



Administrative Procedure: Administration of Medication

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1.0. Administration of Prescribed Medication during School Hours

- 1.1. The Ministry of Education has stated in PPM 81, that “no child shall be denied access to education because of special health support needs during school hours.” The Ontario Human Rights Code imposes a duty on school boards to accommodate the disability and related needs of each students to the point of undue hardship.**
- 1.2. The Superior North Catholic District School Board is committed to ensuring the provision of support services and the appropriate staff training to enable students with health or medical needs to attend and participate in school, provided they can do so without undue risk.**

2.0. Procedures

- 2.1. It is understood that it is preferable that all medication be administered by the parent and or guardian at home during non-school hours.
- 2.2. The parent and or guardian of the student will request and authorize the oral administration of prescribed medication to the student using the prescribed form.
- 2.3. The parent and or guardian will agree to send no more than one month's dosage to the school at any one time.
- 2.4. The parent and or guardian will agree to provide medication to the school in a blister pack provided by a pharmacy.
- 2.5. The parent and 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 the school principal or her/his designate will inform the parent and or guardian, at the earliest practical opportunity, as to the nature of the problem. It is then the responsibility of the parent and or guardian 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.
- 2.6. The school principal or her/his designate can reserve the right to refuse to administer treatment to the student if the necessary information is not provided by the parent and or guardian.
- 2.7. It is the responsibility of the principal or her/his designate, to ensure that:
 - The medication is kept in a safe and secure place.
 - The medication is adequately identified and in a pharmacy blister pack.
 - The specific medication instructions are followed.
 - There is no evident reason to seek further information from the parent and or guardian, physician, or pharmacist.
 - An accurate record of medication administration is kept on the required form.

3.0. Medical Procedures - Anaphylaxis

- 3.1. 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.
- 3.2. "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).

4.0. Information and Awareness

4.1. Parents and or Guardians Responsibilities

- 4.1.1. Parents and or guardians with anaphylactic children have the responsibility to identify their children to the principal or her/his designate 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.
- 4.1.2. Anaphylactic students should wear Medic Alert bracelets which identify the specific allergens.
- 4.1.3. Parents and or guardians are responsible for providing two validated adrenaline auto-injectors for their children to keep one in the office and one in their child's backpack.

4.2. Principals and Staff Responsibilities

- 4.2.1. Principals or her/his Designate are required to keep one auto-injector in a clearly marked accessible part of the office.
- 4.2.2. Each auto-injector is to be clearly labeled.
- 4.2.3. All staff must be informed of this location before the first day of classes.
- 4.2.4. Staff must ensure when students are off school grounds, on school trips, sports events, etc., they must carry two auto-injector with them. One auto-injector with the student and one auto-injector with the supervising staff member.

4.3. Identification of Anaphylactic Students To Staff

- 4.3.1.** All staff members (teaching, administration and support staff including lunch time supervisors and bus drivers) should be made aware that a child with life threatening allergies (anaphylaxis) is attending their school and the child should be identified.
- 4.3.2.** 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.
- 4.3.3.** The classroom teacher should ensure that information and a photo regarding anaphylactic children is in a highly visible place and is readily accessible and understandable by all teachers teaching the students, including occasional teachers.
- 4.3.4.** The principal or her/his designate in consultation with the parent and or guardian, should decide whether information and/or a photo should also be placed in the children's classroom and other locations such as the school bus.
- 4.3.5.** The principal must have a list of anaphylactic children, detailing information, in their office, the gymnasium, lunchroom, and their photos posted in an area in the staff room.

4.4. In-Service For Teachers & Other Staff

- 4.4.1.** 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, lunch hour supervisors, 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.
- 4.4.2.** The assistance of public health nurses or other community medical personnel in developing in-service may be utilized.

4.5. Sharing Information With Other Students & Parents and Or Guardians

- 4.5.1. The school should inform students and parents and or guardians of the presence of students with life threatening allergies in their school and the measures to be taken to protect those students.
- 4.5.2. A letter should be sent home to parents and or guardians at the beginning of each school year requesting that parents and or guardians cooperate with any measures that are being taken to protect anaphylactic children.

5.0. Avoidance

5.1. 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.

5.2. Providing An Allergen Free Area

- 5.2.1. Where possible, schools should establish an eating area or part of a room as 'allergen free'.
- 5.2.2. If an allergen free area cannot be designated, an eating area for the anaphylactic children needs to be provided by the school.
- 5.2.3. Encourage anaphylactic children to take precautions at snack and 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.
- 5.2.4. Anaphylactic students shall not be permitted to eat snacks provided by the teacher or other parents and or guardians or volunteers. As a protective measure, only allergen free snacks provided by the student's family should be given to the anaphylactic child.

5.3. Allergens Hidden In School Activities

- 5.3.1. Schools should take precautions during holiday and special celebrations and in the planning of extra-curricular events and field trips:
- 5.3.2. This includes making all supervisors, staff and parents and or guardians on a field trip or at an extracurricular 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 and or guardian if they are with the student or by the supervisor if the parent and or guardian is not on the trip or part of the event.

- 5.3.3.** Students may wish to carry the auto-injectors themselves. If this is the case, parents and or guardians/or students are responsible for informing the supervisor of the location of the auto-injector. Parents and or guardians will be encouraged to send in multiple auto-injectors in the case of field trips which include extended travel on a school bus or other form of transportation.
- 5.3.4.** 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).
- 5.3.5.** 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.

6.0. Emergency Response

- 6.1. 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.

6.2. Emergency Plans

- 6.2.1.** The emergency plan should include procedures to:

- Telephone 911 and inform the emergency operator that a child is having an anaphylactic reaction.
- 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 the hospital to inform them that a child having an anaphylactic reaction is enroute.
- Telephone the parents and 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 recur.
- Assign a staff person to take extra auto-injectors, accompany the child to the hospital, and stay with them, until a parent and 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 or 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.

TO BE COMPLETED BY PARENT/GUARDIAN:

Name of Student: _____ **Birth Date:** _____

School: _____ **Grade:** _____

Home Address: _____

Phone # of Parent/Guardian: _____ **(Home)** _____ **(Work)**

Name of Dispensing Pharmacy: _____

Address: _____ **Phone:** _____

Name of Physician: _____

Address: _____ **Phone:** _____

- 1.1. 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.
- 1.2. I understand that no more than one month's dosage is to be sent to the school at any one time.
- 1.3. 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.
- 1.4. 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 or 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.

- 1.5. 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.
- 1.6. 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.
- 1.7. The information gathered in this form is collected pursuant to the Education Act and the Municipal Freedom of Information and Protection of Privacy Act.
- 1.8. The information will be used to assist with meeting the health needs of the student.
- 1.9. If there are any questions about the information gathered on this form, please contact the principal of the student’s school.
- 1.10. This request will terminate on June 30th of each school year.
- 1.11. 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.
- 1.12. I hereby acknowledge that I have read and fully understand the terms set out herein.
- 1.13. I am satisfied with the training that I have given the person who will administer medication to my child.

MEDICATION INFORMATION: TO BE FILLED IN BY PARENT/GUARDIAN

Diagnosis/Reason for Medication: _____

Medication(s) Prescribed	Dosage	Time of Administration
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Possible Side Effects (If Any): _____

Duration of Continuing Medication(s): _____

Parent/Guardian Signature: _____

Date: _____

PARENT REQUEST FOR STAFF TO ADMINISTER MEDICATION

1.1. *Name of Child/Pupil:* _____
Birth Date: _____ *Grade:* _____
Address: _____ *Phone:* _____
Parent's Name: _____
Business Address: _____ *Phone:* _____
Emergency Contact Person: _____
Contact Person's Phone: _____

1.2. Prescribing physician's name, address and office phone number.

1.3. Specific instructions re administration (e.g. to be taken with 8 oz of water).

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

I/we hereby 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

PARENT REQUEST FOR SUPERVISED SELF-ADMINISTRATION

1.1. *Name of Child/Pupil:* _____
Birth Date: _____ *Grade:* _____
Address: _____ *Phone:* _____
Parent's Name: _____
Business Address: _____ *Phone:* _____
Emergency Contact Person: _____
Contact Person's Phone: _____

1.2. Prescribing physician's name, address and office phone number:

1.3. Specific instructions re administration (e.g. to be taken with 8 oz of water).

I am/we are, the parent(s) or guardian(s) of _____ .
Name of Pupil

I/we hereby 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

To Be Completed By Parent or Guardian

Name Of Student: _____
 Birth Date: _____
 Grade: _____
 School: _____

Parent's Telephone:
 Home: _____
 Cellphone: _____

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 or 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

RECORD OF ADMINISTRATION

Date	Time	Dosage	Signature	Date	Time	Dosage	Signature

Copy Supplied To Parent: Yes No
 Remaining Medication Returned: Yes No

Signature of Principal: _____ Date: _____

SUPPORT SERVICE	ADMINISTERED BY	PROVIDED BY	TRAINING & DIRECTION
1. Oral Medication	Pupil As Authorized OR Parent As Authorized OR School Personnel	Pupil Parent School Board	Attending Physician Attending Physician School Board/Physician
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
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
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
5. Therapies a. Physio/Occupational: - Intensive Clinical (Treatment) - General Maintenance Exercises b. Speech - Speech Pathology (Treatment) - Speech Correction & Support	Qualified Therapist Educational Assistant Speech Therapist/ Paths. Speech & Language Teachers Learning for All	Ministry of Health School Board Ministry of Health School Board	Ministry of Health Ministry of Health Ministry of Health School Board
6. All Services In Children's Residential Care/Treatment Facilities	Health Professionals/ Educational Assistants	Ministry of Community & Social Services	Ministry of Community & Social Services

IDENTIFICATION OF STUDENTS WITH SEVERE ALLERGIES

This form is to be completed by the parent or guardian of the child with an allergy and returned to the school Principal. The purpose of collecting this information is to identify children whose parents or guardians will need to provide further medical information.

Dear: _____

You have indicated that your child, _____, has been diagnosed as having an allergy/allergies to _____.

Please complete the questions below and return this form to the Principal.

1.1. My child has an allergy to:

Insect Sting (Please Specify) _____

Drug (Please Specify) _____

Food:	Peanuts	Yes	No
	Other Nuts	Yes	No
	Fish	Yes	No
	Shellfish	Yes	No
	Other (Please Specify)	_____	

Latex

Other (Please Specify) _____

1.2. My child has been hospitalized with a severe allergic reaction. Yes No

1.3. My child has been prescribed an EpiPen. Yes No

My child's symptoms when having an allergic reaction (please describe):

Completed By: _____ on _____ (Date)

(Parent)

INFORMATION FROM MEDICAL PRACTITIONER FOR SCHOOL USE

Name of Patient: _____

Grade & School Year: _____

This patient has allergies to:

1.1. _____

1.2. _____

1.3. _____

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 or guardian.

School: _____ Phone #: _____

Student's Name:	_____	
Date of Birth:	_____	
Allergic To:	_____	
Health Conditions:	_____	
Symptoms to look for:	_____	
Parent Contacts:	_____	
Other Emergency Contacts (If Parent Unavailable):	Emergency Contact (1)	Emergency Contact (2)
	Name(s):	Name(s):
	Relationship To Child:	Relationship To Child:
	Address:	Address:
	Home No: _____ Work No: _____ Cell No: _____	Home No: _____ Work No: _____ Cell No: _____
Religion:	_____	EpiPen Storage: _____
Emergency Care Provided At School:	_____	_____

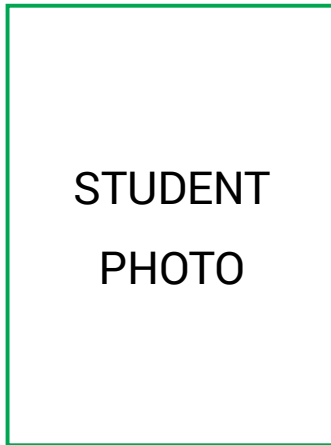
The school's individual health care plan for my child has been developed with my knowledge and input and will be reviewed on _____
(Review Date)

Signature of Parent: _____ Date: _____

Signature of Principal: _____ Date: _____

ACTION PLAN FOR ANAPHYLAXIS

Name: _____ Date of Birth: _____



Known Allergies:

Parent/Guardian: _____

Home Number: _____

Work Number: _____

Directions For EpiPen:

- 1.1. Form fist around EpiPen and remove grey cap.
- 1.2. Place black end against outer mid-thigh.
- 1.3. Push down HARD until a click is heard or felt and hold in place for 10 seconds.
- 1.4. Remove EpiPen and be careful not to touch the needle.
- 1.5. 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 or 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 or guardian.

Additional Instructions or symptoms not mentioned above:

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

ALLERGY ALERT

Name of Student: _____

Grade & Year: _____

Allergies:

Symptoms:

Prescribed Medication:

Emergency Contacts:

Name	Home Phone Number	Work Number	Cell Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Medical Practitioner:

Address:

Phone Number: _____ Fax Number: _____

STUDENT
PHOTO

STRATEGIES TO AVOID ALLERGIES

Name: _____ Date of Birth: _____

Severely Allergic To:

Asthmatic? Yes* No *Denotes high risk for severe reaction.

Known Allergens:

1.1. _____

1.2. _____

1.3. _____

MINIMIZING RISK	STRATEGY	SYMPTOMS	WHO?
Food Allergies			
Insect Bite Allergies			
Medication Allergies			
Latex Allergies			

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.





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

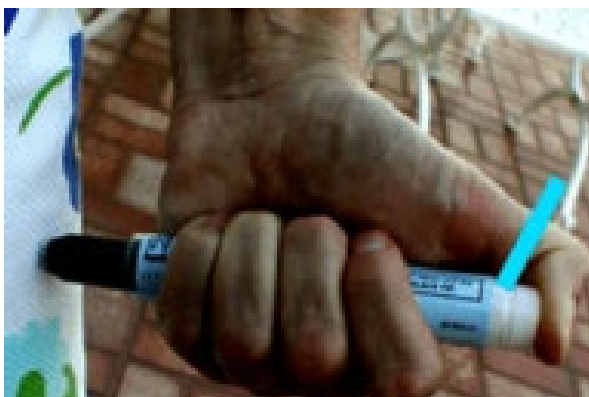
The black tip contains the needle and needs to be placed against the mid-thigh.

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

3.(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

3.(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.