

**ADMINISTRATIVE REGULATION****ADMINISTRATION OF PRESCRIBED  
MEDICATION DURING SCHOOL HOURS**

In keeping with the Ministry of Education Policy/Program Memorandum #81, no employee of the Superior North Catholic District School Board shall be required to administer a medical procedure for which he/she has not been properly trained.

**A. PROCEDURES**

- 1) It is understood that it is preferable that all medication be administered by the parent/guardian at home during non-school hours.
- 2) The parent/guardian of the student will request and authorize the oral administration of prescribed medication to the student using the prescribed form.
- 3) The parent or guardian will agree to send no more than one month's dosage to the school at any one time.
- 4) The parent or guardian will agree that if problems arise with the administration of the medication; for example, (including without limitation) refusal by the student to take the medication, complaints of side effects, or possible allergic reactions, then the school will immediately discontinue further doses and inform the parent/guardian, at the earliest practical opportunity, as to the nature of the problem. It is then the parents'/guardians' responsibility to decide if the student's physician needs to be consulted to assess whether changes to the prescribed medication and/or administrative procedures referred to below, are necessary. A new copy of the Board approved medication form must be completed for any change in the medication.
- 5) The school principal can reserve the right to refuse to administer treatment to the student if the necessary information is not provided by the parent/guardian.
- 6) It is the responsibility of the principal or her/his appointee, to ensure that:
  - a) The medication is kept in a safe and secure place.
  - b) The medication is adequately identified and in a pharmacy container for that medication.
  - c) The specific medication instructions are followed.
  - d) There is no evident reason to seek further information from the parent/guardian, physician, or pharmacist.
  - e) An accurate record of medication administration is kept on the required form.

## **B. MEDICAL PROCEDURES - ANAPHYLAXIS**

While it is impossible for the Superior North Catholic District School Board to ensure an environment free of allergens, school settings depend on the cooperation and support of all stakeholders in the school community.

“Anaphylaxis”, as defined by Sabrina’s Law, 2005, means a severe systemic allergic reaction which can be fatal, resulting in circulatory collapse or shock, and “anaphylactic” has a corresponding meaning. Anaphylactic shock or reaction can occur as a result of exposure to only minute amounts of an allergen being present in an environment. Common allergens include food (the most common being peanuts), insect venom medications, latex and rarely, exercise (see forms 1 to 6 and Appendices F & G).

## **C. INFORMATION & AWARENESS**

### **1) Parents Or Guardians Responsibilities**

Parents or guardians with anaphylactic children have the responsibility to identify their children to the principal and to provide information regarding:

- The allergens which trigger the reaction.
- A ‘Medical Alert Planning Form and Request For Medication Administration’ signed by the child’s physician.
- Any changes in the child’s condition from previous years or since last reported.

Anaphylactic students should wear Medic Alert bracelets which identify the specific allergens.

Parents or guardians are responsible for providing validated adrenaline auto-injectors for their children.

### **2) Identification of Anaphylactic Students To Staff**

All staff members (teaching, administration and support staff including bus drivers) should be made aware that a child with life threatening allergies (anaphylaxis) is attending their school and the child should be identified.

Instructions on the use of the auto-injector (such as Epi-pen) should be posted along with a list of symptoms and emergency procedures in clearly visible locations. The auto-injectors must be stored in a covered, secure, unlocked area for quick access.

The classroom teacher should ensure that information regarding anaphylactic children is in a highly visible place and is readily accessible and understandable by teachers on call and occasional teachers.

The school in consultation with the parents or guardians, should decide whether information and/or a picture should also be placed in the children's classroom and other locations such as the school bus.

### **3) In-Service For Teachers & Other Staff**

In schools where anaphylactic children are enrolled, in-service should be provided on an annual basis to all those working with or involved with the anaphylactic children.

- This includes school personnel, occasional teachers, bus drivers and volunteers.
- They should be in-serviced on how to recognize and treat anaphylactic reaction, on school procedures to protect anaphylactic children from exposure and on school protocol for responding to emergencies.
- Auto-injectors are only to be used for students who have been previously diagnosed with an anaphylactic condition.

The assistance of public health nurses in developing in-service may be utilized.

### **4) Sharing Information With Other Students & Parents Or Guardians**

The school should inform students and parents or guardians of the presence of students with life threatening allergies in their school and the measures to be taken to protect those students.

A letter should be sent home to parents or guardians at the beginning of the school year requesting that parents or guardians cooperate with any measures that are being taken to protect anaphylactic children.

## **D. AVOIDANCE**

Peer relations play an important role in students' lives. Schools are encouraged to find innovative ways to reduce the risk of exposure without impeding or unduly restricting the activities of anaphylactic children or other students.

### **1) Providiing An Allergen Free Area**

Where possible, schools should establish an eating area or part of a room as 'allergen free'.

If an allergen free area cannot be designated, an eating area for the anaphylactic children needs to be provided by the school.

Encourage anaphylactic children to take precautions at mealtimes such as washing hands before and after eating, not sharing food, utensils, or food containers with other students, and not putting food directly on the desk. Schools should try and ensure that the eating surface is cleaned appropriately.

Anaphylactic students should not be permitted to eat snacks provided by the teacher or other parents or volunteers. As a protective measure, only allergen free snacks provided by the student's family should be given to the anaphylactic child.

## **2) Allergens Hidden In School Activities**

Schools should take precautions during holiday and special celebrations and in the planning of extra-curricular events and field trips:

- This includes making all supervisors, staff and parents or guardians on a field trip or at an extra-curricular event, aware of any anaphylactic children involved.
- Having at least one supervisor who has training in the use of an auto-injector.
- The auto-injector should be brought by the parent if they are with the student or by the supervisor if the parent is not on the trip or part of the event.
- Students may wish to carry the auto-injectors themselves. If this is the case, parents and/or students are responsible for informing the supervisor of the location of the auto-injector.

Staff should be aware of other possible sources of allergens including such items as play dough, beans and peas for counting, 'bean' bag chairs and stuffed toys (peanut shells are at times used).

In addition, anaphylactic children should not be involved in garbage disposal, cleanups or other activities which could bring them into contact with such items as food wrappers, containers or debris.

## **E. EMERGENCY RESPONSE**

Even when precautions are taken, it is still possible that an anaphylactic child will come into contact with an allergen while at school or at a school event. An individualized emergency plan should be developed for each anaphylactic child in consultation with the school public health nurse and the child's physician. Usually, anaphylactic children know when a reaction is taking place. It is essential that school personnel listen to the child. If the child complains of symptoms which are indications of the onset of a reaction, school personnel should not hesitate to implement the emergency plan. Reactions cannot be too quick, but can be too slow.

### **1) Emergency Plans**

The emergency plan should include procedures to:

- Communicate the emergency rapidly to a staff person who is trained in the use of the auto-injector.

- Administer the auto-injector. (Note: Although most anaphylactic children learn to administer their own medication by about age 8, individuals of any age may require assistance 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 the hospital at once.
- Telephone the hospital to inform them that a child having an anaphylactic reaction is enroute.
- Telephone the parents or guardians of the child.
- Re-administer the epinephrine every ten to fifteen minutes while waiting for the ambulance and enroute to the hospital, if breathing does not improve or if symptoms reoccur.
- Assign a staff person to take extra auto-injectors, accompany the child to the hospital, and stay with them, until a parent or guardian arrives.



**ADMINISTRATION OF PRESCRIBED ORAL MEDICATION IN  
THE SUPERIOR NORTH CATHOLIC DSB**

It is understood that it is preferable that all medication be administered by the parent/guardian at home during non-school hours. The parent/guardian should ask the student's physician if the medication must be administered during school hours and/or if an alternative medication could be prescribed that does not require administration during school hours.

<b><u>TO BE COMPLETED BY PARENT/GUARDIAN:</u></b>	
<b>Name of Student:</b> _____	<b>Birth Date:</b> _____
<b>School:</b> _____	<b>Grade:</b> _____
<b>Home Address:</b> _____ _____ _____	
<b>Phone # of Parent/Guardian: (Home)</b> _____	<b>(Work)</b> _____
<b>Name of Dispensing Pharmacy:</b> _____	
<b>Address:</b> _____	<b>Phone:</b> _____
<b>Name of Physician:</b> _____	
<b>Address:</b> _____	<b>Phone:</b> _____

- 1) As the parent/guardian of the above-named student, I request and authorize the oral administration to said student of the prescribed medication referred to below, using the procedures outlined below, by school personnel, who I acknowledge are not medically trained to administer medication.
- 2) I understand that no more than one month's dosage is to be sent to the school at any one time.
- 3) I understand and accept that if questions arise about administering the medication, the school principal, or his/her designate, will contact the dispensing pharmacy to clarify the issue; for example, (including without limitation) whether there is a need to give the medication on an empty or full stomach.
- 4) I also understand and accept that if problems arise with the administration of the medication; for example, (including without limitation) refusal by the student to take the medication, complaints of side effects, or possible allergic reactions, then the school will immediately discontinue further doses and inform the parent/guardian, at the earliest practical opportunity, as to the nature of the problem. It is then the parents'/guardians' responsibility to decide if the student's physician needs to be consulted to assess whether changes to the prescribed medication and/or administrative procedures referred to below are necessary. A new copy of this medication form must be completed for any change in the medication prescribed and/or the administrative procedure referred to below.



- 5) I also understand and accept that the school principal can reserve the right to refuse to administer treatment to the student if the necessary information is not provided by the parent/guardian.
- 6) I confirm that I have asked the student's physician if the medication must be administered during school hours and he/she has so advised.
- 7) The information gathered in this form is collected pursuant to the Education Act and the Municipal Freedom of Information and Protection of Privacy Act.
- 8) The information will be used to assist with meeting the health needs of the student.
- 9) If there are any questions about the information gathered on this form, please contact the principal of the student's school.
- 10) This request will terminate on June 30th of each school year.
- 11) I hereby release the School Board, its employees and agents from all manner of actions, causes of action, suits, losses, damages or injuries, however caused, arising out of the administration or failure to administer medication as provided herein, and I do also hereby indemnify the said School Board, its employees or agents, for any losses or damages sustained by them as a result of such actions or proceedings being commenced against them by myself or the student or any other parent or guardian of said student.
- 12) I hereby acknowledge that I have read and fully understand the terms set out herein.
- 13) I am satisfied with the training that I have given the person who will administer medication to my child.

<b>MEDICATION INFORMATION: TO BE FILLED IN BY PARENT/GUARDIAN</b>		
Diagnosis/Reason for Medication:		
<b>Medication(s) Prescribed</b>	<b>Dosage</b>	<b>Time of Administration</b>
1.		
2.		
3.		
Possible Side Effects (If Any):		
Duration of Continuing Medication(s):		
Parent/Guardian Signature:		
Date:		

**ADMINISTRATION OF MEDICATION -- PARENT  
REQUEST FOR STAFF TO ADMINISTER MEDICATION**

1) Name of Child/Pupil: \_\_\_\_\_  
Birth Date: \_\_\_\_\_ Grade: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Parent's Name: \_\_\_\_\_  
Business Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Emergency Contact Person: \_\_\_\_\_  
Contact Person's Phone: \_\_\_\_\_

=====

2) Prescribing physician's name, address and office phone number:

\_\_\_\_\_

\_\_\_\_\_

=====

3) Specific instructions re administration (eg. to be taken with 8 oz of water).

\_\_\_\_\_

\_\_\_\_\_

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I am/we are, the parent(s)/guardian(s) of \_\_\_\_\_ . I/we hereby  
Name of Pupil  
advise the above medication shall be administered by a teacher or school board employee (realizing that this person is not medically trained to administer medication) in accordance with the procedure outlined by my physician. I/we hereby release the Superior North Catholic District School Board, its' employees and agents, from all manner of actions, causes of action, suits, losses, damages or injuries, caused by negligence or otherwise arising out of the administration of medication by the teacher, or failure of the teacher to administer such medication properly and I/we do also hereby indemnify the said Board, its' employees or agents, for any losses or damages sustained by them as a result of such actions or proceedings being commenced against them by myself/ourselves or my/our child, or any other parent or guardian of said child.

I am satisfied with the training that I have given to the person who will administer medication to my child. I/we hereby acknowledge that I/we have read and fully understand the terms set out herein.

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

Note: This request will terminate either on June 30th of each school year or when the prescription changes or expires.

=====

Approval of Principal:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

cc: OSR & Parent



ADMINISTRATION OF MEDICATION -- PARENT REQUEST FOR SUPERVISED SELF-ADMINISTRATION

1) Name of Child/Pupil: \_\_\_\_\_
Birth Date: \_\_\_\_\_ Grade: \_\_\_\_\_
Address: \_\_\_\_\_ Phone: \_\_\_\_\_
Parent's Name: \_\_\_\_\_
Business Address: \_\_\_\_\_ Phone: \_\_\_\_\_
Emergency Contact Person: \_\_\_\_\_
Contact Person's Phone: \_\_\_\_\_

2) Prescribing physician's name, address and office phone number:
\_\_\_\_\_

3) Specific instructions re administration (eg. to be taken with 8 oz of water).
\_\_\_\_\_

I am/we are, the parent(s)/guardian(s) of \_\_\_\_\_ Name of Pupil

advise the above medication shall be self-administered and supervised by a teacher or school board employee (realizing that this person is not medically trained to administer medication) in accordance with the procedure outlined by my physician. I/we hereby release the Superior North Catholic District School Board, its' employees and agents, from all manner of actions, causes of action, suits, losses, damages or injuries, caused by negligence or otherwise arising out of the administration of medication by the teacher, or failure of the teacher to administer such medication properly and I/we do also hereby indemnify the said Board, its' employees or agents, for any losses or damages sustained by them as a result of such actions or proceedings being commenced against them by myself/ourselves or my/our child, or any other parent or guardian of said child.

I am satisfied with the training that I have given to the person who will administer medication to my child. I/we hereby acknowledge that I/we have read and fully understand the terms set out herein.

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

Note: This request will terminate either on June 30th of each school year or when the prescription changes or expires.

Approval of Principal:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

cc: OSR & Parent

## ADMINISTRATION OF PRESCRIBED MEDICATION DURING SCHOOL HOURS

### To Be Completed By Parent/Guardian

Name Of Student: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Grade: \_\_\_\_\_

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

Parent's Telephone: Home: \_\_\_\_\_

Business: \_\_\_\_\_

Alternate Emergency Contact: \_\_\_\_\_

\_\_\_\_\_

### Parent's Approval

I hereby request and give permission to \_\_\_\_\_  
\_\_\_\_\_ School to administer the  
noted medication according to Board procedures  
and the instructions of the physician.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Parent/Guardian

### Information

Name of Physician: \_\_\_\_\_

Address: \_\_\_\_\_

Town: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Medication: \_\_\_\_\_

Condition For Which Medication Is Prescribed:  
\_\_\_\_\_

Possible Side Effects: \_\_\_\_\_

Times Per School Day For Administration: \_\_\_\_\_

Dosage Per Administration: \_\_\_\_\_

Administration Parameters (Dates): \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Storage Requirements: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Physician

### RECORD OF ADMINISTRATION

Date	Time	Dosage	Signature	Date	Time	Dosage	Signature

(Continued On Reverse)





SUPPORT SERVICE	ADMINISTERED BY	PROVIDED BY	TRAINING & DIRECTION	CONSULTATION
1) Oral Medication	Pupil As Authorized OR Parent As Authorized OR School Personnel	Pupil Parent School Board	Attending Physician Attending Physician School Board/Physician	Local Board of Health Local Board of Health Local Board of Health
2) Injection Of Medication	Pupil As Authorized OR Parent As Authorized OR Health Professional	Pupil Parent Ministry of Health	Attending Physician Attending Physician Ministry of Health	Local Board of Health Local Board of Health School Board
3) Catheterization Manual Expression Of Bladder/Stomach Postural Drainage/Suctioning Tube Feeding	Health Professional Health Professional Health Professional Health Professional	Ministry of Health Ministry of Health Ministry of Health Ministry of Health	Ministry of Health Ministry of Health Ministry of Health Ministry of Health	School Board School Board School Board School Board
4) Lifting & Positioning Assistance With Mobility Feeding Toileting	School Personnel School Personnel School Personnel School Personnel	School Board School Board School Board School Board	School Board & Min. of Health School Board & Min. of Health School Board & Min. of Health School Board & Min. of Health	Ministry of Health Ministry of Health Ministry of Health Ministry of Health
5) Therapies a) Physio/Occupational: • Intensive Clinical (Treatment) • General Maintenance Exercises b) Speech • Speech Pathology (Treatment) • Speech Correction & Support	Qualified Therapist Education Assistant Speech Therapist/Paths. Speech & Language Teachers	Ministry of Health School Board Ministry of Health School Board	Ministry of Health Ministry of Health Ministry of Health School Board	Ministry of Health Ministry of Health Ministry of Health Ministry of Health
6) All Services In Children's Residential Care/Treatment Facilities	Health Professionals/ Education Assistants	Ministry of Community & Social Services	Ministry of Community & Social Services	Ministry of Health





## INFORMATION FROM MEDICAL PRACTITIONER FOR SCHOOL USE

Name of Patient: \_\_\_\_\_

Grade & School Year: \_\_\_\_\_

This patient has allergies to: (1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

The patient has:  Mild Asthma       Moderate Asthma  
 Severe Asthma       No History of Asthma

Prescribed Medication: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other Medication: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medical Practitioner: _____
Address: _____ _____
Phone Number: _____ Fax Number: _____



# INDIVIDUAL HEALTH CARE PLAN

*The individual health care plan form is to be completed by the school on the basis of information from the student's medical practitioner as provided by the parent.*

School: \_\_\_\_\_ Phone #: \_\_\_\_\_

Student's Name:		
DOB:		
Allergic To:		
Health Conditions:		
Parent Contacts:		
Other Emergency Contacts (If Parent Unavailable):	<b>Parent Information (1)</b>	<b>Parent Information (2)</b>
	Name(s): _____	Name(s): _____
	Relationship To Child: _____	Relationship To Child: _____
	Address: _____	Address: _____
	Home No: _____	Home No: _____
	Work No: _____	Work No: _____
Cell No: _____	Cell No: _____	
Religion:		EpiPen Storage:
Emergency Care Provided At School:		

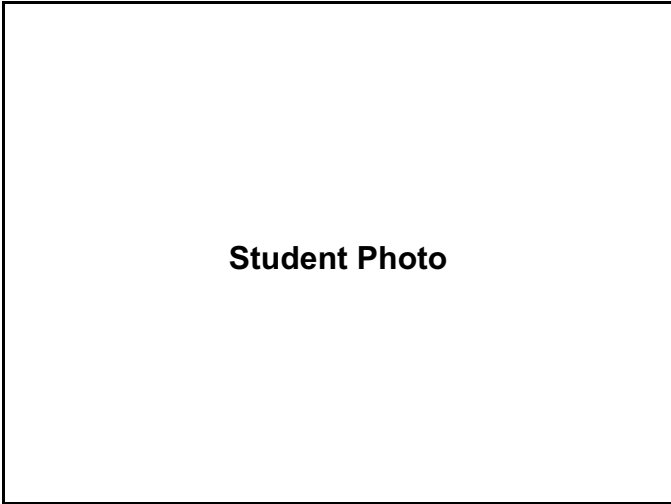
The school's individual health care plan for my child has been developed with my knowledge and input and will be reviewed on \_\_\_\_\_.  
(Review Date)

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Principal: \_\_\_\_\_ Date: \_\_\_\_\_

# ACTION PLAN FOR ANAPHYLAXIS

Name: \_\_\_\_\_ DOB: \_\_\_\_\_



Known Allergies: \_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian: \_\_\_\_\_  
\_\_\_\_\_

Home Number: \_\_\_\_\_

Work Number: \_\_\_\_\_

## Directions For EpiPen:

- 1) Form fist around EpiPen and remove grey cap.
- 2) Place black end against outer mid-thigh.
- 3) Push down **HARD** until a click is heard or felt and hold in place for 10 seconds.
- 4) Remove EpiPen and be careful not to touch the needle.
- 5) Massage the injection site for 10 seconds.

## Mild To Moderate Allergic Reaction

- Swelling of Lips, Face, Eyes
- Hives Or Welts
- Abdominal Pain

## Action

- Stay with child and call for help.
- Give medication (if prescribed).
- Locate EpiPen or EpiPen Junior.
- Contact parent/guardian.

## Watch For Signs of Anaphylaxis (Severe Allergic Reaction)

- Difficulty/Noisy Breathing
- Swelling of Tongue
- Swelling/Tightness of Throat
- Difficulty Talking and/or Hoarse Voice
- Wheeze or Persistent Cough
- Loss of Consciousness and/or Collapse
- Pale and Floppy (Young Children)

## Action

- Give EpiPen or EpiPen Junior.
- Call ambulance (911).
- Contact parent/guardian.

Additional Instructions: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



## EMERGENCY RESPONSE PLAN DISPLAY POSTER

*This form is to be completed by the Principal on the basis of information provided by the parent/guardian and/or medical practitioner.*

### ALLERGY ALERT

Name of Student: \_\_\_\_\_

Grade & Year: \_\_\_\_\_

Allergies: \_\_\_\_\_

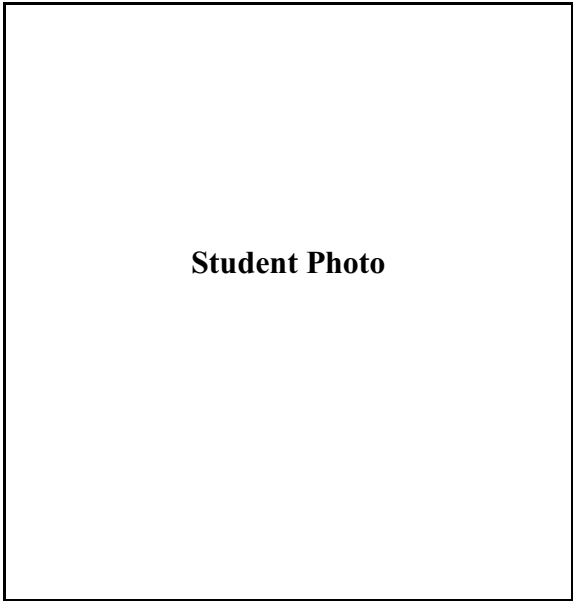
\_\_\_\_\_

\_\_\_\_\_

Prescribed Medication: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Emergency Contacts: (Name, Home Phone Number, Work Number, Cell Number)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Medical Practitioner:

Address: \_\_\_\_\_

\_\_\_\_\_

Phone No: \_\_\_\_\_ Fax No: \_\_\_\_\_



**STRATEGIES TO AVOID ALLERGENS**

Student Name: _____ DOB: _____
Severely Allergic To: _____
Asthmatic? <input type="checkbox"/> Yes* <input type="checkbox"/> No      *Denotes high risk for severe reaction.

Known Allergens:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

Minimizing Risk	Strategy	Who?
Food Allergies		
Insect Bite Allergies		
Medication Allergies		
Latex Allergies		

## EPIPEN PROCEDURES

Using the EpiPen Autoinjector device (adrenaline, epinephrine) to treat severe allergies - a pictorial guide.



Adrenaline (epinephrine) is a natural hormone released in response to stress. It is a natural "antidote" to the chemicals released during severe allergic reactions triggered by drug allergy, food allergy or insect allergy. It is destroyed by enzymes in the stomach, and so needs to be injected. When injected, it rapidly reverses the effects of a severe allergic reaction by reducing throat swelling, opening the airways, and maintaining blood pressure.

Use of adrenaline for treating anaphylaxis is **First Aid**.



Intact (top) and dismantled EpiPen (below) to show the spring, needle and syringe that is enclosed within the device.



New EpiPen packaging



Remove the device from the plastic protective container.

Remove the **grey cap** from the fatter end of the device.

NB: This "arms the unit" ready for use.



**Hold** the EpiPen in your fist with clenched fingers wrapped around it.



NB: there is nothing to "push" at the white end.

Press the **black tip** gently against the skin of the mid thigh, then start to push harder until a loud "click" is heard. **This means that the device has been activated.**

Hold in place for 10-15 seconds (count "1 elephant, 2 elephants, 10 elephants, etc.") while the adrenaline is injected under pressure.

NB: The EpiPen "pop" is often quite loud.

# EpiPen *Mistakes*

## - what *not* to do!

### MISTAKE NUMBER 1



The black tip contains the needle and needs to be placed against the mid-thigh.

*Holding the wrong end and injecting the thumb (line) is painful and not very effective ...*

### MISTAKE NUMBER 2

Unless the grey cap is removed (line), the EpiPen will NOT work, no matter how hard you push .....



### MISTAKE NUMBER 3



This photograph is more subtle. The patient is pressing the white end very hard (line), assuming there is a "button" at the white end. There is not!

Unless pressure is exerted at the black end, the EpiPen will not work. By all means rest the thumb on the white end, but you must exert pressure on the black tip into the thigh as well.

**SABRINA'S LAW, 2005  
(S.O. 2005, CHAPTER 7)**

**Definitions**

1.(1) In this Act,

“anaphylaxis” means a severe systemic allergic reaction which can be fatal, resulting in circulatory collapse or shock, and “anaphylactic” has a corresponding meaning; (“anaphylaxie”, “anaphylactique”)

“board” means a district school board or a school authority; (“conseil”)

“consent” means consent given by an individual with the capacity to provide consent to treatment for the purposes of the Health Care Consent Act, 1996; (“consentement”)

“employee” means an employee of a board who regularly works at the school, in the case of a school operated by the board. (“employé”) 2005,c.7,s.1(1).

**Expressions Related To Education**

1.(2) Expressions in this Act related to education have the same meaning as in the Education Act, unless the context requires otherwise. 2005,c.7,s.1(2).

**Establishment Of Policy**

2.(1) Every board shall establish and maintain an anaphylactic policy in accordance with this section. 2005,c.7,s.2(1).

**Contents of Anaphylactic Policy**

2.(2) The anaphylactic policy shall include the following:

1. Strategies that reduce the risk of exposure to anaphylactic causative agents in classrooms and common school areas.
2. A communication plan for the dissemination of information on life threatening allergies to parents, pupils and employees.
3. Regular training on dealing with life threatening allergies for all employees and others who are in direct contact with pupils on a regular basis.
4. A requirement that every school principal develop an individual plan for each pupil who has an anaphylactic allergy.
5. A requirement that every school principal ensure that, upon registration, parents, guardians and pupils shall be asked to supply information on life threatening allergies.

6. A requirement that every school principal maintain a file for each anaphylactic pupil of current treatment and other information, including a copy of any prescription and instructions from the pupil's physician or nurse and a current emergency contact list. 2005,c.7,s.2(2).

### **Contents of Individual Plan**

- 2.(3) An individual plan for a pupil with an anaphylactic allergy shall be consistent with the board's policy and shall include:
  1. Details informing employees and others who are in direct contact with the pupil on a regular basis of the type of allergy, monitoring and avoidance strategies and appropriate treatment.
  2. A readily accessible emergency procedure for the pupil, including emergency contact information.
  3. Storage for epinephrine auto-injectors, where necessary. 2005,c.7,s.2(3).

### **Administration of Medication**

- 3.(1) Employees may be preauthorized to administer medication or supervise a pupil while he or she takes medication in response to an anaphylactic reaction, if the school has up-to-date treatment information and the consent of the parent, guardian or pupil, as applicable. 2005,c.7,s.3(1).

### **Obligation To Keep School Informed**

- 3.(2) It is the obligation of the pupil's parent or guardian and the pupil to ensure that the information in the pupil's file is kept up-to-date with the medication that the pupil is taking. 2005,c.7,s.3(2).

### **Emergency Administration of Medication**

- 3.(3) If an employee has reason to believe that a pupil is experiencing an anaphylactic reaction, the employee may administer an epinephrine auto-injector or other medication prescribed to the pupil for the treatment of an anaphylactic reaction, even if there is no preauthorization to do so under subsection (1). 2005,c.7,s.3(3).

### **Immunity**

- 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. 2005,c.7,s.3(4).

### **Common Law Preserved**

- 3.(5) This section does not affect or in any way interfere with the duties any person may have under common law. 2005,c.7,s.3(5).
  - (4) Omitted (provides for coming into force of provisions of this Act). 2005,c.7,s.4.
  - (5) Omitted (enacts short title of this Act). 2005,c.7,s.5.