

FLIN FLON SCHOOL DIVISION

POLICY 12:14

MEDICAL SITUATIONS

The School Division shall endeavor to ensure safe and healthy learning environments in all schools.

Children who become **ill or who have an accident** shall be cared for quickly and as competently as possible:

- Administer basic first aid and report to the principal. Principal will use discretion regarding notification of parents and having further medical care.
- Principals must submit an Incident Report form and possibly a student insurance form.
- Parents must be notified if a student is sent home or to the hospital. A responsible adult will accompany the student to the hospital.
- The principal may authorize the use of a private vehicle or an ambulance. The cost of the ambulance will be paid by the Division if not covered by an insurance policy.

Guidelines for the care of children with **special health care needs** are:

1. Life Threatening Allergies
2. Chronic Medical Conditions
3. Administering Prescription Medications to Students

1. **Life Threatening Allergies**

Anaphylaxis is a severe allergic reaction that can lead to rapid death, if untreated. Less severe allergic reactions occurs when the body's immune system reacts to the harmless substances as 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, other foods and certain perfumes/odors and synthetic substances.

In schools with students/staff with severe allergies, they will endeavor to:

- Create a safe and healthy environment for students with severe life-threatening allergies
- Minimize the undue attention to those individuals
- Provide time for health care professionals to provide training for staff

Despite the best efforts of the schools, the Division can not guarantee an 'allergy free' environment. The only way to protect children who are known to be at risk of anaphylaxis is to avoid the allergen. Schools must have a clear plan for responding to an anaphylactic emergency. Individuals and parents must take reasonable precautions to help ensure their own or their child's safety.

The greatest risk of exposure to allergens is in new situations, or when normal daily routines are interrupted, such as birthday parties, camping, or school trips. Young children are at greatest risk of accidental exposure, but many allergists believe that more deaths occur among teenagers due to increased independence, peer pressure, and reluctance to carry medication.

Avoidance of specific allergens is the cornerstone of management in preventing anaphylaxis. All of the following strategies shall be considered in the context of the student's age and maturity as well as the organization and physical layout of the school and the properties of the allergen(s). As students mature, they shall be expected to take increasing personal responsibility for avoidance of their specific allergen(s).

i) Establishing Safe Lunchroom and Eating Area Procedures

Students with life threatening allergies are dependant upon the school community to minimize the presence of substances to which the student is allergic. Therefore it is recommended that the school community:

- a) Require students with life threatening allergies to eat only food prepared from home.
- b) Discourage the sharing of food, utensils and containers.
- c) Encourage the child with life threatening allergies to take precautions such as:
 - 1) Placing food on wax paper or a paper napkin rather than directly on the desk or table.
 - 2) Taking only one item at a time from the lunch bag to prevent cross contamination.
- d) Establish a hand-washing routine before and after eating.
- e) Recommend that tables and other eating surfaces are washed clean after eating, using a cleansing agent approved for school use. This is particularly important for students with peanut allergies because of the adhesive nature of peanut butter.

ii) Allergens Hidden in School Activities

Not all allergic reactions are a result of exposure at meal times. Children with life threatening allergies may be at risk if involved in garbage disposal, recycling, yard clean-ups, or other activities which could bring them into contact with food wrappers, containers or debris.

- a) Teachers will attempt to choose products which are safe for all children in the classroom.
- b) Teachers, particularly in the primary grades, will attempt to be aware of the possible allergens present in curricular materials such as:
 - 1) Craft materials (e.g. play dough, egg cartons, etc)
 - 2) Pets and pet food
 - 3) Bean-bags, stuffed toy (peanut shell are sometimes used)
 - 4) Counting aids (e.g. beans, peas)
 - 5) Toys, books and other items which may have become contaminated in the course of normal use
 - 6) Science projects, Human Ecology classes
- c) Allow the child with life threatening allergies to keep the same locker and desk all year in order to prevent accidental contamination, as foods are often stored in lockers and desks.

iii) Holidays and Special Celebrations

Food is often associated with special occasions and events. The following procedures will help to protect the child with life threatening allergies:

- a) Require the child with life threatening allergies to eat food brought from his or her own home.
- b) Focus on activities rather than food to celebrate special occasions.

iv) Field Trips / Excursions / Tournaments

In addition to the usual school safety precautions applying to field trips / excursions / tournaments, the following procedures shall be in place to protect the child with life threatening allergies:

- a) Require all staff and volunteers to be aware of the identity of the child with life threatening allergies, the allergens, symptoms and treatment.
- b) Ensure that a staff member (or volunteer, at the discretion of the school administrator) with training in the use of the EpiPen is assigned responsibility for the child with life threatening allergies. A copy of the *Individual Health Care Plan (IHCP) and/or Emergency Response Plan (ERP) (Appendix C)* shall be carried by the person responsible for administration of the EpiPen.

- c) If the risk factors are too great to control, the child with life threatening allergies may be unable to participate in the field trip. Parents/guardians shall be involved in this decision.
- d) Teachers/administrators shall ensure that EpiPens are taken on field trips and emergency response plans are in place when planning the trip.
- e) There shall be reasonable and appropriate access to a telephone, cellular telephone, or radio communication during an excursion.

v) Anaphylaxis to Insect Venom

Avoidance is more difficult to achieve for this type of allergy but certain precautions by the schools may be helpful:

- a) Request removal of insect nests from school property by calling Flin Flon School Division, Maintenance Department.
- b) Allow students with life threatening allergies to insect stings to remain indoors for recess during bee/wasp season.
- c) Immediately remove a child with an allergy to insect venom from the room if a bee or wasp enters.
- d) Ensure proper storage and prompt disposal of garbage

When an anaphylactic emergency occurs, the injection of epinephrine usually allows enough time to get the child to a hospital. Without epinephrine, death can occur within minutes. Epinephrine will be only administered in schools through the use of an Adrenaline Auto-Injector.

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 instruction 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, has 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 parent 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 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 in-service 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.

2. Chronic Medical Conditions

This policy reflects the guidelines and procedures outlined in the Provincial Unified Referral and Intake System (URIS) Manual – 1999.

Medical information, in combination with guidelines from URIS will be used to guide the Division in determining the level of support required:

Group A Interventions – are complex medical procedures which require the clinical judgment, skill and knowledge of a registered nurse. Children classified as Group A often have a long-term disability and require support from a medical assistive device or technology at least part of the day. This technology replaces or augments a vital bodily function without which the child would be at risk of further disability or death. Group A classified children are eligible to receive URIS support.

Group B Interventions – require specific training and monitoring by a registered nurse. Children classified as Group B often have a disability or life-long medical condition requiring special health care.

Group C Interventions – are activities of daily living (personal care). The only intervention in this group that requires an Individual Health Care Plan is assistance with the administration of oral medication that is required for than 14 days.

An Individual Health Care Plan is required for each student with a chronic medical condition. The following are to assist schools in preparing plans for these students:

- 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 the 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 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.

3. Administering Medicines to Students

Medication should be administered to school children by parents at home. In extreme cases where this is not possible the student may receive medication according to the following guidelines:

1. The principal must receive written permission from a physician and/or the parents/guardians to administer a specific medication, prescribed and non-prescribed medication.
2. The principal will identify one employee to be responsible for administering the medication. In addition, a substitute or delegate employee will be identified, in case of absence of the primary person.
3. Staff administering medication will receive necessary training as deemed necessary by URIS (Unified Referral Intake System).
4. Each child who is administered medication shall have a separate Medication Administration Record. The Medical Administration Record is to be stored with the medication. Staff administering medication will record pertinent data and sign the Medication Administration Record each time a medication is administered.
5. Student(s) medical needs classify as Group A, B or C, as identified in the Unified Referral Intake System (URIS) will have an individual health care plan.
6. Medication will be kept in a locked location, with the key(s) accessible to the principal, and those administering the medication. However, medication that may be required urgently (inhalers and EpiPens) shall not be stored in a locked location.
7. Before administering medication each person shall:
 - a) Wash their hands;
 - b) Prepare supplies (measuring, installation appliances, etc.); and
 - c) Assure themselves of:
 - 1) the right medication;
 - 2) the right child;
 - 3) the right dose;
 - 4) the right time;
 - 5) the right method;in each and every administration.

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