

STUDENT HEALTH CARE POLICY AND PROCEDURES

Table of Contents

1) Policy Statement

2) General Administrative Guidelines

- a) Definitions
- b) Roles and Responsibilities
 - i) Principal
 - ii) Staff
 - iii) Parents
- c) Administration of Medication Procedures
- d) Security, Storage, Handling
- e) Record Keeping

3) Anaphylaxis (Life Threatening Allergies)

- a) Preamble
- b) Definition
- c) Symptoms
- d) Strategies to Reduce Risks
- e) Communication
- f) The Anaphylaxis Emergency Plan

4) Individual Medical Plans

5) Training

6) Appendices

- 6.1) Anaphylaxis
- 6.2) Medical
- 6.3) Training
- 6.4) Best Practices
- 6.5) Security, Storage and Handling of Medication

1

Policy Statement

Policy Number LE-02

STUDENT HEALTH CARE

The Simcoe Muskoka Catholic District School Board is committed to promoting the school attendance of students including accommodating those with unique health care needs. The Board is also committed to protect and promote student health and safety while in the care of the Board.

The Board believes that the ongoing provision of relevant health information and health care needs of students is primarily the responsibility of the parents and guardians.

2

General Administrative Guidelines

a) Definitions

For the purposes of this document the following terms have been identified:

Medication

A prescription or non-prescription drug which can be administered **orally** (pills, liquid, inhalants), by **injection**, by **application** (ointments, drops), or by **insertion** (suppository).

Control and Administration

Includes the following:

- the safe storage and handling of the medication
- visual supervision and observation of the taking of the medication
- administration, directly or by delegate, of the medication if appropriate and necessary
- all record keeping.

Anaphylaxis

A rapid, severe, and life-threatening allergic reaction caused by exposure to a trigger (allergen). Common allergen triggers include: foods, insect stings, medications, and latex rubber. Food is the most common cause of anaphylaxis, but insect stings, medicine, latex or exercise can cause a reaction. Exposure to even a minute amount of the allergen can cause an anaphylactic reaction.

** Common risk factors for anaphylaxis are asthma and previous anaphylaxis.

b) Roles and Responsibilities

i. Role of the Principal

The principal, in discharging his/her duties under the *Education Act*, shall be responsible for the implementation of and adherence to the Board's policies and procedures.

The principal of each school shall be responsible for the control and administration of the medication. In the case of the principals absence, the vice-principal or the teacher designated to be in charge, shall assume this responsibility.

Principals shall ensure that:

- A **Student Health Care Binder** is present and up to date at each school
- The principal has designated who has authority to dispense medication using the *Delegation of Duties* form - **See Appendix 3(a)**
- The Student Health Care policy and procedures are reviewed annually with all employees of the Board assigned to the school
- A review of the procedures is conducted when a new member joins the school's staff
- All occasional staff are in-serviced regarding the Student Health Care policy and procedures
- Parents are made aware of the Student Health Care policy and procedures at registration and at other appropriate parent meetings
- A copy of the Student Health Care policy and procedures as well as the parental guidelines is provided to all parents as required
- If the information is not presently in the student database or in the Student Health Care Binder, that a file is maintained for each anaphylactic pupil. This file should contain current treatment and other information, including a copy of any prescriptions, and instructions from the pupil's physician or nurse and a current emergency contact list.

ii. Role of School Staff

The principal may delegate the responsibility for the control and administration of medication to an appropriate staff member.

It is understood that the staff member administering medication does so as approved and on behalf of the parent/guardian, and not as a health professional.

The Board does, through existing or supplementary insurance coverage, adequately ensure all staff against claims arising from the administration of medication through Board policy or Board directive.

In regards to anaphylaxis, staff can support pupils with life-threatening allergies by encouraging them to:

- carry their auto-injector;
- wear medical identification
- notify teacher about bullying/teasing and feelings of anxiety
- tell someone **immediately** if they are having an allergic reaction
- wash their hands before eating
- stick to key safety rules (e.g. no sharing food)

Regarding secondary school pupils, staff can support pupils with life-threatening allergies by encouraging them to:

- be self-reliant and responsible for their allergen avoidance
- develop new strategies when transitioning to secondary school
- discuss (with assistance of their parents, where useful) life-threatening food allergies with foodservice staff if they eat at school cafeterias
- eat only at school cafeterias or other designated areas that have allergen risk management procedures in place
- avoid peer influence, risk taking and denial behaviour.

iii. Role of Parents & Guardians

Parents should become aware of the Student Health Care policy and procedures at registration and are responsible for providing the school with all relevant information relating to the health care needs of their children and completing all of the necessary forms in a timely and accurate manner, as well as ensuring the safe transport and delivery of medication to and from the school. Parents/Guardians must ensure that medication provided to the school is not beyond the expiry date.

Upon the registration of a student with life threatening allergy(ies) that could result in anaphylactic shock, parent(s)/guardian(s) will provide a completed Anaphylaxis Emergency Plan form and a Medication Request and Consent form.

Parents/Guardians are strongly advised to provide and have their child wear a **medic alert** bracelet whenever the student has a life-threatening allergy or medical condition.

c) Administration of Medication Procedures

Administration of medication shall be in accordance with the following procedures:

1. All medication is to be given to the principal or designate for control and administration. The principal shall determine the amount of a student's medication, which is appropriate and reasonable to be stored at the school.
2. A *Student Health Care Binder* will be maintained at each school, containing:
 - The Board Policy Statement
 - General Administrative Guidelines
 - Administrative Procedures
 - Anaphylaxis Procedures - **Appendix 1(a)**
 - Reportable Disease List - **Appendix 3(e-i)**
 - Childhood Illness Brochure - **Appendix 3(e-ii)**
 - Universal Precautions - **Appendix 3(c)**
 - Training Guidelines - **Appendix 3(d)**
 - Forms - **Appendix 2(c)**
 - Resource and Reference Materials/Weblinks
 - Medication Schedule Request and Authorization forms, completed by parent/guardian for administration of medication
 - The student's Medication Logs
 - Emergency telephone numbers
 - The **Anaphylaxis Emergency Plans/ Individual Medical Plans** if applicable
3. Under special circumstances (e.g. Field Trips) and in accordance with the *Administrative Guidelines*, the principal may designate the staff member(s) who will be responsible for the administration of medication and the record keeping. Please see form in **Appendix 3(a)**.
4. On the appropriate form (available at the school office) the parent/guardian shall request and authorize the administration of medication.
 - Authorizations are valid only for the school where the student is registered. If a child transfers within the board, the authorizations need to be confirmed upon a student's arrival at the new school.
 - Authorization for any change in medication dosage shall require the completion of a new request and consent for the *Administration of Medication* form.
 - The authorization must be completed and renewed at the beginning of each school year.

5. Staff will only administer medication that has been received in a clearly marked, original container (BLIS-PAKS preferred).
6. A separate authorization form is required for each medication.
7. In the event that a dosage of medication is missed or, that the time that it was to be given has passed, the parent(s)/guardian(s) shall be notified as soon as possible to seek further direction.
8. Consideration shall be given for the removal of the *Student Health Care Binder* during a school emergency evacuation.
9. In secondary schools self-administration of medication may be the norm for students whose medication needs do not require the development of an individual medical plan. In these situations:
 - At the beginning of each semester the school will notify students, parent(s)/guardian(s) of their responsibility to inform the school when a student is self-administering medication;
 - The student or their parent(s)/guardian(s) shall advise the principal **in writing** of the medication and the anticipated length of treatment;
 - The principal or his/her designate will keep a record of these students in the *Student Health Care Binder*;
 - Parent(s)/Guardian(s) will be contacted if the principal has concerns about the student's ability to safely store or administer medication.

Additional Guidelines for Secondary School Students

Secondary school students may possess the necessary level of maturity and responsibility to monitor their environment for allergens and to administer their own prescribed medications both on a regular basis and in the event of an anaphylactic reaction. However, increased rather than decreased vigilance is needed in secondary school settings and for secondary school age students as they travel further from home, as they are extremely vulnerable to peer influences, have less adult supervision and as they may, at this stage of development, deny their vulnerability.

<p style="text-align: center;">Secondary school students should carry the proper prescribed amount of medication on their person.</p>
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d) Security, Storage, Handling

1. Individual circumstances in each school will dictate where the medication is best stored. (Usually this will be in the office or in the health room.)
2. All medication shall be maintained in a secure and appropriate location with the *Student Health Care Binder*.
3. Every student diagnosed as having an allergy with a risk of anaphylactic reaction may carry his/her own epinephrine auto-injection device at all times. The epinephrine auto-injector will be carried in a case, clearly labeled with the student's name. The individual medical plan will be developed in consultation with the principal or designate. Parent(s)/Guardian(s) will also provide one clearly labelled epinephrine auto-injector for their child, which will be kept in the medication storage area. Epinephrine is light sensitive and needs to be stored at a temperature between 15-30° C. Store in a dark place at room temperature. The plastic carrying tube provides added UV light protection. Epinephrine should not be refrigerated. You also need to keep an eye on the expiry date.
4. Inhalers may be kept in the classroom or carried by the student. This is a decision for the student or the legal guardian of a student under the age of 16. In these circumstances an individual medical plan will be developed in consultation with the principal or designate.
5. The parent(s)/guardian(s) shall be responsible for the removal of any unused medication at the end of the school year.

FOR SAMPLES OF BEST PRACTICE PLEASE CONSULT APPENDIX!

e) Record Keeping

1. The completed *Medication Request and Consent* form and *Medication Log* shall be filed alphabetically in the *Student Health Care Binder* and kept near the medication for easy access. A copy should also be kept in the staffroom and, in larger schools, in the additional staff/department work areas.
2. For students on multiple medications, a separate *Medication Log* for the dispensing of each medication shall be kept.
3. A record of the supervision and/or administration of the medication shall be maintained by the staff member responsible for the administration of the medication.
4. The principal is responsible to ensure that, if the information is not presently in the student database or in the *Student Health Care Binder*, a file is maintained for each anaphylactic pupil. This file should contain current treatment and other information, including a copy of any prescriptions, and instructions from the pupil's physician or nurse and a current emergency contact list.

3

Anaphylaxis **(Life Threatening Allergies)**

a) Preamble

In response to *Statutes of Ontario 2005, Chapter 7 (Sabrina's Law)*, the Board requires the implementation of:

1. Strategies that reduce the risk of exposure to anaphylactic causative agents in classrooms and common school areas.
2. A communication plan for the dissemination of information on life-threatening allergies to parents, pupils and employees.
3. Regular training on dealing with life-threatening allergies for all employees and others who are in direct contact with pupils on a regular basis.

In addition, the Board will require that:

4. Every school principal develop an individual plan for each pupil who has an anaphylactic allergy.
5. Every school principal ensure that, upon registration, parents, guardians and pupils shall be asked to supply information on life-threatening allergies.
6. Every school principal maintain a file for each anaphylactic pupil of current treatment and other information, including a copy of any prescriptions and instructions from the pupil's physician or nurse and a current emergency contact list.

b) Definition

A rapid, severe, and life-threatening allergic reaction caused by exposure to a trigger (allergen). Food is the most common cause of anaphylaxis, but insect stings, medicine, latex or exercise can cause a reaction. Exposure to even a minute amount of the allergen can cause an anaphylactic reaction.

** Common risk factors for anaphylaxis are asthma and previous anaphylaxis.

c) Symptoms

What does an anaphylactic reaction look like?

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:

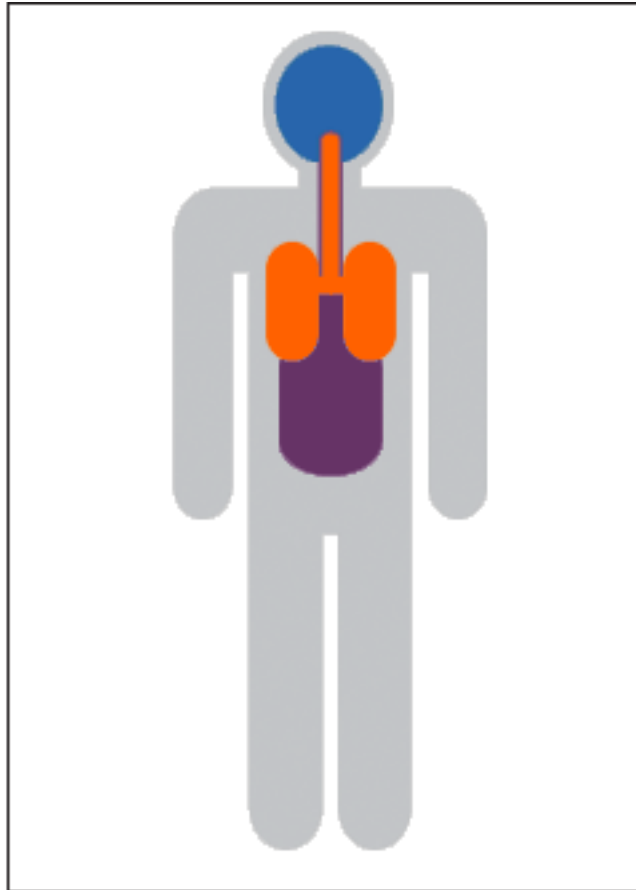
THINK F.A.S.T

Face
itchiness, redness, swelling
of face and tongue

Airway
coughing, trouble breathing,
swallowing or speaking

Stomach
stomach pain, vomiting,
diarrhea

Total body hives, rash,
itchiness, swelling, weakness,
paleness, sense of doom,
loss of consciousness



Anaphylactic symptoms can happen quickly within a few minutes or can return up to 8 hours after exposure.

* Please refer to Appendix 4(a-iii), *Hidden Allergens at School* for a list of foods and non-food triggers that can cause anaphylaxis.

d) Strategies to Reduce Risks

General Strategies

1. School personnel will endeavour to reduce student exposure to allergen(s) in the school setting through communication, education and supervision.
2. Procedures being implemented at a school to reduce the risk of exposure to allergic reactions will be communicated to the school community in a newsletter (see sample letter and newsletter articles).
3. It is recommended that parents provide children with a diagnosis of an allergy with a risk of anaphylactic reaction a medic alert bracelet or necklace clearly identifying his or her allergy to be worn daily by the student.
4. An **Anaphylaxis Emergency Plan** will be developed in consultation with the parents and the principal or designate.
5. Every student diagnosed as having an allergy with a risk of anaphylactic reaction shall have his/her own epinephrine auto-injection device supplied by the parent(s)/guardian(s) and labelled with the student's name and the expiry date of the medication. Students may carry their own epinephrine auto-injector at all times, in a case, clearly labelled with their name (see *Individual Medical Plan*).
6. Parent(s)/Guardian(s) will also provide one clearly labeled epinephrine auto-injection device for their child, to be kept in the medication storage area.

General Strategies

The goal of the Board's policy is to provide a safe environment for children with life-threatening allergies, but **it is not possible to reduce the risk to zero**. The following list of precautions offers school boards suggestions of ways to minimize the risk while allowing the anaphylactic child to attend school with relative confidence.

It is strongly recommended that policies and procedures be flexible enough to allow schools and classrooms to adapt to the needs of individual children and the allergens that trigger reactions, as well as the organizational and physical environment in different schools.

It should also be noted that precautions may vary depending on the properties of the allergen. The viscosity of peanut butter, for example, presents particular challenges in terms of cross-contamination and cleaning; and, while it may be possible to eliminate peanut products from school cafeterias, it would be virtually impossible to do so with milk or wheat products.

All of the following recommendations should be considered in the context of the anaphylactic child's age and maturity, and the school, parents, and student should work together to develop an individual management plan that includes procedures appropriate to the individual situation. As children mature, they should be expected to take increasing personal responsibility for avoidance of their specific allergens

Schools are encouraged to find innovative ways to minimize the risk of exposure without depriving the anaphylactic child of normal peer interactions or placing unreasonable restrictions on the activities of other children in the school.

FOR SAMPLES OF BEST PRACTICE PLEASE CONSULT APPENDIX!

e) Communication

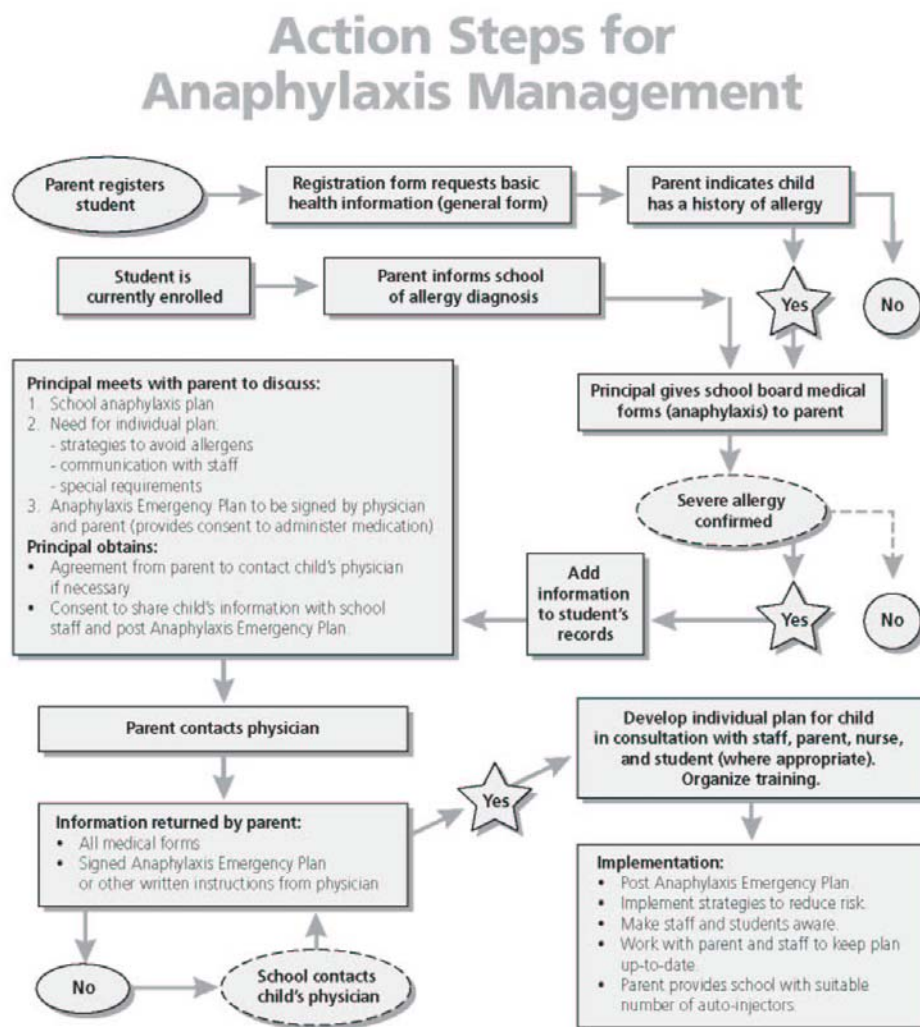
1. All Board employees and others in regular contact with pupils should be familiar with the school Board's Anaphylaxis Policy. If applicable, they should also be familiar with the individual plan for pupils under their direct supervision.
2. Staff members involved with the student's care will be trained through the assistance of parent(s)/guardian(s) and the appropriate health care official(s) to recognise symptoms of allergic reactions and to administer epinephrine.
3. Information regarding allergies and treatment will be reviewed with all staff twice per school year. As well, where necessary, a review will take place prior to special activities such as field trips.
4. Incidents of anaphylactic reaction shall be documented and reported to the school board on the *Incident Report* form. Principals shall ensure that a copy of these procedures is provided to all parents upon request or as required.
5. The principal/designate will immediately communicate with the parent(s)/guardian(s) when epinephrine has been administered and provide details of the circumstances.

f) The Anaphylaxis Emergency Plan

With the advent of Sabrina's Law, there are two types of medical plans now in place for student health care purposes:

An Anaphylaxis Emergency Plan and/or an **Individual Medical Plan**

An **Anaphylaxis Emergency Plan** is required for a student with life-threatening allergies. The development of the plan should follow the steps outlined below:



Source: Managing anaphylactic reactions at school, *Anaphylaxis Guidelines for Schools: severe allergic reactions*, New South Wales Department of Health & Department of Education & Training, Australia. Adapted with permission from NSW Department of Health

Anaphylaxis in Schools & Other Settings - Copyright © 2005 Canadian Society of Allergy and Clinical Immunology

When a student has a reaction, **ALL** procedures involved in An **Anaphylaxis Emergency Plan** **MUST** be followed. See **Appendix A** for details.

4

Individual Medical Plans

An *Individual Medical Plan* may be developed at the school for students with identified non-anaphylactic medical conditions in consultation with the parent(s)/guardian(s), and when necessary, the appropriate health professionals. It will address as required responsibilities, procedures, transportation of students, storage and administration of medication.

GUIDELINES FOR IMPLEMENTATION

- a. The principal will ensure that all the appropriate staff, and others who may work with the student (lunch hour supervisors, bus drivers, parent volunteers, co-op students, etc.) are in-serviced by appropriate personnel regarding the **Anaphylaxis Emergency Plan/Individual Medical Plan(s)** which may include the administration of medication.
- b. Each **Anaphylaxis Emergency Plan/Individual Medical Plan(s)** shall be reviewed semi-annually with the school staff in September and January /February or as required.
- c. All **Anaphylaxis Emergency Plan/Individual Medical Plan(s)** will be updated annually or more frequently if required.
- d. The **Anaphylaxis Emergency Plan/Individual Medical Plan(s)** shall be placed in the Student Health Care Binder and a copy will be filed in the OSR**.
 - i. **OSR - SPECIAL HEALTH INFORMATION: PART E
 - ii. A summary of a student's special health conditions will be included when such conditions are disclosed to the principal. Entries in Part E shall be dated and kept current.
 - iii. *Ministry of Education, Ontario Student Record Guideline 2000.*

Reminder

As indicated earlier, *Sabrina's Law* requires the principal must still maintain a file for each Anaphylactic student in the school in addition to any information in the O.S.R..

5

Training

Education and Training Needs

- The Board will provide appropriate training for the personnel responsible for the control and administration of medication in each school.
- The Board recognizes that specialized training may be required to protect and promote student health and safety and that training needs to be provided by qualified personnel before staff begins to work with the student.
- Training and in-service shall occur twice during each school year or as required, in accordance with general administrative guidelines.

6

Appendices

- 1) ANAPHYLAXIS
 - a) Anaphylaxis Procedures
 - b) Anaphylaxis Emergency Plan
 - c) Allergens and Triggers

- 2) MEDICAL
 - a) Individual Medical Plan
 - b) First Aid Treatment
 - c) Request and Authorization Forms
 - i) Suppository
 - ii) Oral
 - iii) Medication Log
 - iv) Medication Schedule
 - v) Ointment
 - vi) Injections
 - vii) Inhalants
 - viii) Drops

- 3) TRAINING & RESOURCES
 - a) Delegation of Duties
 - b) Infection Control Program: Universal Precautions
 - c) Training Guidelines
 - d) Information Sheets
 - i) Reportable Diseases
 - ii) Reportable Diseases Notification form
 - iii) Childhood Illnesses Brochure
 - e) Websites, Video-Clips & Resources

- 4) BEST PRACTICES
 - a) Anaphylaxis Avoidance
 - i) Strategies for Specific Food Allergens
 - ii) Providing Allergen-Free areas
 - iii) Lunchrooms and Eating areas
 - iv) Hidden Allergens at School
 - v) Holidays/Celebrations
 - vi) Field Trips
 - vii) Those Who Have "Occasional" Student Contact
 - viii) Secondary School Considerations
 - b) Anaphylaxis Communication Strategies
 - i) Tips on effective strategies
 - ii) Sample letter from the principal
 - iii) Sample Letter from a teacher
 - iv) Newsletter samples

- 5) SECURITY, STORAGE AND HANDLING OF MEDICATION