Prevalent Medical Conditions

SMS Plan of Care Policies

Anaphylaxis
Asthma
Diabetes
Epilepsy

Dated:
8/23/2018

References: Ministry of Education Policy/Program Memorandum #161, Anaphylaxis in Schools & Other Settings 3rd Edition developed by Canadian Society of Allergy and Clinical Immunology, the Food Allergy Canada website, The Lung Association of Ontario, Managing Asthma in Schools and Daycares and the Conference of Independent Schools Asthma Policy Guideline.

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Overview

The promote the safety and well-being of our students, SMS has developed policies to support students who have, or at risk for, anaphylaxis, asthma, diabetes, epilepsy and/or other health conditions that may result in a medical incident or a life-threatening emergency. The document also contains specific policies and procedures related to anaphylaxis and asthma as outlined in Sabrina's Law, 2005 and Ryan's Law, 2015.

Policy Statement

SMS is committed to providing a safe, accepting and healthy learning environment for all our students. As a school, it is important that we make every reasonable effort to reduce the risk for children and staff with prevalent medical conditions. The includes encouraging confidence by encouraging self-management of their medication condition(s) according to their Plan of Care. SMS believes in finding innovative ways to minimize risk without depriving the child of normal peer interactions or placing unreasonable restrictions on the activities of all members of the school community.

Roles and Responsibilities

Parents/Guardians of Children with Prevalent Medical Conditions

As primary caregivers, parents/guardians are expected to be active participants in supporting the management of their child's medication condition(s) while at SMS. Parents/guardians should:

- Educate their child about their medical condition(s) with support from their child's health care profession, as needed;
- Guide and encourage their child to reach their full potential for self-management and self-advocacy;
- Inform the school of their child's medical condition(s) and provide the Plan of Care document for their child and discussed with the head of school and/or other administer and/or teacher;
- Communicate changes of the Plan of Care (i.e. changes to the status of the medical condition) or changes to their child's ability to manage their condition with the head of school;
- Confirm annually to the Head of School or school administration that their child's medical status is unchanged:
- Initiate and participate in annual meetings to review their child's Plan of Care;
- Supply their child and/or the school with sufficient quantities of medication and supplies in their original, clearly labelled containers, as directed by a health care professional and as outlined in the Plan of Care, and track the expiration dates if they are supplied;
- Seek medical advice from a medical doctor, nurse practitioner, or pharmacist, where appropriate.

Students with Prevalent Medical Conditions

The student, as age appropriate, will:

- Take responsibility for advocating for their personal safety and well-being that is consistent with their cognitive, social, emotional and physical stage of development and their capacity for self-management;
- Participate in the development of their Plan of Care;
- Participate with meetings to review their Plan of Care;
- Carry out daily or routine self-management of their medical condition to their full potential, as described in their Plan of Care (i.e. carry their medication/medical supplies);
- Set goals on an ongoing basis for self-management of their medical condition with the support of their parents/guardians and/or health professionals;
- Communicate with their parents/guardians and school staff if they are facing challenges related to their medical condition(s) at school;
- Wear medical alert identification that they and/or their parents/guardians deem appropriate;
- If possible, inform the school staff and/or peers if a medical incident or medical emergency occurs.

Teachers and Staff

SMS teachers and staff will:

- Review the contents of the Plan of Care for any student with whom they have direct contact;
- Participate in annual education or training on prevalent medical conditions;
- Share information on a student's signs and symptoms with other students, if the parents/guardians consent to do so;
- Follow SMS policies and procedures that reduce the risk of student exposure to potential triggers or causes in classrooms, common areas and during extracurricular activities or field trips in accordance with the Plan of Care;
- Support the student's daily or routine management and respond to medical incidents or emergencies that may occur during the school day as outlined by the school's policies and procedures;
- Support inclusion by allowing students with prevalent medical conditions to perform daily or routine activities while at school, as outlined in their Plan of Care, while also respecting the confidentiality and dignity of the student.

Administration/Head of School

In addition to the responsibilities outlined under Teachers and Staff, the Head of School will:

- Clearly communicate to parents and appropriate staff the process for parents to notify the school of their child's medication condition(s), as well as the expectation for parents to provide, review and update a Plan of Care with the Head of School or designate. This process should be communicated to parents:

  - At the time of registration;
  - Each school year during orientation or the first week of school;
  - When a child is diagnosed and/or returns to school following a diagnosis.
- Review or update the Plan of Care for a student with a prevalent medical condition with the parents/guardians, in consultation with school staff/teacher (as appropriate) and with the student (as appropriate);
- Maintain a file with the Plan of Care and supporting documentation for each student with a prevalent medical condition;
- Provide relevant information from the student's Plan of Care to the school staff and others who are identified in the Plan of Care (i.e. food service providers, transportation providers, volunteers, occasional staff who will be in direct contact with the student), including any revisions that are made to the plan;
- Communicate with the parents/guardians in the case of a medical emergency, as outlined in the Plan of Care;
- Encourage the identification of staff who can support the daily or routine management needs of students in the school with prevalent medical conditions;
- Provide training and resources on prevalent medical conditions to school staff on an annual basis;
- Develop strategies that reduce the risk of student exposure to triggers or causes in classrooms and common areas;
- Develop expectations to support safe storage and disposal of medication and supplies to support the management of a medical condition;
- Communicate expectations that students must carry their medication and supplies (as age appropriate) to promote the self-management of their medical condition;
- Ensure information and policies are communicated to the school community and available on the parent website and in the school office.

Plan of Care

A Plan of Care (also known as Emergency Plan/Form) contains individualized information on a student with a prevalent medical condition. The Plan of Care form includes the following elements:

- A photo of the student and description of the medication condition;
- Preventative strategies to be undertaken by the school to reduce the risk of medical incidents and exposure to triggers or causes in classrooms and common areas;
- Identification of school staff who have access to the Plan of Care;
- Identification of any routine or daily activities that will be performed or required by the student, parent/guardian, staff or volunteers to manage and encourage self-management of the medical condition;
- A copy of notes and/or instructions from the student's healthcare professional, where applicable;
- Information on how to support or accommodate the student to enable participation to their full potential in all school related events and activities (i.e. field trips, overnight excursions, sports events etc);
- Identification of symptoms (emergency and other) and response, should a medical incident occur;
- Emergency contact information for the student;

- Clear information on the emergency policies and procedures;
- Requirements for communication between parents/guardians and the school, including format and frequency;
- Parental consent (at the discretion of the parents/guardians) to share information on the signs and symptoms with other students.

In order to properly manage prevalent medication conditions, the Plan of Care will be posted in the Staff Room. Copies will also be available in the school office and in the student's classroom (within a binder or discreetly posted for easy access for teachers, volunteers or occasional staff).

Anaphylaxis Policy: Allergy Aware at SMS

Purpose

In our school, we have a number of students and staff who are at risk for potentially life-threatening allergies. Some children are at risk for insect sting allergy, while most are allergic to food. Food-allergic individuals can experience a life-threatening reaction from ingesting a very small amount of their allergen.

Exposure through skin contact or inhalation can cause allergic reactions, but generally not anaphylaxis. Anaphylaxis (pronounced anna-fill-axis) is a severe allergic reaction that can be caused by foods, insect stings, medications, latex or other substances. While anaphylaxis can lead to death if untreated, anaphylactic reactions and fatalities can be avoided. Education and awareness are key to keeping members of our community with potentially life-threatening allergies safe.

Some students have such a high sensitivity to the peanut/tree nut protein that even a trace amount from a known peanut/nut product of a food product/item that has come in contact with a peanut/nut source (cross contamination) and is ingested or enters the body through rubbing the eyes, nose or mouth. This exposure can result in a life-threatening anaphylactic reaction, the most serious being respiratory difficulties and blockage of the airways, which if not medically treated immediately, can lead to death.

It is the expectation of SMS that all employees, students and persons invited to, or visiting school property, will respect the policies and procedures of the school.

In accordance with Bill 3, Sabrina's Law, preventative measures are required on the part of both the parent/guardian and the school, together with the support of school's parent and student community. Our school anaphylaxis plan is designed to ensure that children at risk are identified, strategies are in place to minimize the potential for accidental exposure, and staff and key volunteers are trained to respond in an emergency situation.

As a school, it is important that we make every reasonable effort to reduce the risk for children and staff with severe, life-threatening allergies. **Although the school policy outlines preventative and avoidance strategies, we do not and cannot guarantee an allergen-free environment**.

In school procedures are flexible enough to allow classrooms to adapt to the needs of individual children and the food allergens, as well as the organizational and physical environment in different classrooms. It should be noted that precautions may vary depending on the properties of the allergen.

For example, the viscosity of peanut and nut butters, and the oil and dust from nut products, present particular challenges in terms of cross-contamination and cleaning; and, while it may be possible to reduce food allergens from SMS, it would be impossible to do so with other allergens.

All of the following recommendations should be considered in the context of the anaphylactic child's age and maturity. As children mature, they should be expected to take increasing personal responsibility for avoidance of their specific allergen.

The SMS community is encouraged to find innovative ways to minimize the risk of exposure without depriving the anaphylactic child of normal peer interactions or placing unreasonable restrictions of the activities of the children in the school.

Six key recommendations from *Anaphylaxis in Schools & Other Settings* to assist schools to respond appropriately to an emergency

It's important to note that people (both adults and students) may need assistance when they are experiencing a reaction. They may be afraid or confused, anxious about using a needle, or may be physically unable to self-administer their epinephrine auto-injector.

1. Epinephrine is the first-line medication for anaphylaxis.
2. Antihistamines and asthma medications should not be used instead of epinephrine for treating anaphylaxis.
3. All individuals receiving epinephrine must be transported to hospital immediately (ideally by ambulance).
4. A second dose of epinephrine may be given as early as 5 minutes after the first dose if there is no improvement in symptoms.
5. Individuals who are feeling faint or dizzy because of impending shock should lie down and if vomiting, they should be turned onto their side.
6. No person experiencing anaphylaxis should be expected to be fully responsible for self-administration of an epinephrine auto-injector.

Identification of Children at Risk

At the time of registration, parents are asked about medical conditions, including whether children are at risk of anaphylaxis and asthma. All staff must be aware of these children.

It is the responsibility of the parent to:

- Inform the school of their child's allergy (and asthma).
- In a timely manner, complete medical forms and the Anaphylaxis Emergency Plan which includes a photograph, description of the child's allergy, emergency procedure, contact information, and consent to administer medication.
- The Anaphylaxis Emergency Plan is posted/available in key areas such as in the child's classroom (posted on the wall or inside a cupboard door), the office and staff room.
- Advise the school if their child has outgrown an allergy or no longer requires an epinephrine auto-injector. (A letter from the child's allergist or primary healthcare provider is required.)
- Have the child wear medical identification (e.g. MedicAlert® bracelet). The identification could alert others to the child's allergies and indicate that the child carries an epinephrine auto-injector.
- Parents of students with an anaphylactic allergy must also take responsibility for their child's safety by continually reminding their child not to trade or share food with other students, and to not eat food with unknown ingredients.

Availability and Location of Epinephrine Auto-injectors ("auto-injectors")

Students at risk of anaphylaxis **must** carry an auto-injector at all times. It should not be kept solely in a locker, classroom or office. Students who have demonstrated maturity should carry one auto-injector with them at all times and have a back-up available in the school. Most children are able to carry their own auto-injector and asthma inhaler (if needed) by Grade 1 to 2. For children with stinging insect allergy, this would not have to be for the full year, but during insect season (warmer months).

Posters which describe signs and symptoms of anaphylaxis and how to give an epinephrine auto-injector will be placed in relevant areas, e.g. classrooms, office, staff room, lunch room etc.

Two auto-injectors are wall mounted in the school office for emergency use. One .15 mg (Jr.) and one .30 mg.

Additional auto-injectors should be brought on field trips. The "teacher-in-charge" of the field trip must carry a cell phone and know the location of the closest medical facility.

Emergency Protocol

- An individual Anaphylaxis Emergency Plan can be signed by the child's physician, if required. With parental permission, a copy of this Plan will be placed in designated areas such as the classroom and office.

- Adults must be encouraged to listen to the concerns of the child who usually knows when a reaction is occurring, even before signs appear. It cannot be assumed that children will be able to properly self-administer their auto-injector. (Children may be fearful of getting a needle, they may be in denial that they are having a reaction, or they may not be able to self-administer due to the severity of the reaction.) When giving epinephrine, it is recommended to have the person sit or lie down. When administering to a child, it may be helpful to support or brace their leg to reduce movement.

To respond effectively during an emergency, a routine has been established and practiced, similar to a fire drill.

Auto-injectors

Epinephrine (adrenaline) is a hormone produced in our bodies when we are stressed. It works on the cardiovascular and respiratory systems to constrict blood vessels and to improve breathing. It can also prevent low blood pressure and prevent loss of consciousness. Epinephrine is only given by injection and the most common methods are the EpiPen® and EpiPen® Junior auto-injectors or Allerject auto-injectors.

It is the expectation of SMS that all employees, students and persons invited to, or visiting school property, will respect the policies and procedures of the school.

During an Emergency

1. Give epinephrine auto-injector (e.g. EpiPen®) at the first sign of a known or suspected anaphylactic reaction.
2. Call 9-1-1 or local emergency medical services. Tell them someone is having a life-threatening allergic reaction.
3. Give a second dose of epinephrine as early as 5 minutes after the first dose if there is no improvement in symptoms.
4. Go to the nearest hospital immediately (ideally by ambulance), even if symptoms are mild or have stopped. The reaction could worsen or come back, even after proper treatment. Stay in the hospital for an appropriate period of observation as decided by the emergency department physician (generally about 4-6 hours).
5. Call emergency contact person (e.g. parent, guardian).

Body Position

After giving epinephrine, place the person on their back with their legs raised. If they feel sick or are vomiting, they should be placed on their side so that the airway is clear, and they do not choke on vomit.

It is important to avoid having an individual immediately sit up or stand after receiving epinephrine as these sudden changes of position may lower their blood pressure, worsen their condition, and potentially result in death. Additionally, emergency responders should be directed to the person's location and transport the person on a stretcher. The person should not be made to walk to emergency responders.

Definitions

Allergens
Allergens are any substance or condition that can bring on an allergic reaction or a severe, life threatening, allergic reaction known as anaphylaxis. Peanuts, legumes (chickpeas, pinto beans, soybeans, kidney beans), tree nuts and their products, including oils, peanut butter, are the leading causes of anaphylaxis. Even exposure to a trace amount, through the eyes, nose or mouth, can trigger a reaction. Other common allergens include: shellfish (shrimp, lobster), fish, eggs, milk, soy, wheat, latex (BandAids, balloons), medications (e.g. penicillin, aspirin, etc.), and insects (honey bees, yellow jackets, hornets and wasps).

Anaphylaxis
Anaphylaxis is a severe, life-threatening allergic reaction affecting multiple systems of the body that, if not treated, can very quickly lead to death. The most dangerous symptoms are breathing difficulties and a drop-in blood pressure which are potentially fatal. Anaphylaxis occurs when a susceptible individual eats food, is stung by an insect, or is given medication, to which he/she is allergic (allergens).

Anaphylactic reaction
An anaphylactic reaction occurs when the body's sensitized immune system over reacts in response to the presence of a particular allergen. Anaphylaxis affects multiple body systems such as skin, upper and lower respiratory, gastrointestinal and cardiovascular, and can develop within seconds to minutes of exposure, but may be delayed for several hours. Delayed reactions can be extremely dangerous because the initial symptoms could be mild but serious symptoms can occur several hours later. In addition, even when symptoms have subsided after initial treatment, they can return as much as eight hours after exposure.

Symptoms of Anaphylaxis

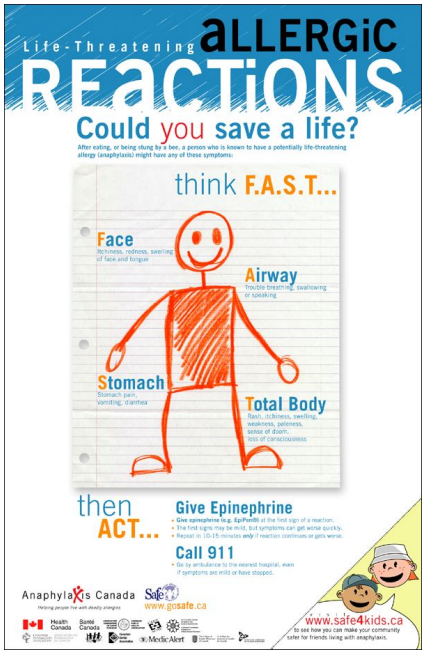
Symptoms can vary for different people, and can be different from one reaction to the next, and can vary from child to child:

- **Skin:** hives, swelling, itching, warmth, redness, rash
- **Breathing (respiratory):** coughing, wheezing, shortness of breath, chest pain/tightness, throat tightness/swelling, hoarse voice, nasal congestion or hay fever-like symptoms (runny nose and watery eyes, sneezing), trouble swallowing
- **Stomach (gastrointestinal):** nausea, pain/cramps, vomiting, diarrhea
- **Heart (cardiovascular):** pale/blue colour, weak pulse, passing out, dizzy/lightheaded, shock
- **Other:** anxiety, feeling of "impending doom", headache, uterine cramps, metallic taste in mouth

During anaphylaxis, a person may have trouble breathing or experience a drop in blood pressure. These symptoms can lead to death if not treated.

When in Doubt, Inject.

Epinephrine is the drug used to treat anaphylaxis. It has saved countless lives. Epinephrine is the first line of defence during a reaction. It is not safe to wait for emergency medical personnel or a doctor to give the injection, or to use other drugs (like antihistamines and asthma medications) instead of epinephrine.



Creating an Allergy Aware School Environment

Within our school community there are several students who have a potentially life-threatening allergy (anaphylaxis) to foods, predominantly to peanuts and tree nuts (e.g. almond, cashew, hazelnut, pistachio). Although direct ingestion poses the greatest risk, Food Allergy Canada (formally Anaphylaxis Canada) recommends avoidance strategies for peanut/nut products due to the viscosity of the products, as well as the high propensity for cross contamination, or residue contact with peanut/nut products.

Individuals at risk of anaphylaxis must learn to avoid specific triggers. While the key responsibility lies with the students at risk and their families, the school community must also be aware. Special care is taken to avoid exposure to allergy-causing substances. Teachers are to inform parents which foods cannot be brought into their classrooms. The risk of accidental exposure to a food allergen can be significantly diminished by means of such measures.

Given that anaphylaxis can be triggered by miniscule amounts of an allergen when ingested, children with food allergy must be encouraged to follow certain guidelines:

- Eat only food which they have brought from home unless it is packaged, clearly labelled and approved by their parents.
- Wash hands with soap and water before and after eating.
- Never share food, utensils or containers.
- Place food on a napkin or wax paper rather than in direct contact with a desk or table.

There are plenty of healthy and delicious products available that can be used to create healthy peanut/nut-free lunches.

Health Canada requires food manufacturers to clearly label products if they contain one of the government's priority allergens: peanut; tree nuts; soy; wheat; egg; milk; seafood (shellfish, fish, and crustaceans); sesame; sulphites; and mustard. All priority allergens must be listed on the ingredient list of pre-packaged food, both domestic and imported.

The best advice is for parents/guardians to always read the contents of the packages and where it says: contains peanut or nut products or may contain, do not send it to school.

We appreciate your cooperation in helping to make SMS a safe environment for all our staff and students. As a school, it is important that we make every reasonable effort to reduce the risk for children and staff with severe, life-threatening allergies. Although the school policy outlines preventative and avoidance strategies, we do not and cannot guarantee an allergy-free environment.

Avoidance Strategies

In order to provide a safe learning environment at the school, all members of the school community will make best efforts not to bring products containing peanuts or any kind of nut, including traces of peanuts or nuts, to the school (whether on the premises or during excursions).

Parents of children with allergies are asked to provide a number of non-perishable snacks for the teacher to hold, so that when food is brought into the classroom for special occasions, the allergic child may enjoy his/her own special treat.

Elementary Students

- A "no sharing" policy for food and drinks.
- Adult supervision of young students who are eating, washing hands and cleaning up after themselves.
- Different strategies for reducing the risk of exposure, particularly in the younger grades.
- Safe lunchroom and eating area procedures will be established, including cleaning and hand-washing procedures.
- A student with an anaphylactic allergy will be required to eat only food prepared at home or approved for consumption.
- Education about the allergies hidden in non-food materials will be provided (i.e. play materials, play dough, soap, counting aids science projects, special seasonal activities, such as gardening).
- The reading of food labels to identify products that contain or "may contain" an ingredient of concern for a student with a food allergy.

Junior High Students (Teenagers)

While many of the strategies adopted by elementary schools apply to secondary schools, getting ready for the transition to secondary school and adolescence can pose additional challenges for those at risk of anaphylaxis. Different factors should be considered such as the number of people who may be unfamiliar with their allergies, and the student's reluctance to carry epinephrine, tell new friends about their allergy or how to help in an emergency.

Teens at risk of anaphylaxis, their parents, and school staff should work together to agree on an anaphylaxis management strategy which protects the child and respects their need for privacy and choice about how they want to educate others.

- Guide teens to manage their allergies responsibly.
- Remind them to always have their auto-injector readily available (also applies to their inhaler if they have asthma).
- Train school staff in order to be able to assist in an emergency, even though teens can take on more responsibility for managing their allergies.

Did you know?

Current data indicates that approximately 20-25% of stock epinephrine in schools was administered to children whose allergy was unknown at the time. Currently, approximately 1.2 million Canadians have food allergies, and since so many more people are unaware they have an allergy until that first bite; training, awareness and emergency protocols are necessary to make sure that the first bite is not a deadly one.

Roles and Responsibilities

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

Administration/Head of School shall:

- Ask parents/guardians to inform the school about their child's known life threatening allergies;
- Ensure that the parents/guardians have completed all the necessary forms;
- Maintain up-to-date emergency contacts and telephone numbers;
- Ensure that instructions from the student's physician are on file if applicable;
- Ensure that information regarding anaphylaxis is distributed school-wide and to the parent community to raise awareness and understanding of procedures to prevent exposure;
- Identify individual students with anaphylaxis to all school staff and guest teachers;
- Ensure that the student's teacher and/or head of school meet with the parent(s) of an identified student and where deemed advisable, the student, to discuss and to record in detail the student's needs; and the school's procedure in case of emergency;
- Ensure that documentation received by parents is complete and includes signed authorization for a staff member to administer an auto-injector and a signed form for self-administration;
- Ensure that parents are informed that, even if consent is given by the parent to let the student self-administer medication, the severity of their child's reaction and/or anxiety may hinder any attempt to do so and, as a result, the child may require the assistance of others;
- Ensure that for each identified student, an anaphylactic reactions protocol is completed including necessary signatures, a recent photo of the student and a emergency action plan as agreed upon with the parents;
- Work as closely as possible with the parents of an anaphylactic child and maintain open communication with all parents;
- Post in the office, student's classroom, the Emergency Medical Care binder and the school's staff room, a photo of the child, symptoms of the child's reaction, and an emergency response plan which includes instruction on auto-injector type and use;

- Ensure at least **two**, current auto-injectors are provided by parents – **one with student and one with school;**
- Ensure that the auto-injector is in an easily accessible and identifiable location known to all staff, including guest teachers, (e.g. in the designated location in the office) along with all documentation including a signed authorization for a staff member to administer an auto-injector, authorization for the student to self-administer medication, and the student's picture;
- Provide, at least, annual in-service for teachers, guest teachers and non-teaching school staff, before and after school staff and volunteers in: anaphylaxis prevention, recognition and management, school policy and procedure related to students with anaphylaxis, and use of auto-injectors and where they are located;
- Request and give periodic reminders to the entire school community to assist in the management of exposure to the allergens, especially peanuts and tree nuts, by avoiding sending them to school (e.g. prior to Halloween, March Break, etc.);
- Establish safe procedures for field trips and extracurricular activities;
- Implement school procedures for reducing risk of exposure to allergens in classrooms and common areas;
- Communicate to the entire school community the need for all concerned to share information about known allergies;
- Encourage and require students to carry their own auto-injector in waist pouches (with all pertinent information regarding student and allergy) and to wear a MedicAlert® bracelet;
- Ensure that a student/staff member is transported to hospital; by ambulance, following the administration of an auto-injector;
- Ensure that the used auto-injector and the protocol sheet accompany the student to the hospital;
- Authorize staff, when a student is known to have anaphylactic reactions, to respond to a perceived anaphylactic reaction with an auto-injector (with the assurance that they will not be held responsible for any adverse reaction resulting from such administration) and have the individual then seek medical attention immediately; and
- Contact and inform parent (or emergency contact if unable to reach parent) as per the emergency action plan if a student has experienced an anaphylactic reaction.

Teachers shall ensure that:

- If asked by the Head of School, they will meet with the parent(s) of an identified student and where deemed advisable, the student, to discuss and to record in detail: the student's needs, and the school's procedure in case of an emergency;
- They display the emergency plan with photo in a classroom, with parental approval;
- They discuss anaphylaxis with the class, in age appropriate terms;
- They encourage students not to share lunches or trade snacks;
- They choose allergen free foods for classroom events;

- They establish procedures to ensure that the anaphylactic child eats only what he/she brings from home;
- They reinforce hand washing before and after eating, hand wipes provided in class for PK-Gr.3;
- They facilitate communications with other parents;
- They follow school procedures for reducing risk in classrooms and common areas including spray cleaning desks after snacks and lunch;
- Auto-injectors and protocol sheets are taken on excursions involving a student with anaphylaxis;
- The student's anaphylactic reactions protocol and any information accompanies the student during all out of school excursions and/or activities; and
- They leave information in an organized, prominent and accessible format for guest teaches in each classroom teacher's daybook. Information is also available in the supply teacher folder and the Emergency Medical Care binder located in every classroom.

The parents/guardians of an anaphylactic child shall:

- Alert the school to their child's anaphylactic allergies every year;
- Complete new forms annually, providing current emergency contact information;
- Complete the request for administration of medication or advisement of self-administration of medication during school hours on the form prescribed;
- Provide a Medic Alert bracelet for their child;
- Provide the school with instructions for administering medication;
- Provide the school with up-to-date auto-injectors, and keep them current;
- Replace the auto-injectors in advance of the listed expiry date;
- Provide support to school and teachers as requested;
- Provide in-service for staff, if requested;
- Participate in parent advisory/support groups, if needed;
- Assist in school communication plans, if required;
- Review the school action plan with school personnel;
- Supply information for school publications: recipes, foods to avoid, alternate snack suggestions; and resources, if needed.

Parents/guardians will teach their child:

- To recognize the first symptoms of an anaphylactic reaction;
- To know where medication is kept, and who can get it;
- To communicate clearly when he or she feels a reaction is starting;
- To carry his/her own auto-injector in a waist pouch or carrier;
- To recognize potential triggers and inform an adult;
- Not to share snacks, lunches or drinks;
- To understand the importance of hand washing;

- To take as much responsibility as possible for his/her own safety;
- To educate others about potential risk factors;
- Be willing to provide safe foods for special occasions; and
- Welcome other parents' calls and questions about safe foods.

The anaphylactic student, as age appropriate, shall:

- Take as much responsibility as possible for avoiding allergens;
- Watch for triggers and inform an adult;
- Eat only foods brought from home;
- Take responsibility for checking labels and monitoring intake;
- Wash hands before eating;
- Learn to recognize symptoms of an anaphylactic reaction;
- Promptly inform an adult, as soon as accidental exposure occurs, or symptoms appear;
- Take responsibility for keeping their auto-injector with them at all times (as age appropriate).

All parents/guardians shall:

- Respond co-operatively to requests from the school to eliminate allergens from packed lunches and snacks.
- Participate in parent information sessions.
- Encourage students to respect an anaphylactic student and follow School prevention plans.

All students shall:

- Learn to recognize symptoms of anaphylactic reactions.
- Avoid sharing food, especially with anaphylactic students.
- Follow school rules about keeping allergens out of a classroom and washing hands.
- Refrain from bullying or teasing a student with a food allergy.

Field Trips

When students are in new situations, they can be at greater risk for a reaction because their normal routine is changed. School trips and special events are not part of the daily routine and may present new risks.

Before you go

- Make sure allergic students are carrying their auto-injectors. Talk to them about their needs and concerns.
- Teachers, staff and parent chaperones should carry a back-up auto-injector in case a second injection is necessary before medical help arrives.
- Teachers and chaperones must carry a cell phone.
- Inform all adults travelling on the trip about which students have food allergies or other allergies.
- Sign out a First Aid knapsack which includes the Emergency Medical Folder with individual anaphylaxis plans, an auto-injector and other required medications (i.e. asthma inhaler).
- Talk to all students about keeping their classmates with allergies safe.

Food and Eating

- It is often best for young children to bring their own food from home and to have a “no sharing” policy in place.
- Teachers should consult with allergic students ahead of time (and their parents/guardians) about foods or other allergens to avoid during the trip or event.
- Any food that is part of the outing (like animal food at a petting zoo, food and materials used in craft projects) should be checked for potential allergens.
- Keep an eye on students. In a new space, new risks could be taken, and students may be less communicative with adults.

Anaphylaxis to Insect Venom

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

- Avoid wearing loose, hanging clothes, floral patterns, blue and yellow clothing and fragrances.
- Check for the presence of bees and wasps, especially nesting areas, and arrange for their removal.
- If soft drinks are being consumed outdoors, pour them into a cup and dispose of cans in a covered container.
- Ensure that garbage is properly covered.
- Caution children not to throw sticks or stones at insect nests.
- Allow students who are anaphylactic to insect stings to remain indoors for recess during bee/wasp season.
- Immediately remove a child with an allergy to insect venom from the room, if a bee or wasp gets in.
- In case of insect stings, never slap or brush the insect off, and never pinch the stinger, if the child is stung. Instead, flick the stinger out with a fingernail.

Emergency Response Protocol

Symptoms

An anaphylactic reaction can begin within seconds of exposure or after several hours. Any combination of the following symptoms may signal the onset of a reaction:

- Hives
- Itching (on any part of the body)
- Swelling (of any body part, especially eyes, lips, face tongue)
- Red watery eyes
- Runny nose
- Vomiting
- Diarrhea
- Stomach cramps
- Change of voice
- Coughing
- Wheezing
- Throat tightness or closing
- Difficulty swallowing
- Difficulty breathing
- Sense of doom
- Dizziness
- Fainting or loss or consciousness
- Change of colour

Symptoms do not always occur in the same order, even in the same individuals. The time from onset of first symptoms to death can be as little as a few minutes, if reaction is not treated.

There is no danger of reacting too quickly, but there is potential danger in reacting too slowly.

Emergency Response Steps

1. Give epinephrine auto-injector (e.g. EpiPen®) at the first sign of a known or suspected anaphylactic reaction.
2. Call 9-1-1 or local emergency medical services. Tell them someone is having a life-threatening allergic reaction.
3. Give a second dose of epinephrine as early as 5 minutes after the first dose if there is no improvement in symptoms.
4. Go to the nearest hospital immediately (ideally by ambulance), even if symptoms are mild or have stopped. The reaction could worsen or come back, even after proper treatment. Stay in the hospital for an appropriate period of observation as decided by the emergency department physician (generally about 4-6 hours).
5. Call emergency contact person (e.g. parent, guardian).

Resources

Food Allergy Canada
www.foodallergycanada.ca
www.whyriskit.ca
www.allergyaware.ca
www.allergysupportcentre.ca/living-confidently-with-food-allergy-handbook.html
www.safe4kids.ca

Canadian Society of Allergy and Clinical Immunology
www.csaci.ca

Health Canada
www.healthcanada.gc.ca/foodallergies

MedicAlert® Foundation Canada
www.medicalert.ca

Anaphylaxis Appendices

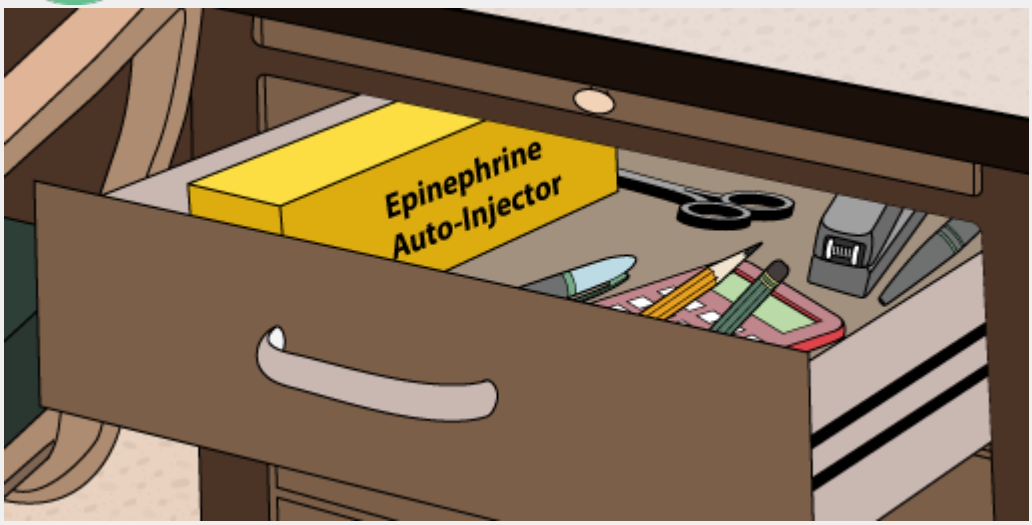
1. Your Allergy Aware Classroom
2. Body Positioning
3. Sample Anaphylaxis Emergency Plan
4. Epi-Pen Instructions
5. Sample Letter from Head of School
6. Sample Letter from Teacher

Appendix 1.1

The Allergy-Aware Classroom

Here are 6 risk-reduction strategies to consider for classrooms and hallways. Review each of the strategies that your school community can take to minimize risks.

1



Epinephrine should always be readily available in case of a medical emergency. Some schools have students self-carry and also keep students' epinephrine auto-injectors in the classroom, office or health room.

2

It's important that all school personnel are aware of the school's anaphylaxis policy in order to create an allergy-aware environment for students at risk of anaphylaxis.

3

Keep the student's Anaphylaxis Emergency Plan in a place that is easily accessible by all necessary staff, including any substitute or supply teachers.

4

Students of appropriate age should be encouraged to self-protect and always carry an epinephrine auto-injector. This is especially important for teens who tend to take more risks and may not always comply.

5

If food restrictions have been adopted for the classroom, posting a notice on a classroom door reminds students to respect their at-risk classmates by enjoying potentially high-risk foods elsewhere.

6

Soap and hand wipes are effective in removing food residue; hand sanitizer gels alone are not.

Appendix 1.2

Positioning the Individual

There are different body positions to consider. When giving epinephrine, the individual should sit or lie down. Once it has been given, they should be placed on their back (if they are not already lying down) with their legs raised as this position will help the blood flow to important organs of the body.

When giving epinephrine, the individual should SIT or LIE DOWN.

After giving epinephrine, place the individual on their back and raise the legs.

DO NOT have them sit up or stand suddenly.

If the individual is feeling nauseous or is vomiting, place them on their side to prevent choking.

It is very important that they do not sit up or stand after receiving epinephrine because sudden changes of position may lower their blood pressure and actually worsen their condition, potentially resulting in death.

Appendix 1.3

Sample Anaphylaxis Plan of Care (page 1)

Forms are available in the school office or can be downloaded from the parent website.

SMS

PREVALENT MEDICAL CONDITION — ANAPHYLAXIS
Plan of Care

STUDENT INFORMATION

Student Name _____

Date of Birth _____ Age _____

Teacher(s) _____ Grade _____

Student Photo

EMERGENCY CONTACTS (LIST IN PRIORITY)

NAME	RELATIONSHIP	DAYTIME PHONE	ALTERNATE PHONE
1.			
2.			
3.			

KNOWN LIFE-THREATENING TRIGGERS

CHECK (✓) THE APPROPRIATE BOXES

❒ Food(s): _____ ❒ Insect Stings: _____

❒ Latex ❒ Medication: _____ ❒ Other: _____

Epinephrine Auto-Injector(s) Expiry Date (s): _____

Dosage: ❒ EpiPen® Jr. 0.15 mg ❒ EpiPen® 0.30 mg Location Of Auto-Injector(s): _____

❒ Previous anaphylactic reaction: **Student is at greater risk.**
❒ Has asthma. **Student is at greater risk**. If student is having a reaction and has difficulty breathing, give epinephrine before asthma medication.
❒ Any other medical condition or allergy? _____

❒ Student **will carry** their EpiPen **at all times** including during recess, gym, outdoor and off-site activities. EpiPen is located: ❒Case/Pouch ❒ Pocket ❒ Backpack ❒ Binder ❒ Other _____

Page 1 of 4

Appendix 1.4

EpiPen Instructions

Blue to the sky. Orange to the thigh.

How to use EpiPen® and EpiPen® Jr (epinephrine) Auto-injectors.

Remove the EpiPen® Auto-Injector from the carrier tube and follow these 2 simple steps:

- Hold firmly with orange tip pointing downward.
- **Remove blue safety cap by pulling straight up. Do not bend or twist.**

- **Swing and push orange tip firmly into mid-outer thigh until you hear a 'click'.**
- Hold on thigh for several seconds.

Built-in needle protection

- After injection, the orange cover automatically extends to ensure the needle is never exposed.

After using EpiPen®, you must seek immediate medical attention or go to the emergency room. For the next 48 hours, you must stay close to a healthcare facility or be able to call 911.

For more information visit the consumer site EpiPen.ca.

EpiPen® and EpiPen® Jr (epinephrine) Auto-Injectors are indicated for the emergency treatment of anaphylactic reactions in patients who are determined to be at increased risk for anaphylaxis, including individuals with a history of anaphylactic reactions. Selection of the appropriate dosage strength is determined according to patient body weight.

EpiPen® and EpiPen® Jr Auto-Injectors are designed as emergency supportive therapy only. They are not a replacement for subsequent medical or hospital care. After administration, patients should seek medical attention immediately or go to the emergency room. For the next 48 hours, patients must stay within close proximity to a healthcare facility or where they can call 911. To ensure this product is right for you, always read and follow the label. Please consult the Consumer Information leaflet in your product package for complete dosage and administration instructions.

Pfizer

EPIPEN®
Trusted for over 25 years.

Appendix 1.5

Sample Letter from Head of School

Dear Parent / Guardian,

Within our school community there are several students who have a potentially life-threatening allergy (anaphylaxis) to foods, predominantly to peanuts and tree nuts (e.g. almond, cashew, hazelnut, pistachio).

We feel the best way to create an inclusive environment and reduce the risk of accidental exposure for these students is to respectfully ask for the co-operation of the parents/guardians within this school community avoid sending peanut butter, nut butter or products with peanuts or tree nuts listed in the ingredients.

This is a medical condition that causes a severe reaction to specific foods and can result in a life-threatening reaction. Although this may or may not affect your child's class directly, please send foods with your child to school that are free from peanuts or nut products.

There is more information about our Anaphylaxis Plan, which outlines our allergy-aware policies and emergency response procedures, available in the school office and the parent website.

I ask you to read the plan carefully and contact me should you have any questions or concerns. Your cooperation and understanding of this matter is appreciated.

Thank you for helping us provide an allergy aware environment for our friends with food allergies.

Yours truly,

<Name>

Appendix 1.6

Sample Letter from Teacher

Dear Parent / Guardian,

<Two> of the students in our class have a potentially life-threatening allergy (anaphylaxis) to peanuts and tree nuts (e.g. almond, cashew, hazelnut, pistachio). All of the children will have a special presentation to learn about life-threatening allergies and ways to help their allergic friends stay safe.

In order to reduce the risk of accidental exposure, and in accordance to SMS's Anaphylaxis Policy, we request that families cooperate not sending any peanut or nut products to school. This includes products that contain:

- Peanuts
- Tree nuts (e.g. almond, hazelnut, cashew, pistachio, pine nuts etc.)
- Nut butters (including Peanut Butter, Nutella, Almond Butter or other nut-based spreads)

All parents are asked to advise me in advance of sending in food to celebrate a child's birthday or other special occasion. I also encourage you to consider non-food items for some of these events so that all children may participate in the fun.

If you have any questions, please feel free to contact me. There is more information about our Anaphylaxis Plan, which outlines our allergy-aware policies and emergency response procedures, available in the school office or the parent website.

Your cooperation and understanding of this matter is greatly appreciated. Thank you for helping us provide an allergy aware environment for our friends with food allergies.

Yours truly,

<Name>

Asthma Policy: Ensuring an Asthma Friendly School

Purpose

In accordance with Ryan's Law – *Ensuring Asthma Friendly Schools* – 2015, SMS has established a policy for students diagnosed with asthma.

The safety of students with a medical condition such as asthma is a shared responsibility of the school, family, health care provider and community partners. This policy outlines the school's commitment to students with asthma.

As a school, it is important that we make every reasonable effort to reduce the risk for children and staff with asthma. Although the school policy outlines preventative and avoidance strategies, we do not and cannot guarantee an allergen-free environment. SMS's *Anaphylaxis Policy* should be consulted where a student's asthma triggers are food-based.

Definitions

What is Asthma?

According to the Ontario Lung Association, asthma is a very common chronic (long-term) lung disease that can make it hard to breathe.

People with asthma have sensitive airways that react to triggers. There are many different types of triggers for example poor air quality, mold, dust, pollen, viral infections, animals, smoke and cold air. Symptoms of asthma are variable and can include coughing, wheezing, difficulty breathing, shortness of breath and chest tightness. The symptoms can range from mild to severe and sometimes could be life threatening.

Emergency Medication

"Emergency Medication" refers to medication that is administered by a staff member to a student at the time of an asthma exacerbation - for example - reliever inhaler or stand-by medication.

Medication

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

Immunity

The Act to Protect Pupils with Asthma states that "No action or other proceeding for damages shall be commenced against an employee for an act or omission done or omitted by the employee in good faith in the execution or intended execution of any duty or power under this Act."

Asthma Management Policy

In consultation with parents/guardians, SMS will prepare an individual plan for each student who has asthma and take into consideration any recommendations made the student's health care provider. The individual plan will include:

- Details informing employees of the school, and others who are in direct contact with the student at the school on a regular basis, of the monitoring and avoidance strategies and appropriate treatment with respect to the student's asthma;
- A readily accessible emergency procedure for the student, including emergency contact information;
- Permission from the student's parent or guardian to carry asthma medication (if given);
- Whether any spare medication is kept at the school, and, if so, where it is stored.

Asthma Medication

Any student of the school with asthma is permitted to carry his or her asthma medication if s/he has permission from a parent or guardian.

Parents and guardians are required to ensure that the school has up-to-date information about the medication the student is taking, along with any notes and instructions from the student's health care provider and a current emergency contact list.

Administering Asthma Medication

School employees may be preauthorized to administer asthma medication, or supervise a student who self-administers asthma medication, if the parent or guardian gives consent.

School employees may administer asthma medication if there is reason to believe a student is experiencing an asthma exacerbation, even if there is no preauthorization.

Recognizing the Symptoms

Any combination of the following symptoms may signal the onset of an asthma exacerbation:

- Feeling short of breath (at rest or when exercising)
- Chest tightness
- Coughing
- Wheezing

Symptoms do not always occur in the same order, even in the same individuals.

Children with asthma usually know when an asthma exacerbation is taking place. School personnel should be encouraged to listen to the child. If he or she complains of any symptoms that could signal the onset of an asthma exacerbation, staff should not hesitate to administer medication.

Warning signs of uncontrolled asthma

Asthma symptoms can sometimes slowly get worse over time. As a teacher with regular exposure to children with asthma, you may notice the early warning signs that asthma is getting out of control in a child. For example, you might notice that a student with asthma is suddenly reluctant to run around at recess or is coughing more than usual.

Common warning signs that their asthma may be worsening
You notice any of the usual asthma symptoms:

- Short of breath (especially during exercise)
- Regular cough
- Wheezing
- Child is tired because of disturbed sleep from their asthma
- Trouble exercising or seems reluctant to participate in physical activities
- Needs to use their reliever inhaler (usually a blue inhaler) more than three times a week
- Take note of these symptoms and report them to the child's parents right away. By keeping track of the students' symptoms and reporting them, you can help prevent symptoms from getting worse and reduce the risk of an asthma attack.

Asthma Management Emergency Protocol

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

Action:

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

If symptoms persist:
Action:

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

IT IS AN EMERGENCY SITUATION IF THE STUDENT:

- Has used the reliever medication and it has not helped within 5-10 minutes
- Has difficulty speaking or is struggling for breath
- Appears pale, grey or is sweating
- Has greyish/blue lips or nail beds
- Requests a doctor or ambulance or asks to go to the hospital

Action:

1. Call 911, wait for the ambulance, DO NOT drive the student
2. Remain calm and stay with the child
3. Continue to give the reliever inhaler every two to three minutes until help arrives
4. Tell the child to breathe slowly and deeply
5. Contact parents/caregivers/emergency contact, as soon as possible

Anaphylaxis and Asthma

People with asthma who are also diagnosed with anaphylaxis are more susceptible to severe breathing problems when experiencing an anaphylactic reaction. It is extremely important for asthmatic students to keep their asthma well controlled. In cases where an anaphylactic reaction is suspected, but there is uncertainty whether or not the person is experiencing an asthma attack, **epinephrine should be used first**.

Epinephrine can be used to treat life-threatening asthma attacks as well as anaphylactic reactions. Asthmatics who are at risk of anaphylaxis should carry their asthma medications (e.g. puffers/inhalers) with their epinephrine auto-injector (e.g. EpiPen).

Please refer to the SMS *Anaphylaxis Policy* for more information.

Communication Plan

SMS will provide information on asthma to parents, students and employees at the beginning of every school year. The policy and information about asthma management will be available in the school office, posted on the parent website and made available to all members of the school community. Parents of students who have asthma are required to complete and return the completed Asthma Management

Plan and other required documents upon registration, and annually thereafter at the start of the academic year.

Other communication about asthma will be circulated to parents, students and employees from time to time on an as-needed basis.

Training

The school will provide regular training on recognizing asthma symptoms and managing asthma exacerbations for all employees and others who are in direct contact with students on a regular basis.

Roles and Responsibilities

Ensuring the safety of students with asthma at the school depends on the co-operation of the SMS community. To reduce the risk of exposure to asthma triggers, and to ensure rapid response to an emergency, parents, students and school personnel should all understand and fulfill their responsibilities.

Administration/Head of School

- Works closely with the parents of a student who has asthma;
- Ensures that, upon registration, parents, guardians and students are asked to supply information on asthma symptoms and medication;
- Maintains a file for each student diagnosed with asthma of current treatment and other information, including a copy of any notes and instructions from the student's physician or nurse and current emergency contact information;
- Develops an individual plan for each student who has asthma, including a readily accessible emergency protocol for the student, including emergency contact information.
- Establishes a communication plan to share information on asthma to parents/guardians, students, employees and include any other person who has direct contact with a student with asthma;
- Ensures that all students have easy access to their prescribed reliever inhaler(s) medications;
- Identifies asthma triggers in classrooms, common school areas and in planning field trips and implement strategies to reduce the risk of exposure;
- Provides asthma education and regular training opportunities on recognizing and preventing asthma triggers, recognizing when symptoms are worsening and managing asthma exacerbations for all employees and others who are in direct contact with students on a regular basis;
- Ensures the Asthma Management Plan is posted/available in key areas such the school office and staff room and in the Emergency Medical Care binder which is located in every classroom, in Supply Teacher folders and First Aid Trip Knapsacks;
- Reviews asthma policy as part of its regular policy review cycle.

Teachers

Teachers can do a lot to help children maintain good asthma control. Children with well-controlled asthma should be able to fully participate in activities, including sports.

- Reviews and ensures a copy of the child's Asthma Management Plan is in the classroom Emergency Medical Care binder;
- Discusses with the child's parents and have them go over their child's asthma triggers and the individual asthma management plan with you. Discuss any questions you might have with the parents;
- Recognizes the symptoms of asthma and the methods for managing asthma exacerbations;
- Ensures required asthma medications and Asthma Action Plan accompanies the student during excursions and/or activities;
- Is aware of proper procedures for administering medication to students with asthma, including the difference between a reliever medication (usually in a blue puffer- taken during asthma attacks or before exercise) and a controller medication (usually taken at home every day to control symptoms, but WON'T help in an asthma attack);
- Knows what to do in an asthma emergency and who to call.

Parents/Guardians

With good asthma control, your child should not miss school because of asthma and should be able to participate fully in activities including sports.

Regular, clear communication with the school can help your child maintain good asthma control. You can help to prevent asthma problems by talking to your child's teachers and by making sure you child has proper asthma treatment. Parents/Guardians will:

- Inform the school of their child's asthma condition by completing an Asthma Management Plan upon registration, and annually thereafter, that includes a photograph of the child, a description of the asthma symptoms, avoidance strategies, and possible symptoms if a reaction were to take place, and an emergency procedure. This information sheet is posted in school office, the staff room and is available in all classrooms in the Emergency Medical Care binders and supply teacher folders.;
- Ensure that the information in the student's file is kept up-to-date with the medication that the student is taking;
- Provide a Medic Alert bracelet for their child, where appropriate;
- Provide the school with at least two (2) up-to-date medications. It is the parent's responsibility to be aware of the medication's expiry date and to supply new medication before that date;
- Review the student's individual plan with school personnel and provide information as requested;

- Teach their child:
    - about their asthma and the risk of exposure to asthma triggers;
    - to recognize the first symptoms of an asthma exacerbation;
    - to know where medication is kept, and how to use it;
    - to communicate clearly when he or she feels that an asthma exacerbation is starting;
    - to carry his/her own medication in a waist pouch or carrier;
    - to take as much responsibility as possible for his/her own safety.

- Ensure teachers know their child's asthma medications and how to use them properly - make sure they are well labeled;
- Make sure the teachers know which inhaler is the reliever medication that helps in an asthma emergency (usually a blue inhaler);
- Make sure your child's teachers know what to do in an emergency and whom to contact.

Student who has Asthma

- Has an age appropriate understanding of his/her asthma and its triggers;
- Complies with taking medication as arranged and approved by school administration;
- Takes as much responsibility as possible for avoiding triggers;
- Learns to recognize symptoms of an asthma exacerbation;
- Promptly informs an adult as soon as symptoms appear;
- Keeps medication on his/her person at all times.

All Parents or Guardians

- Will respond co-operatively to requests from the school to eliminate certain triggers;
- Participate in parent information sessions if required;
- Encourage students to respect students with asthma and follow school prevention plans.

All Students

- Learn to recognize symptoms of asthma;
- Follow school rules about keeping triggers out of a classroom;
- Refrain from bullying or teasing a student who has asthma.

Strategies to Reduce the Risk of Exposure

In order to provide a safe learning environment, all members of the SMS community will make best efforts to reduce the risk of exposure to asthma triggers in classrooms and common school areas. Asthma triggers can vary, but common triggers include pet allergens, dust mites, pollen and mould.

It is the expectation of SMS that all employees, students and persons invited to, or visiting school property, will respect the policies and procedures of the school.

As a school, it is important that we make every reasonable effort to reduce the risk for children and staff with asthma. **Although the school policy outlines preventative and avoidance strategies, we do not and cannot guarantee an allergen-free environment.**

Strategies to reduce the risk of exposure include:

- Keep classrooms and common areas free from clutter where dust can collect;
- Vacuum and dust classrooms and common areas on a regular basis;
- Keep windows closed during times of the year when pollen levels are high – check pollen reports;
- Avoid exposure to pollen and mould during activities outdoors;
- Reduce irritants such as tobacco smoke, perfumes (including detergents, cleaning fluids, paints etc.), air pollution and strong odours. Where a reduction in such irritants is not possible, avoid exposure to the irritant (e.g. stay inside during periods of high air pollution);
- Avoid eating certain foods which may trigger asthma in particular individuals, such as nuts, milk, shellfish and fish, eggs, soy, wheat and additives such as sulphites. SMS's *Anaphylaxis Policy* should be consulted where a student's asthma triggers are food-based;
- Other strategies to reduce the risk of exposure to a student's particular asthma triggers will be part of the monitoring and avoidance strategies in the student's individual plan.

Reference Documents

Ryan's Law, 2015 – *Ensuring Asthma Friendly Schools Education Act, Section 265*
The Lung Association of Ontario, *Managing Asthma in Schools and Daycares 2015*
Conference of Independent Schools, *Asthma Policy Guidelines 2015*

Appendix 2.1

Asthma Management Emergency Protocol

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

Action:

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

If symptoms persist:
Action:

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

IT IS AN EMERGENCY SITUATION IF THE STUDENT:

- Has used the reliever medication and it has not helped within 5-10 minutes
- Has difficulty speaking or is struggling for breath
- Appears pale, grey or is sweating
- Has greyish/blue lips or nail beds
- Requests a doctor or ambulance or asks to go to the hospital

Action:

1. Call 911, wait for the ambulance, DO NOT drive the student
2. Remain calm and stay with the child
3. Continue to give the reliever inhaler every two to three minutes until help arrives
4. Tell the child to breathe slowly and deeply
5. Contact parents/caregivers/emergency contact, as soon as possible

Appendix 2.2 - Sample Asthma Management Form

Forms are available in the school office and the parent website.

SMS

PREVALENT MEDICAL CONDITION — ASTHMA
Plan of Care (Sample)

STUDENT INFORMATION

Student Name _____

Date of Birth _____ Age _____

Teacher(s) _____ Grade _____

Student Photo

EMERGENCY CONTACTS (LIST IN PRIORITY)

NAME	RELATIONSHIP	DAYTIME PHONE	ALTERNATE PHONE
1.			
2.			
3.			

KNOWN ASTHMA TRIGGERS

CHECK (✓) ALL THOSE THAT APPLY

❒ Colds/Flu/Illness	❒ Change In Weather	❒ Pet Dander	❒ Strong Smells	
❒ Smoke (e.g., tobacco, fire, cannabis, second-hand smoke)	❒ Mould	❒ Dust	❒ Cold Weather	❒ Pollen
❒ Physical Activity/Exercise	❒ Other (Specify)_____			

❒ At Risk For Anaphylaxis (Specify Allergen) _____

❒ Asthma Trigger Avoidance Instructions: _____

_____

❒ Any Other Medical Condition Or Allergy? _____

_____

Page 1 of 4

Appendix 2.3

Asthma Medications

Medications are usually needed for asthma, even if it's mild asthma. Although progress is being made in finding new asthma medications, we currently have available excellent asthma drugs that do a great job of getting asthma under control.

There are two types of asthma medications:

1. **Controllers**
2. **Relievers**

Asthma Controllers

These are usually taken every day, even if you feel well. They help prevent asthma symptoms and asthma attacks. However, they do NOT help quickly during an asthma attack.

1. Inhaled steroids (corticosteroids):

Controller medications are daily inhalers that control the inflammation in the airways of your lungs. This type of medication is generally the most effective for controlling asthma long term.
Examples: Alvesco, Asmanex, Flovent, Pulmicort, Qvar

2. Long-acting bronchodilators:

These inhalers open up your lungs by relaxing the tiny bands of muscle that surround the airways. Since they can take longer to work than the reliever medications, they are not to be used to quickly relieve symptoms, such as during an asthma attack.

Examples: Oxeze, Serevent, Onbrez

3. Leukotriene-receptor antagonists:

Leukotriene-receptor antagonists are daily pills that help control inflammation in the airways.
For people with mild asthma, doctors may prescribe leukotriene receptor antagonists alone, however they are generally not as effective as low dose inhaled corticosteroids.

Doctors may also prescribe leukotriene receptor antagonists to people who are already taking inhaled corticosteroids to help further reduce symptoms or to help reduce the dose of corticosteroid.

Examples: Singulair, Accolate.

4. Combination medications

Combination medications have two medications in one inhaler: an inhaled steroid and a long-acting bronchodilator.

They are used when inhaled steroids alone do not fully control your symptoms.

Examples: Advair (Flovent + Serevent), Symbicort (Pulmicort + Oxeze)

Asthma Relievers

These are usually only taken when needed for quick relief or for an asthma attack. They help open up your lungs by relaxing the muscles that surround the airways.

Reliever medications:

Sometimes also called "rescue" medications or "quick relief" medications, since they start working quickly (usually within a few minutes).

This is the inhaler you use when you have an asthma attack.
It is also used for less severe symptoms, or before you exercise.

These medications are not useful for long-term control of asthma since they do not control the inflammation in your lungs.

If you need this medication more than three times a week, see your doctor.

Examples: Ventolin, Salbutamol, Bricanyl, Airomir.

Spacer/Aero chamber

This is a plastic device that is used with pressurized inhalers (the kind that spray the medication out) to better deliver medication to your lungs.

It makes it easier to coordinate inhaling the medication from the inhaler. You get more medication in your lungs and less in your mouth and throat.

Appendix 3.1 - Sample Plan of Care Form – Diabetes

Forms are available in the school office and the parent website.

SMS

PREVALENT MEDICAL CONDITION — TYPE 1 DIABETES
Plan of Care (Sample)

STUDENT INFORMATION

Student Name _____

Date of Birth _____ Age _____

Teacher(s)_____ Grade: _____

Student Photo

EMERGENCY CONTACTS (LIST IN PRIORITY)

NAME	RELATIONSHIP	DAYTIME PHONE	ALTERNATE PHONE
1.			
2.			
3.			

TYPE 1 DIABETES SUPPORTS

Names of trained individuals who will provide support with diabetes-related tasks: (e.g. designated staff or community care allies.) _____

_____

Method of home-school communication: _____

Any other medical condition or allergy? _____

_____

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Appendix 3.2 - Plan of Care Form – Epilepsy (page 1)

Forms are available in the school office and the parent website.

SMS

PREVALENT MEDICAL CONDITION — EPILEPSY
Plan of Care

STUDENT INFORMATION

Student Name _____

Date of Birth _____ Age _____

Teacher(s) _____ Grade _____

Student Photo (optional)

EMERGENCY CONTACTS (LIST IN PRIORITY)

NAME	RELATIONSHIP	DAYTIME PHONE	ALTERNATE PHONE
1.			
2.			
3.			

Has an emergency rescue medication been prescribed? ❒ Yes ❒ No

If yes, attach the rescue medication plan, healthcare providers' orders and authorization from the student's parent(s)/guardian(s) for a trained person to administer the medication.

Note: Rescue medication training for the prescribed rescue medication and route of administration (e.g. buccal or intranasal) must be done in collaboration with a regulated healthcare professional.

KNOWN SEIZURE TRIGGERS

CHECK (✓) ALL THOSE THAT APPLY

❒ Stress
❒ Menstrual Cycle
❒ Inactivity
❒ Changes in Diet
❒ Lack of Sleep
❒ Electronic Stimulation (TV, Videos, Florescent Lights)
❒ Illness
❒ Improper Medication Balance
❒ Change in Weather
❒ Other _____
❒ Any Other Medical Condition or Allergy? _____

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