

HEALTH SUPPORT SERVICES RESOURCE HANDBOOK

(Implementation Guidelines for Policy 509)

Revised 2002 06

**HEALTH SUPPORT SERVICES
RESOURCE HANDBOOK**

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SECTION A

SCHOOL HEALTH SUPPORT SERVICES

SECTION A: SCHOOL HEALTH SUPPORT SERVICES

1. Community Care Access Centre

Principal's Responsibilities:

When a request is made for the provision of a support service designated as the responsibility of the Community Care Access Centre of the Ministry of Health, the Principal shall:

- a) Contact the parent/guardian to discuss the pupil's needs and to indicate the availability of service from the Community Care Access Centre;
- b) Complete the Community Care Access Centre-School Health Support Services form 509-1 (available from Community Care Access Centre), send one copy to the Community Care Access Centre Case Manager, one copy to the parent/guardian, and retain one copy in the pupil's school file.
- c) Maintain in the pupil's Ontario Student Record, the record of the request for service and any additional pertinent information. related to the request.

2. Wellington-Dufferin-Guelph Health Unit

a) General Information

When a request is made by the Wellington-Dufferin-Guelph Health Unit for dental screening or immunization of students, the Principal will distribute information provided by the Wellington-Dufferin-Guelph Health Unit prior to the scheduled screening or immunization.

b) Dental Services

The Wellington-Dufferin-Guelph Health Unit will provide dental screening examinations in certain schools as mandated under Health Protection and Promotion legislation. Some children identified with urgent dental needs are eligible to have the cost of required dental treatment covered through the following two government programs; The Children in Need of Treatment program (CINOT), and The Ontario Works dental program (OW).

3. Vaccine Preventable Diseases - Immunization Services

- a) The Wellington-Dufferin-Guelph Health Unit will request immunization information at school entry and periodically throughout the student's school career. The information will be assessed and students that require immunization for a variety of reasons will receive notice and possibly the opportunity to receive their immunization at a school clinic. "Consent to Treatment" for immunization is not governed by a particular age. Although most students may legally provide their own consent, it is recommended that parents be included in the decision-making process. The authorization for the collection of this information is in the Education Act and the Immunization of School Pupils Act, 1982 for the purpose of conducting an immunization program. The users of the information will be the staff of the Wellington-Dufferin-Guelph Health Unit. The contact person for queries about this collection is the appropriate Superintendent.

SECTION B

FIRST-AID PROCEDURES

SECTION B FIRST-AID PROCEDURES

1. **General Information**

- a) Principals shall ensure that:
- all school personnel are aware of staff with First-Aid and CPR training;
 - all school personnel are aware of the location of First-Aid supplies;
 - appropriate First-Aid equipment and supplies are available for school functions;
 - First-Aid kits are maintained in accordance with the prescribed “List of First-Aid Supplies”;
 - emergency numbers are clearly posted at school telephones;
 - the “First-Aid Procedures Poster” is posted in convenient locations (sample on pages 5 and 6 of this section);
 - consideration is given to having a person qualified in First-Aid and in basic CPR in attendance at school functions.
- b) An injury which requires a degree of urgency should be examined by an individual who has First-Aid training. The parents should be contacted immediately. The Principal or Designate should be promptly notified of the injury. If no school personnel are available to offer First-Aid and no instructions are received from the parent, medical advice should be sought (doctor/hospital/ambulance). (Reference: First-Aid Procedures Poster)
- c) Additional copies of the First-Aid Procedures poster can be obtained from St. John Ambulance at <http://www.sja.ca>.

2. **Standard Precautions**

- a) Standard Precautions are used to prevent skin or mucous membrane contact with all body fluids, including blood, secretions and excretions (except sweat).
- b) Standard Precautions replaces a combination of Universal Precautions, and Body Substance Precautions.
- c) Standard Precautions help protect against all infectious diseases.

3. List of First-Aid Supplies

The following supplies are stored in the warehouse at the Board Office and may be ordered through the Purchasing Department.

These First-Aid supplies should be considered as the minimum adequate materials for First-Aid kits in Upper Grand. Additional supplies may be required in some schools and/or for some activities.

Description	Quantity
1. First-Aid Kit (empty)	1
2. First-Aid Manual.....	1
3. Gauze Pads, 4" x 4"	24
4. Tensor Bandages, "Kling", 3"	2 rolls
5. Non-allergic Surgical Adhesive Tape.....	2 rolls
6. Abdominal Pads (or diapers)	4
7. Pressure bandages (6" x 6").....	2
8. Instant Cold Compresses.....	2
9. Cotton Balls	1 package of 50
10. Tensor Bandages (4")	2
11. Bandages, Elastic, Adhesive, 2" x 3"	12
12. Bandages, Triangular	2
13. Safety Pins	12
14. Freezer Bags – Ziplock	1 roll
15. Surgical Scissors, 5.5"	1
16. Tweezers, 3.5" fine point	1
17. Green Soap.....	1 bottle
18. Gloves, Non-Latex, Disposable	4 pairs
19. Antiseptic Skin Wipes.....	6
20. CPR Microshield.....	1
Note Pad and Pen	1

Insert Standard precautions sheet. – page 1

21. Insert standard precautions, page 2

Insert page 1 of the First-Aid For Emergencies

Insert page 2 of the First Aid For Emergencies

SECTION C

MEDICATION

SECTION C MEDICATION

1. General Information

- a) Medication for pupils shall be administered at home where possible.
- b) The pupil's parent/guardian may be permitted to administer oral medication during school hours. Every attempt should be made to arrange times for such administration with the least possible disruption to all concerned.
- c)
 - i) It is the responsibility of the parent/guardian to request permission from the Principal/Designate for a pupil under the age of 12 to possess and self-administer a medication.
 - ii) A record of any parental permission received should be retained for the current school year.
 - iii) EpiPens should be carried on the student with the allergy. Additional EpiPens may be kept in the school office or other suitable locations.
- d) Medication shall be administered in a manner which encourages the pupil to take an appropriate level of responsibility and in a manner which allows for sensitivity and privacy.
- e) Where prescription or non-prescription oral medication must be administered to pupils by school personnel, it shall be in the following manner:

The parent/guardian must:

- i. provide written authorization on the Consent for Administration of Oral Medication form 509-2;
- ii. deliver to the Principal or Designate the required medication in the original container;
- iii. ensure the container has a pharmaceutical sticker or label attached indicating the name of the child and directions for the administration and storage of the medication;
- iv. instruct their child to attend the school office for medication as per the schedule for administration as established in conjunction with the school Principal.

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- f) The Principal or Designate should ensure that the Medication Tracking Sheet is completed after each administration of a medication and retained in a designated area. If medication is not given or refused, reasons for such an omission must be noted in the Medication Tracking Sheet and parental contact should be made.
- g) The Principal or Designate should ensure medication to be administered by school personnel is kept in a safe location. Only authorized staff may access the stored medication. Any accidental administration of medication must be reported immediately to the Principal.
- h) The Principal should communicate the policy and procedures on the administration of oral medication to parents on an annual basis.

UPPER GRAND DISTRICT SCHOOL BOARD
500 Victoria Road North, Guelph, ON N1E 6K2

509-2
(00-11)

CONSENT FOR ADMINISTRATION OF ORAL MEDICATION

(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 administering oral medications and completing an Oral Medication Log form 509-3. This form will be retained in the school office for as long as deemed necessary and then shredded. Contact person for queries concerning this information is the school Principal.)

1 Name of Student _____
School _____
Date of Birth _____
Day / Month / Year Grade
Address _____
Name of Parent/Guardian _____
Telephone Home Business Ext. _____

2 Name of Prescribing Physician _____
Address _____
Telephone Number _____

3 Name of Medication _____
(Medication must be in the original container affixed with a pharmaceutical sticker or label, the child's name, and the dosage.)
Times for Administration _____
Dosage to be Given Each Time _____
Total Times Per School Day _____
Additional Instructions _____
Condition Requiring Medication _____
Duration Medication to be Given _____
Anticipated Reaction (if any) _____
Additional Comments _____

IT IS THE PARENT'S/GUARDIAN'S RESPONSIBILITY TO EDUCATE THEIR CHILD ON THE ADMINISTRATION PROCEDURES OF THEIR MEDICATION.

Approval of Parent/Guardian

I hereby request and give permission to the Principal/Designate to assist my child with the administration of oral medication, in accordance with the instructions noted above. And I hereby release the Principal/Designate and The Upper Grand District School Board from any claim for any harmful effects resulting from the administration of the medication as aforesaid including any faulty act relating thereto and I hereby agree to indemnify and save harmless the Principal/Designate and the Upper Grand District School Board from all claims that may be made as a result of the administration of this medication.

Signature of Parent/Guardian/Student Date

SECTION D

LIFE-THREATENING SITUATIONS

SECTION D LIFE -THREATENING SITUATIONS

1. General Information

- a) The Board recognizes that some pupils are at high risk with respect to Life- Threatening situations. These students include, but are not limited to:
 - those who experience severe allergies and anaphylactic shock
 - those prone to severe asthma
 - those prone to seizures
 - those with diabetes
 - those who are medically fragile.
- b) A Life-Threatening Management and Prevention Plan must be completed and reviewed annually for each student who is considered to be at high risk with respect to a Life-Threatening situation.
- c) Principals shall ensure that staff members (including itinerant and occasional teachers, lunch room supervisors, educational assistants, 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 Municipal Freedom of Information and Protection of Privacy Act.
- d) The parent/guardian of a high risk pupil should be strongly encouraged to have the proper identification on the student at all times (i.e., Medic Alert Bracelet) and if possible, directions on how to administer medications. The parent/guardian is also responsible for providing, in advance, supplies or equipment for any treatment required in a Life-Threatening situation.
- e) 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.
- f) School staff, to the best of their ability, shall administer or assist the student to administer a treatment.

2. Allergic Reactions

- a) What are they?

An allergic reaction is an abnormal immunological reaction in which the body's immune system overreacts to things that are normally harmless.

Irritating and uncomfortable symptoms may result after exposure to the "allergen" or substance to which the individual is allergic.

b) How do they occur?

Certain proteins in food and substances in the environment called allergens can cause the body's immune system to overreact. Almost any substance in the environment can be an allergen. Most common allergens include: plant pollens, spores of mould, animal dander, house dust, feathers, dyes, soaps, detergents cosmetics, plastics, latex, drugs, food and fragrances.

Food: The foods most likely to cause allergic reactions include milk, eggs, wheat, fish, shellfish, nuts and peanuts. Reactions may occur immediately or may be delayed for several hours. Some people react to touching the foods or to very small quantities of the foods in the air.

c) How do they enter the body?

Allergens can enter the body by being: inhaled, swallowed, touched, or injected.

d) How do the allergens produce an allergic reaction?

Once the allergen binds with the body cells, antibodies are produced. These antibodies react with the allergen triggering the release of chemicals including histamine. Histamine, which is abundant in the skin, nose and lungs, produces a variety of allergic symptoms throughout the body.

Although an allergic reaction may involve any part of the body, the respiratory and digestive systems and the skin are commonly affected. Allergic symptoms can be classified by the part of the body which is affected.

TYPICAL ALLERGY SYMPTOMS				
Skin Symptoms	Digestive Symptoms	Respiratory Symptoms	Cardiovascular	Neurological
<ul style="list-style-type: none"> • Hives • swelling • itchy red rash • eczema flare 	<ul style="list-style-type: none"> • cramps • diarrhea • gas • nausea • vomiting 	<ul style="list-style-type: none"> • itchy, watery eyes • runny nose • stuffy nose • sneezing • cough • itching or swelling of lips, tongue, throat • changes in voice • difficulty swallowing • tightness of chest • shortness of breath • repetitive throat clearing 	<ul style="list-style-type: none"> • reduced blood pressure • increased heart rate • shock 	<ul style="list-style-type: none"> • impending doom • headaches • weakness • seizures • progressive loss of consciousness

There is no way to predict how a reaction will develop. However, all reactions need to be taken seriously and treated promptly. Each person’s reaction time can be different depending on the severity of the allergy.

3. Anaphylaxis

- a) The most serious type of allergic reaction is called anaphylaxis. It occurs following exposure to an allergen such as food, stinging insects (including bees and fire ants) and medications.
- b) Anaphylactic shock is characterized by a rapid, severe, allergic response that can be fatal. Because death can occur within minutes, anaphylaxis is a medical emergency, and immediate treatment is required to save lives.
- c) EpiPens

The EpiPen auto-injector is a disposable, pre-filled automatic injection device which is designed to deliver a single dose of epinephrine (adrenaline) to a person suffering from an anaphylactic reaction. It can be self-injected or administered by a caregiver if the victim is a child. Early intervention is the key to survival.

Without intervention, death can occur within minutes. (See page 15 of this section for administration instructions.)

4. Prevention and Management of Anaphylaxis in a School Setting

The goal is to reduce the presence of Life-Threatening allergens in schools with anaphylactic children. Avoidance of the allergen is the only way to prevent an allergic reaction from occurring. An anaphylactic reaction is frightening and Life-Threatening and can appear suddenly and violently. As a team, parents and school staff can make anaphylaxis a manageable occurrence. While an allergen-free environment cannot be guaranteed, below are guidelines to help make the school a safer environment for anaphylactic students.

Guidelines

- a) Encourage the student to accept personal responsibility for avoidance of, consumption, or exposure to foods containing the allergen.
- b) Listen to and believe the child; the child may feel a reaction before you see it.
- c) Reassure the child that you are aware of their needs and discuss with the child how to communicate in an emergency situation.
- d) Principals need to be aware that there are cases of food-allergic children being threatened with the allergic food.
- e) While food allergies, specifically to peanuts, are prevalent in our schools, school administrators must be conscious of other allergens that may be present. See page 3, section “D” of this handbook.

In the Elementary School

- a) Avoid having the food allergen in the classroom.
- b) Send a letter to all parents in the child's class requesting that the food allergen not be sent to school. (see Section E, Resources, page 1)
- c) Identify the problem to students and enlist their co-operation and support.

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- d) Be aware of hidden sources of food allergens which may be brought to the classroom during parties, in Hallowe'en treat bags etc.
- e) Inform the child's parents well in advance of special activities involving food (e.g. birthday parties, school trips, etc.).
- f) If a child arrives with a Life-Threatening allergen, personal contact will be made with the parents to make them aware of the situation. A note might also be sent home. (see Section E, Resources, Page 2)
- g) Have a classroom rule of no sharing of food.
- h) Avoid using problem food in arts and crafts activities.
- i) If a problem with bees exists, consider covered garbage cans or a food-free yard.
- j) Ensure that supply teachers are aware of measures for classroom prevention.
- k) Consider that participation in a yard cleanup activity may pose a higher risk for students with Life-Threatening allergies.
- l) EpiPens should be kept with the child at all times, with parental permission.
- m) Consider a 'buddy' system on the playground.
- n) Encourage fundraising committees to use peanut-free products.
- o) The Board shall stipulate to its suppliers that peanut products be excluded from vending machines.
- p) Principals should monitor the contents of their vending machines and report to the appropriate Superintendent if peanut products are available in them.
- q) Encourage hand washing before and after eating.

On Excursions

- a) Consider that participation in some trips may pose a higher risk for the anaphylactic student, and in those situations, parents may wish to participate in the trip.
- b) In the planning of activities, part of the plan should address the issue of what to do in emergencies and this should be communicated to staff/supervisors/parent helpers.
- c) Ensure that a supervisor with training in the use of the EpiPen is assigned responsibility for the anaphylactic child.
- d) Provide a cell phone, if practical, to assigned supervisor.
- e) Ensure parent of anaphylactic child provides the appropriate number of EpiPens to be administered if required.
- f) Where possible, inform food providers of restrictions and request that they eliminate the food allergens from the menu (day camps, overnight camps, banquets, etc.).
- g) Ask parents to avoid sending food containing the allergen.

5. **Diabetes**

a) Background

Insulin is needed in the body to allow sugar from the blood stream to enter the cells for energy or storage. Diabetes is a condition where the body does not make enough insulin to meet its needs. Sugar then builds up in the blood and cells do not get the energy they need. A person with diabetes takes medication by mouth or insulin by injection and carefully controls what they eat (the source of energy).

Almost all children with diabetes have Type 1 diabetes which means they depend on frequent insulin injections to meet their needs. Life-Threatening Management and Prevention Plans should be completed for all students with diabetes.

b) Emergencies in Diabetes

i) Low Blood Sugars

The emergency most frequently encountered is low blood sugar or hypoglycemia (formerly called insulin reaction or insulin shock). This needs immediate treatment with sugar intake in the form of liquid fruit juice or quickly absorbed candies like Lifesavers or Dextrosol or Glucogel packages (a vaseline-like substance that contains a high percentage of glucose which is squeezed into the mouth).

Possible Causes:

- more exercise than usual
- not eating enough at the right time (e.g. missed or incomplete snack or meal)
- taking more insulin than needed

Signs:

- sweaty, pale, trembling
- headache, feeling hungry
- difficulty speaking, inattentive, irritable, aggressive or sleepy
- child states "I feel low"

Action:

- needs immediate intake of fast acting sugar, wait ten minutes for improvement;
- then follow with usual snack or lunch
- if the child cannot swallow, call 911 immediately

ii) High Blood Sugars

High blood sugars may also be encountered but as these develop over several days rather than in a few minutes, they are usually managed by the parents while at home through adjusting the insulin dose.

Children on an overnight trip might need treatment for high blood sugars which would require help from a health care professional with expertise in diabetes management.

Possible Causes:

- missing an insulin dose or taking less insulin than required
- illness developing (flu, severe cold or vomiting)

Signs:

- thirsty, frequent urination
- vomiting
- flushed, skin dry and warm
- sleepy (note this also can be a sign of hypoglycemia)
- if severe, deep sighing respirations may be apparent and breath has a nail polish smell

Action:

- give plenty of water to drink if no nausea present
- consult with a health care professional with expertise in diabetes management.

If there are any symptoms apparent, but you are unsure of the type of diabetic emergency, sugar in any form is the antidote and should be given immediately.

c) Management of Diabetes in a School Setting

In terms of academic performance, physical activity and attendance at school, the teacher's expectations of students should be the same as if he or she did not have diabetes, unless otherwise directed by parents and stated on the Life-Threatening Management and Prevention Plan.

Most children with diabetes are on insulin injection plans which do not require a noon hour injection. Teens, however, may need an injection at school and should carry their injection equipment with them.

d) Other Considerations:

- Children with diabetes may need to eat immediately after school, thus permission needs to be given for them to eat on the school bus, if applicable.
- On excursions, make necessary plans for the storage of supplies and for supervising injections.
- Students may be checking blood sugars at school. The need for blood testing supplies to be kept at school should be discussed with parents.
- Assistance with blood sugar testing may be required, varying with the child's age and independence.
- Parents should provide an emergency kit for the school which would include sugar/carbohydrate foods such as juice boxes, Lifesavers, cheese and crackers.

6. **ASTHMA**

a) Background

Asthma is a respiratory illness in which the person has repeated attacks of shortness of breath, often with wheezing and coughing. Between attacks, the person has no trouble breathing.

b) Signs and Symptoms of a Severe Asthmatic Attack

- Shortness of breath with obvious trouble breathing.
- Coughing or wheezing (a whistling noise caused by air moving through narrowed airways) may get louder or stop.
- Fast and shallow breathing.
- Bluish colour in the face (cyanosis).
- Anxiety, tightness in the chest.
- Fast pulse rate, shock.
- Restlessness at first, and then fatigue - the child becomes tired from trying so hard to breathe.

c) First-Aid for a Severe Asthmatic Attack

Stop any activity and place the student in the most comfortable position for breathing; usually sitting upright with arms resting on a table. Help the student take the prescribed medication according to the completed Oral Medication Form 509-2. Give plenty of reassurance since fear and anxiety may cause the student to breathe faster, making the situation worse. Seek medical attention immediately if breathing becomes progressively worse and is not aided by medication.

d) Management of Asthma in a School Setting

Life-Threatening Management and Prevention Plans do not need to be filled out for all asthmatic students. They should be completed for students who are considered to be at high-risk for severe asthmatic attacks. This should be determined by discussions with the student and parents whenever medication may be required.

7. Seizures and Convulsions

a) Background

A seizure is caused by abnormal electrical activity in the brain. In a partial seizure one part of the brain is affected and the person may experience a tingling or twitching in one area of the body. In a generalized seizure, the whole brain is affected and the person loses consciousness and may have convulsions. A convulsion is an abnormal muscle contraction, or a series of muscle contractions that the person cannot control.

Causes of Seizures	Signs and Symptoms of a Generalized Seizure
<ul style="list-style-type: none"> • Epilepsy • head injury • brain infection • a high fever in infants and children • stroke • drug overdose/poisoning 	<ul style="list-style-type: none"> • a sudden cry, stiffening of the body and loss of consciousness causing the person to fall • noisy breathing and frothy saliva at the mouth • the body jerks • breathing may stop or be irregular for a minute – individual may turn blue • loss of bladder and bowel control

b) First-Aid for a Seizure or Convulsion

You cannot stop a seizure once it has started. First-Aid aims to protect the individual from injury during convulsions and to keep the airway open while the individual is unconscious.

c) During a Convulsion

- Ease the person to the floor away from potential hazards, gently guiding them if necessary to protect from injury.
- As muscular contraction will cause the airway to become blocked, allow the person to continue the seizure. Remove articles that might endanger the person during the seizure.
- **Do not put anything in the mouth, between teeth or to hold the tongue.**
- After the convulsion is over, place the person in a recovery position in a quiet area.
- Allow pupil to resume activities when able.
- Call for medical help if:
 - a) Person is unconscious for more than five minutes or has a second seizure within a few minutes.
 - b) This is the person's first seizure and the cause is unknown.

d) Management of a Convulsion or Seizure in a School Setting

Complete a Life-Threatening Management and Prevention Plan for students who have a history of seizures or convulsions or present with medical conditions which may make them prone to these events. Follow directives on Plan.

GUIDELINES FOR COMPLETION AND IMPLEMENTATION OF LIFE-THREATENING MANAGEMENT AND PREVENTION PLAN

Parent or Adult Student Responsibilities

- a) Contact the school if your child has a Life-Threatening situation.
- b) It is advisable for parents of elementary anaphylactic children to contact the school to arrange a meeting with appropriate staff to discuss the Life-Threatening situation or changes in medical condition, when needed.
- c) Complete the Life-Threatening Management and Prevention Plan in conjunction with the school Principal or Designate.
- d) Provide medical information, appropriate medication, consent for administration and additional instruction as it relates to the student's condition on an annual basis.
- e) Provide pictures for the bus and for posted information.
- f) Review the Life-Threatening Management and Prevention Plan with the student.
- g) Provide transportation for son or daughter until Life-Threatening Management and Prevention Plan is in place.
- h) Provide a 'Medic Alert' bracelet and proper identification and, if possible, directions on how to administer medications.
- i) Check the Life-Threatening Management and Prevention Plan and the Review Letter for revisions annually and provide updated information as necessary.
- j) For excursions, consider that participation in some trips may pose a higher risk for your child, and in those situations consider participating in the trip.
- k) In exceptional circumstances on excursions, ensure that a trained supervisor (with a cell phone if practical) is responsible for supervision on trips.

School Principal or Designate Responsibilities

- a) Check Student Admission And Information Form(s) #1120-0320 for students who have Life-Threatening conditions.
- b) Contact parents and develop a Life-Threatening Management and Prevention Plan.
- c) Communicate information about student(s) to all appropriate personnel, including bus operators, educational assistants, itinerant and occasional teachers, lunch room supervisors and other authorized personnel, and post the Plan and/or a summary of students with Life-Threatening situations in a central location which is easily accessible in an emergency.
- d) Conduct inservice with appropriate staff including volunteers, and interested parents of anaphylactic children related to the Life-Threatening Management and Prevention Plan(s), with support, as available from the Wellington-Dufferin-Guelph Health Unit.
- e) Annually Review the Life-Threatening Management and Prevention Plan (509-4) using the review letter with parent(s)/guardians/adult student.
- f) In cases of student transfer, ensure that the Life-Threatening Management and Prevention Plan is sent with the student to the receiving school.
- g) Communicate Life-Threatening medical information to the school community via frequent newsletters, student handbook and/or letters home with students in an elementary setting.
- h) Encourage the school council, in conjunction with the local medical authorities, to hold information sessions on anaphylaxis, if appropriate. The Guelph-Wellington-Dufferin Health Unit can be contacted for further information.
- i) If space requirements allow, avoid the use of a classroom of an anaphylactic child as a lunchroom.
- j) Display as required, posters on the door of the classroom of students with Life-Threatening allergies as well as on the front door, and consider posters on other entrances.

- k) Ensure that appropriate adult lunch room and snack supervision is available for classes of anaphylactic children.
- l) When completing the Life-Threatening Management and Prevention Plan(s), consider an appropriate response time to deal with an emergency situation.
- m) Encourage fundraising committees to use peanut-free products.
- n) In elementary schools, Principals should monitor the contents of their vending machines and report to the appropriate Superintendent if peanut products are available in them.
- o) If a child arrives with a Life-Threatening allergen, make personal contact with the parents to make them aware of the situation. A note might also be sent home.
- p) Consider anaphylactic students in the development of your school litter procedure.
- q) On excursions, ensure that a copy of the Life-Threatening Management and Prevention Plan is on the student's bus.
- r) On any school trips, ensure that the trip supervisor brings necessary medical information.
- s) On excursions, in exceptional circumstances, ensure that a trained supervisor (with a cell phone, if practical) is responsible for supervision.
- t) For excursions, consider that some trips may pose a higher risk for the student and in those situations, encourage the student's parents to participate in the trip.

Bus Operator's Responsibilities

- a) Educate bus drivers as appropriate in the use of the EpiPen.
- b) Where appropriate, conduct inservice about medical conditions which could be Life-Threatening.
- c) Review all Life-Threatening Management and Prevention Plans with drivers upon receipt of information.

Insert epi pen poster here

**STUDENT ADMISSION AND
INFORMATION FORM # 1120-0320 (formerly
1250-0250) IS AVAILABLE THROUGH THE
WAREHOUSE.**

UPPER GRAND DISTRICT SCHOOL BOARD

500 Victoria Road North, Guelph, Ontario N1E 6K2
(519) 822-4420

1 of 2 509-4
(00-11)

Authorization for the collection of this information is in the Education Act. The purpose is to administer medication to students in the event of an emergency. Users of this information may be Principals, teachers, support staff, volunteers, bus operators and drivers. This form will be kept for a minimum period of one school year and then shredded. Contact person concerning this collection is the school Principal.

LIFE-THREATENING MANAGEMENT AND PREVENTION PLAN

<p>STUDENT INFORMATION <i>(to be completed by Parent/s)</i> Bus Route _____</p> <p>Name of Student _____ Birth Date _____</p> <p>School Name _____</p> <p>Home Address _____</p> <p>Home Telephone _____ Medic Alert I.D. _____</p> <p>Name of Father _____ Business No. _____</p> <p>Name of Mother _____ Business No. _____</p> <p>Name of Guardian _____ Business No. _____</p>	<p>STUDENT PHOTO</p>
<p>MEDICAL INFORMATION <i>(to be completed by Family Physician)</i></p> <p>Medical Concern _____</p> <p>Symptoms _____</p> <p>Recommended Response _____</p> <p>Medication _____ Dosage (e.g. No. of EpiPens required) _____</p> <p>Additional Instructions or Information _____</p> <p>Name of Physician (Please Print) _____ Telephone _____</p> <p>Signature of Physician _____ Date _____</p>	

PARENT/GUARDIAN COMMITMENTS

At School

- Complete LIFE-THREATENING MANAGEMENT AND PREVENTION PLAN in conjunction with Principal or Designate.
- Provide appropriate medication
- Provide consent for administration.
- Provide up-to-date photos if necessary.

On Excursions

- Check appropriate box on excursion form and provide special instructions.

EMERGENCY ACTION PLAN *(to be completed by parents with school personnel input as necessary)*

- List steps to be taken.

PARENT AGREEMENT

I, _____, acknowledge my participation in the development of the preceding Life-Threatening Management and Prevention Plan and agree to execute reliably the parent commitments listed within them. I give my consent for the staff of _____ School to execute the Plan. I understand that this Plan will be reviewed annually and I will update the school if circumstances change before review.

I/We acknowledge that it is neither the objective nor purpose of the school to administer medication to students and understand that the school is prepared to undertake this activity as a last resort. In the event of an emergency, I authorize the school staff identified in the Plan to administer the designated medication and obtain suitable medical assistance. I agree to assume responsibility for all costs associated with medical treatment and absolve the Upper Grand District School Board and its employees of responsibility for any adverse reactions resulting from administration of the medication.

I give my permission for this medical information to be posted in the school, accessible on the bus, and shared with appropriate personnel.

Parent/Guardian/Adult Student Signature	Date
-----------------------------------------	------

Principal will direct copies to: Parent Teacher(s)
 Bus Operator(s) Posted as Appropriate

SAMPLE REVIEW LETTER

Dear _____:

In _____ (Year) _____, we devised a Life-Threatening Management and Prevention Plan for _____ (Child's Name) _____. It is time to review this Plan.

If no revisions are necessary, please sign and return the tear-off sheet below.

If revisions are necessary, please indicate in the area provided below, or contact the school to provide the necessary revisions.

Thank you for your co-operation.

Yours truly,
Principal



- I have read the Plan and no revisions are necessary at this time.
- I have included a recent photograph.
- Please make the following changes to _____ (Child's Name) _____'s Plan.

Signature of Parent/Guardian/Adult Student

Date

SECTION E

RESOURCES

SEPTEMBER NEWSLETTER

WATCH OUT FOR LIFE-THREATENING ALLERGIES

Many children have allergies. A few, however, are Life-Threatening. There are several students at _____ Public School who are severely allergic to peanuts and peanut products.

It has been suggested that the best way to provide a safe environment for all students is to enlist the support of the parents to help make our school as “peanut and nut-free as possible”. This means that each child is asked to refrain from bringing snacks or lunches which contain peanut or peanut products.

In our busy daily schedule it is not an easy task to pick and choose the foods that our children bring to school.

I realize this request may pose an inconvenience for you when packing your child’s snack and lunch. However, I wish to express my sincere appreciation for your support and understanding of this potentially Life-Threatening allergy.

Knowing that your child has allergies and knowing how to deal with them is our best defence. If your child has a severe allergy to ANYTHING, please tell us. With your help, we will do our best to prevent mishaps and to make sure that all of our students are safe, healthy and able to concentrate on learning.

If you would like further information about our policies and practices, please do not hesitate to call the school.

School Principal

Anaphylactic Students in School – Reminder Letter

Dear Parents/Guardians;

Today we noticed that _____ had a food item containing peanuts. This is a reminder that our school is striving to reduce the risk of exposure of our students who suffer from severe allergic reactions to peanuts. To do this, we are asking for your help by not sending in peanuts or foods made with or containing peanuts for your child's snacks and lunch.

We realize this may prove challenging, especially if peanut butter is one of your child's favourite foods. There are many foods from Canada's Food Guide to Healthy Eating which are not only nutritious but well-liked by children and peanut free. Remember to check the labels of any pre-packaged or prepared foods and any ingredients that you use in home-prepared foods to ensure that the product is peanut-free. Here are some snack and lunch ideas:

<ul style="list-style-type: none">• Yogurt• Milk• Fresh fruit• Cheese and crackers• Unsweetened cereal• Raw vegetables with yogurt dip• Half bagel with cream cheese• Plain popcorn• Mini pita stuffed with tuna salad	<ul style="list-style-type: none">• Yogurt mixed with fruit• Milk pudding• Canned fruit packed in juice• Cheese-stuffed celery sticks• Home-made muffins• Juice• Hard-cooked egg• Slice of meat• Half salami sandwich
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

If you would like further information about our policies and practices, please do not hesitate to call the school.

Medication at school – excerpt from Wellington Dufferin Guelph Health Unit

INTERNET SITES

1. Anaphylaxis: A Handbook for School Boards – www.cdnsba.org
Phone: (613) 235-3724
Fax: (613) 238-8434
2. Anaphylaxis Network of Canada – www.anaphylaxis.org
Phone: (416) 785-5666
3. Calgary Allergy Network – www.calgaryallergy.ca
4. Canadian Medic-Alert Foundation – www.medicalert.ca
Phone: 1-800-668-1507
Fax: 1-800-392-8422
5. Canadian Society of Allergy and Clinical Immunology –
www.csaci.medical.org/csaci_english/anaphschools
6. Food Allergy Network – www.foodallergy.org
Phone (703) 691-3179
Fax: (703) 691-2713
7. The Allergy/Asthma Information Association – www.cadvision.com/allergy
Phone: (416) 679-9521
Fax: (416) 679-9524
8. The Allergy, Asthma and Immunology Society of Ontario – www.allergyasthma.on.ca

Avoiding peanuts

Page 2 avoiding peanuts ...peanut-free snacks and lunches

SECTION F

GLOSSARY OF TERMS

**Health Support Services
Resource Handbook**

Anaphylaxis	The most serious type of allergic reaction which occurs following exposure to an allergen such as food (peanuts), stinging insects (including bees and fire ants) and medications.
Asthma	A respiratory illness in which the person has repeated attacks of shortness of breath, often with wheezing and coughing.
Authorized Personnel	Adult who has been delegated authority by a Principal.
Catheterization	<p>Passage of a catheter (a tubular instrument used for drainage or injecting fluids through a body passage) into a body channel or cavity, e.g. catheter via the urethra into the urinary bladder.</p> <ol style="list-style-type: none"> 1. Intermittent catheterization is the passage of a catheter into the urinary bladder to drain urine on an intermittent basis. 2. Sterile catheterization requires the use of commercially prepared sterile solutions and equipment. This procedure is carried out by a health care professional. 3. Clean catheterization requires routine washing of equipment and can be carried out by anyone who has been taught the procedure by a health care professional.
Diabetes	A condition where the body does not make enough insulin to meet its needs.
EpiPen	The EpiPen auto-injector is a disposable, pre-filled automatic injection device which is designed to deliver a single dose of epinephrine (adrenaline) to a person suffering from an anaphylactic reaction.
Invasive Medical Procedure	<ol style="list-style-type: none"> 1. Entering a natural body opening, e.g. rectum. 2. Administering a needle. <p>An EpiPen is not considered an invasive procedure</p>
Manual Expression	The act of squeezing out.
Medically Fragile	State of health is so delicate that complications can result in serious illness, e.g. child with cystic fibrosis contracting pneumonia.
Medical Procedure	A procedure that Board employees could not perform without proper medical training.
Physical Procedure	A procedure that Board employees could perform or assist with, under certain circumstances and with some training.
Postural Drainage	A form of physical therapy used to remove secretions from the lungs by placing the patient in appropriate positions to assist with drainage of secretions from the lungs toward the trachea.

**Health Support Services
Resource Handbook**

Recovery Position	The recovery position keeps an unconscious person's airway open. Lay the person on their side with underside leg extended and upper leg with knee bent. Position the arms to keep the neck extended.
Standard Precautions	Standard Precautions are used to prevent skin or mucous membrane contact with all body fluids, including blood, secretions and excretions (except sweat).
Stoma	An incised opening that is kept open for drainage or other purposes, such as the opening in the abdominal wall established by a colostomy.
Suction	The withdrawal or uptake of fluid by creation of a partial vacuum. <ol style="list-style-type: none">1. <i>Shallow</i> - within mouth.2. <i>Tracheal</i> - within trachea; through tracheostomy (requires medical training).3. <i>Deep</i> - past uvula to larynx (requires medical training).
Tube Feeding	Administration of liquids and semi-liquid foods through a nasogastric tube or a gastrostomy tube (a tube through the abdominal wall directly into the stomach). Most often used for patients who are unable to swallow.