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ADMINISTERING MEDICINES TO STUDENTS

Whenever it is agreed that it is necessary for a student to receive medicines during involvement at school or while engaged in school activities, the attached Medical Protocols and the procedures and requirements of the parties involved shall be strictly followed:

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**MEDICAL PROTOCOL
SECTION I
ADMINISTRATION OF PRESCRIPTION MEDICINES**

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A. Self-Administration of Prescribed Medication [Prescription or Over-the-Counter (OTC) in Pill or Liquid Form]

In circumstances in which a student:

1. has a chronic medical condition which requires medication on a regular basis or for emergency situations and,
2. is able to safely, competently and consistently manage his/her own medication administration:
 - a) The parent/guardian will notify the school of the student's medical condition and will complete the Parent/Guardian Authorization for Self-Administration of Prescribed Medication (JLCD-E-5) and submit it to the school administrator.
 - b) Medication for students must be brought to school in a container that clearly indicates the name of the student and the medication.
 - c) Students in elementary and middle years schools will be required to bring and store narcotic medications (e.g., Ritalin, Demerol, morphine, etc.) in the office.

B. Administration of Prescribed Medication (Prescription or Over-the-Counter) by School Personnel

"The administration of medication in a school setting by school personnel must be necessary for the health of a student". (U.R.I.S.)

Whenever possible, parents/guardians are encouraged to make arrangements with their physician to have all medications (Prescription or Over-the-Counter) administered outside of school hours.

When it is necessary for a student to take medication during school hours, it shall be in accordance with the following procedures:

1. Authorization for the Administration of Prescribed Medication (JLCD-E-1) shall be completed by the parent/guardian, which will be considered the IHCP (Individual Health Care Plan).
2. The first dosage of new medication should not be administered at school and should prove to be well tolerated prior to coming to school.
3. Medications must be delivered to the school by the parent/guardian or designated adult in a pharmacy labeled container (i.e. medical bottle, tube, inhaler) which identifies clearly the:

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- a) name of the student
- b) name of the medication
- c) dosage
- d) frequency and method of administration
- e) name of the prescribing physician
- f) name of the pharmacy
- g) date the prescription was filled

* If requested, pharmacies will provide two original pharmacy labeled containers. One container may be used exclusively in the school setting. This approach is recommended.

4. Medication shall be sent to the school in the proper dosage.

- If pills are to be taken in a dosage that is less than one pill, they must be cut to the appropriate size before being delivered to the school.
- Liquid medication should be brought to school accompanied by a measuring device which should provide the exact dosage.

5. Ideally, at least a one month supply of medication should be provided to the school when medication is to be given over an extended period of time.

6. The Administration of Prescribed Medication Record (JLCD-E-2) is to be completed by the identified staff or alternate who is responsible for administering the medication to the student. (See Storage and Safety - Section F).

C. Parent/Guardian Responsibilities

The parent/guardian is to make every effort to make arrangements with the student's physician to have medication taken at home. When this is not possible parents/guardians are responsible for:

1. Completing the Authorization for the Administration of Prescribed Medication (JLCD-E-1).
2. Ensuring that the first dose was administered and well tolerated prior to coming to school.
3. Sharing accurate information regarding medication and notifying the school in writing of any changes in dosage or time of administration of medication. Failure to do so could result in instances of unsuccessful administration.

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4. Ensuring that an adequate supply of medication in the proper dosage is at the school or is brought to school each day and that it is replaced prior to expiry dates.
5. Ensuring that their child has been made aware of their responsibility to report at the designated time and location in order for their medication to be administered.
6. Picking up unused medication at the end of the school year.

D. School Responsibilities

Administrators are responsible for establishing a system for meeting the health care needs within their school which include:

1. Ensuring that all staff who is designated to administer medication are trained and are knowledgeable about this policy and its procedures.
2. Identifying a minimum of two staff members each year who shall be responsible for the administration and management of medication on a regular basis for students who do not have an individually assigned caregiver. Preferably the staff member(s) assigned to administer medication shall do so on a voluntary basis.
3. Maintaining a school medical book which lists:
 - a) all students with significant health problems or special medical conditions
 - b) primary staff responsible for administering medication and an alternate staff member
 - c) authorization forms
 - d) Administration of Prescribed Medication Record (see JLCD-E-2).

E. Personnel Responsible for Administering Medication

Administrators must ensure that two staff members will be trained for administering medication to a student. The primary staff will be responsible to administer medication and the alternate staff member will administer medication in the absence of the primary person.

Medications may be administered by:

1. Health Care Professional – In rare circumstances, medication will be administered by a health care professional (i.e. Registered Nurse) to students presenting the following:

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- a) complex administration of medication, i.e. via infusion pump, nasogastric tube or injection other than injectable adrenalin
- b) other clinical interventions requiring judgments and decision-making by a medical or nursing professional.
- c) in circumstances in which a medication must be administered by a health care professional, and that health care professional and appropriate substitute or delegate are absent for any reason, then the medication shall not be administered. In these circumstances the student shall not attend the school setting (i.e. the child shall remain at home in the care and control of the parent/guardian).

Non Health Care - Divisional staff with competency based training in the administration of:

- a) oral medications requiring measurement
- b) instillation of medication (i.e. eye/ear drops)
- c) topical medication (i.e. ointment, therapeutic dressing)
- d) inhalation medication (i.e. bronchodilators)
- e) pre-set medication pumps, and gastrostomy tube
- f) injectable adrenalin as per Pembina Trails School Division Policy on Anaphylaxis. See page 21.

All persons responsible for administering medication shall be aware of the location of all Authorizations for the Administration of Prescribed Medication Form and for the Administration of Prescribed Medication records.

Volunteers shall not administer medication.

F. Storage and Safety

Storage and safety are important concerns when medication is administered in school settings.

Storage – Guidelines for Medications Administered in School Settings

1. Stored in a locked location unless it is in the care and control of the personnel responsible for administering medications. A locked location may be a cabinet, cupboard, drawer, steel box or other similar arrangement.

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2. The key to the locked location shall be in the care and control of the person(s) responsible for administering the medications.
3. The key to the locked location shall remain on the premises of the school setting at all times.
4. A spare key to the locked location shall be reasonably available.
5. All staff/designates who administer medication in the school setting during the normal course of their duties shall be made aware of the location of the spare key.
6. If a medication requires refrigeration, the locked location shall be within a refrigerator.
7. Medications shall be stored separately and apart from any other material, supplies, or objects in the locked location.
8. Medications for more than one student may be stored in one locked location. Each medication shall be separated by a clear physical means such as, metal partitions, sealable plastic jars or boxes, individual plastic zipper bags or appropriate equivalent. Each physical separation shall be clearly labeled with the student's name.
9. Medication that may be required urgently shall not be stored in a locked location. Such medication shall be carried at all times on the student or adult responsible to administer the medication. Such medication includes, but is not limited to: (a) inhalers; (b) injectable adrenalin ("Adrenaline auto-injector (EPI-PEN)" or equivalent).

Safety

Appropriate records and administration procedures shall be implemented.

1. The staff identified to administer medication shall be trained with a review of procedure occurring on a yearly basis.
2. Each staff responsible for medication administration shall be fully aware of:
 - a) specific details of medication administration for a student
 - b) location of the spare key to the locked storage location
 - c) location of the Authorization for the Administration of Medication form for a student
 - d) emergency procedures relevant to the medication and student.

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3. To prepare for administration of medication, all staff shall:
- a) wash their hands and implement Procedures of Routine Practice (See JLCD-E-3 and JLCD-E-4)
 - b) prepare supplies (e.g. measuring devices, installation appliances, etc.)
 - c) assure themselves of:
 - the right medication
 - the right student
 - the right dose
 - the right time
 - the right method in each and every administration.
4. The staff administering the medication shall read the label three times:
- a) when removing the medication from the locked storage location
 - b) before the medication is removed from its container
 - c) after the medication is removed from its container but before it is administered to the student.
5. Each student who is administered medication shall have a separate Administration of Prescribed Medication Record (JLCD-E-2) stored in the area where the medication is dispensed. Each record shall include the:
- a) name of the student
 - b) name of the person administering the medication
 - c) date and time of the administration
 - d) outcome of the administration
 - successful
 - refused, missed, or otherwise unsuccessful
 - e) reason for unsuccessful administration and/or other comments (See Error in Medication Administration - Section G).
6. The Administration of Prescribed Medication Record (JLCD-E-2) shall be completed immediately following each administration. Medication shall not be signed as given until complete.
7. Medications should be returned to the locked storage location immediately.
8. Staff administering the medication should clean/wash any supplies, devices, or appliances used in the administration, as well as their hands.

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G. Error in Medication Administration

At times, the administration of medication may be unsuccessful. The most common reason for an unsuccessful administration is refusal by the student.

1. Some instances where administration of medication is unsuccessful or there is an error in medication administration include:
 - a) refusal by the student
 - b) failure to administer medication
 - c) overmedication
 - d) incorrect medication
 - e) miscommunication between home/school.
2. Parent/guardian shall be contacted and informed of the error in medication administration (can occur before or after administration).
3. Determine a course of action in consultation with the parent/guardian which may include:
 - a) contacting the student's physician
 - b) have the parent/guardian take the student home
 - c) take the student to the hospital, or
 - d) other appropriate course of action.
4. If the parent/guardian cannot be contacted, the student's emergency contact and/or Poison Control Centre or dispensing pharmacist or physician shall be contacted.

H. Field Trips

Children who require medication administered while attending a school may accompany other students on a field trip. For such students, each field trip should be planned in consultation with their parent/guardian.

N.B. There may be instances where medical services/emergency response cannot be provided in a timely and appropriate manner. In these individual cases, the school team and/or the parent/guardian may choose not to have the student participate in the field trip.

This medication administration policy may be adapted to permit students with medication administration needs to be included on a field trip.

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In general, consideration should be given to:

1. Necessity - if it is not necessary to administer a medication during a field trip, it shall not be administered.
2. Care and control – except for inhalers and auto-injectors (EPI-PEN) (which need to be on the student at all times), medication shall be in the care and control of a responsible adult.
3. Administration of Prescribed Medication Record (JLCD-E-2) - the Record should be completed by the person responsible for administering the medication during the field trip.
4. The Authorization for the Administration of Prescribed Medication (JLCD-E-1) form should be carried by the person responsible to administer the medication.
5. Emergency communication - there should be reasonable and appropriate access to a telephone, cellular telephone, or radio communication during a field trip.
6. Emergency medical response - must be determined and considered reasonable by the parent/guardian and administrator in consultation with physician if requested.

I. Expiration and Disposal

1. Medications have a finite usable period of effectiveness. The parent/guardian will be responsible for replacing expired medication, as well as for the removal and disposal of expired medication.
2. Disposal of expired medication should occur through medically and environmentally appropriate channels (i.e. turned over to pharmacies).

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**MEDICAL PROTOCOL
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ADMINISTRATION OF URGENTLY REQUIRED MEDICATIONS/TREATMENT**

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ANAPHYLAXIS

Anaphylaxis – sometimes called “allergic shock” or “generalized allergic reaction”, is a severe allergic reaction that can lead to rapid death, if untreated. Sufferers of anaphylaxis respond with an extreme body reaction. The reaction may begin with itching, hives, vomiting, diarrhea, or swelling of the lips or face; within moments, the throat may begin to close, choking off breathing and leading to unconsciousness and death.

Although peanuts may be the most common allergen causing anaphylaxis in school children, there are many others. School personnel must be aware that anaphylaxis is a life-threatening condition regardless of the substance which triggers it.

Despite the best efforts of parents/guardians and schools, no individual or organization can guarantee an “allergy-free” environment. The only way to protect children who are known to be at risk of anaphylaxis is to avoid the allergen. It is a matter of life and death. Schools must have a clear plan for responding to an anaphylactic emergency. When an anaphylactic emergency occurs, the injection of epinephrine usually allows enough time to get the child to a hospital. Without epinephrine, death can occur within minutes. Epinephrine will only be administered in schools through the use of an adrenaline Auto-injector (EPI-PEN).

For the safety of students, the following regulations are necessary:

To meet the needs of anaphylaxis children, the school community must be knowledgeable of the following components:

A. INFORMATION AND AWARENESS

1. Parents will identify students who may urgently require medication/treatment and a school wide understanding of procedures to prevent exposure and treat emergencies are essential.
 - When students who may require medication/treatment have been identified by parents/guardians, it is the responsibility of the administration to request that parents/guardians complete the Authorization for the Release of Medical Information Form [JRA-E-1](#). (See also, Sample Letter to Parents/Guardians, [JLCD-E-6](#))

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- The Principal or designate will complete U.R.I.S. Group B Health Care Procedures form for each identified child and forward to the Consultant, Student Support Services.
- The Consultant, Student Support Services, forwards all Group B Health Care Procedures forms to U.R.I.S. in order to access funding for the training and monitoring of divisional staff by a registered nurse.
- When U.R.I.S. support is approved, the registered nurse shall review Group B Health Care Procedures for each identified student in order to develop and maintain a written Individual Health Care Plan (IHCP) and/or Emergency Response Plan (ERP) for each child requiring assistance by school personnel for Group B health care procedures. For children who are able to independently accomplish their own Group B health care procedure, the registered nurse will develop a child specific Emergency Response Plan (ERP). These plans are developed by the registered nurse in consultation with parents/guardians, school personnel and, if required, the physician.

2. Identification of Students who may urgently require medication/treatment to staff

- All staff members shall be made aware that a child who may urgently require medication/treatment is attending their school, and the child shall be identified, either individually or at a staff meeting at the beginning of the school year.
- School administration is responsible for informing the Transportation Department of the Emergency Response Plan.
- All students identified as having a life-threatening allergy shall have an “allergy alert” attached to their cumulative file. This “allergy alert” shall remain on the cumulative file throughout the student’s attendance in Pembina Trails School Division.
- The child’s classroom teacher shall ensure that a copy of the Individual Health Care Plan (IHCP) and/or Emergency Response Plan (ERP) is kept in a place where it will be highly visible and readily available to substitute teachers.
- It is recommended that students wear a medic-alert bracelet which identifies specific medical information.

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- Medications shall be clearly marked with the student's name.

3. Training for School Personnel and Other Staff

- The Administrator shall ensure that group training provided by a health care professional (i.e. registered nurse/doctor/pharmacist) occurs annually with school personnel and, when appropriate, bus drivers and lunch hour supervisors in schools where children with life-threatening medical conditions are enrolled.
- All staff who may be in a position of responsibility for children with life-threatening medical conditions shall receive from a registered nurse child specific training related to the medical condition.
- Parents/guardians of the child with life-threatening medical conditions shall ensure that the specific information about their child is made available to school personnel to be included in training sessions. Parents/guardians are encouraged to attend/participate in training sessions.

4. Sharing Information with Other Students and Parents/Guardians

- In consultation with parents/guardians and student, the school may identify a student with life-threatening medical conditions to classmates who are in direct contact with the child and enlist their understanding and support. This shall be done in a way that is appropriate to the student's age and maturity, without creating fear and anxiety.

5. Maintaining Open Communication between Parents/Guardians and the School

- The school shall maintain open lines of communication with the parents/guardians of students with life-threatening medical conditions.
- Parents/guardians shall be involved in establishing Individual Health Care Plans for their own children, and may be involved in training staff in emergency procedures.

B. AVOIDANCE

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

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teenagers due to their increased independence, peer pressure and a reluctance to carry medication.

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

Students with life-threatening allergies are dependent upon the school community to minimize the presence of substances to which the student is allergic. The following cautions are essential:

1. Safe Lunchroom and Eating Area Procedures

- Encourage students with life-threatening allergies to eat only food prepared from home.
- Discourage the sharing of food, utensils and containers.
- Encourage the child with life-threatening allergies to take the following 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 cross contamination.
- Establish a hand-washing routine before and after eating.
- Recommend that tables and other eating surfaces are washed clean after eating, using a cleansing agent approved for school use. This is particularly important for students with peanut allergies because of the adhesive nature of peanut butter.

2. Allergens Possibly Found in School Activities

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

- Teachers shall be aware of the possible allergens present in curricular materials such as:
 - craft materials (play dough, egg cartons, etc.)
 - pets and pet food
 - bean-bags, stuffed toys (peanut shells are sometimes used)

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- counting aids (beans, peas)
 - toys, books and other items which may have become contaminated in the course of normal use
 - science projects, participation in Home Economics
 - special seasonal activities (Easter eggs and garden projects).
 - All chocolates, ice-cream, other nuts, ground nuts (peanuts)
- Allow the child with life-threatening allergies to keep the same locker and desk all year in order to help prevent accidental contamination, as foods are often stored in lockers and desks.

3. Holidays and Special Celebrations

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

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

4. Field Trips

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

- Require all staff and volunteers to be aware of the identity of the child with life-threatening allergies, the allergens, symptoms and treatment.
- Ensure that a staff member with training in the use of the Auto-injector (EPI-PEN) is assigned responsibility for the child with life-threatening allergies. A copy of the Individual Health Care Plan (IHCP) and Emergency Response Plan (ERP) shall be carried by the person responsible for administration of the Auto-injector (EPI-PEN).
- If the risk factors are too great to control, the child with life-threatening allergies may be unable to participate in the field trip. Parents/guardians shall be involved in this decision.
- Teachers/Administrators shall ensure that Emergency Response Plans are in place when planning the trip.
- There shall be reasonable and appropriate access to a telephone, cellular telephone, or radio communication during a field trip.

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5. Insect Venom

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

- Request removal of insect nests from school property by calling City of Winnipeg Bugline at 986-3210 or on the Internet: (www.bugline.com).
- Allow students with life-threatening allergies 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 enters.
- Ensure proper storage of garbage in well-covered containers.

C. EMERGENCY RESPONSE PROTOCOL

Even when precautions are taken, a student with life-threatening allergies may come into contact with an allergen while at school. A separate emergency plan shall be developed for each child with life-threatening allergies, in conjunction with the child's parents/guardians and registered nurse, and kept in a readily accessible location.

Emergency Plans for Anaphylactic Reaction

- Epinephrine is the treatment for an anaphylactic reaction. Epinephrine must be administered as early as possible after the onset of symptoms of severe allergic response.
- The emergency plan includes the following:
 - communicate the emergency rapidly to a staff person who is trained in the use of the Auto-injector (EPI-PEN)
 - administer the Auto-injector (EPI-PEN) (NOTE: Although most children with life-threatening allergies learn to administer their own medication by about age 8, individuals of any age may require help during a reaction because of the rapid progression of symptoms, or because of the stress of the situation. Adult supervision is required.)
 - telephone 911 and inform the emergency operator that a child is having an anaphylactic reaction
 - transport the child to hospital at once by ambulance

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- provide a copy of the Individual Health Care Plan (IHCP) and/or Emergency Response Plan (ERP) as well as the used Auto-injector (EPI-PEN) to the ambulance attendants
- telephone the parents/guardians of the child
- implement Procedures of Routine Practices as appropriate. (JLCD-E-4)

D. LOCATION OF AUTO-INJECTORS (EPI-PENS)

- Students shall carry their own Auto-injectors (EPI-PENS) on their person at all times with instructions for use.
- Where a question arises regarding the urgency of medication or the capability of a student, the registered nurse in consultation with parent/guardian, physician, and school personnel shall develop an appropriate plan.
- Parents/guardians have the option of supplying an extra Auto-injector (EPI-PEN) to be kept in the school office for emergency situations. An optional back up Auto-injector (EPI-PEN) shall be kept in a covered and secure area, but unlocked for quick access.

E. REVIEW PROCESS

School emergency procedures for each student with life-threatening allergies shall be reviewed annually at the beginning of September with staff and parents/guardians. In the event of an emergency response, an immediate evaluation of the procedure shall be undertaken.

F. DIVISION OF RESPONSIBILITIES

Ensuring the safety of children with life-threatening allergies in a school setting depends upon the understanding and support of the entire school community. To minimize risk of exposure, and to ensure rapid response to emergency, parents/guardians, students and school personnel must all understand and fulfill their responsibilities.

1. Responsibilities of the Parents/Guardians of a Child with Life-Threatening Allergies

- Inform the school of their child's allergies.
- Provide the school with physician's instructions for administering medication by completing the health information section of the School Registration form.
- Sign the Authorization for the Release of Medical Information form [JRA-E-1](#)
- Provide the child with a clearly labeled adrenaline Auto-injector(s) (EPI-PEN) and keep current.

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- Provide support to school and teachers as required.
- Provide safe foods for special occasions.
- Consider a medic alert bracelet for their child.

NOTE: If a parent/guardian refuses to sign the Authorization for the Release of Information form JRA-E-1, after full information has been provided regarding the life threatening risk, the parent/guardian is required to write a letter to the school indicating their decision not to sign the Authorization for the Release of Information form and have a Health Care Plan developed by the nurse contracted by the Division. The school should then respond to the parent/guardian in writing and outline how the school will respond in the case of a medical emergency.

2. Responsibilities of the Administrator

- Work as closely as possible with the parents/guardians of a child with life-threatening allergies.
- Assist with the development and implementation of procedures for reducing risk in classrooms and common areas.
- Ensure that the parents/guardians have completed Authorization for the Release of Medical Information form. [JRA-E-1](#)
- Notify the staff of the child with life-threatening allergies, their allergens and the avoidance and treatment strategies.
- Provide allergy-alert information annually a photo-poster that identifies each student to the staff (with parent/guardian/child approval).
- Maintain up-to-date emergency contacts and telephone numbers.
- Ensure that the “allergy alert” is attached to the cumulative file.
- Ensure that Emergency Response Plans are forwarded to the Director of Transportation.
- Ensure that all staff and, where appropriate, lunch hour supervisors and bus drivers have received training related to life-threatening allergies.
- Ensure that all substitute teachers folders include information regarding the child with life-threatening allergies and that appropriate support/response is available should an emergency occur.
- Inform other parents/guardians that a child with life-threatening allergies has direct contact with their child and ask for their support and cooperation.
- Establish safe procedures for field trips and extra-curricular activities. (Refer to PTSD Field Trip Policy)
- Develop a school plan for reducing risk in classrooms and common areas.
- Follow Pembina Trails School Division Harassment Policy for dealing with bullying and threats.

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3. Responsibilities of Student Support Services Consultants

- Request and compile all Group B health care procedures information and Authorization for the Release of Medical Information forms from all schools. [JRA-E-1](#)
- Apply to U.R.I.S. for support of a registered nurse who will train and monitor personnel involved with child with life-threatening allergies, develop Individual Health Care Plan (IHCP) and/or Emergency Response Plan (ERP) on an annual basis.

4. Responsibilities of the Classroom Teacher

- Follow the Pembina Trails School Division Anaphylaxis Policy for reducing risk of exposure to allergens.
- Display a photo-poster in the classroom (with parent/guardian/child approval) and ensure that all staff is aware of students with life threatening allergies.
- Discuss anaphylaxis with the class, in age-appropriate terms.
- Encourage students not to share lunches or trade snacks.
- Choose products which are safe for all children in the class.
- Reinforce hand-washing before and after eating.
- Where appropriate, facilitate communication with other parents/guardians.
- Leave information in an organized, prominent and accessible format for substitute teachers.
- Ensure that Auto-injectors (EPI-PENS) are taken on field trips and Emergency Response Plans are in place when planning the trip.
- Consult with parents/guardians when planning activities such as field trips, art and home economics projects in order that alternate plans can be developed if necessary.
- Follow Pembina Trails School Division Harassment Policy.

5. Responsibilities of the Registered Nurse

- Review Group B Health Care Procedures forms which identify children with life-threatening allergies after U.R.I.S. approval has been received.
- Consult with and provide information to parents/guardians, students, school personnel and Director of Transportation.
- Develop an Individual Health Care Plan (IHCP) and/or an Emergency Response Plan (ERP) for the child with known risk of anaphylaxis.
- Provide child specific training and ongoing monitoring to personnel involved with children with known risk of anaphylaxis.

— Accomplish Anything —

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6. Responsibilities of the Public Health Nurse

- Coordinate with administrator, registered nurse, and parents/guardians in the choice and implementation of strategies which support the needs of students with life-threatening allergies.
- Facilitate and/or provide education and support to school personnel and community members involved with children with known risk of anaphylaxis.

7. Responsibilities of the Student with Life-Threatening Allergy

- Take as much responsibility as possible for avoiding allergens, including checking labels and monitoring intake as developmentally appropriate.
- Eat only foods brought from home.
- Wash hands before and after eating.
- Learn to recognize symptoms of an anaphylactic reaction as developmentally appropriate.
- Promptly inform an adult, as soon as accidental exposure occurs or symptoms appear.
- Keep an Auto-injector (EPI-PEN) on his/her person at all times (fanny pack).
- Know how to use the Auto-injector (EPI-PEN) as developmentally appropriate.

8. Responsibilities of School Bus Drivers and Operators

A school bus driver will:

- Be aware of those student(s) on their assigned bus that carry an adrenaline Auto-injector(s) (EPI-PEN) and their particular allergies, as well as the location of the Auto-injector(s) (EPI-PEN).
- Attend inservice sessions provided by the Board; prepare for the possibility of an anaphylactic reaction by receiving training in the use of an adrenaline Auto-injector (EPI-PEN) and of the symptoms leading up to anaphylaxis.
- Carry a copy of the Emergency Response Plan in an accessible location.
- Assist in developing procedures that minimize risk while traveling on a school bus.
- Assist in developing an Emergency Response Plan that relates directly to bussing.
- Be prepared to carry out the Emergency Response Plan as necessary.

— *Accomplish Anything* —

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9. Responsibilities of All Parents/Guardians

- Support requests from school to eliminate allergens from packed lunches and snacks and, if appropriate, participate in parent/guardian information sessions. See sample letter to parents/guardians [JLCD-E-8](#) .
- *Encourage children to respect the needs of children with life-threatening allergies and Pembina Trails School Division Anaphylaxis Policy.*
- Inform the teacher of the ingredients of food products prior to being distributed to other children in the school.

10. Responsibilities of All Students in the Class

- Avoid sharing food, especially with children with known risk of anaphylaxis.
- Follow school rules about keeping allergens out of the classroom and washing hands.
- Refrain from bullying or teasing a child with a known risk of anaphylaxis.

— Accomplish Anything —

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