

# NIPISSING-PARRY SOUND CATHOLIC DISTRICT SCHOOL BOARD

## ADMINISTRATION OF ORAL MEDICATION OR EPIPEN® TO PUPILS BY SCHOOL PERSONNEL DURING SCHOOL HOURS

AS 10.0  
NPS 55-99

### **POLICY:**

IT SHALL BE THE POLICY OF THE NIPISSING-PARRY SOUND CATHOLIC DISTRICT SCHOOL BOARD to permit its school personnel to administer oral medication and EpiPen® to pupils, during school hours, according to the following:

1.
  - a) The procedures for administering oral medication to pupils shall be established in such a manner as to allow for sensitivity and privacy and encourage the pupil to take as much responsibility for his/her own medication as is appropriate and desirable.
  - b) Consent and instruction by the attending physician and the parent or guardian, shall be obtained prior to administration of oral medication to pupils by school personnel.
2.
  - a) The procedures for administering EpiPen® shall be as outlined on the Emergency Allergy Alert form.
  - b) Consent and instruction by the attending physician and/or parent or guardian shall be obtained as soon as a child who has a life threatening allergy is diagnosed and/or registers at the school.
3. Duplicate records of all consent and instructions shall be maintained in the school office for reference and safekeeping.
4. The person(s) responsible for supervising and administering the medication or EpiPen® shall maintain a file of individual records for their use.
5. All medication shall be stored in a safe and convenient location. In the case of an EpiPen® these shall be kept by a teacher/supervisor in a place readily accessible in an emergency.

### **ADMINISTRATIVE PROCEDURES:**

#### **Oral Medication**

1. When it becomes apparent to the principal that a pupil will require oral medication on an on-going basis or in an emergency situation, he/she will obtain from the parent or guardian a completed and a duly signed "Request for Administration of Medication" form.

# NIPISSING-PARRY SOUND CATHOLIC DISTRICT SCHOOL BOARD

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<ol style="list-style-type: none"><li>2. Upon receipt of the form, the principal will designate a person responsible for supervising and administering the medication.</li><li>3. The principal will then proceed to ensure that the physician's instructions are clear and well understood by the designated person before medication is administered.</li><li>4. The principal will be present for the first administration of oral medication to ensure that recommended procedures are followed.</li><li>5. The principal will cease the administration of medication to a pupil if in his/her opinion the pupil is adversely affected and will immediately communicate with the parent and the physician.</li></ol> <p><b>EpiPen®</b></p> <ol style="list-style-type: none"><li>1. When it becomes apparent to the principal or staff members that a pupil has a dangerous life-threatening allergy that could result in anaphylactic shock, he/she will obtain from the parent or guardian a completed and duly signed Consent Form for Administration of EpiPen® and an Emergency Alert Form (either Protocol I or Protocol II).</li><li>2. Upon receipt of the forms, the principal will designate a person(s) responsible for supervising and administering the EpiPen®.</li><li>3. The principal will then proceed to ensure that the physician's instructions are clear and arrange for training of staff in the use of the EpiPen®.</li><li>4. The principal will inform the staff of the Teacher/Principal Guide to Anaphylaxis Protocol and develop a plan for emergency situations.</li><li>5. The principal will immediately communicate with the parent or guardian when the EpiPen® has been administered and provide details of the circumstances.</li></ol>	



## REQUEST FOR ADMINISTRATION OF ORAL MEDICATION

Name of Pupil \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

School \_\_\_\_\_ Name of Teacher \_\_\_\_\_

Physician's **instructions for administering medication** (including frequency and duration with specific date, if possible):

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\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Telephone

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### PARENT/GUARDIAN AUTHORIZATION

We hereby request that the above medication and procedures, as outlined by our physician, be administered to our child.

We understand that the NIPISSING-PARRY SOUND CATHOLIC DISTRICT SCHOOL BOARD will not be legally responsible for the administration of the medication.

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

**(THIS REQUEST WILL EXPIRE JUNE 30<sup>TH</sup> OF EACH SCHOOL YEAR)**



## CONSENT FORM FOR ADMINISTRATION OF EPIPEN®

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

Name of Principal: \_\_\_\_\_

Name of School: \_\_\_\_\_

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

City & Province: \_\_\_\_\_

Dear \_\_\_\_\_:  
Name of Principal

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

We are writing to request that epinephrine \_\_\_\_\_ and \_\_\_\_\_  
EpiPen® Brand of antihistamine

be administered to \_\_\_\_\_ in the event of an anaphylactic medical emergency.  
Name of Student

\_\_\_\_\_  
Type of allergen(s)

must be avoided as ingestion in any form could be fatal. All emergency procedures are outlined on the **EMERGENCY ALLERGY ALERT FORM**. We authorize the removal of clothing to facilitate the administration of the EpiPen® in the thigh.

We appreciate your cooperation and understanding in this matter.

Sincerely,

\_\_\_\_\_  
Doctor/Date Parent/Date



## EMERGENCY ALLERGY ALERT FORM PROTOCOL I

(FOR USE IN: Classroom, lunchroom, staff room, office, fanny pack)

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

### ALLERGY - DESCRIPTION

This child has a DANGEROUS, life-threatening allergy to the following foods:

\_\_\_\_\_

\_\_\_\_\_

Put child's photo here

and all foods containing them in any form in any amount, including the following kinds of items:

\_\_\_\_\_

\_\_\_\_\_

### AVOIDANCE

The key to preventing an emergency is ABSOLUTE AVOIDANCE of these foods at all times. **WITHOUT EPIPEN®, THIS CHILD MUST NOT BE ALLOWED TO EAT ANYTHING.**

**EATING RULES** (list eating rules for your child, if any, in this space)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### POSSIBLE SYMPTOMS

- flushed face, hives, swelling or itchy lips, tongue, eyes
- tightness in throat, mouth, chest
- difficulty breathing or swallowing, wheezing, coughing, choking
- vomiting, nausea, diarrhea, stomach pains
- dizziness, unsteadiness, sudden fatigue, rapid heartbeat
- loss of consciousness

### ACTION - EMERGENCY PLAN

- Use EpiPen® immediately!
- HAVE SOMEONE CALL AN AMBULANCE and advise the dispatcher that a child is having an anaphylactic reaction.
- If ambulance has not arrived in 10-15 minutes and breathing difficulties are present (e.g., wheeze, cough, throat clearing), give a second EpiPen® if available.
- Even if symptoms subside entirely, this child must be taken to hospital immediately.
- EpiPen® s are kept

\_\_\_\_\_  
Doctor/Date

\_\_\_\_\_  
Parent/Date



## EMERGENCY ALLERGY ALERT FORM PROTOCOL II

(FOR USE IN: Classroom, lunchroom, staff room, office, fanny pack)

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

### ALLERGY - DESCRIPTION

This child has a DANGEROUS, life-threatening allergy to the following foods:

\_\_\_\_\_

\_\_\_\_\_

Put child's photo here

and all foods containing them in any form in any amount, including the following kinds of items:

\_\_\_\_\_

\_\_\_\_\_

### AVOIDANCE

The key to preventing an emergency is ABSOLUTE AVOIDANCE of these foods at all times. **WITHOUT EPIPEN®, THIS CHILD MUST NOT BE ALLOWED TO EAT ANYTHING.**

**EATING RULES** (list eating rules for your child, if any, in this space)

\_\_\_\_\_

\_\_\_\_\_

### POSSIBLE SYMPTOMS

- flushed face, hives, swelling or itchy lips, tongue, eyes
- tightness in throat, mouth, chest
- difficulty breathing or swallowing, wheezing, coughing, choking
- vomiting, nausea, diarrhea, stomach pains
- dizziness, unsteadiness, sudden fatigue, rapid heartbeat
- loss of consciousness

### ACTION - EMERGENCY PLAN

**At any sign of breathing difficulty (e.g. wheeze, cough, throat-clearing):**

- Use EpiPen® immediately!
- HAVE SOMEONE CALL AN AMBULANCE and advise the dispatcher that a child is having an anaphylactic reaction.
- If ambulance has not arrived in 10-15 minutes and breathing difficulties are present (e.g., wheeze, cough, throat clearing), give a second EpiPen® if available.
- Even if symptoms subside entirely, this child must be taken to hospital immediately.

**If there is no sign of breathing difficulty:**

- Give antihistamine \_\_\_\_\_ (brand/dosage) immediately.
- Segregate child and watch him/her closely.
- Be prepared to administer EpiPen® at any sign of breathing difficulty as this can occur very quickly (within seconds).
- If EpiPen® is administered, transport to hospital immediately.
- EpiPens® and antihistamine are kept \_\_\_\_\_

Doctor/Date

Parent/Date

## FOR USE WITH: EMERGENCY ALLERGY ALERT FORM

Anaphylaxis is a frightening disease, as you are no doubt now aware. It is life-threatening and can appear suddenly, violently, with little or no warning. Working as a team, parents and school staff can make anaphylaxis a manageable disease. This child is counting on your help to stay safe: to help prevent an allergic reaction from happening, and to be prepared to deal with it if it does. Here are some suggestions to help you make your school safer for anaphylactic students:

- have a classroom rule - no sharing food
- don't allow the allergic food in the classroom
- send a letter to all class parents requesting that the allergic food not be sent to school as a snack/lunch, etc.
- choose activities in which the allergic child can fully participate
- please inform the child's parents well in advance of special activities involving food (e.g., birthday parties, school trips, etc.)
- have a procedure for informing substitute teachers
- **listen to and believe the child - he/she may feel a reaction before you see it**
- educate yourself on anaphylaxis and practice with an EpiPen® Trainer
- reassure the child that you're aware of his/her needs and that you know how to keep him/her safe
- discuss with the child how to approach the teacher if he/she is having a reaction
- EpiPen® should be kept with the child at all times (e.g., field trips - even a walk in the park)
- be aware that there are many cases of food-allergic children being threatened with the allergic food by classroom bullies - school staff should be prepared to deal with the seriousness of such threats

If you have any questions or concerns, do not hesitate to contact the student's parents for further help and information.



## REQUEST FOR ADMINISTRATION OF MEDICATION

**Request for administration of rectal Valium or other rectal medication required. This medication will be given in EMERGENCY SITUATIONS ONLY and only if appropriate training has been provided to staff.**

Name of Pupil \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

School \_\_\_\_\_ Name of Teacher \_\_\_\_\_

Physician's **instructions for administering medication** (including frequency and duration with specific date, if possible):

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\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Telephone

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### PARENT/GUARDIAN AUTHORIZATION

We hereby request that the above medication and procedures, as outlined by our physician, be administered to our child. We authorize the removal of clothing to facilitate the administration of rectal medication.

We understand that the NIPISSING-PARRY SOUND CATHOLIC DISTRICT SCHOOL BOARD will not be legally responsible for the administration of the medication.

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

**(THIS REQUEST WILL EXPIRE JUNE 30<sup>TH</sup> OF EACH SCHOOL YEAR)**