Issue Date	May 20, 2020
Revision Date	
Review Year	2025

Objective:
To support implementation of Board Policy on the administration of allergy medication to students.

Responsibility:
Employee

Regulation:
1. Information Required
    a. Any student suffering from a known medical condition, regardless of whether medication is prescribed shall have that condition identified and updated by the parent/legal guardian on the *Student Registration file* in *Family Zone.*
    b. Aurora School shall maintain a *Student Medical Information* binder in which will contain Form A, Form B and Medical Information obtained from Family Zone for each student.
    c. Parent/legal guardian will complete the *Student Medication Management Plan* for every student suffering from a known allergy. The completed form shall be kept in the *Student Medical Information* binder in a readily accessible location in the school office that is known to all staff members. All records shall be retained for seven years.
    d. The Principal shall be responsible for informing all personnel (such as substitute teachers, volunteers, bus drivers) having direct responsibility for each particular student's medical well-being.
    e. Parents shall be responsible for ensuring that the Principal is kept informed of any changes in the health or treatment protocol of the student.
    f. Aurora School may designate a contained eating area, which is a secure environment free from the allergen.
    g. Aurora School shall ensure that all staff and lunch program supervisors receive training annually, or more frequently if required, in the recognition of a severe allergic reaction and the use of injectors.
    h. The above information is provided in accordance with the *Freedom of Information and Protection of Privacy Act.*

2. Allergic Reactions
    a. In the event that a student has a potentially fatal or debilitating allergic reaction that requires immediate administration of medication or emergency procedures (to prevent death or health complication), the rights and limitations inherent in the *Protection of Students with Life-Threatening Allergies Act* will apply. As well:
        i. The parent shall keep an updated *Student Medical Management Plan and updated Student Medical Information* form.
        ii. The Principal will brief the staff of the nature of the allergy and the symptoms based on the information provided by the parents.
        iii. Epi-Pen medication provided by the parent/legal guardian shall be clearly labeled with student's name and stored in an accessible location within each school. Elementary School – in black basket (which is currently mounted on the wall by the classroom door inside each classroom) and Middle School in top right drawer in front office.

3. Medical Treatment

Issue Date	**May 20, 2020**
Revision Date	
Review Year	**2025**

a. In the event that a student suffers an allergy related medical emergency:
   i. The attending staff member shall determine what first aid procedures are appropriate and apply those procedures as quickly as possible.
   ii. A staff member will call "911" to secure trained medical assistance.
   iii. A staff member shall supervise the student until the parent or trained medical personnel arrive and assume care.
   iv. The student's parents will be contacted as soon as possible and informed of the situation.
   v. The attending staff member shall fill out an *Accident Report* form for each incident. The form shall be reviewed and signed by the Principal and then kept on file for seven years.

References:
Province of Alberta, Protection of Students with Life-Threatening Allergies Act, Statues of Alberta, 2019 Chapter P-30.6
BP 6102 Anaphylaxis/Life-Threatening Allergies

Issue Date	May 20, 2020
Revision Date	
Review Year	2025

SUPPORTING FORMS AND DOCUMENTS USED BY SCHOOL ADMINISTRATION

Request for medication to be given at school (Aurora Elementary)

Date:
To: Parent or Guardian
RE: Request for Epi-Pen to be given at School

Each student should have their own ***Student Medication Management Plan (Form A & B and Medical Information retrieved from Family Zone)*** to ensure safe medication management at school. This plan will be developed in a meeting with the school principal and parent/guardian.

Before this meeting, please:

1. Consult with your child's physician to fill out the required *Anaphylaxis Emergency Plan Form B*
2. Complete and sign the *Student Medication Management Parent Consent, Form A*
3. Return the completed forms to the Principal and arrange a time to meet about the SMMP with the principal.
4. Enter the medical condition and medication requirement on the student file in Family Zone and continue to update information as medical needs change. Also, provide a physician's note to the principal detailing any changes to medication, dosing and administration of medication.

____
School Principal

Issue Date	**May 20, 2020**
Revision Date	
Review Year	**2025**

FORM A

Student Medication Management
Parent/Guardian Consent

Administration of Medication

Student's Name: ___________________________________
(Last/First)

Date of Birth: _________________________
(Day/Month/Year)

PLEASE PRINT CLEARLY

Parent/Guardian Name: ________________________________
Phone (home) ________________ (work) _______________
Mobile Ph: ___________________________

Parent/Guardian Name: ________________________________
Phone (home) ________________ (work) _______________
Mobile Ph: ___________________________

Emergency Contact Name: ______________________________
Phone (home): _________________ (work): ______________
Mobile Ph: ___________________________

The information you provide will be kept confidential. All information provided will be protected and used in compliance with the Freedom of Information and Protection of Privacy (FOP) Act and the Health Information Act (HIA), as applicable

I request that school facility staff administer/monitor my child's medication as outlined in the **Anaphylaxis Emergency Plan** for my child.

I will give the school the physician prescribed medication in its **original container** with the current **pharmacy label attached.**

Medication and refills will be supplied to the school when necessary

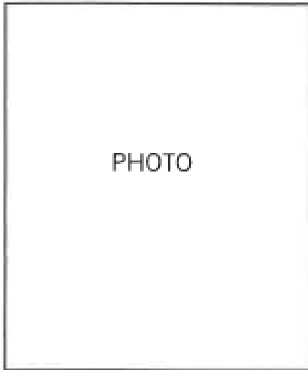
Signature of Parent/Guardian ___________________________________ Date: _________________________

Issue Date	**May 20, 2020**
Revision Date	
Review Year	**2025**

FORM B

Anaphylaxis Emergency Plan: ______________________________ *(name)*

This person has a potentially life-threatening allergy (anaphylaxis) to:



(Check the appropriate boxes.)

☐ Food(s): ______________________________

☐ Insect stings

☐ Other: ______________________________

Epinephrine Auto-Injector: Expiry Date: ____________ / ____________

Dosage:

☐ EpiPen® Jr. 0.15 mg ☐ EpiPen® 0.30 mg

Location of Auto-Injector(s): ______________________________

☐ **Previous anaphylactic reaction:** Person is at greater risk.

☐ **Asthmatic:** Person is at greater risk. If person is having a reaction and has difficulty breathing, give epinephrine auto-injector before asthma medication.

A person having an anaphylactic reaction might have ANY of these signs and symptoms:

- **Skin system:** hives, swelling (face, lips, tongue), itching, warmth, redness
- **Respiratory system (breathing):** coughing, wheezing, shortness of breath, chest pain or tightness, throat tightness, hoarse voice, nasal congestion or hay fever-like symptoms (runny, itchy nose and watery eyes, sneezing), trouble swallowing
- **Gastrointestinal system (stomach):** nausea, pain or cramps, vomiting, diarrhea
- **Cardiovascular system (heart):** paler than normal skin colour/blue colour, weak pulse, passing out, dizziness or lightheadedness, shock
- **Other:** anxiety, sense of doom (the feeling that something bad is about to happen), headache, uterine cramps, metallic taste

Early recognition of symptoms and immediate treatment could save a person's life.

Act quickly. The first signs of a reaction can be mild, but symptoms can get worse very quickly.

1. **Give epinephrine auto-injector** (e.g. EpiPen®) at the first sign of a known or suspected anaphylactic reaction. (See attached instruction sheet.)
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).**

Emergency Contact Information

Name	Relationship	Home Phone	Work Phone	Cell Phone

The undersigned patient, parent, or guardian authorizes any adult to administer epinephrine to the above-named person in the event of an anaphylactic reaction, as described above. This protocol has been recommended by the patient's physician.

Patient/Parent/Guardian Signature	Date	Physician Signature ☐ On file	Date

Issue Date	**May 20, 2020**
Revision Date	
Review Year	**2025**

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.

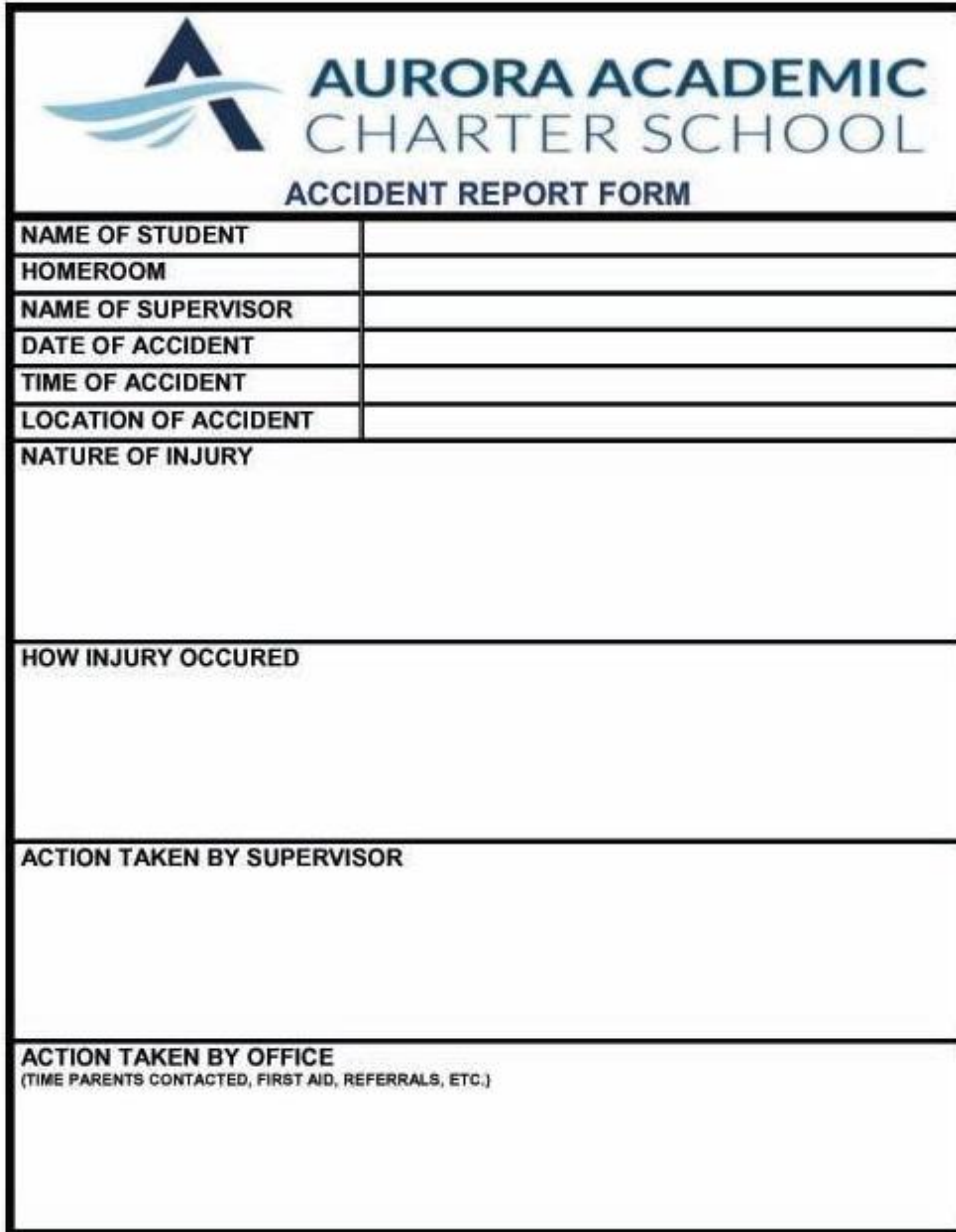
For more information visit the consumer site *EpiPen.ca*.

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.

Trusted for over 25 years.

Issue Date	May 20, 2020
Revision Date	
Review Year	2025



AURORA ACADEMIC CHARTER SCHOOL

ACCIDENT REPORT FORM

NAME OF STUDENT	
HOMEROOM	
NAME OF SUPERVISOR	
DATE OF ACCIDENT	
TIME OF ACCIDENT	
LOCATION OF ACCIDENT	

NATURE OF INJURY

HOW INJURY OCCURED

ACTION TAKEN BY SUPERVISOR

ACTION TAKEN BY OFFICE
(TIME PARENTS CONTACTED, FIRST AID, REFERRALS, ETC.)

SIGNED: ______________________ (SUPERVISOR) ______________________ (PRINCIPAL)

______________________ (OFFICE STAFF)

December 12, 2018