

DEALING WITH MEDICAL PROCEDURES

(Anaphylaxis, Chronic Medical Conditions, Administering Medication)

ANAPHYLAXIS:

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

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

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

Purpose:

The school will endeavour:

- to create a safe and healthy environment for students with severe life-threatening allergies;
- to do so without drawing undue attention to those particular students;
- to be aware of those students’ needs to maintain a positive self-concept.
- to provide time for health care professionals to provide training to staff

Responsibilities:

Responsibilities of the Parents of an Anaphylactic Child

- Inform the school of their child’s allergies and the causal allergens.
- Provide a medical ID bracelet/chain for their child.
- Provide the school with instructions for administering medication.
- Provide the school with up-to-date injection kits, and keep them current.
- Provide support to school and teachers as requested
- Participate in the development of the health response plan with the nurse and school personnel.
- Supply information to the school regarding:
 - the allergens;
 - circumstances to avoid.
- If foods are the allergen, be willing to provide safe foods for special occasions
- Teach their child (depending on age and maturity):
 - to recognize the first symptoms of an anaphylactic reaction;
 - to know where medication is kept, and who can get it;
 - to communicate clearly when he or she feels a reaction starting;
 - to carry his/her own auto-injector in a fanny-pack (depending on child’s age and maturity);
 - not to share snacks, lunches or drinks;

- to understand the importance of hand-washing before and after eating;
- to develop strategies for coping with teasing and being left out;
- to report bullying and threats to an adult in authority; and
- to take as much responsibility as possible for his/her own safety
- Failure of parents/guardians to comply with the procedures outlined will result in the student being requested to remain at home.

Responsibilities of the Principal

- Work closely with the parents of an anaphylactic child.
- Ensure that the parents have completed all the necessary forms.
- In consultation with Student Services Coordinator, make referral to Unified Referral Intake System (URIS) for health response plan funding approval. This will ensure that an emergency response plan, based on physician's instructions, is developed by a nurse professional.
- Notify the school community of the anaphylactic child, the allergens and the treatment, with proper consideration given to avoid drawing undue attention to the child.
- Make allergy-alert forms and response plans accessible and location known to staff (with parental consent).
- Maintain up-to-date emergency contacts and telephone numbers.
- Annually, ensure that all staff, including the bus drivers, have received training regarding allergen avoidance strategies, recognition of symptoms and emergency treatment.
- Ensure that all substitute teachers and bus drivers are informed of the presence of an anaphylactic child and aware of the medical response plan.
- Inform parents that a child with life-threatening allergies is attending the school and ask for their support.
- In collaboration with the parents and a nurse participate in the development of an Individualized Health Care Plan/Emergency Response Plan which upon completion, is accessible to staff.
- Store auto-injectors in an UNLOCKED, easily accessible location. Student independence and storage of auto-injector to be determined in response plan.
- Establish safe procedures for field trips and extra-curricular activities.
- Develop a school plan for reducing risk in classrooms and common areas.
- Schools are allowed to keep an extra Epi-pen on site to use for emergencies on only those students who have a prescription from a medical doctor.

Responsibilities of Classroom Teacher

- Discuss anaphylaxis with the class, in age-appropriate terms, and with sensitivity (with parental consent).
- Educate students not to share lunches or trade snacks.
- Strive to provide allergy-free foods for classroom events.
- Reinforce hand-washing before and after eating.
- Facilitate communications with other parents.
- Follow the school plan for reducing risk in identified classrooms and common areas.

- Leave information and a photo of the anaphylactic child in an organized prominent and accessible format for substitute teachers.
- Ensure that auto-injectors are taken on field trips.
- Participate in provided training sessions regarding allergen avoidance strategies, recognition of symptoms and emergency treatment.

Responsibilities of School Bus Driver:

- Become familiar with developed health response plan.
- Keep health response plan with photo of the anaphylactic child in bus manifest and accessible to substitute drivers.
- In collaboration with the school Principal, inform parents that a child with life-threatening allergies is riding on the bus and ask for their support.
- Participate in provided training sessions regarding allergen avoidance strategies, recognition of symptoms and emergency treatment/response.
- Educate students not to not share lunches or trade snacks.
- Know where medication is kept.

Responsibilities of Anaphylactic Students

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

Responsibilities of All Students

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

Involvement of Health Professionals

The school personnel may request the involvement of the doctor and/or the public health nurse/private nursing agency:

- to provide an inservice for school personnel on anaphylaxis
- in collaboration with parent/guardian and school, to develop an Individual Health Care Plan/Emergency Response Plan for the child with anaphylaxis.
- to review the student plan for the child with anaphylaxis;
- to provide training in the use of the auto-injector, and/or other procedures, as required

Emergency Response

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

- A rapid response procedure:
 - Administer epinephrine;
 - Call Ambulance (911) or drive the child to the hospital;
 - Include a familiar and trusted adult to accompany the child;
 - Contact the hospital; and contact the student's parents

OTHER CHRONIC MEDICAL CONDITIONS

An individual health management plan is required for each student with a chronic medical condition such as diabetes, epilepsy, kidney disease, asthma, thyroid conditions, intestinal disorders and significant allergies. The following guidelines are meant to assist school Principals in preparing plans for these students at their school.

- Determine students who have chronic health conditions through school registrations.
- For identified students, contact should be made with the parents/guardians to detail the nature and severity of the illness, the symptoms, and action required in the case of illness.
- Authorization for Release of Personal Health Information and Identification of Students Requiring Health Procedures forms should be completed by parents/guardians and retained in student's cumulative file.
- For identified students, the Unified Referral and Intake System (URIS) Application form should be completed and submitted to the Coordinator of Student Services for submission to URIS for funding to support health professional involvement in developing a response/health plan and to provide training
- Approved applications would be processed by the Coordinator of Student Services and approved health professionals contacted to develop the response/health plan and provide training to staff
- Information from developed health/response plans should be shared with all personnel employed by the school division who might have contact with the child
- Health/response plans should be readily available and accessible to all school personnel who work with children
- If applicable, information in the response/health plans and provided training should include the child's regular bus driver(s). Response/health plans should be retained in the bus driver manifest binder.
- Measures should be taken to ensure that chronically ill children are recognized by any staff member
- Ensure that all substitute teachers and bus drivers are aware of chronically ill children placed in their care
- If necessary, response/health plans should be taken on excursions/field trips. Family should be consulted to assure possible implications are covered. Whenever possible, the parent should be invited to assist on the excursion.
- A medic alert sticker should be placed on the tab of the student's cumulative school file and beside their name on the homeroom register
- If a chronically ill child requiring medication administration at the school and is not able to independently administer, the Administering Medication to Students form would be required
- Staff should not ignore any symptoms that may require medical attention

- Should symptoms manifest themselves, the school shall communicate directly with the parents and/or the child's physician and take appropriate action

ADMINISTERING MEDICATION TO STUDENTS

Prescribed Medication:

Beautiful Plains School Division acknowledges the fact that certain students are not independent and require supervised administration of prescribed medication during the school day. The Division also realizes that the administration of the medication by the parent/guardian is not always possible at the prescribed time during the school day.

In such circumstances, the Division will attend to the administering of the prescribed medication provided that the parent/guardian meet the prerequisites identified below.

Procedures apply to students whose age requires the assistance of school staff. Students should be responsible for the administration of their medication as soon as they are capable of accepting this responsibility.

Responsibilities of Parents/Guardians:

- Parents/guardians shall provide the school with the divisional "Administration of Prescribed Medication" form
- A *new* "Administration of Prescribed Medication" form is required for each year and whenever the physician changes the prescription
- It is the responsibility of the parent/guardian to see that the medication is delivered safely to the school office or classroom teacher.
- Parents/guardians shall notify the school immediately if the medication is no longer required.

Responsibilities of the School:

- The school shall designate a specific locked or limited access storage space within the school to store the medication
- A specific staff member shall be designated by the Principal to administer the medication on a regular basis
- The "Administration of Prescribed Medication" form shall be put into the student's cumulative pupil file and a copy kept close to the medication storage space for immediate reference by the designated person who administers the medication.
- Check to ensure that the medication bottle carries the official label from the pharmacist stating child's name, physician's name, name of drug, dosage amount and time of day to be administered.
- School may refuse to administer a prescribed drug to any child whose parent/guardian has not completed the "Administration of Prescribed Medication" form.

- An Individual Medication Administration Record form shall be kept for any student to whom medication is being administered at the school.
- If designated person is not available to administer the medication, then Principal or someone who has full knowledge of the facts shall administer the medication.
- If the child refuses to take the prescribed medication, the Principal shall be notified. Parent/guardian named on "Administration of Prescribed Medication" form shall be contacted immediately.
- Discontinued medication shall be returned to the parents/guardians.
- Staff should be cognizant of the fact that the adoption and implementation of this policy does not preclude liability to court action if an error is made in administering the medication.

ADMINISTRATION OF BRONCHIAL AEROSOLS, EPIPENS AND OTHER URGENTLY REQUIRED MEDICATIONS:

All students requiring EpiPens or Bronchial Aerosols will require an individualized response plan developed by health personnel. Unified Referral and Intake System (URIS) application is required through Coordinator of Student Services.

Students are to have access to their bronchial aerosols or EpiPens at all times.

Parents are responsible for ensuring that their child brings the Epi-pen or bronchial aerosol to school each day and that they are replaced prior to expiration date.

When an EpiPen is used, the student should be immediately transported to the nearest hospital.

Schools are allowed to keep an extra Epi-pen on site to use for emergencies on only those students who have a prescription from a medical doctor.

Medications that **may be required urgently** should not be stored in a locked location and should be carried at all times on self or with the staff member responsible for administering the medication. Where question arises regarding the urgency of medication or the capability of a student, the parent/guardian shall be required to provide the school with a written statement (documented in response/health plan) authorizing storage in a location other than the person of the student. Knowledge of location of medication should be known to all staff associated with the student.

Over-The-Counter Medication:

Acetaminophen (Tylenol) or any other form of internal medication should not be administered to students at school or at any school functions. Acetylsalicylic acid (ASA or aspirin) is *not* to be used because of the possibility of allergic reaction.

Administration Of First Aid:

In the case of minor cuts or abrasions, the wound is to be washed, cleaned with normal saline solution or water and, when necessary, external antiseptic applied sparingly. In the case of serious cuts or other injury, stabilize and refer the child to a physician for treatment.

In the event a student is demonstrating any symptoms of illness, the parent/guardian(s) of the student shall be contacted. If it is deemed advisable that the student is to return to his/her home, such arrangements shall be made with the parent(s).

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