



**Policy No. 2.1.9**

**Section: School Related Operations**

**Related References: ANAPHYLAXIS Resource/Procedures Manual**

**ASTHMA Resource/Procedures Manual**

**Appendices: A-F**

**Approved: April 17, 2001**

**Revised: September 21, 2004**

**September 1, 2015**

**Review Date:**

---

---

**TITLE: HEALTH SUPPORT SERVICES**

**1.0 Rationale:**

District School Board Ontario North East is committed to providing health support services in accordance with Ministry of Education guidelines. This support provides equal opportunity of education to children with health problems and recognizes that it is necessary from time to time for medication to be administered during school hours. It is the Board's responsibility to ensure that all employees are aware of their legal obligations in respect to this issue (as required by the common-law doctrine "in loco parentis"). When acting under this policy, school personnel are covered by the Board's liability insurance. The procedures attached to this policy will assist in helping staff and students manage all health-related situations as they arise.

**2.0 Definitions:**

1) "In loco parentis":

- a) requires the employee to take action supportive of the student's well-being;
- b) requires the employee to recognize the limitations of their ability to provide direct assistance;
- c) does not confer all the recognized authority of the parent upon the employee.

2) Asthma

According to the Ontario Lung Association, asthma is a very common chronic (long-term) lung disease that can make it hard to breathe. The symptoms can range from mild to severe and sometimes could be life-threatening.

3) Anaphylaxis

Anaphylaxis is an instant severe allergic reaction affecting multiple systems of the body. The most dangerous are breathing difficulties and a drop in blood pressure which are potentially fatal.

4) Emergency Medication

Emergency medication refers to medication that is administered by a staff member to a student at the time of a life-threatening health situation – for example – reliever inhaler, epi-pen or stand-by medication.

5) Medication

Medication refers to medications that are non-prescribed or prescribed by a health care provider and, by necessity, may be administered to a student, or taken by the student, during school hours or school-related activities.

6) Immunity

No action or other proceeding for damages shall be commenced against an employee for an act or omission done or omitted by the employee in good faith in the execution or intended execution of any duty or power under the Education Act.

**3.0 Policy:**

It is the policy of District School Board Ontario North East to provide health support services and interventions to ensure equal opportunity of education to all students. **The procedures must be reviewed annually by all employees and volunteers who are in direct contact on a regular basis with students of the Board.** This is in accordance with Ryan's Law, ensuring asthma friendly schools, and Sabrina's Law.

## PROCEDURES:

### 1. GENERAL

- 1.1 The Board recognizes that few of its employees are medically trained. This policy allows personnel to respond to medical and health situations without endangering the safety or well-being of a pupil or, subjecting themselves to undue risk of injury or liability.
- 1.2 This policy is concerned with the provision of health support services in the following areas: prescribed and non-prescribed medication, invasive medical procedures, physical procedures, first-aid procedures and life-threatening situations.
- 1.3 This policy shall be administered in all school and school-related settings.
- 1.4 Principals should encourage those pupils who are adults to follow these procedures as well.

### 2. MEDICATION

- 2.1 Medication for pupils shall be administered at home where possible.
- 2.2 The pupil's parent/guardian may be permitted to administer medication during school hours. Every attempt should be made to arrange times for such administration with the least possible disruption to all concerned.
- 2.3 Permission for a pupil to possess and self-administer a medication is the responsibility of a parent/guardian at the discretion of the principal. A record of any parental permission received should be retained and reviewed annually.
- 2.4 Medication shall be administered:
  - a) in a manner which encourages the pupil to take an appropriate level of responsibility which may include self-administration, under supervision.
  - b) in a manner which allows for sensitivity and privacy.
- 2.5 Where medication must be administered to pupils by school personnel, it shall be in the following manner:
  - a) The administration of non-prescription medication (including Tylenol, Aspirin, Anacin and other over-the counter medications) must have documented authorization of the parent/guardian before administration by an employee (Parent/Guardian Authorization for the Administration of Prescribed and Non-Prescribed Medication, Appendix A).
  - b) The administration of prescription medication must have the written authorization of the parent/guardian on the Parent/Guardian Authorization for the Administration of Prescribed and Non-Prescribed Medication (Appendix A) before the administration by an employee.

It is the responsibility of the parent/guardian or authorized adult to deliver to the Principal the required medication in a "tamper-proof" container. The container must have a

pharmaceutical sticker attached indicating the name of the child and directions for the administration and storage of the medication.

- c) After each administration of a medication the Individual Student Log of Prescribed and Non-Prescribed Medication (Appendix B), must be completed and retained in a designated area. If a dosage is omitted, reasons for such an omission must be noted in the log.
- d) All medication, with the exception of emergency medication (e.g. Epi-pens, Ana-kits and inhaler medications) must be kept in a secured location. Only authorized staff may access the stored medication. Any accidental administration of medication must be reported immediately to the Principal. Children must carry their emergency medication with them at all times, unless otherwise stated in the Medical Communication Plan (Appendix C), including school excursions and field trips.

### 3. MEDICAL AND PHYSICAL PROCEDURES

- 3.1 Invasive medical procedures SHALL NOT be carried out. Such procedures are the responsibility of the pupil, parent/guardian or Ministry of Health and Long-Term Care.
- 3.2 Emergency medical procedures, such as the use of an Automated External Defibrillator (AED), may be used in emergency situations.

### 4. NORTH EAST COMMUNITY CARE ACCESS CENTRE (CCAC) SCHOOL HEALTH SUPPORT SERVICES

- 4.1 When the Ministry of Health and Long-Term Care provides support services that may also be required during school hours, the service may, by special arrangement through CCAC's School Health Support Services, be similarly provided in the school setting by School Health Support staff.

### 5. FIRST-AID PROCEDURES

- 5.1 Principals are encouraged to have staff members trained in Standard First-Aid and Cardio-Pulmonary Resuscitation (CPR). Persons holding such qualifications should re-qualify as required.
- 5.2 Principals shall ensure that:
  - (a) all school personnel are aware of staff with first-aid and CPR training;
  - (b) all school personnel are aware of the location of first-aid supplies;
  - (c) appropriate first-aid equipment and supplies are available for school functions;
  - (d) first-aid kits are maintained in accordance with the prescribed List of First-Aid Materials, (Appendix D);
  - (e) first-aid kits must be inspected monthly as part of the Health & Safety inspection;
  - (f) required supplies must be reported to the Principal or designate and replenished immediately.

- 5.3 Personnel who are administering first aid must also be aware of and practice universal precautions in the handling and disposal of blood and body fluids.
- 5.4 When attending to an injured or ill pupil, the Principal should check for any relevant medical information on file, and in the case of a suspected head injury, follow the Board Concussion Management Policy (2.1.36).
- 5.5 In the case of a pupil's serious injury/illness, 911 should be called and the parent/guardian shall be contacted.
- 5.6 An injured or ill pupil under the age of 18 shall not be permitted by the principal to leave the school in his/her own care, or in the care of another pupil or adult, without the approval of the parent/guardian or signed emergency contact. Where no contact is available, authorized personnel shall escort the student.
6. LIFE-THREATENING SITUATIONS FOR HIGH-RISK STUDENTS
- 6.1 The board recognizes that some pupils are at high risk with respect to life-threatening situations. The situations must be clearly identified in writing by appropriate medical personnel. These pupils include, but are not limited to:
- (a) those prone to respiratory difficulty, seizures, reactions to stinging insects and food allergies;
  - (b) those with diabetes or heart defects;
  - (c) those who are medically fragile.
- 6.2 Principals shall ensure, with signed consent of the parent/guardian (Life-Threatening Situation for High Risk Students, Appendix E), that staff members (including itinerant and occasional teachers, bus operators and other authorized personnel) are made aware of high-risk students in the school. In sharing such information, Principals must comply with the 1990 Freedom of Information and Protection of Privacy Act.
- 6.3 Authorized personnel shall attempt to discern the degree of urgency involved in a situation and make individualized plans with a photograph included for the emergency treatment of very high-risk children (Medical Communication Plan, Appendix C, or Individual Asthma Management Plan, Appendix F), which shall be posted in a highly visible location(s), such as the staff room. All staff members or replacements should be made aware of these plans. A copy of this plan shall be filed in the student OSR and left in the documentation file when the student is transferred to another school.
- 6.4 The parent/guardian of a high-risk pupil should be strongly encouraged to have the proper identification on the student at all times (e.g. Medic Alert bracelet) and is responsible for providing or replacing, in advance, supplies or equipment and training for any treatment required in a life-threatening situation.
- 6.5 When supplies or equipment are entrusted to the Principal, they shall not be used until instructions have been received in writing from the parent/guardian or qualified medical authority (Appendix E).
- 6.6 Authorized personnel shall, to the best of their ability, administer or assist the student to self-administer a treatment.

6.7 Food Guidelines for Children

- 6.7.1 There should be no trading or sharing of foods, utensils or food containers.
- 6.7.2 All children with food allergies should only eat lunches or snacks that have been prepared for them.
- 6.7.3 Hand washing is encouraged before and after eating.
- 6.7.4 Surfaces, such as tables, toys, etc. should be washed clean of contaminating foods.
- 6.7.5 The use of food in crafts and cooking classes may need to be restricted, depending on the allergies of the students.

6.8 Food Guidelines for Employees

- 6.8.1 It should be stressed that minute amounts of certain foods, such as peanuts, when ingested, can be life-threatening.
- 6.8.2 Public education of the dangers of peanut allergy and requests for cooperation restricting peanut use at school are important.
- 6.8.3 If food is served by the school for snacks, lunches, special programs etc., staff should take into consideration students with any food allergies or intolerances.
- 6.8.4 Staff and students should be educated to understand and treat anaphylaxis and asthma.
- 6.8.5 The use of emergency medications or interventions will necessitate calling 911 and the parents/guardians.

*See Anaphylaxis Resource document attached to this policy.  
See Asthma Resource document attached to this policy.*

**Parent/Guardian Authorization for the Administration of  
Prescribed and Non-Prescribed Medication**

**Parent/Guardian Consent Form**

Please be advised, it is understood that:

- (a) Any member of the school staff may be required to administer the medication.
- (b) It is the duty of the parent or guardian to ensure that the school is, at all times, kept in a supply of the medication that has not passed the expiry date.
- (c) The parent or guardian releases the school and its employees from any claim and agrees to indemnify those persons from any claim by his/her child.

**Taking the above statements into account, I authorize the administration of the prescribed and/or non-prescribed medication for:**

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

**Medication:** \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Name                      Parent/Guardian Signature                      Date

\_\_\_\_\_  
Witness Name                                      Witness Signature                                      Date

**Note: Parents/Guardians are required to place medication in individual tamper proof containers, labeled with:**

- (a) The student's name
- (b) The pharmaceutical label indicating when and how to administer the medication.





## MEDICAL COMMUNICATION PLAN

<b>Student Name:</b> _____	<b>Homeroom:</b> _____
D.O.B: _____	<b>Grade:</b> _____
School Name: _____	School Year: _____
Address: _____	
Parent/Guardian: _____	Phone: _____
Alt. Contact: _____	Phone: _____
Alt. Contact: _____	Phone: _____

### Type of Medical Alert

- Diabetic
- Allergy to Foods (Anaphylaxis)
- Asthmatic
- Allergy to Insect Venom (Anaphylaxis)
- Other: \_\_\_\_\_

### Steps to Follow:

1. Emergency Medication or Intervention
2. Call 911
3. Call Parent/Guardian (see above)

\* Never leave child unattended

### Emergency Medication or Intervention Plan/Details

PHOTO

## List of First-Aid Materials

These first-aid supplies should be considered as the **Minimum Adequate** materials for first-aid kits. Additional supplies may be required in some schools and/or for some activities.

These materials should be kept in a secure but employee accessible area. Contents must be reviewed monthly, and used or outdated contents must be reported to the Principal or designate and replaced immediately.

*[In square brackets are adjusted amounts for locations with less than 50 people.]*

- First-Aid Kit Container, with copy of this checklist to assist in review of contents
- First-Aid Manual
- Disposable Non-Latex Gloves, large
- Barrier Devices, such as a pocket mask or face shield
- 1" Surgical Adhesive Tape, 2 Rolls
- Band Aids in assorted sizes, 48 [24]
- Tensor (elastic) Support Bandages, 2
- Sterile Gauze Pads in small and large squares, 24 of each [12 of each]
- Sterile Surgical Pads suitable for pressure dressings, individually wrapped, 6 [4]
- 2" and 4" Gauze Bandage Rolls, 8 of each [4 of each]
- Triangular Bandages, 40" x 56" x 40", to secure dressings or make an arm sling, 12 [6]
- Eye Patches
- Splints of assorted sizes [1 roll up splint]
- Splint Padding, 2 rolls
- Surgical Scissors
- Antiseptic wipes or soap
- Thermal Patch
- Fine Point Tweezers
- Safety Pins, 24 (under school supplies)
- Instant Cold Compresses
- Freezer Bags, Ziploc style

## Life-Threatening Situation for High Risk Students

### Parent/Guardian Consent Form

Authorization for the collection of this information is in the Education Act. Users will be the Principal, Teacher(s), and appropriate school support staff for the purpose of obtaining parental consent and direction for life-threatening situations. This form will be retained in the school office for as long as is deemed necessary. Contact person for queries concerning this information is the Principal of the school.

---

**I hereby acknowledge, that at my request, the Principal/designate has been authorized to administer, in a life-threatening situation, the following medication/procedure to my child.**

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

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

Reason for Administration: \_\_\_\_\_

Name of Medication/Procedure: \_\_\_\_\_

Method of Administration: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

I hereby release the Principal/designate and District School Board Ontario North East from any claim, thus immunity, for example, as in **Sabrina's Law - Article 3. (4) No action for damages shall be instituted respecting any act done in good faith or for any neglect or default in good faith in response to an anaphylactic reaction in accordance with this Act, unless the damages are the result of an employee's gross negligence.**

I hereby give consent for this information to be shared with school staff (including support staff and occasional teachers), coaches, volunteers and students.

---

Parent/Guardian Name

---

Parent/Guardian Signature

---

Date



# ANAPHYLAXIS



## **A Resource / Procedures Document for Schools**

To be reviewed annually by all employees and volunteers,  
and used in conjunction with Health Support Services Policy 2.1.9

These guidelines have been designed to attempt to ensure the safety of an anaphylactic child in a school setting and in school-related activities outside of school site, as per Sabrina's Law. The focus in these documents is on the preventative measures required by both the parent/guardian and school personnel, together with the support of the school's parent and student communities. Our efforts will be concentrated in reducing the risks for the anaphylactic child, and acting as a prudent parent in the event of an emergency by following the guidelines.

## TABLE OF CONTENTS:

- 1 **ANAPHYLAXIS**
  - 1.1 Introduction
  - 1.2 Definitions
  - 1.3 General Information
  - 1.4 Legal Considerations
- 2 **ANAPHYLAXIS – DIVISION OF RESPONSIBILITIES FOR PARENS, STUDENTS, SCHOOL PERSONNEL**
- 3 **ANAPHYLAXIS – AVOIDANCE OF THE ALLERGEN IN SCHOOLS**
  - 3.1 Providing Allergen-Free Areas
  - 3.2 Establishing Safe Lunch Room and Eating Area Procedures
  - 3.3 Allergies Hidden in School Activities
  - 3.4 Holidays and Special Celebrations
  - 3.5 Field Trips
  - 3.6 Substitute Teachers, Parent Volunteers and Others with Occasional Contact
  - 3.7 Anaphylaxis to Insect Venom

## APPENDICES

- A. Life Threatening Situation for High Risk Students – Parent/Guardian Consent Form (Appendix E of Health Support Services Policy)
- B. Medical Communication Plan (Appendix C of Health Support Services Policy)
- C. Sample Newsletter - ANAPHYLACTIC SHOCK
- D. Sample Reminder / Thank You Letter to Parents/Guardians
- E. Sample Letter to Parents/Guardians from Classroom Teacher

## OTHER RESOURCES

- 1 *Anaphylaxis Canada*: <http://www.anaphylaxis.ca/>
- 2 *Anaphylaxis Canada – YouTube*: <https://www.youtube.com/user/anaphylaxiscanada>



## **1. ANAPHYLAXIS**

### **1.1 INTRODUCTION**

Children with anaphylaxis have been entering schools in growing numbers each year. Anaphylaxis usually appears in early childhood and the parent/guardian will want to know what procedures the school has in place in the event of a child experiencing an anaphylactic reaction. They will also want to know what procedures are in place in your school to help prevent contact with the allergen. They expect the school staff to be knowledgeable about anaphylactic symptoms and be familiar with general information and emergency procedures.

Each school may have only a small number, or no children, who experience anaphylactic reaction, however, that reaction can develop within seconds of exposure: it is severe and can lead to rapid death if untreated.

Peanut products are the leading cause of food-induced anaphylaxis, and exposure to even a small amount of allergen through the eyes, nose or mouth can cause a peanut allergy sufferer to experience an anaphylactic reaction. While the school cannot ensure a "peanut-free" environment, protecting children with life-threatening food allergies means imposing some limitations on the foods that other children and school staff bring into the school, or the places where the foods can be enjoyed.

The students who suffer from extreme allergies and display anaphylactic shock in the school, on school grounds or on school sponsored activities must be given immediate attention by the Principal and school staff.

### **1.2 DEFINITIONS**

#### **ANAPHYLAXIS**

Anaphylaxis is an instant severe systemic allergic reaction affecting multiple systems of the body. The most dangerous are breathing difficulties and a drop in blood pressure which are potentially fatal. A life-threatening allergic reaction may be triggered by:

- foods and their derivatives
- insect stings
- medication
- exercise
- latex
- perfumes



## ANAPHYLACTIC REACTION

Anaphylactic reactions occur when the body's sensitized immune system overreacts in response to the presence of a particular allergen. Anaphylaxis affects multiple body systems for example: skin, upper and lower respiratory, gastrointestinal and cardiovascular.

Symptoms may include any of the following:

- itchy eyes, nose, face
- flushing of face and body
- swelling of eyes, face, lips, tongue and throat
- hives
- vomiting
- diarrhea
- wheezing
- a feeling of foreboding, fear & apprehension
- weakness & dizziness
- inability to breathe
- loss of consciousness
- coma

**In its most severe form a reaction can result in death. Consultation with a qualified doctor is strongly advised if any of the above symptoms are experienced.**

### 1.3 GENERAL INFORMATION

At present, it is estimated that one to two percent of the population have an extreme life-threatening allergy to foods, mainly peanuts, and insect stings. According to the Allergy/Asthma Information Association, as many as 12 Canadians die each year from anaphylaxis. In the United States approximately 100 food-induced anaphylactic deaths are recognized each year, while stings of wasps, bees, hornets and yellow jackets cause approximately 50 deaths per year.

Anaphylaxis is a life-threatening condition regardless of the substance that triggers it. The greatest risk of exposure is in new situations or when normal daily routines are interrupted, by events such as birthday parties, or other celebrations and school trips. Young children are at greatest risk of accidental exposure, but more deaths occur among teenagers.

Food is the most common trigger of an anaphylactic reaction in school children, and the only allergen that schools can reasonably be expected to monitor. Although the school cannot take responsibility for possible exposure to bees, hornets, wasps, and yellow jackets, certain precautions can be taken by the student and the school to reduce the risk of exposure.



Symptoms vary from child to child. The parent or guardian may be able to advise on specific signs of an anaphylactic reaction. Time from the 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. If a suspected anaphylactic reaction is taking place, and the child's physician for treatment has prescribed epinephrine, there should be no hesitation in administering the medication. Accidental administration of the medication, if a reaction is not actually taking place, is not a cause for concern, according to the Canadian Paediatric Society. *"In young patients serious adverse effects of epinephrine such as cardiac arrhythmias and hypertensive crisis are extremely rare, and the life-saving benefit of injecting epinephrine in cases of suspected anaphylaxis outweighs any small risk of side effects."*

Parents/guardians of an anaphylactic child will have had the child diagnosed by their doctor who is responsible for prescribing the appropriate treatment protocol for individual conditions. Where the EpiPen is part of treatment, children must take responsibility for carrying their own EpiPens early in their school lives, and many know how to inject themselves by the age of seven or eight. Those in positions of responsibility should never assume that children will self-inject in the face of an emergency, and should always ensure that a trained adult is on hand to assist. It is generally felt that the earlier children learn to manage their own allergic condition, the more easily they will weather the turbulent teenage years when peer pressure and the need to conform place additional stresses on anaphylactic students.

#### 1.4 LEGAL CONSIDERATIONS

The focus of these guidelines is preventive measures by both the parent/guardian and the school together with the support of the school's parent and student communities. Our efforts will be concentrated in reducing the risks for the anaphylactic child, and acting as a prudent parent in the event of an emergency by following the procedures outlined.

Each school location is required to provide for the administration of first aid to students and staff.

The concept of duty of care is absolutely fundamental to the issue of providing first aid. Duty of care is a legal principle which identifies the obligation of individuals and organizations to take reasonable measures to care for and to protect their clients to an appropriate level or standard. If the clients (students, employees) are vulnerable, if they cannot protect, defend or assert themselves, permanently or temporarily, as can occur in an accident or first aid situation then that duty becomes more intense and the standard higher.

Teachers have a legal responsibility to shelter students from harm by providing the level of care and supervision that could reasonably be expected of a prudent parent. This legal duty of care requires teachers to take measures to protect allergic students from exposure to an allergen while at school. Failure to take reasonable precautions could result in liability if a student suffers anaphylaxis while under a teacher's care and supervision.

In addition to the general duty of care that teachers owe to their students, the *Education Act* imposes specific duties on teachers and principals. Section 265 (j) of the *Act* stipulates that principals have a duty "to give assiduous attention to the health and comfort of the pupils." Although there are no reported cases directly on point, this section of the *Act* arguably imposes upon principals, a duty to



safeguard the health of allergic students by minimizing the risk of exposure to an allergen while at school.

The Ontario *Human Rights Code* requires that measures be taken to create a safe environment for allergic students to attend school. Public education is a service that cannot legally be denied to students on the basis of a disability. If the issue were litigated, a human rights tribunal would likely find that a severe allergy is a disability, which must be accommodated in order to respect the allergic student's equal right to receive an education. A discrimination complaint could therefore be made against a school board that refused to alter the school environment in order to accommodate the allergic student.

While it is necessary that teachers learn to accommodate and protect allergic students by taking reasonable measures to reduce the risk of exposure to an allergen at school, it is important to recognize that there is no legal obligation for a school board or any of its employees to provide an "allergen-free" environment. No principal, teacher, or educational support person should ever assume such an obligation by promising the parents of an allergic student that a risk-free environment will be created and maintained for their child. Such a promise could render staff liable for a student's anaphylactic reaction, notwithstanding that reasonable efforts were taken to avoid contact with an allergen. The promise of a risk-free environment has the potential to create a false sense of security which can induce allergic students and their parents to abandon regular safeguards, thereby increasing the likelihood of their exposure to an allergen. No matter how committed the school staff it is simply not realistic to believe that the risk of an allergic student's exposure can be completely eliminated. Parents of allergic children should not be led to develop unrealistic expectations. Parents can, however, reasonably expect that teachers, principals and other school board employees will fulfill the legal obligation of accommodating and protecting allergic students by taking precautions to minimize the risk of exposure to an allergen while at school.

The Board's Liability policy provides coverage for employees while acting within the scope of their duties with the Board. Thus all school staff, who administer first aid (which would include the administration of an EpiPen) within the schools or during school activities shall have immunity.

In the event of an anaphylactic reaction, all employees in the vicinity will provide immediate first aid measures until emergency procedures are administered. No person having an anaphylactic reaction should be left unattended.

## **2. DIVISION OF RESPONSIBILITIES FOR PARENTS, STUDENTS, SCHOOL PERSONNEL**

Ensuring the safety of anaphylactic children in a school setting depends on the cooperation of the entire school community. To minimize risk of exposure and to ensure a rapid response to an emergency, parents, students and school personnel must understand and fulfill their responsibilities.

### **RESPONSIBILITIES OF THE PARENTS OF AN ANAPHYLACTIC CHILD:**

- Inform the school of their child's allergies
- Provide a medic alert bracelet for their child



- Ensure the child carries their emergency medication with them at all times
- Provide the school with physician's instructions for administering medication (epipen)
- Provide the school with up-to-date epipens, and keep them current
- Provide the school with an auto-injector trainer
- Provide support to school and teachers as requested
- Provide in-service for staff, if requested
- Participate in parent advisory/support groups
- Assist in school communication plans
- Review the school action plan with school personnel
- Supply information for school publications
- Recipes
- Foods to avoid
- Alternate snack suggestions
- Resources
- Be willing to provide safe foods for special occasions
- Welcome other parents' questions about safe foods

**Teach their child:**

- to recognize the first symptoms of an anaphylactic reaction
- to carry his/her own auto-injector in a fanny-pack
- to carry their emergency medication with them at all times
- to know where additional medication is kept, and who can get it
- to communicate clearly when he/she feels a reaction is starting
- not to share snacks, lunches or drinks
- to understand the importance of hand-washing
- to cope with teasing and being left out
- to report bullying and threats to an adult in authority
- to take as much responsibility as possible for his/her own safety

**RESPONSIBILITIES OF THE SCHOOL PRINCIPAL**

- Work closely as possible with the parents of an anaphylactic child
- Ensure that the parents have completed all the necessary forms. (Appendix A)
- Display a photo-poster in the classroom, in the staff room, office and bus with parental awareness. (Appendix B)
- Ensure that instructions from the child's physician are on file
- Notify the school community of the anaphylactic child, the allergens and the treatment
- Maintain up-to-date emergency contacts and telephone numbers
- Ensure that appropriate staff and volunteers have received instruction with the epipen
- Ensure that substitute teachers are informed of the presence of an anaphylactic child, and have been adequately trained to deal with an emergency
- Inform all parents that a child with life-threatening allergies is attending the school, and ask for their support. (Sample letters and newsletter attached in Appendices C,D,E)
- Arrange for appropriate in-service annually if there are anaphylactic students in your school.
- Develop an emergency protocol for each anaphylactic child. (see Appendix B)
- Maintain an auto-injector (epipen) in the school's first aid kit or supply area – provided by parent of each child identified as anaphylactic.
- Store auto-injectors (epipen) in easily accessible locations.
- Establish safe procedures for field trips and extra-curricular activities. (See Section 3.5 - Field Trips)
- Implement Board procedures for reducing risk in classrooms and common areas. (See Section 3.2 - Establishing Safe Lunchroom and Eating Procedures)
- Enforce disciplinary procedures for dealing with bullying and threats.

**RESPONSIBILITIES OF THE CLASSROOM TEACHER**

- Discuss anaphylaxis with the class, in age appropriate terms
- Encourage students not to share lunches or trade snacks
- Choose allergy-free foods for classroom events
- Establish procedures to ensure that the anaphylactic child eats only what he/she brings from home
- Reinforce hand washing before and after eating for all students
- Facilitate communications with other parents
- Follow the Board's procedures for reducing risk in classrooms and common areas. (see Section 3 - Avoidance of the Allergen in Schools)

- Enforce school rules about bullying and threats
- Leave information in an organized, prominent and accessible format for substitute teachers
- Ensure that the child carries their emergency medication at all times

### **RESPONSIBILITIES OF ANAPHYLACTIC STUDENT (AS AGE APPROPRIATE FOR THE STUDENT)**

- 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
- Learn to recognize symptoms of an anaphylactic reaction
- Promptly inform an adult, as soon as accidental exposure occurs or symptoms appear
- Take responsibility for keeping their auto-injector with them at all times

### **3. AVOIDANCE OF THE ALLERGEN IN SCHOOLS**

The goal of the board is to provide a safe environment for children with life threatening allergies, although it is not possible to reduce the risk to zero. However, the following list of precautions offers schools suggestions to minimize the risk and allow the anaphylactic child to attend school in relative confidence. It is recommended that in-school procedures be flexible enough to allow schools and classrooms to adapt to the needs of individual children and the allergen reactions, as well as the organizational and physical environment in schools. It should 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 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. 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 example an innovation was: one school developed a "red card" system, where any child who ate peanut butter left a red card on the table, signaling it a high-risk area for the anaphylactic student until properly cleaned.



### 3.1 PROVIDING ALLERGEN-FREE AREAS

Eliminating allergens from areas within the school where the anaphylactic child is likely to come into contact with food may be the only way to reduce risk to an acceptable level.

If possible, avoid using the classroom of an anaphylactic child as a lunch room

If the classroom must be used as a lunch room, establish it as an "allergic-free" area using a co-operative approach with students and parents

- Establish at least one common eating area, or a section of the single common eating area, as "allergen-free"
- Develop strategies for monitoring allergen-free areas and for identifying high-risk areas for anaphylactic students
- As a last resort, if allergen-free eating areas cannot be established, provide a safe eating area for the anaphylactic child

### 3.2 ESTABLISHING SAFE LUNCH ROOM AND EATING AREA PROCEDURES

The most minute quantities of allergen can trigger a deadly reaction. Peanut butter on a friend's hand could be transferred to a volleyball or a skipping rope. Therefore, protection of the anaphylactic child requires the school to exercise control over all food products, not only those directly consumed by the anaphylactic student.

- Require anaphylactic students to eat only food prepared at home
- Discourage the sharing of food, utensils and containers
- Increase lunch-hour supervision in classrooms with an anaphylactic child
- Encourage the anaphylactic child to take mealtime precautions such as:
  - placing food on wax paper or a paper napkin rather than directly on the desk or table
  - taking only one item at a time from the lunch bag to prevent other children from touching the food; and
  - packing up their lunch and leaving it with the lunch supervisor, if it is necessary to leave the room during lunch time.
  - Establish a hand-washing routine before and after eating. Success will depend on the availability of hand-washing facilities
- If the school has a cafeteria, keep the allergen including all products with the allergen as an ingredient, off the menu. Provide in-service for cafeteria staff, with special emphasis on cross-contamination and labeling issues.
- If the school has a vending machine, ensure that products containing the allergen are not available
- Ensure that tables and other eating surfaces are washed clean after eating, using a cleansing agent approved for school use. This is particularly important for peanut allergic students because of the adhesive nature of peanut butter.



### 3.3 ALLERGIES HIDDEN IN SCHOOL ACTIVITIES

Not all allergic reactions to food are a result of exposure at meal times.

- Teachers, particularly in the primary grades, should be aware of the possible allergens present; in curricular materials for example:
  - play dough;
  - bean-bags, stuffed toys (peanut shells are sometimes used)
  - counting aids (beans, peas)
  - toys, books and other items which may have become contaminated in the course of normal use
  - science projects
  - special seasonal activities, like Easter eggs and garden projects.
- Computer keyboards and musical instruments should be wiped before and after use with an approved cleansing agent.
- Anaphylactic children should not be involved in garbage disposal, yard clean-ups, or other activities which could bring them into contact with food wrappers, containers or debris.
- Foods are often stored in lockers and desks. Allowing the anaphylactic child to keep the same locker and desk all year may help prevent accidental contamination.

### 3.4 HOLIDAYS AND SPECIAL CELEBRATIONS

Food is usually associated with special occasions and events. The following procedures will help to protect the anaphylactic child:

- Establish a class fund for special events, and have the classroom teacher or the parent of the anaphylactic child provide only safe food.
- If foods are to come into the classroom from home, remind parents of the anaphylactic child's allergens, and insist on ingredients lists.
- Limit the anaphylactic child to food brought from his or her own home.
- Focus on activities rather than food to mark special occasions.

### 3.5 FIELD TRIPS

In addition to the usual school safety precautions applied to field trips, the following procedures should be in place to protect the anaphylactic child:

- Include a separate "serious medical conditions" section as a part of the school's permission forms for all field trips in which the details of the anaphylactic student's allergens, symptoms and treatment can be recorded. A copy of this information should be available on site at any time during the field trip.



- Require all supervisors, staff and parents, to be aware of the identity of the anaphylactic child, the allergens, symptoms and treatment.
- Ensure that a supervisor with training in the use of the auto-injector is assigned responsibility for the anaphylactic child.
- If practical, consider providing a cell phone for buses used on field trips.
- Require the parent of the anaphylactic child to provide several auto-injectors to be administered every 10 to 15 minutes en route to the nearest hospital, if breathing problems persist or if symptoms reoccur.
- If the risk factors are too great to control, the anaphylactic child may be unable to participate in the field trip. Parents should be involved in this decision.

### **3.6 SUBSTITUTE TEACHERS, PARENT VOLUNTEERS AND OTHERS WITH OCCASIONAL CONTACT**

All schools involve adults in their classrooms who are unfamiliar with individual students and school procedures. The following suggestions would help to prepare them to handle an anaphylactic emergency.

- Require the regular classroom teacher to keep information about the anaphylactic student's allergies and emergency procedures in a visible location.
- Ensure that procedures are in place for informing substitute teachers and volunteers about anaphylactic students.
- Involve substitute teachers and volunteers in regular in-service programs, or provide separate in-service for them.

### **3.7 ANAPHYLAXIS TO INSECT VENOM**

Food is the most common trigger of an anaphylactic reaction in school children, and the only allergen which schools can reasonably be expected to monitor. The school cannot take responsibility for possible exposure to bees, hornets, wasps and yellow jackets, but certain precautions can be taken by the student and the school to reduce the risk of exposure. It should also be noted that desensitization treatment for allergies to insect venom is available, and has a 95 percent success rate (Ontario Allergy Society "Information Notes: Allergic Reactions to insect stings").

- Avoid wearing loose, hanging clothes, floral patterns, blue and yellow clothing and fragrances.
- Check for the presence of bees and wasps, especially nesting areas, and arrange for their removal.
- If soft drinks are being consumed outdoors, pour them into a cup and dispose of cans in a covered container. Also to be considered are fresh fruit and fruit drinks. Particular fruits that attract bees and wasps are pears and peaches (high sugar content).
- Ensure that garbage is properly covered.
- Caution children not to throw sticks or stones at insect nests.



- Allow students who are anaphylactic to insect stings to remain indoors for recess during bee/wasp season.
- Immediately remove a child with an allergy to insect venom from the room, if a bee or wasp gets in.
- In case of insect stings, never slap or brush the insect off, and never pinch the stinger, if the child is stung. Instead, flick the stinger out with a fingernail or credit card.

*Appendix A: (Health Support Services Policy 2.1.9 – APPENDIX E)*

## Life-Threatening Situation for High Risk Students

### Parent/Guardian Consent Form

Authorization for the collection of this information is in the Education Act. Users will be the Principal, Teacher(s), and appropriate school support staff for the purpose of obtaining parental consent and direction for life-threatening situations. This form will be retained in the school office for as long as is deemed necessary. Contact person for queries concerning this information is the Principal of the school.

---

---

**I hereby acknowledge, that at my request, the Principal/designate has been authorized to administer, in a life-threatening situation, the following medication/procedure to my child.**

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

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

Reason for Administration: \_\_\_\_\_

Name of Medication/Procedure: \_\_\_\_\_

Method of Administration: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

I hereby release the Principal/designate and District School Board Ontario North East from any claim, thus immunity, for example, as in **Sabrina's Law - Article 3. (4) No action for damages shall be instituted respecting any act done in good faith or for any neglect or default in good faith in response to an anaphylactic reaction in accordance with this Act, unless the damages are the result of an employee's gross negligence.**

I hereby give consent for this information to be shared with school staff (including support staff and occasional teachers), coaches, volunteers and students.

\_\_\_\_\_  
Parent/Guardian Name

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

\_\_\_\_\_  
Date

Personal information is collected under the authority of the Education Act. Questions about this collection of personal information should be directed to: The Coordinator, Freedom of Information and Protection of Individual Privacy c/o Superintendent of Schools, District School Board Ontario North East, P.O. Box 1020, Timmins, ON P4N 7H7

*Appendix B: (Health Support Services Policy 2.1.9 – APPENDIX C)*

**MEDICAL COMMUNICATION PLAN**

<b>Student Name:</b> _____	<b>Homeroom:</b> _____
D.O.B: _____	<b>Grade:</b> _____
School Name: _____	School Year: _____
Address: _____	
Parent/Guardian: _____	Phone: _____
Alt. Contact: _____	Phone: _____
Alt. Contact: _____	Phone: _____

**Type of Medical Alert**

- Diabetic
- Allergy to Foods (Anaphylaxis)
- Asthmatic
- Allergy to Insect Venom (Anaphylaxis)
- Other: \_\_\_\_\_

**Steps to Follow:**

1. Emergency Medication or Intervention
2. Call 911
3. Call Parent/Guardian (see above)

\* Never leave child unattended

**Emergency Medication or Intervention Plan/Details**

**PHOTO**



*SCHOOL LETTERHEAD*

**ANAPHYLACTIC SHOCK**

**SAMPLE NEWSLETTER TO PARENTS / GUARDIANS**

We felt that all parents/guardians would like to be aware that there is a child (or several children) in school with a severe life-threatening food allergy to peanuts and nuts (anaphylaxis). This is a medical condition that causes a severe reaction to specific foods and can result in death within minutes. Although this may or may not affect your child's class directly, please send foods with your child to school that are free from peanuts or nut products.

We also want you to be aware that children can have an anaphylactic reaction to insect stings.

Thank you for your understanding and cooperation.

## APPENDIX D

## SCHOOL LETTERHEAD

## SAMPLE REMINDER / THANK YOU LETTER FOR PARENTS/GUARDIANS

Dear Parents/Guardians:

Re: Peanut Allergies

The children in our school with severe peanut allergies, and their families, would like to join me in thanking you for your understanding and cooperation as a result of the request to avoid sending peanut and nut products to school. There has been a notable reduction in the number of peanut and nut products brought to school in snacks and lunches, due to the diligence of all parents and guardians like yourselves.

Since even a minute amount of the allergic substance can cause a life-threatening reaction, keeping it out of the classroom is our best method of preventing a serious reaction at school.

If your child does bring a food to school containing peanut or nut products, please ask your child to let the teacher know immediately upon arrival at school.

Thank you again for your cooperation in this important issue.

Sincerely,

Principal

## APPENDIX E

**ANAPHYLACTIC SHOCK**

## SAMPLE LETTER TO PARENTS/GUARDIANS FROM CLASSROOM TEACHER

Dear Parents/Guardians Of Students in Grade -----

A child in our class has extreme allergies to peanuts. This also includes any food that contains peanuts, or peanut products. The allergy of this student is so severe that it could be life threatening; he/she may have a reaction if any item containing peanuts is even in close proximity.

All staff have been informed of this situation and have been instructed in the correct procedure regarding anaphylactic shock.

- **We need your cooperation in refraining from sending these food products to school with your child.**
- **Kindly speak to your child about the severity of this allergy.**
- **We have informed the student body of the situation, and have asked them not to share their lunches, snacks or treats.**

We recognize that for some parents/guardians this may be difficult to accommodate. Please contact your child's teacher for alternatives.

Thank you for your assistance in making your school a safe environment for all students.

Sincerely,

Teacher

# **ASTHMA**



## **A Resource / Procedures Document for Schools**

To be reviewed annually by all employees and volunteers,  
and used in conjunction with Health Support Services Policy 2.1.9

These guidelines have been designed to attempt to ensure the safety of an asthmatic child in a school setting and in school-related activities outside of school site, in occurrence with Ryan's Law – Ensuring Asthma friendly schools - 2015. The focus in these documents is on the preventative measures required by both the parent/guardian and school personnel, together with the support of the school's parent and student communities. Our efforts will be concentrated in reducing the risks for the asthmatic child, and acting as a prudent parent in the event of an emergency by following the guidelines.

**TABLE OF CONTENTS:****1 ASTHMA**

- 1.1 Introduction
- 1.2 Definitions
- 1.3 General Information
- 1.4 Legal Considerations

**2 DIVISION OF RESPONSIBILITIES FOR PARENTS, STUDENTS, SCHOOL PERSONNEL****3 MANAGING TRIGGERS & SYMPTOMS IN SCHOOLS****4 RESOURCES****5 APPENDICES**

- A. Medical Communication Plan (Appendix C of Health Support Services Policy)
- B. Individual Asthma Management Plan (Appendix F of Health Support Services Policy)
- C. Life Threatening Situation for High Risk Students – Parent/Guardian Consent Form (Appendix E of Health Support Services Policy)

## 1. ASTHMA

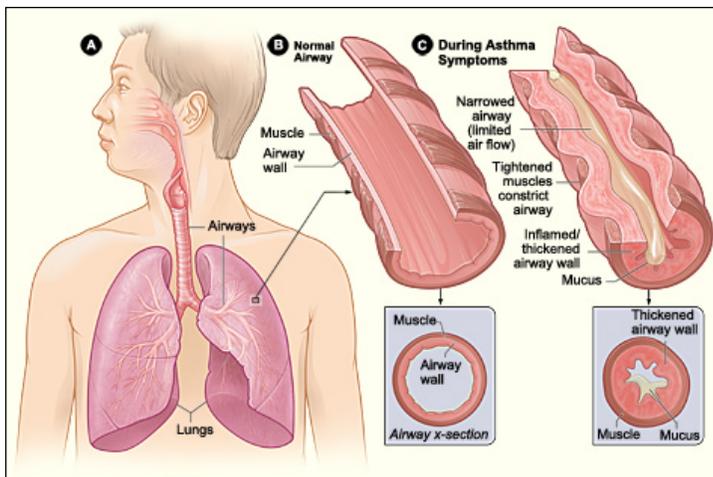
### 1.1 INTRODUCTION

Asthma is growing in alarming rates. It is now estimated that 20% of children have asthma. It is the leading cause of school absenteeism and hospitalization of children (Cicutto, L. et al. Chest 2005; 128:1928-1935). Uncontrolled asthma may limit children’s learning opportunities and can cause many nights of interrupted sleep, several days of limited activity, and disruptions in normal activities of life. All of these factors influence how children behave and learn at school.

The condition is rarely fatal, but should not be underestimated. Statistics show that 500 people in Canada die each year of asthma (Statistics Canada 2000). Eighty percent of these deaths could be prevented with proper education (Institute for Clinical Evaluative Sciences in Ontario, 1996). Older children (ages 11 to 17) have the lowest rate of emergency department visits, but the highest rate of death from asthma. The study suggests that although they are more independent than younger children, they still need close monitoring for signs that their asthma symptoms are worsening and they are in need of medical attention.

### 1.2 DEFINITIONS

#### ASTHMA



Asthma is a chronic inflammatory condition that occurs in the smaller airways of the lungs.

#### What happens when asthma is triggered?

When people with asthma come into contact with one of their triggers, three things happen:

1. The lining of the airway starts to swell
2. Mucus is secreted
3. Muscles in the airway tighten or constrict.

These three effects combine to make the airways very narrow, which makes it hard to breathe.

Sudden narrowing of the airways produce what is often called an “asthma attack”.

#### Symptoms:

- Shortness of breath
- Coughing
- Chest tightness
- Difficulty breathing
- Wheezing

These symptoms can be reversed with medication and by reducing exposure to environmental triggers. Not every person will experience all of the symptoms listed. **Often a cough may be the only symptom experienced.**

### ASTHMA MEDICATIONS

In general, asthma medications work in one of two ways to relieve symptoms. They either work by controlling or preventing the inflammation and mucous production or by relieving the muscle tightness around the airways.

**Controller Medication** is used daily, before and after school at home, to prevent asthma attacks. They come in various colours (orange, purple, brown, red).

**Reliever Medication**, called the 'rescue' inhaler (usually blue in colour), is taken only when needed or before exercise for quick relief.

## **TRIGGER**

For children who have asthma, inflammation in the airways causes the airways to become extra sensitive to a variety of triggers in the environment. An asthma trigger is anything in the environment that causes or provokes asthma symptoms. Common triggers include viral infections, allergens, fumes, extremes of temperature, exercise, and excitement or laughing. Most children with asthma have more than one trigger. However, the triggers and the degree of asthma symptoms differ for each person with asthma.

## **1.3 GENERAL INFORMATION**

### **Anaphylaxis and Asthma**

People with asthma who are also diagnosed with anaphylaxis are more susceptible to severe breathing problems when experiencing an anaphylactic reaction. It is extremely important for asthmatic students to keep their asthma well controlled. In cases where an anaphylactic reaction is suspected, but there is uncertainty whether or not the person is experiencing an asthma attack, epinephrine should be used first. Epinephrine can be used to treat life-threatening asthma attacks as well as anaphylactic reactions. Asthmatics who are at risk of anaphylaxis should carry their asthma medications (e.g. puffers/inhalers) with their epinephrine auto-injector (e.g. EpiPen).

### **What is Exercise Induced Asthma (EIA)?**

When students participate in physical activity, they commonly breathe through their mouths at a rapid rate, which causes cooling and drying of the sensitive airways. This cooling and drying effect causes the airways to narrow resulting in asthma symptoms. Exercise-induced asthma may present itself during or after physical activity. It is more common when activities are done in cold environments and during high pollen or pollution count days. However, students can experience EIA symptoms anywhere, including indoors. Using the reliever inhaler 10-15 minutes prior to exercise may prevent EIA.

## **1.4 LEGAL CONSIDERATIONS**

The focus in these documents is on the preventative measures by both the parent/guardian and the school together with the support of the school's parent and student communities. Our efforts will be concentrated in reducing the risks for the asthmatic child, and acting as a prudent parent in the event of an emergency by following the guidelines.

Each school location is required to provide for the administration of first aid to students and staff.

The concept of duty of care is absolutely fundamental to the issue of providing first aid. Duty of care is a legal principle which identifies the obligation of individuals and organizations to take reasonable measures to care for and to protect their clients to an appropriate level or standard. If the clients (students, employees) are vulnerable, if they cannot protect, defend or assert themselves, permanently or temporarily, as can occur in an accident or first aid situation then that duty becomes more intense and the standard higher.

Teachers have a legal responsibility to shelter students from harm by providing the level of care and supervision that could reasonably be expected of a prudent parent. This legal duty of care requires teachers to take measures to protect asthmatic students from exposure to a trigger while at school. Failure to take reasonable precautions could result in liability if a student suffers an asthma attack while under a teacher's care and supervision.



In addition to the general duty of care that teachers owe to their students, the *Education Act* imposes specific duties on teachers and principals. Section 265 (j) of the *Act* stipulates that principals have a duty "to give assiduous attention to the health and comfort of the pupils." This section of the *Act* arguably imposes upon principals, a duty to safeguard the health of asthmatic students by minimizing the risk of exposure to triggers while at school.

The Ontario *Human Rights Code* requires that measures be taken to create a safe environment for students to attend school. Public education is a service that cannot legally be denied to students on the basis of a disability. If the issue were litigated, a human rights tribunal would likely find that asthma is a disability, which must be accommodated in order to respect the asthmatic student's equal right to receive an education.

While it is necessary that teachers learn to accommodate and protect asthmatic students by taking reasonable measures to reduce the risk of exposure to triggers at school, it is important to recognize that there is no legal obligation for a school board or any of its employees to provide a trigger-free environment. No principal, teacher, or educational support person should ever assume such an obligation by promising the parents of an asthmatic student that a risk-free environment will be created and maintained for their child. Such a promise could render staff liable for a student's asthma attack, notwithstanding that reasonable efforts were taken to avoid contact with any triggers. No matter how committed the school staff is it is simply not realistic to believe that the risk of an asthmatic student's exposure triggers can be completely eliminated. Parents of asthmatic children should not be led to develop unrealistic expectations. Parents can, however, reasonably expect that teachers, principals and other school board employees will fulfill the legal obligation of accommodating and protecting asthmatic students by taking precautions to minimize the risk of exposure to triggers while at school.

The Board's Liability policy provides coverage for employees while acting within the scope of their duties with the Board. Thus all school staff, who administer first aid (which would include the administration of an inhaler) within the schools or during school activities shall have immunity.

In the event of an asthma attack, all employees in the vicinity will provide immediate first aid measures until emergency procedures are administered. No person having an asthma attack should be left unattended.

## **2. DIVISION OF RESPONSIBILITIES FOR PARENTS, STUDENTS, SCHOOL PERSONNEL**

Ensuring the safety of asthmatic children in a school setting depends on the cooperation of the entire school community. To minimize risk of exposure and to ensure rapid response to emergency, parents, students and school personnel must understand and fulfill their responsibilities.

### **RESPONSIBILITIES OF THE SCHOOL BOARD**

- Provide information and training to its school administrators and staff about how to identify, manage and accommodate students diagnosed with asthma.
- Provide information to school sites on how to identify and reduce common asthma triggers.
- Where possible, facilitate the use of asthma-friendly school supplies and products:
  - Scent free markers, cleaning products, dust free chalk
  - Building inspections and maintenance on a regular basis
  - Cleaning at times that reduce the possibility of exposing students/staff to fumes, dust, mould and other irritants.

---

## RESPONSIBILITIES OF THE SCHOOL ADMINISTRATOR

### IDENTIFICATION:

Develop and Implement:

- A process where children with an asthma condition are identified by parent/guardian and requested to supply information on the asthma condition.
  - Students presently registered at school (e.g. verification form)
  - Students during registration (e.g. question on registration form: Health Information)
- Provide staff who are in direct contact with students, at the beginning of the school year, a list of students who have asthma and/or use inhaler medications.
- Ensure students presenting with both anaphylaxis and asthma have their asthma identified on the student's Medical Communication Plan (Appendix A)
- Develop a process where classroom teachers inform supply teachers, support staff, volunteers and coaches of students with asthma.
- Process in place (e.g. emergency health response binder) to identify students with asthma for field trips, overnight trips, team events as well as students in cooperative education/work experience placements.

### MEDICATION:

- Establish a process that identifies those students who require assistance with their inhalers (Individual Asthma Management Plan - Appendix B) and inform and train appropriate staff.
- Inform parents and students that board **protocol** is for students to carry their own inhalers or have them easily accessible. Administrators must take into consideration the age of the student and student capacity (intellectual, physical).

### IN SERVICE INFORMATION AND TRAINING SESSION:

- Provide school staff with information covering the following topics at the beginning of each school year, and review when needed:
  - Identification of students with asthma and those students identified as having anaphylaxis and asthma.
  - Description of the condition of asthma.
  - Identification and managing of asthma triggers.
  - Symptoms of an asthma episode/attack.
  - Asthma medication – 'Rescue inhalers' used to relieve symptoms.
    - Various types of inhalers at school and how they are used.
    - Location of inhalers (Where practical (based on age, maturity) students are to carry their inhalers or to have inhalers in close proximity at all times)
  - How to manage a minor to a severe asthma episode. (Refer to: Instructions for Managing Asthma Symptoms, page 14)
- Provide classroom teachers, who have students diagnosed with asthma, with a copy of 'Responsibilities of the Elementary Classroom Teacher' (pages 8 - 10).
- Provide teachers/coaches (other than classroom teacher) who will be providing physical activity (e.g. intramural, interschool activities) with a copy of the 'Responsibilities for Teachers & Coaches Providing Physical Activity' (page 7).

---

**PREVENTION/AWARENESS:**

- Be aware of asthma triggers in the school and reduce exposure to these triggers wherever possible. (Refer to: Recognizing Asthma Triggers, page 12)
- Support the expectation that students with asthma should be participating in physical activities (e.g. physical education classes, daily physical activities) and to go outside for nutrition breaks. Most children with controlled asthma can be outdoors like other children.
- Place information regarding asthma on board website and in school newsletters.

**RESPONSIBILITIES FOR TEACHERS & COACHES PROVIDING PHYSICAL ACTIVITY**

The teacher of physical education is often the first to recognize students who have problems with asthma.

- Have a process of identifying students participating in physical activities who are diagnosed with asthma and require asthma medication (e.g. ask the students/athletes if they have been diagnosed with asthma and take an inhaler).
- For students identified with Exercise Induced Asthma (EIA) have them administer their reliever inhaler 10-15 minutes prior to exercise/activity.
- Ensure students have immediate access to their inhalers at all times for activities in the gymnasium, outdoors and during off site activities and games.
- Do NOT have a student begin activity if they are already experiencing asthmatic symptoms (e.g. chronic coughing, wheezing or difficulty breathing).
- Where environmental triggers are present, (e.g. extreme temperature, air quality (smog), high pollen count) provide, where possible, an indoor site. See *'Identifying and Managing Triggers for Physical Activity'* p.16.
- If symptoms occur after exercise begins, STOP the student from being active and, where possible, remove from trigger(s) and have the student take their reliever medication.
  - A fully recovered student:
  - Will breathe at a normal rate.
  - Will not be wheezing/coughing.
  - Will be able to carry on a conversation without any breaks.
- Warm up prior to physical activity should be progressive. For example, walking and other low to moderate level activities are appropriate prior to more vigorous physical activity.
- The intensity of the physical activity should start at a low level and gradually increase to develop exercise tolerance.
- Interval training is usually preferred over endurance training.
- Provide a cool down after physical activity for 5-10 minutes. The purpose is to gradually bring the heart rate down to a resting rate and reduce the chance of asthma symptoms occurring after the activity.
- For a mild to severe asthma episode apply the Instructions for Managing Asthma Symptoms (pg. 14)

---

**RESPONSIBILITIES OF THE ELEMENTARY CLASSROOM TEACHER**

- Be able to identify students in your class who have asthma and/or use an inhaler.
- Participate in the asthma information session provided by the principal.
- Have a copy of the Individual Asthma Management Plan (Appendix B) for those students with an asthma condition as verified by parent/guardian. Share the information on this form with all those who come in direct contact with the student(s) on a regular basis (e.g. staff, occasional teachers, volunteers, etc.).
- Meet with the child's parents/guardians (where applicable) to gather information related to the child's asthma, triggers and medication (inhalers). For children who need assistance with their inhaler, receive instructions from parent/guardians on how to administer inhaler properly and when needed.
- Meet with the student(s) identified with asthma and explain that:
  - You are aware of their asthma condition
  - You are there to assist in case of an asthma episode.
  - You are there to listen when they are experiencing symptoms or feel hesitant to participate.
  - You are there to support and facilitate a successful activity/school day.
  - Discuss with student how they are to signal you that they are experiencing an asthma attack.
- Be aware of the student(s) asthma triggers and where possible minimize or eliminate the causative factors. Examples:
  - Refrain from using strong smelling markers or wearing fragrances.
  - Refrain from having furry animals or birds in the classroom.
  - Use white boards in classrooms, where possible. Do not ask the student to clean chalkboards or chalk filled brushes/rags.
  - Be aware of high pollen days as well as extremes in temperature and poor air quality (smog).
  - Viral infections are one of the most common asthma triggers so encourage frequent hand washing to decrease spread of infection.
- Know the common symptoms of asthma:
  - Chronic coughing
  - Wheezing
  - Chest tightness
  - Shortness of breath
  - Difficulty breathing
- Students shall carry their own inhaler medication with them at all times.
  - For those students who are not able to carry their inhalers (e.g. age, intellectual or physical disability), the inhaler should be kept in a readily accessible but secure location (e.g. classroom).
- Inform parents when student shows signs of worsening asthma at school:
  - Child is experiencing frequent symptoms of asthma at school.
  - Child is using reliever inhaler (usually blue) more than 4 times/week (not counting the times prior to activity).

- Instruct classmates not to use or play with another student's inhaler.
- Identify the student(s) diagnosed with asthma to the supply teacher.
- Know the emergency plan for handling an asthma episode:

### **Instructions for Managing Worsening Asthma**

When asthma symptoms (e.g. coughing, wheezing, chest tightness, shortness of breath) present:

#### **ACTION:**

- Have student STOP their activity.
- Remove student from the trigger (where possible).
- Have student use reliever/inhaler as directed by physician (refer to medication label).
- Have student remain in an upright position.
- Have student breathe slowly and deeply.

When symptoms subside participation in regular activities may resume.

#### **It is an emergency if:**

- The inhaler/reliever has not helped within 5-10 minutes.
  - The student has difficulty speaking or is struggling for breath.
  - The student appears pale, grey, or is sweating.
  - The student has greyish/blue lips or nail beds.
- OR you have any doubt about the student's condition

#### **ACTION:**

- Call 911, wait for ambulance, DO NOT drive student.
- Continue to give the reliever inhaler every 2-3 minutes until help arrives.
- Contact parents/guardians as soon as possible.

- Asthma and Physical Activity: It is important that children with asthma participate in physical activity (asthma should not be used as an excuse to avoid activity).
  - For students identified with Exercise Induced Asthma (EIA) have them administer their reliever inhaler 10-15 minutes prior to exercise.
  - Ensure students have immediate access to their inhaler at all times in the gymnasium, outdoors and during off site activities and games.
  - Do NOT have a student begin activity if they are already experiencing asthmatic symptoms (e.g. chronic coughing, wheezing, difficulty breathing).
  - If symptoms occur after exercise begins, STOP the student from being active. Where possible, remove from trigger(s) and have the student take their reliever medication. A fully recovered student:
    - Will breathe at a normal rate.
    - Will not be wheezing/coughing.
    - Will be able to carry on a conversation without any breaks.
  - Warm up prior to physical activity should be progressive. For example, walking and other low to moderate level activities are appropriate prior to more vigorous physical activity.
  - The intensity of the physical activity should start at a low level and gradually increase to develop exercise tolerance.

- Where environmental triggers are present, (e.g. extreme temperature, air quality, high pollen count) provide, where possible, an indoor site. (Resource: 'Identifying and Managing Triggers for Physical Activity', page 16)
- Provide a cool down after physical activity for 5-10 minutes. The purpose is to gradually bring the heart rate down to a resting rate and reduce the chance of asthma symptoms occurring after the activity.
- Resource: "Asthma & Physical Education 'What Physical Educators and Coaches Need to Know', from OPHEA. – link found under 'Resources', page 17.
- Encourage students with asthma to participate in all school activities to the best of their abilities, e.g.:
  - When planning outdoor activities try to avoid freshly cut grass, extreme temperatures (cold, hot or humid) and poor air quality.
  - Notify parents/guardians well in advance of school trips and identify activities involved.
  - Ensure that reliever inhalers are easily accessible on field trips, that a suitable means of communication is accessible and you are knowledgeable of how to handle worsening asthma.
- Provide opportunities for students to learn about asthma.
  - Discuss with the class (in age appropriate terms) what asthma is.
  - Outline ways the students can be a helpful friend.
  - See resources (books/videos) from the Ontario Lung Association, available at [www.on.lung.ca](http://www.on.lung.ca).

### **RESPONSIBILITIES OF STUDENTS WITH ASTHMA (as age appropriate for the student)**

- Take home and return to school all forms related to asthma.
- RELIEVER MEDICATION – INHALER:
  - Know how to administer your inhaler medication (age appropriate).
  - If you feel uncomfortable with taking your own medication or need assistance administering inhaler, request assistance from your teacher/adult as soon as you feel the need to do so.
  - Carry your inhaler with you at all times
  - Make sure you take your inhaler with you on all off school site activities (e.g. field trips, athletic activities).
  - Do not share your medication with anyone.
  - Talk to your friends about your asthma and tell them how they can help.
  - Tell your parents and teacher each time you take your medication. When you take your medication more than 4 times per week (other than prior to exercise), inform your parents.
- Know what triggers your asthma (what makes your asthma worse) and inform your teacher when your asthma is bothering you because of the trigger.
- When under the supervision of a supply/substitute teacher or adult, inform them about your asthma and the location of your reliever inhaler.

- When experiencing an asthma attack, never remove yourself to a secluded area (e.g. washroom). Inform a teacher or classmate. First aid or medical assistance will not be available to assist you if the asthma attack gets worse and no one knows where you are.

## **RESPONSIBILITIES OF THE PARENT/GUARDIAN OF AN ASTHMATIC CHILD**

In order for the school to provide a safe and nurturing learning environment and to act in the best interest of your child during an asthma episode, we invite and welcome your cooperation and support by implementing the following:

- Inform the school administrator that your child has an asthma condition and keep the school administrator/teacher up to date on any changes to your child's condition or original diagnosis.
- **FORMS:** Complete the following forms and adhere strictly to the guidelines for submission. Completed forms should be submitted during the last week of August or as soon as possible after registration or diagnosis:
  - Parent/Guardian Consent Form (Appendix C)
  - Medical Communication Plan (Appendix A)
  - Individual Asthma Management Plan (Appendix B)
- **COMMUNICATE WITH PRINCIPAL AND CHILD'S TEACHER.** They need to know about your child's:
  - Triggers – what makes their asthma worse
  - Management plan – e.g. if your child has exercise induced asthma and requires inhaler prior to activity.
  - Ability to use their inhaler:
    - If your child is capable of using their own inhaler,
    - If your child requires assistance to take their medication, provide instructions to the school staff regarding proper use of inhaler.
  - Review the 'Instructions for Managing Asthma Symptoms' (page 14) and how it applies to your child.
  - For off school site activities (e.g. field trips, athletic activities) inform supervising teacher/coach of required accommodations.
- **RELIEVER MEDICATION – INHALER**
  - Instruct your child on the proper administration of their reliever inhaler.
  - Ensure your child's medication has their name on it.
  - Support best practices for location of medication by instructing your child to carry their inhaler medication at all times.
  - Inform your child that their inhaler is not to be played with or shared with any other student.
  - Encourage your child to inform you if they are using their reliever medication more than 4 times per week (other than before exercise) at school.
  - Instruct your child to take their reliever medication with them on all off site activities (e.g. field trips, athletic activities).

### 3. ASTHMA – MANAGING TRIGGERS & SYMPTOMS IN SCHOOLS

#### RECOGNIZING ASTHMA TRIGGERS

For children who have asthma, inflammation in the airways causes the airways to become extra sensitive to a variety of triggers in the environment. An asthma trigger is anything in the environment that causes or provokes asthma symptoms (cough, wheeze, difficulty breathing). Common triggers include:

- Viral infections (cold, flu)
- Dust
- Pollution
- Food allergies (i.e. nuts)
- Exercise
- Temperature extremes (cold, or hot & humid)
- Scented markers
- Moulds
- Pets (furry, feathered)
- Perfumes
- Fumes (paint, cleaning products, glue)
- Chalk dust
- Pollens
- Cigarette smoke
- Excitement, laughing

Most children with asthma have more than one trigger. However, the triggers and the degree of asthma symptoms differ for each person with asthma.

#### RECOGNIZING ASTHMA SYMPTOMS

- Coughing
- Shortness of breath
- Chest tightness
- Difficulty breathing
- Wheezing

These symptoms can be reversed with medication and by reducing exposure to environmental triggers. Not every person will experience all of the symptoms listed.

**Often a cough may be the only symptom experienced.**

#### ASTHMA MEDICATION

In general, asthma medications work in one of two ways to relieve symptoms. They either work by controlling or preventing the inflammation and mucous production or by relieving the muscle tightness around the airways.

Controller Medication (Flovent, Advair, Qvar, Pulmicort, etc.)



- Used daily, before and after school at home, to prevent asthma attacks.
  - Decreases and prevents swelling of the airways
  - Can take days to weeks of regular use to work effectively
- Various colours (orange, purple, brown, red)

---

Reliever Medication (Ventolin/Salbutamol, Bricanyl, etc.)



- Used to relieve symptoms of asthma. Called the 'rescue' inhaler (usually blue in colour)
- Needs to be readily accessible at all times
- Provides relief quickly, within minutes
- Relaxes the muscles of the airways
- Taken only when needed or prior to exercise if indicated
- View instructional videos on how to use inhalers here (from the Asthma Society of Canada): <http://asthma.ca/inhalertraining.php>

### **ANAPHYLAXIS AND ASTHMA**

People with asthma who are also diagnosed with anaphylaxis are more susceptible to severe breathing problems when experiencing an anaphylactic reaction. It is extremely important for asthmatic students to keep their asthma well controlled. In cases where an anaphylactic reaction is suspected, but there is uncertainty whether or not the person is experiencing an asthma attack, epinephrine should be used first. Epinephrine can be used to treat life-threatening asthma attacks as well as anaphylactic reactions. Asthmatics who are at risk of anaphylaxis should carry their asthma medications (e.g. puffers/inhalers) with their epinephrine auto-injector (e.g. EpiPen).



## **INSTRUCTIONS FOR MANAGING ASTHMA SYMPTOMS**

When asthma symptoms (i.e. coughing, wheezing, chest tightness, shortness of breath) present:

### **Action:**

- Remove student from the trigger
- Have student use reliever inhaler as directed by medical doctor (refer to medication label)
- Have student remain in an upright position
- Have student breath slowly and deeply
- Do NOT have student breath into a bag or lie down
- If student totally recovers, participation in activities may resume

### **If symptoms persist:**

#### **Action:**

- Wait 5-10 minutes to see if breathing difficulty is relieved
- If not, repeat the reliever medication
- If the student's breathing difficulty is relieved, they can resume school activities, but should be monitored closely. The student should avoid vigorous activity and may require additional reliever medication.

## **IT IS AN EMERGENCY SITUATION IF THE STUDENT:**

- Has used the reliever medication and it has not helped within 5-10 minutes
  - Has difficulty speaking or is struggling for breath
  - Appears pale, grey or is sweating
  - Has greyish/blue lips or nail beds
  - Requests a doctor or ambulance or asks to go to the hospital
- OR**
- You have any doubt about the student's condition

#### **Action:**

- Call 911, wait for the ambulance, DO NOT drive the student
- Continue to give the reliever inhaler every two to three minutes until help arrives
- Contact parents/guardians as soon as possible



## **EXERCISE INDUCED ASTHMA (EIA)**

When students participate in physical activity, they commonly breathe through their mouths at a rapid rate, which causes cooling and drying of the sensitive airways. This cooling and drying effect causes the airways to narrow resulting in asthma symptoms. Exercise-induced asthma may present itself during or after physical activity. It is more common when activities are done in cold environments and during high pollen or pollution count days. However, students can experience EIA symptoms anywhere, including indoors.

### **Medication Prior to Activity:**

Using the reliever inhaler 10-15 minutes prior to exercise may prevent EIA. Check with the student's parents/guardians if their child is a candidate to take their reliever medication prior to physical activity.

### **Asthma Symptoms Prior to Activity:**

If the student is already experiencing asthma related symptoms, such as coughing or difficulty breathing, they should NOT participate in physical activity as this can lead to a severe asthma attack.

### **Warm Up and Cool Downs:**

A good warm up before, and cool down after, physical activity may assist in preventing the development of asthma symptoms:

- Begin your activity with a progressive warm up. The purpose is to warm both the body and the airways in preparation for the activity (e.g. begin by light walking and progress gradually to a jog).
- The intensity of the activity should start at a low level and gradually increase to develop exercise tolerance.
- End your lesson with a cool down period. The purpose is to gradually bring the heart rate down to a resting rate and reduce the chance of asthma symptoms occurring after the exercise.

### **Asthma symptoms occurring after physical activity begins:**

If symptoms occur after physical activity begins, STOP the student until the student is fully recovered. A reliever inhaler may be needed.

A fully recovered student:

- Will breathe at a normal rate.
- Will not be wheezing/coughing.
- Will be able to carry on a conversation without any breaks.



---

## IDENTIFYING AND MANAGING TRIGGERS FOR PHYSICAL ACTIVITY

### Outdoor Triggers:

#### Cold Air

- Some students with asthma may require something to cover their mouth and nose (e.g. a scarf or neck warmer). This can help to add warmth and moisture to cold dry air and potentially reduce the chance of asthma symptoms occurring.
- Choose well ventilated indoor sites on days with extreme temperatures.

#### Air Quality, Smog

- Be aware of air quality and smog alerts for the area as reported on local weather forecasts. [www.airqualityontario.com](http://www.airqualityontario.com) provides up to date information on daily forecasts.
- Choose well-ventilated indoor sites on days when the air quality is poor.

#### Pollen, Trees, Leaves

- Be aware of the pollen count. Reports can be found at [www.weather.ca](http://www.weather.ca)
- Avoid play areas with a lot of trees/grasses from May to August (or until first frost) OR select activity areas located on blacktop or sites away from trees and grasses, where possible.
- Participate in physical activity outdoors after 10 a.m. when pollen counts are lower, where possible.
- Choose well-ventilated indoor sites on days with high pollen counts.

### Indoor Triggers:

When activities take place indoors take precautions to minimize or eliminate the following triggers that may cause asthma symptoms: strong smells from markers, paints, cleaning products and perfumes; chalk, dust, and furry or feathered animals.

- If carpet is used, use a throw rug so that it can be easily washed, where possible.
- Report any mould concerns to your principal.
- Remove any furry or feathered pets, gerbils, mice, birds, etc.
- Consider a no-perfume policy in your work environment.
- Choose scent-free products when possible – i.e. unscented markers, art supplies, etc.
- Use dry-erase boards with scent-free markers more often.
- Keep windows closed during high pollen count days.



#### 4. RESOURCES

1. *Managing Asthma in Our Schools* (Video):  
<http://www.ophea.net/node/1411>
2. *Asthma in Schools: What Educators Need to Know*:  
<http://www.ophea.net/product/asthma-schools-what-educators-need-know#.VZwhiqNzaUk>
3. *Asthma and Physical Activity: What Physical Educators and Coaches Need to Know*:  
<https://www.ophea.net/product/asthma-and-physical-activity-what-physical-educators-and-coaches-need-know#.VZwhcKNzaUk>
4. *Asthma Friendly Schools Online Community* - sharing community for school boards and community partners across Ontario supporting the implementation of Ryan's Law:  
<http://asthmafriendlyschools.ning.com/>
5. *Creating Asthma Friendly Environments*:  
<http://asthmainschools.com/>
6. *Ontario Lung Association*:  
<http://on.lung.ca/page.aspx?pid=445>
7. *Asthma Society of Canada*:  
<http://www.asthma.ca/>
8. *Asthma Kids*, from the Asthma Society of Canada:  
<http://asthmakids.ca/>
9. *Ministry of Education Resources*:  
<http://www.edu.gov.on.ca/eng/healthyschools/anaphylaxis.html>

**Appendix A: (Health Support Services Policy 2.1.9 – APPENDIX C)**

**MEDICAL COMMUNICATION PLAN**

<b>Student Name:</b> _____	<b>Homeroom:</b> _____
D.O.B: _____	<b>Grade:</b> _____
School Name: _____	School Year: _____
Address: _____	
Parent/Guardian: _____	Phone: _____
Alt. Contact: _____	Phone: _____
Alt. Contact: _____	Phone: _____

**Type of Medical Alert**

- Diabetic
- Allergy to Foods (Anaphylaxis)
- Asthmatic
- Allergy to Insect Venom (Anaphylaxis)
- Other: \_\_\_\_\_

**Steps to Follow:**

1. Emergency Medication or Intervention
2. Call 911
3. Call Parent/Guardian (see above)

\* Never leave child unattended

**Emergency Medication or Intervention Plan/Details**

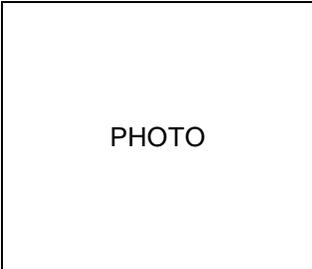
**PHOTO**

**Appendix B: (Health Support Services Policy 2.1.9 – APPENDIX F)**

## Individual Asthma Management Plan

Student: \_\_\_\_\_ Age: \_\_\_\_\_

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



**KNOWN ASTHMA TRIGGERS**

- Colds/Viruses     Exercise     Weather Conditions     Strong Smells  
 Animals     Allergies/Other:  
 Anaphylaxis (+ asthma greatly increases severity of breathing difficulties)  
 **PARENT: Please check here if you want this form/plan posted**

**MEDICATION: RELIEVER/RESCUE INHALER (USUALLY BLUE)**

Use reliever inhaler	_____	in the dose of	_____
	(name of medication)		(# puffs/doses)
Reliever inhaler is used:	<input type="checkbox"/> to relieve symptoms (see below) <input type="checkbox"/> to prevent <i>exercise induced</i> asthma, given 10-15 min. prior to activity. *Please specify activity: _____		
Location of Reliever inhaler:	<input type="checkbox"/> student carries own inhaler <input type="checkbox"/> stored in classroom *specify: _____ <input type="checkbox"/> other: _____		
Student can self-administer?	<input type="checkbox"/> Yes <input type="checkbox"/> No, needs assistance		

**INSTRUCTIONS FOR MANAGING WORSENING ASTHMA**

	MILD ASTHMA SYMPTOMS	ASTHMA EMERGENCY
<b>WHAT TO LOOK FOR (1 or more)</b>	<ul style="list-style-type: none"> <li>Continuous coughing</li> <li>Complaints of chest tightness</li> <li>Difficulty breathing</li> <li>Wheezing (not always present)</li> </ul> <p>(Above symptoms may also be accompanied by: restlessness, irritability, tiredness)</p>	<p><b>ANY of the following symptoms indicate an emergency!</b></p> <ul style="list-style-type: none"> <li>Unable to catch breath</li> <li>Difficulty speaking a few words</li> <li>Lips or nail bed blue or grey</li> <li>Breathing is difficult &amp; fast (&gt;25 breaths per minute)</li> </ul>
<b>WHAT TO DO</b>	<ol style="list-style-type: none"> <li>1. <b>Administer reliever inhaler.</b> If there is no improvement in 5-10 minutes... <b>THIS IS AN EMERGENCY</b></li> <li>2. <b>Stay calm. Remain with child.</b></li> <li>3. <b>Tell the child to breathe slowly &amp; deeply.</b></li> <li>4. <b>Notify parent of episode.</b></li> <li>5. <b>Child can resume normal activities once feeling better.</b></li> </ol> <p><small>NOTE: If child requires reliever inhaler again in <i>less than 4 hours</i> medical attention should be sought.</small></p>	<ol style="list-style-type: none"> <li>1. <b>CALL 911</b></li> <li>2. <b>Give reliever inhaler immediately &amp; continue to give reliever inhaler every few minutes until help arrives.</b></li> <li>3. <b>Stay calm. Remain with the child.</b></li> <li>4. <b>Tell the child to breathe slowly &amp; deeply.</b></li> </ol> <p><small>NOTE: Students are transported to hospital by ambulance only.</small></p>

---

Appendix C: (Health Support Services Policy 2.1.9 – APPENDIX E)

## Life-Threatening Situation for High Risk Students

### Parent/Guardian Consent Form

Authorization for the collection of this information is in the Education Act. Users will be the Principal, Teacher(s), and appropriate school support staff for the purpose of obtaining parental consent and direction for life-threatening situations. This form will be retained in the school office for as long as is deemed necessary. Contact person for queries concerning this information is the Principal of the school.

---

---

**I hereby acknowledge, that at my request, the Principal/designate has been authorized to administer, in a life-threatening situation, the following medication/procedure to my child.**

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

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

Reason for Administration: \_\_\_\_\_

Name of Medication/Procedure: \_\_\_\_\_

Method of Administration: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

I hereby release the Principal/designate and District School Board Ontario North East from any claim, thus immunity, for example, as in **Sabrina's Law - Article 3. (4) No action for damages shall be instituted respecting any act done in good faith or for any neglect or default in good faith in response to an anaphylactic reaction in accordance with this Act, unless the damages are the result of an employee's gross negligence.**

I hereby give consent for this information to be shared with school staff (including support staff and occasional teachers), coaches, volunteers and students.

---

Parent/Guardian Name

---

Parent/Guardian Signature

---

Date