administered to  
\_\_\_\_\_ in accordance with the directions of the attending physician as indicated  
in Form B (Medication Administration-Physician's Report).

-----  
Signature of Principal

-----  
Date

-----  
Signature of Witness

-----  
Date

**NOTE:    The original copy of Forms A and B are to be maintained together  
in the student's Confidential File.**

**EASTERN SCHOOL DISTRICT  
FORM B - PHYSICIAN'S REPORT**

Student Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Address : \_\_\_\_\_ MCP#: \_\_\_\_\_  
\_\_\_\_\_

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

Medical condition requiring treatment during school hours: \_\_\_\_\_  
\_\_\_\_\_

**TYPE OF IN-SCHOOL INTERVENTION NECESSARY;**

1. Medication(s):

Medication Prescribed	Dose	Frequency	Required Time of Administration	Method of Administration	Purpose of Medication

2. Other (be specific):  
\_\_\_\_\_  
\_\_\_\_\_

3. **CONSIDERATIONS**

a. Possible side effects of medication(s)/treatment and remedial action for side effects  
\_\_\_\_\_  
\_\_\_\_\_

**EASTERN SCHOOL DISTRICT  
FORM B - PHYSICIAN'S REPORT  
(CONTINUED)**

b. Type of storage and safe keeping required for medication \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

c. Will it be detrimental to the student's health if a single dose/treatment is omitted?

Yes \_\_\_\_\_ No \_\_\_\_\_

d. Please check the appropriate box to complete this statement:

Persons administering the medication/treatment as described above

\_\_\_\_\_ **do need** to have had medical training or certification by the Community Health  
Nursing Division

\_\_\_\_\_ **do not need** to have had medical training or certification by Community Health  
Nursing Division

3. The student named above must have this medication/procedure administered/performed during school hours in order to be able to attend school

Yes \_\_\_\_\_ No \_\_\_\_\_

4. Is this student able to administer his/her own medication? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, give details:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of attending physician

\_\_\_\_\_  
Name of attending physician and telephone numbers

**EASTERN SCHOOL DISTRICT  
FORM B - PHYSICIAN'S REPORT  
(CONTINUED)**

**FOR SCHOOL USE ONLY**

Forms A and B have been received and the requests are hereby granted Yes \_\_\_\_  
No \_\_\_\_ and medication will be administered to \_\_\_\_\_  
in accordance with the information provided.

Principal's Name: \_\_\_\_\_

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

Witness's Name: \_\_\_\_\_

Witness's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**NOTE: The original copy of Forms A and B are to be maintained together in the student's Confidential File.**



**EASTERN SCHOOL DISTRICT**  
**FORM D -DAILY RECORD OF MEDICATION ADMINISTRATION**  
*(This Form should be stored in the same location as the student's medication)*

Student Name: \_\_\_\_\_ Parent/Guardian Name(s): \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Tel.#: \_\_\_\_\_ Work Tel.#(s): \_\_\_\_\_

Attending Physician: \_\_\_\_\_ Telephone #'s: \_\_\_\_\_

Physician's Address: \_\_\_\_\_ Medication(s): \_\_\_\_\_

Date	Amount/Dose of Medication	Method of Administration	Time Given	Staff Signature	Witness	Comments/Observations if reaction is unusual



**EASTERN SCHOOL DISTRICT**  
**FORM F - SELF-ADMINISTRATION OF MEDICATION BY**  
**STUDENT**

---

**A. TO BE COMPLETED BY PARENT/GUARDIAN**

Student Name: \_\_\_\_\_ Address: \_\_\_\_\_

Parent/Guardian name(s): \_\_\_\_\_ Tel.#'s: \_\_\_\_\_

Emergency Contacts: \_\_\_\_\_ Tel.#'s: \_\_\_\_\_

School: \_\_\_\_\_ Grade/Level: \_\_\_\_\_  
\_\_\_\_\_

I hereby consent to my child administering his/her own medication as described herein. I release the Eastern School District and any employee from any legal liability with respect to my child's administration of his/her medication. I also agree to indemnify the Eastern School District against any claims made by the student or by any party arising out of my child's self administration of medication or treatment described herein.

I have discussed the importance of the responsible security and handling of this medication with my child.

\_\_\_\_\_  
Signature of Parent/Guardian \_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness-Principal/Vice Principal \_\_\_\_\_  
Date

*Please Note: This will need to be witnessed by an employee of the Eastern School District.*

**EASTERN SCHOOL DISTRICT  
FORM F - SELF-ADMINISTRATION OF MEDICATION BY  
STUDENT (CONTINUED)**

**B. TO BE COMPLETED BY PHYSICIAN**

Medical condition requiring treatment \_\_\_\_\_  
\_\_\_\_\_

—

Prescribed Medication, Dosage and Daily Schedule of Administration:

\_\_\_\_\_

—

\_\_\_\_\_

—

\_\_\_\_\_

---

The student named above is capable of administering his/her own medication without any supervision from any employee of the Eastern School District staff and is capable of keeping his/her own medication in his/her possession for this purpose.

\_\_\_\_\_  
Signature of Attending Physician

\_\_\_\_\_  
Telephone Number(s)

**C. FOR OFFICE USE ONLY**

Date Submitted to Office: \_\_\_\_\_ Principal's Signature: \_\_\_\_\_

Teacher(s) Notified: \_\_\_\_ No \_\_\_\_ Yes      Date Notified: \_\_\_\_\_

## **SECTION II**

### **PROTOCOL ON ANAPHYLAXIS KINDERGARTEN – LEVEL III**

## INTRODUCTION

*Anaphylaxis* is a potentially life-threatening form of an allergic reaction, which affects a small percentage of the population. *Allergies* occur when the body's immune system becomes misguided and unusually sensitive to substances that are considered harmless for most people (e.g., foods, latex and animal dander). The substances that cause allergic reactions are called *allergens*. Allergies should be diagnosed by a physician. Diagnosis is based upon a history of previous allergic reactions and the results of skin and blood tests.

Anaphylaxis is the most severe form of an allergic reaction that can result in *death*. An anaphylactic reaction can occur within seconds of exposure to an allergen (e.g., peanut butter, fish, bee sting, latex, medications) or it may occur as a delayed reaction several hours after the initial exposure. The common symptoms of an anaphylactic reaction are listed in the Appendices. Any person experiencing an anaphylactic reaction **MUST receive an immediate injection of epinephrine (adrenaline)**, usually via an auto-injector (EpiPen®). Even after the administration of epinephrine, some individuals have died (perhaps due to a delay in administration). If a person with known anaphylactic allergies says they are having an allergic reaction, **BELIEVE THEM** - they may be experiencing internal symptoms which are not readily seen by an observer. After receiving epinephrine (i.e., EpiPen®), the individual will require further medical assistance.

There are an increasing number of students in school settings who have been diagnosed with life-threatening allergies. One way to ensure the safety of these students while attending school is to become *allergen aware* and to develop an environment that will **minimize the risk of exposure to allergens**. This does not mean that the school has the responsibility to reduce the risk of exposure to *zero*. In fact, schools that claim to guarantee an allergen-free environment may be setting up a *false sense of security* for parents and students, since this is very difficult to guarantee. Instead, the school should choose to work cooperatively with teachers, allergic and non-allergic students, and their parents, to produce an allergy aware environment that balances the rights of all participants.

The age of the students and the severity of their reactions are factors to be considered in developing an appropriate plan for each pupil. As students grow older, they develop an increased ability to be responsible for their own behaviour and actions, recognize risks within their own environments and recognize signs of their own allergic reactions. Nevertheless, an **individual plan** must be in place for all students with life-threatening allergies.

Even though schools should make efforts to prevent the exposure of anaphylactic students to their allergens, accidental exposure may occur. Therefore, the school should have an **Emergency Response Protocol** in place to save the life of the student experiencing anaphylaxis, and to avoid a potentially tragic event in the school.

The Allergy/Asthma Information Association recommends three steps to successfully manage anaphylactic allergies in schools: **Information and Awareness, Avoidance, and Action**. This

handbook addresses each of these recommended areas. It has been designed to provide a list of **responsibilities** for all members of the school community. When each partner in the process is aware of his/her responsibilities, and agrees to work co-operatively, everyone benefits.

## INITIATING THE PROCESS

It is the responsibility of parents of children with anaphylactic allergies to identify the children to the Principal (or designate) of the school where the child will be attending. To ensure that the necessary protocols are established, children with anaphylactic allergies must have an **Individual Support Services Plan (ISSP)** developed.

### Initial Interview:

1. Parents of anaphylactic children should contact the Principal (or designate) for an initial interview **during the first week of school**. The **initial interview** should include the Principal (or designate), parent(s) or guardians, Community Health Nurse, homeroom teacher and other members of the ISSP team.
2. Principals and parents should ensure that the following forms are completed:
  - Consent Form for Students with Life-Threatening Allergies (*Appendix A*)
  - Administration of Emergency Medication (*Appendix B*)
  - Anaphylaxis Alert (*Appendix C*)
  - Anaphylaxis Alert for Bus Drivers (if required) (*Appendix D*)
3. Distribute and discuss the Eastern School District's **Protocol on Anaphylaxis**.

### Where Are the Forms Available?:

The **Anaphylaxis Alert** form can be obtained from any of the following locations:

- Your child's school Principal
- Health and Community Services (709) 738-4800 or local branch
- The Lung Association - Newfoundland and Labrador (709) 726-4664
- Health Care Corporation – Janeway Site (Community Outreach) (709) 777-4403
- Eastern School District

The following forms are available from your child's school Principal:

- Consent Form for Students with Life-Threatening Allergies (*Appendix A*)
- Administration of Emergency Medication (*Appendix B*)
- Anaphylaxis Alert for Bus Drivers (*Appendix D*)
- Special Field Trip Consent (*Appendix F*)

## **RESPONSIBILITIES OF PARENTS/GUARDIANS OF STUDENTS WITH ANAPHYLACTIC ALLERGIES**

It is the responsibility of parents/guardians of children with anaphylactic allergies to identify them to the Principal (or designate) of the school where they will be attending.

### **Initial Interview:**

Parents/Guardians of anaphylactic children should contact the Principal (or designate) for an initial interview **during the first week of school (or earlier if required).**

During the **initial interview** between the parents/guardians, the Principal (or designate) and members of the ISSP team, the parents/guardians should:

1. Discuss the following pertinent information about the child's allergy:
  - the allergens (foods, bee stings, latex, etc.) which trigger an anaphylactic reaction;
  - the Anaphylaxis Alert form with an individualized action plan, signed by a physician (If the parents have the forms in advance, they can be passed in at this meeting);
  - changes in the child's allergic condition from previous years;
  - expectations on the part of the parent to supply two (2) auto-injectors (EpiPens®) and all other necessary medications to the school;
  - the storage of medications in school (EpiPens®, antihistamines, inhalers);
  - expectations that the child wear a MedicAlert® bracelet;
  - permission of the parents to post photographs and medical information in designated areas;
  - permission of the parents to discuss the child's anaphylactic reaction with staff;
  - permission of the parents to identify anaphylactic students to parent volunteers;
  - the placement of the anaphylactic student in a homeroom with a friend. This may need to be addressed before the previous school year has ended;
  - the **Special Field Trip Consent Form** for anaphylactic students (See Appendix F).
  
1. Ensure that the **Anaphylaxis Alert** form with the appropriate action plan has been completed, signed by a physician, and provided to the school during the first week of school;
  
2. Provide the school with:
  - the **Anaphylaxis Alert** form (which may be copied at the school);
  - one up-to-date photograph of the anaphylactic student that can be photocopied clearly for use on the forms;
  - all medications listed in the action plan to be used in the event of an anaphylactic reaction. These medications should be labeled appropriately as outlined under the section on Storage of Medications.

**The school strongly recommends that the parents of each anaphylactic student provide two (2) auto-injectors (EpiPens®) for use in emergencies.**

1. Complete the necessary forms from the Eastern School District (see Appendices).
2. Discuss the Eastern School District's **Protocol on Anaphylaxis**.

### **Staff Inservice and EpiPen Training:**

The parents/guardians of anaphylactic students should:

1. Provide the school with specific information about the anaphylactic child, which may be included in the annual in-service of all staff (i.e., identification of allergens, level of severity of allergy, and a description of a typical allergic reaction);
2. Provide the school with information regarding high-risk situations in the cafeteria or on field trips/inter-school visits.

### **Storage of Medications – Auto-Injectors (EpiPens & Antihistamines):**

The parents/guardians of anaphylactic students should:

1. Supply the school with all medications listed in the individualized action plan, which has been signed by a physician;
2. Supply the school with **two (2) up-to-date auto-injectors (EpiPens®)**, one of which will be kept in a secure area, which is easily accessible to all staff, and *never under lock and key*;
3. Communicate to their anaphylactic child in junior/senior high school that he/she is expected to carry a second auto-injector (EpiPen®) with him/her at all times. Parents of children in elementary school who want their child to carry an auto-injector (EpiPen®), should discuss this with the ISSP team and Principal at the beginning of the year. Students with an anaphylactic allergy to bee or wasp stings, may wish to carry their auto-injector (EpiPen®) with them when outside on school grounds.

**IMPORTANT:** *If the parents/guardians provide the school with only one auto-injector (EpiPen®), it should be kept in a secure, accessible area as designated by the ISSP team. For primary/elementary schools, the teacher should keep the auto-injector (EpiPen®) in his/her desk. For junior/senior high schools, if only one auto-injector (EpiPen®) is provided, it should be stored in a designated secure area such as the office and it must be easily accessible to all emergency response staff.*

4. Follow these recommendations regarding **storage of auto-injectors (EpiPens®)**:

- the auto-injector (EpiPen®) will be kept in its original container, at room temperature, and away from direct light;
  - the auto-injector (EpiPen®) will be clearly labeled with the name of the student with anaphylaxis and the expiry date of the medication;
  - the auto-injector (EpiPen®) will be placed with a copy of the **Anaphylaxis Alert** form in a zip-lock bag which will be labeled with the student's name and grade level.
1. Follow these recommendations regarding the **storage of antihistamines** (e.g., Benadryl):
    - the antihistamine will be in its original container;
    - the antihistamine will have a physician prescription;
    - the antihistamine will be clearly labeled with the anaphylactic student's name, the expiry date, and the recommended dosage to be given;
    - a measuring device suitable for dispensing the required amount of antihistamine will be taped to the bottle of medication;
    - the antihistamine will be placed in the zip-lock bag with the auto-injector (EpiPen®) for that student (see above).

### **Field Trips / Inter-School Visits:**

The parents of anaphylactic students should:

1. Complete the **Special Field Trip Consent Form** for anaphylactic students (Appendix F).
2. Provide necessary emergency medications (e.g., auto-injectors (EpiPens®), antihistamine) that will accompany the anaphylactic student. In primary/elementary schools, the teacher responsible for the field trip will carry the student's medications on the field trip. Junior/senior high school students may be permitted to carry the medication themselves. However, the teacher in charge of the field trip must ensure that the medication accompanies the students.
3. Provide the anaphylactic student with his/her own snack, and reinforce to the student the importance of not eating foods provided on field trips/inter-school visits.

### **Traveling with School-Related Activities:**

Some junior and senior high schools regularly participate in school-related competitions, tournaments and exchanges that require travel either within the province or, at times outside of the province. This may include traveling with a sports team, band or musical program, French immersion exchange etc., or representing the school at any of its extra curricular activities.

Students with allergies should be afforded the opportunity to participate in all school related activities. The decision as to whether a student with anaphylactic allergies will travel as part of a school team, will be made

following consultation with the ISSP team, the Principal and the teacher in charge of the trip. Each case will be decided individually, considering the risk of exposure to the allergen, availability of emergency medical services, language barriers etc.

The same applies to students wishing to participate in a tour/trip organized by the school – such as European tours, immersion trips to St. Pierre, Montreal etc. Each situation will be thoroughly discussed and a decision made that serves the best interest of both the student and school.

## **General Responsibilities of Parents of Anaphylactic Students:**

The parents of anaphylactic students should:

1. Provide the anaphylactic child with safe foods for special occasions and exchanges;
2. Encourage the anaphylactic child to wear a MedicAlert® bracelet with the allergens listed on it;
3. Teach their anaphylactic child:
  - to recognize the symptoms of an anaphylactic reaction;
  - to carry an auto-injector (EpiPen®) at all times (for junior/senior high schools students) and to know where the second auto-injector EpiPen® is stored;
  - to report any symptoms of an allergic reaction to school staff or to another student;
  - to eat only foods prepared at home - ***do not share foods***;
  - to avoid placing own foods directly onto cafeteria tables or common eating surfaces;
  - to practice hand washing before and after eating;
  - to wipe computer keys, musical instruments etc. before using them;
  - to report bullying and threats regarding their allergy to school staff;
  - to carry his/her auto-injector (EpiPen®) on all field trips/ inter-school visits (junior/senior high schools);
  - to carry his/her auto-injector (EpiPen®) when attending all extra-curricular activities (junior/senior senior schools);
  - to carry his/her auto-injector (EpiPen®) while on school grounds (junior/senior high schools).

## **ADMINISTRATIVE RESPONSIBILITIES**

### **Identification of Anaphylactic Students:**

The Principal (or designate) should:

1. Advise all parents, at curriculum night, of their responsibility to inform the school if they have a child with an anaphylactic allergy.

2. Identify every known student with anaphylactic allergies to all staff (teaching and non-teaching) during the first staff meeting of the year. Each student's specific allergy should be reviewed.
3. Place the **Anaphylaxis Alert** form in *key* locations which are easily viewed by all staff, but *inaccessible* to other students. Suggested locations include:
  - staff room
  - photocopy Room
  - Assistant Principal's Office
  - duty roster
  - in the register of the homeroom teacher
  - in the substitute teacher files

*Note – it is recommended that in primary schools, the Anaphylaxis Alert form include a **picture of the student** with the allergy and that it should be posted on the Anaphylaxis Alert form in the classroom. It is also recommended, but optional, that the student's photo be posted on the Anaphylaxis Alert form in designated areas in elementary schools.*

4. Complete the form - **Students with Anaphylactic Allergies** (See Appendix E) and submit to Community Health Nurse by the beginning of the second week of school.
5. Remind teachers that school volunteers whom they invite into the school should be given the **Anaphylaxis Information Sheet for Volunteers** which contains allergy awareness information.

### **Creating an Allergy Aware Environment:**

The decision to restrict known allergens from the classroom and/or the entire school environment depends upon the severity of the allergic reaction in each student. This is determined by the ISSP team in consultation with health care professionals (physicians, dieticians, nurses etc.).

In making this decision, it has to be determined if the student reacts to an allergen through:

- ingestion (actually eating the allergen)
- inhalation (inhaling small airborne particles)
- touching (coming in contact with the allergen either through an object or a person)

After considering the risk of exposure to the student and the severity of the reaction, the Principal (in consultation with the ISSP team) will decide if the allergen (i.e. peanut butter, fish, etc.) will be restricted from the entire school or the student's classroom.

***Note:** If schools permit students to eat in classrooms and students move from class to class, as in junior and senior high school, then the allergen should be restricted from the entire school.*

**In creating an allergy aware environment the Principal (or designate) should:**

1. Send a letter at the beginning of the school year to the parents of all students in the school requesting their cooperation in avoiding the inclusion of the allergens in school lunches and snacks (See Appendices for sample of peanut-safe snacks).
2. Send out reminder letters to all parents and students at Christmas and other special occasions when class parties involving food are planned.
3. Refrain from selling foods which contain known allergens in the school (canteen, cafeteria, vending machines etc).
4. Ensure that projects for science fairs/heritage fairs etc., do not contain known allergens (i.e peanut butter, fish, latex etc)
5. Ensure that allergens known to cause anaphylactic reactions are not utilized during school celebrations and ceremonies (latex balloon, food products).
6. Ensure that fund raising activities do not include foods/items to which a student is allergic (i.e. chocolate covered peanuts or almonds)
7. Ensure that school volunteers are aware of known allergens and are asked to not bring these items into the school or on school-related activities.

**Note:** Foods that state “*may contain.....*” in their ingredient list, such as “*may contain peanuts*”, can be sent to school and eaten by students that do not have an allergy to that particular food. The student with the allergy should not eat these products, but it is safe for the student with the allergy to be around those eating these foods. The student with the allergy should be educated by his/her parent(s), to eat only foods given by the parent(s), or foods within the school that are determined by the parent(s) to be allergy-safe.

**Introduction of Students to Staff:**

The Principal (or designate) may:

- Give all students with anaphylactic allergies the opportunity to meet with the staff of the school, including the Emergency Response Team, during a staff meeting in September. At this meeting, allow the students to speak about their allergies, if desired.

## **Staff Inservice and Auto-Injector (EpiPen) Training:**

The Principal (or designate) should:

1. Ensure that an in-service is provided **annually** by the Community Health Nurse to **all** teaching staff, within the first two weeks of the school year. The in-service should include information on the following:
  - allergies and anaphylaxis
  - how to recognize an anaphylactic reaction
  - school policies to protect anaphylactic students
  - the school protocol on responding to anaphylactic emergencies
  - the use of auto-injectors (EpiPens®)
  - how to prevent anaphylactic reactions (e.g. reading labels, cross-contamination, hidden sources of allergens in foods, non-food sources of allergens)

1. Contact the **Community Health Nurse**

3. Ensure that the **Eastern School District's Medication Policy** and **Protocol on Anaphylaxis** are made available to all staff.

4. Establish an **Emergency Response Team** to respond to anaphylactic emergencies and delineate the respective duties of the team members (e.g., some teachers will carry the auto-injectors (EpiPens®) from the central location to the student having the anaphylactic reaction, while other

teacher will go directly to the student). The school secretary should be made aware of the Emergency Response Procedures.

*Note: In primary/elementary school, it is strongly recommended that the homeroom teacher be part of the Emergency Response Team.*

5. It is recommended that the school simulate an anaphylactic emergency annually to review the Emergency Response Procedures.
6. Place posters about the Emergency Response Procedures and the general use of auto-injectors (EpiPens®) in each classroom and other key locations.

## **Storage of Auto-Injectors (EpiPens) and Antihistamines:**

The Principal (or designate) should:

1. Recommend to parents of anaphylactic students that they supply the school with **two up-to-date auto-injectors (EpiPens®)**. **IMPORTANT: If the parents provide the schools with only one auto-injector (EpiPen®), it will be kept in a secure, accessible area as designated by the ISSP team.**

*Note: For primary/elementary schools, the teacher should keep the auto-injector (EpiPen®) in his/her desk. For junior/senior high schools, if only one auto-injector (EpiPen®) is provided, it should be stored in a designated secure area such as the office and it must be easily accessible to all emergency response staff.*

2. Ensure that the auto-injectors (EpiPens®) are kept in a secure area, which is easily accessible to all staff, and **never under lock and key**.
  3. Inform all staff of the location of the auto-injectors (EpiPens®) and clearly label the drawer containing them.
  4. Place a copy of each student's **Anaphylaxis Alert** form in the auto-injector storage area.
  5. Follow these recommendations regarding **storage of auto-injectors (EpiPens®)**:
    - The auto-injector (EpiPen®) will be kept in its original container, at room temperature, and away from direct light;
    - The auto-injector (EpiPen®) will be clearly labeled with the anaphylactic student's name and the expiry date of the medication;
    - The auto-injector (EpiPen®) will be placed with a copy of the Anaphylaxis Alert form in a zip-lock bag which will be labeled with the student's name and grade level;
    - All auto-injectors (EpiPens®) for the school will be placed in a portable container that will be kept in a secure area, and **never under lock and key**. *Note: Primary/elementary teachers should keep the auto-injector (EpiPen®) in their desk.*
1. Follow these recommendations regarding the **storage of antihistamines** (e.g., Benadryl):
    - The antihistamine will be in its original container;
    - The antihistamine will have a physician prescription;
    - The antihistamine will be clearly labeled with the anaphylactic student's name, the expiry date, and the recommended dosage to be given;
    - A measuring device suitable for dispensing the required amount of antihistamine will be taped to the bottle of medication;
    - The antihistamine will be placed in the zip-lock bag with the EpiPen® for that student;
    - Only a teacher, administrator or the Community Health Nurse will administer the antihistamine.
  1. Post general instructions on the use of the auto-injector (EpiPen®) in the staffroom and near the auto-injector (EpiPen®) storage area.

## **Emergency Response Procedures:**

The Principal (or designate) should communicate the **Emergency Response Procedures** for the school to all teaching staff during the annual in-service on anaphylaxis. This procedure should be posted in **all classrooms and other key locations**. The procedure is as follows:

1. If the auto-injector (EpiPen®) is with the student, then administer it **immediately. Do not hesitate to give the auto-injector (EpiPen®) as it contains the medication that will save the child's life.** (See Appendix F “How to Use the EpiPen® Auto-injector”).
2. Communicate the **location** of the emergency *quickly* to the office via a student or other staff member. **DO NOT USE ELEVATORS.**
3. Alert the members of the Emergency Response Team via the public address system to go to the location of the emergency [“**EMERGENCY RESPONSE TEAM GO TO \_\_\_\_\_.**”]
4. Designated members of the Emergency Response Team should carry the portable container of auto-injectors (EpiPens®) and other medications from the centrally located storage area or teacher’s desk, to the location of the anaphylactic student. **DO NOT USE ELEVATORS.** *Note: In junior/senior high school, the anaphylactic student may self-administer the EpiPen® if a trained staff member is not immediately available (such as on school grounds). If this happens, another student should seek immediate assistance.*
5. Record the time that the auto-injector (EpiPen®) was administered.
6. Follow the **Action Plan** for this **specific student** as written on the Anaphylaxis Alert form (the form is in the zip-loc bag with the auto-injector (EpiPen®)).
7. Call 911 – tell the dispatcher that a child is having an anaphylactic reaction.
8. Physically assist the student to the office area, as needed.
9. Transport the student to the hospital at once via ambulance (within St. John’s and surrounding areas). Out-of town schools may transport the child by car if this is deemed faster. Call 911 and advise the ambulance driver to meet the car enroute. In all cases, if a second auto-injector (EpiPen®) is available, it should be transported with the student.
10. Telephone the parents of the anaphylactic child.
11. Administer the second auto-injector (EpiPen®) 15-20 minutes after the first dose, if breathing difficulties are present and the ambulance hasn't arrived.
12. Ensure that a staff member stays with the child until a parent arrives at the hospital.

13. Ensure used auto-injectors (EpiPens®) are brought to a pharmacy for safe disposal (drop a penney in the bottom on the plastic storage case, insert the EpiPen® needled side down, screw on cover).

### **Cafeteria/Canteen Responsibilities:**

The Principal (or designate) should:

1. Contact the company contracted to provide food services in the school to arrange an in-service for their staff on:
  - exclusion of life-threatening food allergens from the cafeteria and canteen menus, and the vending machines;
  - cross-contamination of foods;
  - the Emergency Response Procedure for the school.
1. Establish one eating area (e.g., a classroom), or a section of a common eating area, as allergen-aware and ask everyone's co-operation in ensuring that foods that are known to trigger anaphylactic reactions are not brought into or sold, in the school.
2. Ensure that the cafeteria tables are wiped clean after eating.
3. Permit food consumption in designated areas only. There should be no foods eaten in the corridors, vestibules or, on the school buses.
4. Work with parents to identify high-risk situations for anaphylactic students.
5. Excuse anaphylactic students from the responsibilities of disposing of others' foods or picking up garbage left by others.

### **Field Trips / Inter-School Visits:**

The Principal (or designate) should:

1. Require all staff to be aware of the identity of the anaphylactic students, their allergies symptoms and the Emergency Response Procedures.
2. Ensure that all teaching staff received in-service training on the use of the auto-injector (EpiPen®) and the teacher in-charge of the field trip brings the emergency medication.
3. Require the parents of the anaphylactic child to sign the **Special Field Trip Consent Form** for their anaphylactic child (See Appendix F).

## **Substitute Teachers:**

The Principal (or designate) should:

- Inform substitute teachers coming into the school for the first time that they should familiarize themselves with the information regarding anaphylactic students, their allergic reactions, and the Emergency Response Procedure

## **School Busing:**

### **School Bus Safety:**

The environment on a school bus may be particularly dangerous for students with life-threatening allergies. Parents, principals, bus operators, bus drivers, and the student with the allergy need to co-operate in order to minimize the risk of accidental exposure. Precautionary measures taken in the school must be extended to the school bus.

### **Some measures that may reduce risk on the school bus include:**

- A designated seat for the anaphylactic student, near the front of the bus (especially for primary/elementary students).
- A buddy system (the student with the allergy sits with a friend).
- A strict “No-Food” rule on the bus.

### **Bus Operators and Bus Drivers:**

- The school Principal (or designate) must notify the bus operator (who in turn will notify the bus drivers) that students with anaphylactic allergies will be travelling on their bus(es);
- It is strongly recommended that bus drivers be included in the school’s in-service training on the signs and symptoms of anaphylaxis and the use of an auto-injector (EpiPen®);
- The school, in co-operation with the bus operator and bus driver, should develop an emergency action plan that takes into account the bus route, distance from medical help etc.;
- Bus drivers should be aware if a student carries an auto-injector (EpiPen®) on them and its location;
- A copy of an **Anaphylaxis Alert Form** for Bus Drivers (see Appendix D) form which includes a photo of the student, along with emergency response procedures, should be placed in a secure binder on the bus, easily accessible to the driver;
- All buses that transport a student with a life-threatening allergy must be equipped with a communications device – radio or cell phone;
- Bus drivers must notify the Principal of any incidents involving anaphylactic reactions, consumption of food or bullying.

### **In the event of an anaphylactic emergency the bus driver must:**

- Bring the bus to a complete stop in a safe area.
- Advise all passengers to remain seated.

- Ask for assistance in removing the allergic food from the bus.
- Administer the auto-injector (EpiPen®) - if authorized and trained.
- Follow the Emergency Response Procedures, which includes contacting emergency officials for assistance.

## **Procedures to Follow on the School Grounds:**

The Principal (or designate) should:

1. Remind parents of anaphylactic students in junior/senior high school, that the student should carry his/her auto-injector (EpiPen®) with them at all times, especially while outside on school grounds. For primary/elementary schools, a designated teacher as identified by the Emergency Response Team will get the EpiPen® and bring it to the student.
2. Utilize the public address system to alert the Emergency Response Team and to give the *location* of the student having an anaphylactic reaction on the school grounds. Then the Emergency Response Procedure will be followed.
3. Excuse all students with anaphylactic allergies to either food or bee/wasp stings from participating in schoolyard clean up.

## **Fundraising:**

The Principal or (designate) should:

- Ensure that all items (including food, beverages and latex) sold as part of the school's fund raising activities, do not include allergens known to trigger anaphylactic reactions in students attending that school (i.e. if a student in your school is allergic to almonds, then the selling of nut products such as chocolate covered almonds is prohibited).

## **TEACHER RESPONSIBILITIES**

### **Homeroom Teacher Responsibilities:**

All homeroom teachers of anaphylactic students should:

1. Familiarize themselves with the **Protocol on Anaphylaxis** for the school and the **Eastern School District's Handbook and Procedures on Administration of Medication and Medical Interventions Policy** concerning anaphylaxis.
2. Meet with the parents of the anaphylactic student at the beginning of the school year and communicate the information about the student to the other subject teachers.
3. Place a copy of the student's Anaphylaxis Alert form in the class register.

4. Photocopy the anaphylactic student's photograph and Anaphylaxis Alert form and distribute it to all teachers of the anaphylactic student. Each *subject teacher* should place the photograph and the form in his/her own substitute teacher file.
5. Privately establish with the anaphylactic student a method of informing classmates of the seriousness of an anaphylactic reaction.
6. Discuss anaphylaxis with the class.
7. Encourage students *not* to share lunches or trade snacks.
8. Encourage hand washing before and after eating.
9. Encourage students and parents to choose allergen-safe foods for lunches, snacks, and classroom/school events.
10. Choose allergen-safe foods for all classroom events.
11. Remind students that food is not to be eaten on the bus.

### **Subject Teacher Responsibilities:**

All teachers of anaphylactic students should:

1. Familiarize themselves with the **Protocol on Anaphylaxis** for the school and the **Eastern School District's Handbook and Procedures on Administration of Medication and Medical Interventions Policy** concerning anaphylaxis.
2. Meet with the parents of the anaphylactic student at the beginning of the school year – if requested by the parent.
3. Place information about anaphylaxis awareness, emergency response and a photograph of the student in **their own** substitute teacher file.
4. Inform their substitute teacher of the student's presence in the class and refer the substitute to the pertinent information, which has been placed in their substitute teacher file.
5. Choose allergen-safe foods for all classroom events.
6. Ensure that the **Special Field Trip Consent Form** is given to the student, and that it is signed and returned (See Appendix F).

7. Ensure they bring emergency medications with them on field trips/ inter-school visits involving primary/elementary students (junior/senior high school students may carry emergency medication themselves after being authorized to do so by the teacher in charge of the field trip). If the anaphylactic student has only one auto-injector (EpiPen®), also ensure that it is returned to the secure location after the field trip.
8. Ensure that teachers from other schools are informed of the presence of the anaphylactic student during inter-school visits. Suggest that the other school not serve allergy-causing foods during the visit.
9. Ensure that school volunteers, whom they invite into the school, are given the **Anaphylaxis Information Sheet for Volunteers** concerning allergy awareness.
10. Encourage students and parents to choose allergen-safe foods for all classroom events/activities.
11. Advise students *not* to take allergy-causing foods on the school bus.
12. Inform parents of anaphylactic students about activities planned for the science labs/heritage displays which may involve foods or materials to which the student may be allergic (e.g., marine organisms (fish), bird feeders (nuts), rubber products (latex), blind taste/smell tests).

### **General Teacher Responsibilities:**

All teachers should:

1. Familiarize themselves with the Eastern School District's **Protocol on Anaphylaxis and Handbook and Procedures on Administration of Medication and Medical Interventions Policy**.
2. Attend the annual in-service on anaphylaxis and receive training on the proper administration of an auto-injector (EpiPen®).
3. Familiarize themselves with the Emergency Response Procedures for anaphylactic reactions.
4. Be able to identify the anaphylactic students in the school.
5. Be aware of the location of the stored auto-injectors (EpiPens®).
6. Carry all emergency medications on field trips/inter-school visits if they are supervising a primary/elementary student with anaphylaxis (junior/senior high school students may carry emergency medication themselves after being authorized to do so by the teacher in charge of the field trip). The name of this teacher should be indicated on the **Special Field Trip Consent Form**, *before* sending the form home for the parent's signature (See Appendix F).

## **Lunch/Recess Supervision:**

A large number of students eat recess and/or lunch in their classrooms. While teachers are assigned to recess/lunch duty, there is not necessarily a teacher present in the classroom at all times. It is essential, that all students in a classroom know that they may leave the classroom to get a teacher in the event of any emergency. It is also imperative that all teachers on duty are able to identify a student having an anaphylactic reaction and are able to respond immediately.

Teachers supervising recess/lunch in a cafeteria must know whom the students with anaphylactic allergies are and must be able to respond to administer assistance as outlined in the Emergency Response Procedures.

## **RESPONSIBILITIES OF COMMUNITY HEALTH NURSE**

The Community Health Nurse will:

- liaise with school staff, parents, student and physicians to ensure that students with anaphylaxis are identified and an emergency response plan is developed.
- request that principals complete the form **Students with Anaphylactic Allergies** upon being informed that a student in the school has an anaphylactic allergy. This form should be completed by school personnel and forwarded to the Community Health Nurse by the beginning of the second week of school.
- initiate/participate in the Individual Support Services Plan (ISSP) with the other key stakeholders.
- provide the school with information/resources regarding anaphylaxis (**Anaphylaxis Alert** forms, food allergy fact sheets, pamphlets/posters on EpiPen® administration and allergy awareness).
- conduct an in-service on anaphylaxis/allergies for school personnel.
- provide training regarding the use of the auto-injector (EpiPen®) for school personnel.
- provide in-service to personnel who provide contract services to the school as needed eg. cafeteria staff, school bus operators/drivers.

## **RESPONSIBILITIES OF STUDENTS WITH ANAPHYLAXIC ALLERGIES**

**Students with anaphylactic allergies should:**

- carry an auto-injector (EpiPen®) on his/her person at all times in junior/senior high school (e.g., recess, lunch, field trips, on school grounds) when there are two EpiPens® provided to the

school. **If only one EpiPen® is provided to the school, it should be kept in a secure, accessible place as designated by the ISSP team.**

- wear a MedicAlert® bracelet, which lists the allergen(s) to which he/she is allergic.
- report *immediately* all symptoms of an allergic reaction to a staff member or to another student.
- eat *only* foods prepared at home, *especially* when on field trips/inter-school visits.
- remind the teacher, in primary/elementary schools, to take emergency medications (auto-injector (EpiPen®), antihistamine) on field trips/inter-school visits. Junior/senior high school students can carry the medication themselves after being authorized to do so by the teacher in-charge of the field trip/inter-school visit.
- wash hands before and after eating.
- take responsibility for avoiding allergens as much as possible (e.g., reading labels, wiping computer keyboards and musical instruments, keeping foods off cafeteria tables);
- report any incidents of “bullying” or threats by another student (i.e., in relation to the allergenic food or the auto-injector) to the school staff.
- carry an auto-injector (EpiPen®) at all times when participating in extra-curricular activities.

## **RESPONSIBILITIES OF OTHERS**

### **Responsibilities of All Parents:**

The parents of all students in the school should:

1. respond cooperatively to requests from the school to eliminate allergens from lunches and snacks.
2. encourage children to respect anaphylactic students and school policies and procedures on allergy awareness.

### **Responsibilities of All Students:**

All students in the school should:

- learn about allergies and anaphylaxis through information shared by the school.
- avoid sharing foods, especially with anaphylactic students.

- respond cooperatively to requests from the school to eliminate allergens from lunches and snacks.
- follow school rules about keeping allergenic foods out of the classroom and other allergen-safe designated areas.
- wash hands before and after eating.
- recognize that “bullying” or “testing” a child with a food allergy will **NOT** be tolerated.

## **ALLERGY AWARENESS AND PREVENTION STRATEGIES**

Schools can play a vital role in educating its student and parent population about allergies, anaphylaxis and prevention strategies. The administration and teachers should:

- Contact representatives of local allergy groups, health professionals, and parents of children with anaphylaxis to share their expertise with the school community, as the need arises;
- Incorporate, where possible, information about allergies and potential sources of allergens into the health curriculum. The school community will, over time, be made aware of;
- the usual, visible sources of food allergens
- the possible hidden sources of allergens in foods
- the importance of reading labels
- “component ingredients” (unlabeled ingredients within labeled ingredients)
- the danger of cross-contamination through shared utensils, towels, etc. (Note: All staff will be provided with a copy of the “Food Facts Sheet” as prepared by the AIRWAYS/ALLERGIES Parent Support Group in co-operation with The Lung Association, Newfoundland and Labrador)
- the importance of examining pet foods for allergens
- non-food sources of food allergens (e.g., in playdough, beanbags, birdseed)
- the presence of latex in products such as balloons, gloves, paints and glues
- the importance of examining science projects, seasonal activities, and home economics activities for the presence of allergens

# APPENDICES

## **APPENDIX A**

### **CONSENT FORM FOR STUDENTS WITH LIFE-THREATENING FOOD ALLERGIES**

**EASTERN SCHOOL DISTRICT  
CONSENT FORM FOR STUDENTS WITH LIFE-THREATENING FOOD ALLERGIES**

\_\_\_\_\_ (student's name) has been identified as having a serious allergy and the school would like to take the following precautionary measures:

1. Post an Anaphylaxis Alert form complete with a photograph of your child, a description of the allergy, and an action plan in key locations in the school.
2. Provide all staff (including substitute teachers) with information concerning your child's allergy as described in the Anaphylaxis Alert form.
3. Identify students who have anaphylactic allergies to parent volunteers.

**To assist the school in carrying out these precautionary measures, the school requests the following:**

1. An Anaphylaxis Alert form with an individualized action plan, signed by a physician.
2. One up-to-date photograph of your child that can be photocopied clearly for use on the forms.
3. All medications listed on the action plan, including two auto-injectors (EpiPens®), labeled with the student's name and the expiry date of the medication.

**IMPORTANT: If the parents provide the school with only one EpiPen®, it will be kept in a secure, accessible area as designated by the school administration.**

Please sign below to indicate your consent to the above measures and return the form to the Principal. Please contact the school if you have any concerns.

I, \_\_\_\_\_, parent/guardian of \_\_\_\_\_ (student) attending \_\_\_\_\_ school, hereby consent to the school taking the precautionary measures listed in items one to three above, and further agree to provide the school with the items referred to in items numbered four to six above.

\_\_\_\_\_  
(date)

\_\_\_\_\_  
(signature of parent/guardian)

(signature of Principal)

## **APPENDIX B**

### **ADMINISTRATION OF EMERGENCY MEDICATION**

**EASTERN SCHOOL DISTRICT  
ADMINISTRATION of EMERGENCY MEDICATION**

Student's Name \_\_\_\_\_ Homeroom/Teacher \_\_\_\_\_

Student Address \_\_\_\_\_

Name of School \_\_\_\_\_ Name of Principal \_\_\_\_\_

Location of Emergency Medication \_\_\_\_\_

The above named student has a medical condition known as \_\_\_\_\_  
that may require treatment with **emergency medication(s)** during school hours.

**Emergency Medication Information**

Name/type of medication: \_\_\_\_\_

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

Method of administration: \_\_\_\_\_

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

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

Type of storage required for Medication: \_\_\_\_\_

Anticipated reaction to medication (symptoms, side effects, etc.): \_\_\_\_\_

\_\_\_\_\_

**Request**

We are writing to request that the principal or designate administer the medication known

as \_\_\_\_\_ to \_\_\_\_\_  
(Name of Medication) (Name of Student)

in the event that he/she experiences \_\_\_\_\_  
(Name of Medical Condition)

\_\_\_\_\_  
Physician's Signature / Date

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

**OPTIONAL:**

The student named above may keep his/her medication in his/her possession. I have discussed the importance of the responsible security and handling of this medication with my child. In an Emergency, the student may administer his/her Interim Policy

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own medication with no supervision from Eastern School District staff.

\_\_\_\_\_  
Physician Signature / Date

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

## **APPENDIX C**

### **ANAPHYLAXIS ALERT/LIFE THREATENING ALLERGIES**

# ANAPHYLAXIS ALERT FORM

## ANAPHYLAXIS ALERT Life Threatening Allergies

Grade/Teacher \_\_\_\_\_

Student \_\_\_\_\_

**LIFE THREATENING ALLERGIES TO:**

Exposure to minute amounts of this allergen can be dangerous to the child. At all times this child must AVOID:

**A CHILD WITH A LIFE THREATENING ALLERGY MUST ALWAYS HAVE ADRENALINE (EPIPEN/ Ana-K10)**

**Eating Rules/Activity Rules:**

<div style="border: 1px solid black; width: 80px; height: 40px; margin: 0 auto; display: flex; align-items: center; justify-content: center;">                 Photo of Child             </div>	<p><b>Contacts</b></p> <p>Parent / Guardian: _____</p> <p>Tel: _____</p> <p>Parent / Guardian _____</p> <p>Tel: _____</p> <p>Hospital: _____</p> <p>Tel: _____</p>
--	--

**POSSIBLE SYMPTOMS OF ANAPHYLAXIS:** (Check symptoms commonly experienced by the child, but all symptoms are possible)

- Tingling in mouth
- Feeling of fear / anxiety
- Hives / Itching
- Wheezing
- Swelling-eyes, lips, face, tongue
- Tightness in throat / chest
- Flushed face / body
- Dizziness / lightheadedness
- Vomiting / stomach upset
- Coughing / Choking
- Difficulty breathing / swallowing
- Loss of consciousness
- Other \_\_\_\_\_

**ACTION PLAN:**

1. Use ADRENALINE immediately at first sign of symptoms. (Give into outer thigh and hold in place for 10 seconds)
- ADRENALINE is located \_\_\_\_\_
2. Have child spit out food and rinse mouth. Wash contact area.
3. Give additional medication, if any: \_\_\_\_\_
4. Transport child immediately to medical facility by \_\_\_\_\_ car or \_\_\_\_\_ ambulance (tell dispatcher child is having an anaphylactic reaction)
5. Have someone telephone the medical facility to inform them of the incoming child.
6. Administer additional ADRENALINE during transport every 15-20 minutes, if available, if breathing difficulties are present.
7. Suggest the child be monitored in medical facility for at least 8 hours, even if symptoms subside. Symptoms may reoccur.

Date: \_\_\_\_\_ Physician Signature: \_\_\_\_\_  
 AIRWAY/ALLERGIES, Parent Support Group, Lung Association, March 1999

## ASTHMA INFORMATION

Asthma Triggers: \_\_\_\_\_

Symptoms of Asthma Episode: \_\_\_\_\_

Medication Provided for Asthma Relief (Where is medication located?): \_\_\_\_\_

Instructions for Asthma Episode: \_\_\_\_\_

## **APPENDIX D**

### **ANAPHYLAXIS ALERT FORM FOR BUS DRIVERS**

**EASTERN SCHOOL DISTRICT  
ANAPHYLAXIS ALERT FORM FOR BUS DRIVERS**

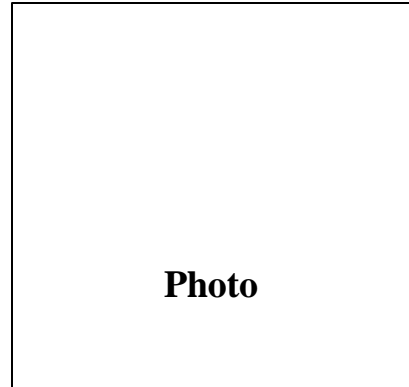
Student Information:

Student's Name: \_\_\_\_\_

School: \_\_\_\_\_

Grade: \_\_\_\_\_

Address: \_\_\_\_\_



**Emergency Contacts:**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Medical Information:**

Anaphylactic To: \_\_\_\_\_

Carries EpiPen®: YES or NO (circle)    Location of EpiPen®: \_\_\_\_\_

**In the event of an Anaphylactic Reaction the bus driver must:**

- Bring the bus to a complete stop in a safe area;
- Advise all passengers to remain seated;
- Ask for assistance in removing the allergic food from the bus;
- Administer the auto-injector (EpiPen®) - if authorized and trained;
- Follow the Emergency Response Procedures, which includes contacting emergency officials for assistance.

# **APPENDIX E**

## **STUDENTS WITH ANAPHYLACTIC ALLERGIES**

**EASTERN SCHOOL DISTRICT  
STUDENTS WITH ANAPHYLACTIC ALLERGIES**

School: \_\_\_\_\_

Phone Number: \_\_\_\_\_ School Contact: \_\_\_\_\_

School Year: \_\_\_\_\_

Student's Name/ Home phone number: Teacher/Homeroom:	Anaphylactic to:	Other Medical Conditions:	Carries EpiPen( circle)	Uses school bus:
			Yes	Yes
			No	No
			Yes	Yes
			No	No
			Yes	Yes
			No	No
			Yes	Yes
			No	No
			Yes	Yes
			No	No
			Yes	Yes
			No	No
			Yes	Yes
			No	No
			Yes	Yes
			No	No

**This form must be completed by the school Principal and faxed to the Community Health Nurse by**

the beginning of the second week of school.

## **APPENDIX F**

### **SPECIAL FIELD TRIP CONSENT FORM**

**EASTERN SCHOOL DISTRICT  
SPECIAL FIELD TRIP CONSENT FORM**

**Conditions of Field Trip:**

- The school is aware that your child has a life-threatening allergy.
- The teacher in charge of the field trip has received an in-service on Anaphylaxis and the administration of emergency medication (EpiPen®).
- This teacher is responsible for bringing the emergency medication(s) on the field trip for primary/elementary students and for ensuring that junior/senior high students carry it.

**Name of teacher in-charge of the field trip:** \_\_\_\_\_

The student will be traveling by (please check () the appropriate boxes):

Bus       Foot       Other: \_\_\_\_\_

In the event of an Anaphylactic emergency, the teacher in-charge of the field trip will:

- administer the EpiPen®
- call local emergency officials (911 if applicable)
- ensure the student is transported to the nearest medical facility via ambulance
- contact the parents

---

**Statement of Permission:**

I have read the above conditions of the field trip and **give** permission for

\_\_\_\_\_ (student's name) to attend the field trip to

\_\_\_\_\_ with \_\_\_\_\_ (school's name) on

\_\_\_\_\_ (date).

I will accompany my child on the field trip (please check ():    Y                       N

**Further Comments:** \_\_\_\_\_

**Statement of Refusal:**

I do not give permission for \_\_\_\_\_ (student's name) to attend the field trip to

\_\_\_\_\_ on (date) \_\_\_\_\_

-----

-----  
Signed by parent/guardian

Date

Phone number of parent/guardian

## **APPENDIX G**

### **SYMPTOMS OF ANAPHYLAXIS**

### **EASTERN SCHOOL DISTRICT SYMPTOMS OF ANAPHYLAXIS**

An anaphylactic reaction can begin within seconds of exposure or after several hours. Any combination of the following symptoms may signal the onset of a reaction:

- Hives (hives may be absent especially in severe reactions)
- Itching (on any part of the body)
- Swelling (of any body parts especially eyes, lips, face, tongue)
- Red watery eyes
- Runny nose
- Vomiting
- Diarrhea
- Stomach cramps
- Change of voice
- Wheezing
- Throat tightness or closing
- Difficulty swallowing
- Difficulty breathing
- Sense of doom
- Dizziness
- Fainting or loss of consciousness
- Change of colour

Symptoms do not always occur in the same order, even in the same individuals. Time from onset of first symptoms to death can be as little as a few minutes if the reaction is not treated. Even when symptoms have subsided after initial treatment, they can return as much as eight hours after exposure, regardless of the initial

reaction severity.

*Source: Anaphylaxis: A handbook for School Boards*

**APPENDIX H**  
**EMERGENCY RESPONSE PROCEDURES**

## EASTERN SCHOOL DISTRICT EMERGENCY RESPONSE PROCEDURES

- If the auto-injector (EpiPen®) is with the student, then administer it **immediately**. **Do not hesitate to give the auto-injector (EpiPen®) as it contains the medication that will save the child's life.** (Refer to instructions in EpiPen® container).
- Communicate the **location** of the emergency *quickly* to the office via a student or other staff member. **DO NOT USE ELEVATORS.**
- Alert the members of the Emergency Response Team via the public address system to go the location of the emergency ["**EMERGENCY RESPONSE TEAM GO TO \_\_\_\_\_.**"]
- Designated members of the Emergency Response Team should carry the portable container of auto-injectors (EpiPens®) and other medications from the centrally located storage area or teacher's desk, to the location of the anaphylactic student. **DO NOT USE ELEVATORS.** *Note: In Junior/Senior high school, the anaphylactic student may self-administer the EpiPen® if a trained staff member is not immediately available (such as on school grounds). If this happens, another student should seek immediate assistance.*
- Record the time that the auto-injector (EpiPen®) was administered.
- Follow the **Action Plan** for this **specific student** as written on the Anaphylaxis Alert form (the form is in the zip-loc bag with the auto-injector (EpiPen®)).
- Call 911 – tell the dispatcher that a student is having an anaphylactic reaction.
- Physically assist the student to the office area, as needed.
- Transport the student to the hospital at once via ambulance (within St. John's and surrounding areas). Out-of town schools may transport the child by car if this is deemed faster. Call 911 and advise the ambulance driver to meet the car en route. If second auto-injector (EpiPen®) is available, it should be taken with the student.
- Telephone the hospital to inform them that a student having an anaphylactic reaction is en route.
- Telephone the parents of the anaphylactic child.
- Administer the second auto-injector (EpiPen®) 15-20 minutes after the first dose, if breathing difficulties are present and the ambulance hasn't arrived.
- Ensure that a staff member stays with the student until a parent arrives at the hospital.
- Ensure used auto-injectors (EpiPens®) are brought to a pharmacy for safe disposal (drop a penny in the bottom on the plastic storage case, insert the EpiPen® needled side down, screw on cover).

## **APPENDIX I**







### **ANAPHYLAXIS INFORMATION SHEET FOR VOLUNTEERS**

**EASTERN SCHOOL DISTRICT  
ANAPHYLAXIS INFORMATION SHEET FOR VOLUNTEERS**

**Thank You for Volunteering!**

You need to know that several students at this school could have a severe allergic reaction know as **Anaphylaxis**. These students are allergic to one or more of the following:

Please check (  ) the appropriate boxes:

-  peanuts & peanut butter
-  tree nuts - almonds/walnuts/coconut/brazil/hazel nuts
-  shell fish - crab/lobster/scallops/shrimp
-  fin fish - tuna/cod/salmon etc.
-  egg
-  kiwi
- ? other \_\_\_\_\_

**Even a trace amount could cause a serious reaction. Please do not bring any of these foods to school when volunteering.**

**Sign of a severe reaction include :**

- \* swelling/tightness of throat, tongue & lips
- \* vomiting
- \* hives
- \* tingling in mouth
- \* difficulty breathing
- \* wheezing

If you suspect a student may be having an allergic reaction, advise a member of the teaching staff **immediately - do not wait!** An **Emergency Response Team** has been trained to administer emergency medication and transport the student to the hospital.

**Thank you for being allergy aware and for volunteering!**

## **APPENDIX J**

### **SAMPLE LETTER TO CLASSROOM PARENT FROM TEACHER**

**EASTERN SCHOOL DISTRICT  
SAMPLE LETTER TO CLASSROOM PARENT FROM TEACHER**

Dear Parents of students in Grade \_\_\_\_\_

As many of you know, a student in our grade \_\_\_\_\_ class has extreme allergies to peanuts. This includes any food that has peanuts, peanut oil or flour in it. The allergy of this student is so severe that it could be life threatening: he/she may have a reaction if an item containing peanuts is even in his/her proximity.

The staff has been made aware of this situation and have been instructed by the school nurse in the correct procedures regarding anaphylactic shock. Prevention, of course, is the best approach and therefore, we are requesting your co-operation in refraining from sending those food products to school with your child. We have made all other students aware and have asked them not to share recess snacks or treats.

We endeavor to make the school a safe environment for all students.

Thank you for your assistance.

Teacher

**APPENDIX K**  
**FOOD ALLERGY FACTS**

## **FOOD ALLERGY FACTS**

### **What is a food allergy?**

An allergy is a specific reaction or sensitivity by the body to a particular food protein. A food allergy occurs when the food that causes a reaction is eaten, inhaled or touched.

### **What is Anaphylaxis?**

A severe allergic reaction that can cause unconsciousness, coma and death

### **Signs and Symptoms:**

- Tingling in mouth
- Swelling – eyes, lips, face, tongue
- Difficulty breathing, swallowing
- Coughing, choking
- Loss of consciousness
- Hives, itching
- Tightness in throat, mouth, chest
- Wheezing
- Vomiting, upset stomach

### **Prevention:**

Reactions to food allergens can be life-threatening, but allergic reactions can be prevented by avoiding contact with the allergic food. Unfortunately, contact is often caused by cross contamination.

### **What is cross contamination of food?**

All foods have proteins. When the protein from one food comes in contact with another food, their proteins mix. While we may not see traces of the food, there may be enough protein present to cause a serious reaction if you are allergic to that food.

### **How can cross contamination occur?**

Cross contamination occurs anytime one food protein comes in contact with another food or surface. This can occur by direct contact during processing and when using serving utensils that have not been properly cleaned.

### **Things to consider...**

- Always check the oil in which foods are cooked. Peanut oil must be avoided if you have a peanut allergy; while those with a fish allergy will have to ensure that foods such as French fries are not cooked in the same oil in which fish was cooked.
- When using mayonnaise or other spreads, ensure that the knife and/or spoon used to spread a filling such as egg, tuna or salmon is not put back into the jar as this will contaminate the mayonnaise.
- Never dip a knife into jam after it was used to spread peanut butter.
- When serving cookies or sandwiches, use different serving trays or plates for each type. For example, traces of egg, fish or peanut butter will contaminate other sandwiches on a plate.
- When serving ice cream, use a different scoop for each type of ice cream as small traces of nuts are left on the scoop and spread to “safe” ice cream.
- Avoid buffet foods in restaurants as the ingredients are usually not known and the same serving

spoon may be used for more than one dish. Also, avoid casseroles and dishes with mixed ingredients.

- Use caution in donut shops that display donuts on metal racks as small amounts of coconut and nuts may fall from one donut to another.
- Never eat any food that has been touched by a food to which you are allergic. For example, removing peanuts from a sundae does not make it safe to eat.
- For certain people, food additives such as nitrates, artificial flavours, preservatives and colours can trigger allergic reactions. Always read labels thoroughly.
- Caesar salad dressing should be avoided by those with a fin fish allergy as it contains anchovies.
- In restaurants, always ask about the ingredients in foods including toppings, stuffings, sauces, gravies, etc. Stuffings may contain nuts and eggs are often used in sauces.
- Avoid “exotic” or mixed fruit drinks if you are allergic to certain fruits such as strawberry and kiwi.
- Never eat unwrapped candy from coin-operated vending machines. Previously, the machine may have contained a food to which you are allergic, such as peanuts. Also, the ingredients may not be listed on the vending machine.
- Always use clean utensils for each type of food you are preparing and serving. Traces of food may be left on cutting boards, counters, knives, serving spoons, dish clothes, towels and even hands and may unknowingly be spread to other foods.
- Ensure that the foods to which you are allergic are not cooked on the same grill as the food you are going to eat. The grill and utensils need to be cleaned before use.
- Be careful of “the kiss”- avoid kissing a child if you have just eaten a food to which the child is allergic.
- Wash hands frequently when preparing and serving food.
- Bird seed often contain peanuts and should not be handled by those with a peanut allergy – always check the ingredients.
- Always check the contents of sun tanning oils, shampoos and body lotions as they may contain coconut oil, eggs or nut extracts.

### **At the Grocery Store...**

- Use caution with bulk food bins as there may be cross contamination. Also, the scoop may have been used in more than one bin and may be contaminated with traces of other foods. For example, chocolate peanuts may easily drop into the chocolate covered raisins.
- Beware of specialty coffees and the machines used to grind the coffee beans. Traces of the food you are allergic to may end up in your coffee! Almond amaretto coffee beans are flavoured with either real almonds or artificial flavouring and if you are allergic to almonds you may have a reaction. The same holds true for hazelnut mocha and others.
- In the deli section, automatic bread, cheese and meat slicers may contain traces of the foods to which you are allergic (e.g. a fruit and nut loaf may have been sliced before your bread).
- Check to see if fish and meats are stored at the same deli counter. Fluids from fish may have leaked and contaminated the meats. This may also happen at the grocery checkout if the previous person’s groceries included fish.
- If you have a fish allergy, be aware of “surimi” or imitation crab or lobster. Surimi is made from a fish muscle that is reshaped and flavoured from actual shellfish.
- You may consider showing a child the food to which they are allergic. For example, a child may

know that they are allergic to nuts, but may not know what nuts look like.

**When Traveling....**

- Always take your own food with you on a plane or ferry. When making airline reservations, inform the company of your allergy and ask that they not serve that food while you are traveling.

**REMEMBER...WHEN IN DOUBT...THROW IT OUT!**

**Prepared by:**

AIRWAYS/ALLERGIES, Parent Interest Group

St. John's, Newfoundland

February, 1996

For more information:

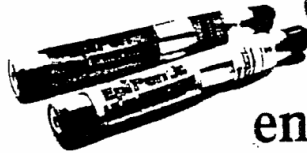
The Newfoundland & Labrador Lung Association (709)726-4664

The Janeway Child Health Care Centre (709)778-4403

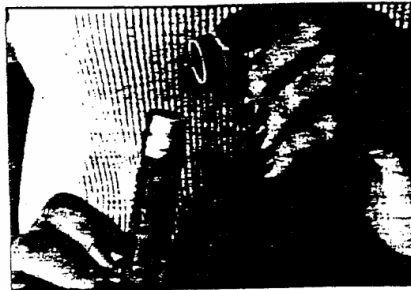
**APPENDIX L**  
**HOW TO USE THE EPIPEN®**

HOW TO USE THE EPIPEN®

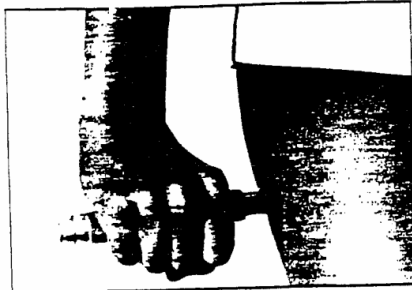
**How to use  
the EpiPen®  
Auto-  
Injector...  
Three  
simple steps:**



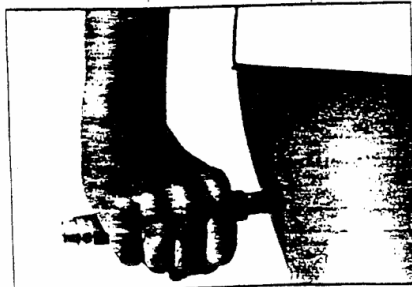
**Comment utiliser  
l'auto-injecteur  
d'adrénaline  
EpiPen®  
en trois étapes  
simples.**



1. Pull off grey safety cap.
1. Enlever le couvercle gris de sécurité.



2. Jab black tip into outer thigh until unit activates.
2. D'un coup sec, placer le bout noir sur la cuisse jusqu'au déclenchement du mécanisme d'auto-injection.



3. Hold EpiPen® in place several seconds. Then discard unit.
3. Laisser en place pour plusieurs secondes. L'unité EpiPen® doit ensuite être enlevée et jetée.

Interim Policy  
July 2005

**APPENDIX M**

**SUGGESTIONS FOR SCHOOL SNACKS**  
**IN A**  
**PEANUT SAFE CLASSROOM/SCHOOL**

**Suggestions for School Snacks  
in a  
Peanut-Safe Classroom/School**

The following is a list of suggestions for school snacks in a peanut-safe classroom or school:

- |  |  |  |
|--|--|--|
| <ul style="list-style-type: none"> <li>◇ <b>Fresh Fruit</b></li> <li>· <i>Bananas</i></li> <li>· <i>Grapes</i></li> <li>· <i>Apples</i></li> <li>· <i>Oranges</i></li> <li>· <i>Kiwi</i></li> <li>· <i>Strawberries</i></li> </ul> | <ul style="list-style-type: none"> <li>à <b>Raw Vegetables</b></li> <li>· <i>Carrot Sticks</i></li> <li>· <i>Celery Sticks</i></li> <li>· <i>Turnip Sticks</i></li> </ul>                      | <ul style="list-style-type: none"> <li>à <b>Ice Cream *</b></li> <li>à <b>Pudding*</b></li> <li>◇ <b>Popcorn</b></li> <li>◇ <b>Pretzels</b></li> <li>◇ <b>Crackers*</b></li> <li>◇ <b>Muffins*</b></li> <li>◇ <b>Cookies*</b></li> <li>◇ <b>Cereal Bars*</b></li> <li>◇ <b>Rice Krispie Cookie*</b></li> <li>◇ <b>Cheese and Cracker Package*</b></li> </ul> |
| <ul style="list-style-type: none"> <li>à <b>Canned Fruit</b></li> <li>· <i>Peaches</i></li> <li>· <i>Pineapple</i></li> <li>· <i>Fruit Cocktail</i></li> </ul>   | <ul style="list-style-type: none"> <li>à <b>Dry Cereal</b></li> <li>· <i>Cheerios *</i></li> <li>· <i>Corn Flakes *</i></li> <li>· <i>Shreddies *</i></li> <li>· <i>Corn Bran *</i></li> </ul> | <ul style="list-style-type: none"> <li>◇ <b>Special Peanut-Free Treats</b></li> <li>· <i>Smarties â</i></li> <li>· <i>Kit Kat â</i></li> <li>· <i>Aero â</i></li> <li>· <i>Coffee Crisp â</i></li> <li>· <i>Mirage â</i></li> </ul>  |
| <ul style="list-style-type: none"> <li>à <b>Dried Fruit</b></li> <li>· <i>Raisins</i></li> <li>· <i>Apricots</i></li> <li>· <i>Fruit To Go â</i></li> </ul>  | <ul style="list-style-type: none"> <li>à <b>Fruit Juice</b></li> <li>à <b>White or Chocolate Milk</b></li> <li>à <b>Cheese</b></li> <li>à <b>Yoghurt</b></li> <li>à <b>Minigo â</b></li> </ul> |  |

\* **Read all labels carefully**, on commercially prepared foods to ensure that **NO** peanut or peanut products, such as peanut oil or peanut flour were used in making the food.

“**May contain peanuts**” is precautionary labeling and indicates the food was made in the same area as peanut-containing-foods. The child who has a peanut allergy should not eat foods which state “may contain peanuts,” but it is safe for the allergic child to be around children eating these foods.

® Registered Trademark

Prepared by: Clinical Dietitians  
Janeway Site  
2001-08

## REFERENCES

1. Allergy/Asthma Kit, by the AIRWAYS/ALLERGIES Parent Support Group, Lung Association Newfoundland and Labrador, and the Janeway Site, Health Care Corporation, St. John's, Newfoundland, 1997.
2. Anaphylaxis: A Handbook for School Boards, by Canadian School Boards Association and Health Canada, 1996, 2001
1. Anaphylaxis in Schools and Other Child Care Settings by Drs. Milton Gold, Gordon Sussman, Micheal Loubser and Karen Binkley. Published jointly by The Canadian Society of Allergy and Clinical Immunology, The Ontario Allergy Society, and The Allergy, Asthma Information Association, 1995.
2. Anaphylaxis Reference Kit, prepared by AAIA National Anaphylaxis Committee, reviewed by Drs. Becker and Vadas, Allergy, Asthma Information Association, 1997.

## RESOURCES

1. AIRWAYS/ALLERGIES Parent Support Group  
Lung Association, Newfoundland and Labrador  
P.O. 5250  
St. John's, NF, Canada, A1C 5W1  
(709) 726-4664  
[www.lung.nf.ca](http://www.lung.nf.ca)
2. Allergy Asthma Information Association (AAIA)  
Eglinton Avenue West, Suite 750  
Mississauga, Ontario, Canada, L5R 3E7  
(905) 712-2242  
[www.aaia.national@sympatico.ca](mailto:www.aaia.national@sympatico.ca)
3. Anaphylaxis Network of Canada  
P.O. Box 57524, 1500 Royal York Road,  
Etobicoke (Toronto), Ontario, Canada, M9P 3B6  
(416) 785-5666  
[www.anaphylaxis.org](http://www.anaphylaxis.org)
4. Food Allergy Network  
4744 Holly Avenue  
Fairfax, VA. USA 22030-5647  
(703) 691-3179  
[www.foodallergy.org](http://www.foodallergy.org)

