

St. Joseph the Worker School

Medical Policy

1 – Administration of Medication at School

(A) ADMINISTRATION OF PRESCRIBED MEDICATIONS

The St. Joseph the Worker School Board recognizes that many students attending school require medication for the medical management of chronic diseases, illnesses and conditions. Parents and guardians shall be encouraged to make every effort to care for this part of their child's health by assuming full responsibility for the administration of prescribed medications. The school may be authorized to administer medication if the student cannot attend school without the provision of the medication.

This policy, regulation and exhibits reflect the guidelines and procedures outlined in the provincial *Unified Referral and Intake System (URIS) Manual (1999)*.

To ensure the safety and protection of students, staff and parents/guardians, the following regulation must be followed by all trained school personnel who are assigned to administer medication to students. In order for prescribed medication to be administered in school, the parent/guardian must comply with the procedures outlined in this regulation. If conditions in the Administration of Prescribed Medication Procedures are not met by parents/guardians, the school will not be in the position to administer prescribed medication.

Preferably, parents/guardians should make arrangements with their physician to have prescribed medications administered outside of school hours. When it becomes necessary for a student to take any prescribed medication during school hours, it shall be in accordance with the following procedures:

1. The *Authorization for the Administration of Prescribed Medication to Students* form shall be completed by the parent/guardian.
2. The first dosage of new medication shall not be administered at school. It is the parent's/guardian's responsibility to ensure the first dose has been well tolerated prior to coming to school and no adverse reactions have occurred. An exception to this procedure occurs under the following conditions:
 - (a) the medication is prescribed by a physician for an emergency situation, and
 - (b) the medication and procedure for administration is articulated in the student's health care plan.
3. Medications must be delivered to the school by the parent/guardian or designated adult in the original pharmacy labeled container which identifies clearly the:
 - (a) name of the student;
 - (b) name of the prescribing physician ;
 - (c) name of the pharmacy;

- (d) dosage;
- (e) frequency and method of administration;
- (f) name of the medication;
- (g) date the prescription was filled.

The label must be on the container itself, such as medication bottle, tube, inhaler, and not merely on the package. If requested, pharmacies will provide two original pharmacy labeled containers. One container may be used exclusively in the school setting. It is recommended that this container be a blister pack dispenser.

4. Medication shall be sent to the school in the proper dosage. If pills are to be taken in a dosage that is less than one pill, they must be cut to the appropriate size before being delivered to the school. Liquid medication shall be brought to school accompanied by a measuring device that shall provide the exact dosage.
5. A one-month supply of medication should be provided to the school when medication is to be given over an extended period of time.
6. Once signed by the parent/guardian and the administration, the *Authorization for the Administration of Prescribed Medication to Students* will be considered the Individual Health Care Plan for the administration of medication.
7. The *Administration of Prescribed Medication Record* shall be completed by the identified staff or alternate who shall be responsible for administering the medication to the student. (See Section D – Storage and Safety.)

(B) PERSONNEL RESPONSIBLE FOR ADMINISTERING MEDICATION

(For more information, please refer to the URIS handbook.)

Medications may be administered by:

1. A Health Care Professional. Medication shall be administered by a registered nurse, as provided by URIS, to students presenting the following:
 - (a) complex administration of medication, i.e., via infusion pump, nasogastric tube or injection other than injectable adrenalin;
 - (b) other clinical interventions requiring judgments and decision-making by a medical or nursing professional.
2. School staff, other than health care professionals, with suitable training and supervision.
3. Medication may be administered to students by school staff with suitable competency-based training and ongoing supervision:
 - (a) administration of medications by:
 - i. oral route requiring measurement;
 - ii. instillation (i.e., eye/ear drops);
 - iii. topical (i.e., ointment, therapeutic dressing);
 - iv. inhalation (i.e., bronchodilators);
 - v. preset medication pumps, and gastrostomy tube.
 - (b) administration of injectable adrenalin.
- (c) School staff, other than health care professionals, knowledgeable of the needs of the student.

- (d) Medication may be administered by staff with knowledge of the needs of the specific student and the medication to be administered for students presenting the following need for administration of premeasured oral medication.

All persons responsible for administering medication shall be aware of the location of the *Administration of Prescribed Medication Record*.

Volunteers to the school system shall not administer medication. Exceptions may occur, with parental consent, during school excursions at the discretion of the school administrator.

(C) SCHOOL PROCEDURES

Administrators are responsible for establishing a system for meeting the health care needs within their schools, which include the following:

- (1) When a student requires medication on a regular basis (for more than 14 days), one staff member (designated employee) shall be responsible for administering the medication to the student. An alternate staff member shall also be identified to administer medication in the absence of the primary person.
- (2) A minimum of two staff members each year must be identified that shall be responsible for the administration and management of medication for students who do not normally take medication on a regular basis. Preferably the staff member(s) assigned to administer medication shall do so on a voluntary basis.
- (3) All staff who are designated to administer medication must be trained and be knowledgeable about this regulation and its procedures.
- (4) Case managers will provide direction and support to parents/guardians and designated staff.
- (5) This policy and its regulation and exhibits must be distributed to parents/guardians.
- (6) A school medical book must be maintained which lists:
 - (a) all students with significant health problems or special medical conditions;
 - (b) designated employees responsible for administering medication and the alternates;
 - (c) authorization forms.
- (7) In circumstances in which a medication must be administered by a health care professional, and that health care professional and appropriate substitute or delegate are absent for any reason, then the medication shall not be administered. In these circumstances, the student shall not attend the school setting. The child shall remain at home in the care and control of the parents/guardians. In the event that the child has already arrived at school, the parents/guardians or emergency contact person will be notified to pick up the child.

(D) STORAGE AND SAFETY

Storage and safety are important concerns when medication is administered in school settings.

- (1) **Storage** - Guidelines for medications administered in school settings:

- (a) Medication must be stored in a locked location [see exception (f) below]. If a medication requires refrigeration, the locked location (container) shall be kept in the Staff Room refrigerator.
- (b) The key to the locked location shall be in the care and control of the person(s) responsible for administering the medications. The key to the locked location shall remain on school premises at all times.
- (c) A spare key to the locked location shall be reasonably available. All staff/designates who administer medication in the school setting during the normal course of their duties shall be made aware of the location of the spare key.
- (d) Medications shall be stored separately and apart from any other material, supply or objects in the locked location.
- (e) Medications for more than one student may be stored in one locked location. Each medication shall be clearly labeled.
- (f) Medication that may be required urgently shall not be stored in a locked location. Such medication shall be carried at all times on the child's person or backpack, in the case of a child not developmentally able to carry his/her own medication, the medication will be kept in an unlocked, safe, easily accessible location and a staff member will be designated its responsibility. Such medication includes, but is not limited to:
 - inhalers,
 - adrenaline auto-injectors (e.g., EpiPen™).

(2) **Safety** - Appropriate records and administration procedures shall be implemented.

- (a) The staff designate and alternate identified to administer medication shall be trained on a yearly basis with a review of procedures.
- (b) Each person responsible for medication administration shall be fully aware of:
 - (i) specific details of medication administration for a student;
 - (ii) location of the spare key to the locked storage location;
 - (iii) location of the *Authorization for the Administration of Prescribed Medication to Students* for a student;
 - (iv) emergency procedures relevant to the medication and student.
- (c) To prepare for administration of medication, all persons shall:
 - (i) wash their hands and implement *Routine Practices and Additional Precautions*;
 - (ii) prepare supplies (e.g., measuring devices, installation appliances);
 - (iii) in each and every administration, assure themselves of:
 - a) the correct medication,
 - b) the correct student,
 - c) the correct dose,
 - d) the correct time,
 - e) the correct method.
- (d) The person administering the medication shall read the label three times:
 - (i) when removing the medication from the locked storage location;
 - (ii) before the medication is removed from its container;

- (iii) after the medication is removed from its container but before it is administered to the student.
- (e) Each student who is administered medication shall have a separate *Administration of Prescribed Medication Record*. Each record shall include the:
 - (i) name of the student;
 - (ii) name of the person administering the medication;
 - (iii) date and time of the administration;
 - (iv) outcome of the administration;
 - successful,
 - refused, missed, or otherwise unsuccessful;
 - (v) reason for unsuccessful administration and/or other comments (See Section 3 – Unsuccessful Administration).
- (f) *The Administration of Prescribed Medication Record* shall be completed immediately following each administration. Medication shall not be signed as given until complete.
- (g) The medication record shall be stored in the area where the medication is dispensed.
- (h) Medications shall be returned to the locked storage location immediately.
- (i) Persons administering the medication shall clean/wash any supplies, devices, or appliances used in the administration, and shall wash their hands and implement *Routine Practices and Additional Precautions* as appropriate.

(3) Unsuccessful Administration - A medication administration may be unsuccessful. The most common reason for an unsuccessful administration is refusal by the student. In instances where medication administration is unsuccessful or where there is a medication error:

- (a) Determine if unsuccessful due to:
 - (i) refusal by student;
 - (ii) missed administration;
 - (iii) incorrect medication time (more than 30 minutes before or after the designated time of administration);
 - (iv) over- or under-medication
- (b) Medication error:
 - (i) incorrect medication;
 - (ii) over- or under-medication
- (c) Procedure to follow:
 - i. Parent/guardian shall be contacted and informed.
 - ii. Determine a course of action in consultation with the parent/guardian, which may include:
 - (i) contacting the student's physician;
 - (ii) having the parent/guardian take the student home;
 - (iii) bringing the student to the hospital.
- (d) If the parent/guardian cannot be contacted, the dispensing pharmacist or physician shall be contacted.

(4) Excursions (School sponsored activity that is held off school property)

Children who require medication administered while attending school may accompany other students on an excursion only after the excursion has been planned in consultation with their parent/guardian. This medication administration regulation may be adapted to permit students with medication administration needs to be included on an excursion. The school administrator will exercise his/her discretion to determine if volunteers may act as the responsible adult who would administer medication. In general, consideration should be given to:

- (a) **Necessity** – If it is not necessary to administer a medication during an excursion, it shall not be administered.
- (b) **Care and Control** – Medication shall be in the care and control of a responsible adult.
- (c) **Administration of Prescribed Medication Record** – The Record and the student's parent and emergency contact numbers shall be carried and completed by the person responsible for administering the medication during the excursion.
- (d) **Emergency Communication** – There should be reasonable and appropriate access to a telephone, cellular telephone, or radio communication during an excursion in case of emergency.
- (e) **Emergency Medical Response** – A protocol for emergency medical response must be determined and considered reasonable by the parent/guardian and the administrator in consultation with the physician, as necessary.

(5) Expiration and Disposal

- (a) Medications have a finite usable period of effectiveness. The parent/guardian shall be responsible for replacing expired medication, as well as for the removal and disposal of expired medication.
- (b) Medication is the property of the child's family. It is expected that medication will be taken home by the parent/guardian for any school closure exceeding two weeks.
- (c) School will dispose of any medication left at the school after June 30 in accordance with *Workplace Hazardous Materials Information Systems (WHMIS)* guidelines.

(6) Parent/Guardian Responsibilities - Parents/guardians are to make every effort to make arrangements with the student's physician to have medication taken at home.

When this is not possible, parents/guardians are responsible for:

- (a) completing the *Authorization for the Administration of Prescribed Medication to Students*;
- (b) confirming that the first dose was administered and was well tolerated before coming to school;
- (c) notifying the school in writing of any changes in dosage or time of administration of medication;

- (d) ensuring that their child has received the necessary information and training if he/she is to be responsible for the administration and/or storage of his/her own medication;
- (e) ensuring that an adequate supply of medication in the proper dosage is at the school or is brought to school each day and that it is replaced prior to expiry dates; where the child is responsible to carry the medication on his/her person, that the child has been supplied with the medication;
- (f) ensuring that their child has been made aware of his/her responsibility to report at the designated time and location in order for his/her medication to be administered;
- (g) picking up unused medication at the end of the school year.

Self-Medication

Self-medication is **not** permitted from Pre-Kindergarten to Grade 6, with the exception of aerosol medication (puffer) and adrenaline auto-injector. The school is not responsible for the safekeeping of medication that is **not** administered by the school. Parents/guardians requesting that a student self-administer medication must also complete the appropriate section of *Authorization for the Administration of Prescribed Medication to Students*.

2 – Anaphylaxis Policy and Procedure

For Children with Known Risk of Life Threatening Allergies

The St. Joseph the Worker School Board recognizes that some students may require the administration of medication in response to an acute allergic reaction. For the safety of students, staff and parents/guardians, the procedures as identified below must be followed. This policy was developed to reflect the guidelines and procedures outlined in the provincial *Unified Referral and Intake System (URIS) Manual (1999)*.

Anaphylaxis

Sometimes called “allergic shock” or “generalized allergic reaction”, anaphylaxis is a severe allergic reaction that can lead to rapid death, if untreated. Sufferers of anaphylaxis respond with an extreme body reaction. The reaction may begin with itching, hives, vomiting, diarrhea, or swelling of the lips or face; within moments, the throat may begin to close, choking off breathing and leading to unconsciousness and death.

Although peanuts may be the most common anaphylaxis-causing allergen in children, there are many others. Anaphylaxis is a life-threatening condition regardless of which substance triggers it.

Despite the best efforts of parents and schools, no individual or organization can guarantee an “allergy-free” environment. The only way to protect children who are known to be at risk of

anaphylaxis is to put a plan in place to help them avoid the allergen and to establish the emergency response procedures to be followed in the event that they have an allergic reaction.

At St. Joseph the Worker School, students who are diagnosed with anaphylaxis require an Individual Health Care Plan put in place by the school in collaboration with the parents and other professionals. **Failure by parents\guardians to comply with the procedures outlined in the plan will result in the student being requested to remain home.**

Children with anaphylaxis should be educated about the condition and encouraged to take responsibility for their health and well being. Children who are able to take responsibility of their own care are probably the safest. However, it should be recognized that the severity of a reaction may hamper anyone in adrenaline self-administration, regardless of the age, and that assistance will most likely be required. Developmental factors such as age and physical/cognitive ability may affect a child's ability to do the following:

- Safely carry an adrenaline auto-injector;
- Take responsibility to avoid allergens;
- Recognize and communicate symptoms of anaphylaxis;
- Use an auto-injector.

Documentation and Planning

When St. Joseph the Worker School is notified that a child has been diagnosed with a life-threatening allergy and may require the immediate injection of adrenaline by auto-injector, the following steps will be taken:

1. The principal or designate will advise the parents/guardians of the following:
 - a. A Unified Referral and Intake System (U.R.I.S) application will be completed and forwarded to URIS for approval.
 - b. Parents/guardians will be required to sign an *Authorization for the Release of Information*
 - c. Parents/guardians will complete the form *Authorization for the Administration of Prescribed Medication to Students*. The form must be authorized by the child's physician.
 - d. An Individual Health Care Plan will be developed under the guidance of public health nurse

Once the URIS application has been approved, the student's name will be registered on the school database and the school will be notified of approval. The principal or designate will ensure that an Individual Care Plan is developed in collaboration with the parents/guardians, student (if appropriate), office staff, classroom teacher, registered nurse and other appropriate and relevant personnel. The plan will be specific to the age and maturity level of the child, the specific properties of the allergen, and the parameters of the program.

Individual Health Care Plans

The Individual Health Care Plan will include:

1. A copy of the *Authorization for the Release of Medical Information*

2. *The Authorization for the Administration of Prescribed Medication to Students.*
3. Student specific allergens and responses to allergens
4. A specific treatment protocol from the child's physician
5. A plan for the avoidance of the allergen:
 - a. Establishment of a safe eating area
 - b. Procedures including cleaning and hand washing routines
 - c. Avoidance of allergens both known and potentially hidden in school activities (e.g. foods, kitchen, stuffed toys, equipment, play dough, etc.)
 - d. Special precautions to be taken during holidays and special celebrations and when attempting to plan activities which are not food related
6. An Emergency Response Plan:
 - a. The plan and process for rapid administration of the adrenaline by auto-injector
 - b. How to contact Emergency Services
 - c. Contacting parents/guardians or back-up contacts if parents/guardians are not available
 - d. Special precautions in planning for field trips/excursions

Emergency Procedures in the Event of an Anaphylactic Reaction

- At the first sign of an anaphylactic reaction, adrenaline by auto-injector (also known as Epi pen) will be administered. The injection of epinephrine usually allows enough time to get the child to a hospital. **Epinephrine will only be administered in the school through the use of an Adrenaline auto-Injector.**
- A staff member will immediately call 911 for an ambulance.
- The child will then be transported to a safe and comfortable place (preferably the office).
- The principal/designate is to be notified.
- The child's parents/guardian or (or other emergency contacts) will be notified.

Roles and Responsibilities

Ensuring the safety of children with known risk of anaphylaxis in a community setting depends on the co-operation of the entire community. To minimize risk of exposure, and to ensure rapid response to an emergency, parents/guardians, children and program personnel must all understand and fulfill their responsibilities. The inter-relatedness of these roles is vital, for failure of any group to respond appropriately will negatively impact upon all others.

(1) Responsibilities of the child with a life-threatening allergy

- (a) Take as much responsibility as possible for avoiding allergens, including checking labels and monitoring intake (developmentally appropriate).
- (b) Eat only foods brought from home.
- (c) Wash hands before eating.
- (d) Learn to recognize symptoms of an anaphylactic reaction (developmentally appropriate).
- (e) Promptly inform an adult, as soon as accidental exposure occurs or symptoms appear.

- (f) Wear a medical identification bracelet.
- (g) Keep an auto-injector on his or her person at all times, e.g., in a fanny pack, if developmentally appropriate.
- (h) Know how to use the auto-injector (developmentally appropriate).

(2) Responsibilities of the Parents/Guardians of a child with a life-threatening allergy

- (a) Identify their child's allergies and needs to the principal or designate;
- (b) Ensure that their child has and carries an up-to-date auto-injector;
- (c) Ensure that their child has and wears a medical identification bracelet;
- (d) Provide the school with current prescribed anaphylactic medication (*Authorization of Administration for Prescribed Medication*).
- (e) Submit all necessary documentation as required;
- (f) Provide the school with an adrenaline auto-injector (pre-expiry date);
- (g) Ensure that auto-injectors are taken on field trips;
- (h) Participate in the development of a written individual health care plan for their child, updated annually;
- (i) Be willing to provide safe foods for their child for special occasions;
- (j) Provide support to the school and staff as required;
- (k) Teach the child:
 - (i) to recognize the first signs of an anaphylactic reaction;
 - (ii) to know where their medication is kept and who can get it;
 - (iii) to communicate clearly when he or she feels a reaction starting;
 - (iv) to carry his or her own auto-injector on his or her person, e.g., in a fanny pack, if developmentally appropriate;
 - (v) not to share snacks, lunches, or drinks;
 - (vi) to cope with teasing and being left out;
 - (vii) to report bullying and threats to an adult in authority;
 - (viii) to take as much responsibility as possible for his or her own safety.

(3) Responsibilities of the Principal

- (a) Submit a *URIS Application and Release of Medical Information* form to the WRHA nurse.
- (b) Identify a contact person (designate) to liaise with the health care professional, if other than him or herself.
- (c) Assist with the implementation of policies and procedures for reducing risk in classrooms and common areas.
- (d) Work as closely as possible with the parents/guardians of the child with known risk of anaphylaxis.
- (e) Ensure that the parents/guardians have completed all the necessary forms.
- (f) Ensure that the instructions from the child's physician are on file (see *Authorization for the Administration of Prescribed Medication to Students*).
- (g) Notify staff of the child with known risk of anaphylaxis, the allergens, and the treatment.
- (h) Post allergy alert forms in the staff room or office.

- (i) Maintain up-to-date emergency contacts and telephone numbers.
- (j) Ensure that all school personnel including lunch program staff (and possibly volunteers) have received instruction in the use of the auto-injector.
- (k) Ensure that all substitute staff are informed of the presence of a child with known risk of anaphylaxis, and that appropriate support/response is available should an emergency occur.
- (l) Arrange an annual in-service through the Public Health Nurse to train staff and monitor personnel involved with the child with life-threatening allergies.
- (n) Ensure that an Individual Health Care Plan that includes an Emergency Response Plan is completed and reviewed annually for each child with a life threatening allergy.
- (o) If not developmentally appropriate for the child to carry an auto-injector, ensure that it is kept in an unlocked, safe, and easily accessible location.
- (p) Ensure that safe procedures are developed for field trips and extracurricular activities.

(4) Responsibilities of the Teacher

- (a) Participate in a review of the Individual Health Care Plan and Emergency Response Plan.
- (b) Display a poster in the classroom.
- (c) Discuss anaphylaxis with the class in age-appropriate terms.
- (d) Encourage students not to share lunches or trade snacks.
- (e) Choose products that are safe for all children in the program. (Parental input is required.)
- (f) Instruct children with life threatening allergies to eat only what he or she brings from home.
- (g) Reinforce hand-washing before and after eating.
- (h) Facilitate communication with other parents.
- (i) Follow policies for reducing risk in classrooms and common areas.
- (j) Leave information in an organized, prominent and accessible format for substitute staff.
- (k) Plan appropriately for field trips. Ensure that auto-injectors are taken on field trips and emergency response plans are considered when planning the trip.

(5) Responsibility of WRHA Nurse

- (a) Consult and provide information to parents/guardians, children and school personnel.
- (b) Develop an Individual Health Care Plan and an Emergency Response Plan for the child with known risk of anaphylaxis.
- (c) Facilitate staff training and provide monitoring to personnel involved with children with known risk of anaphylaxis.

(6) Responsibilities of All Parents in the School Community

- (a) Respond cooperatively to requests from the school to eliminate allergens from packed lunches and snacks.

- (b) Participate in parent information sessions.
- (c) Encourage children to respect the child with known risk of anaphylaxis and program policies.
- (d) Inform the teacher before distributing food products to any children in the school.

(7) Responsibilities of All Children in the School (developmentally appropriate)

- (a) Learn to recognize symptoms of anaphylactic reaction.
- (b) Avoid sharing food, especially with children with known risk of anaphylaxis.
- (c) Follow rules about keeping allergens out of the classroom and washing hands.
- (d) Refrain from bullying or teasing a child with known risk of anaphylaxis.

ANAPHYLAXIS AVOIDANCE STRATEGIES

(1) Avoidance Strategies

The St. Joseph the Worker School Board will make every effort to protect students with life threatening allergies from exposure to known allergens; however, **no individual or organization can guarantee an allergy-free environment.** In order to minimize the risk of exposure and to ensure immediate response to an emergency, the St. Joseph the Worker School Board has identified responsibilities of all students, parents and school staff to increase awareness, provide accurate information and strategies for avoidance.

(2) Responsibilities of School Principal

(a) Awareness and Information

The Principal will, at the beginning of the school year, provide general awareness regarding life-threatening allergies to the school community through letters, notices, or school newsletters.

(b) Avoidance

- (i) The Principal will support the implementation of strategies and procedures to reduce the risk for the allergic student in classrooms and common areas of the school.
- (ii) The Principal will support the implementation of avoidance strategies by individuals responsible for the sale or provision of food in the school, including those involved in the hot lunch program and in the Before and After School program. Minimal expectations for avoidance would be not using packages of peanuts or nuts, peanut butter, or peanut oil.
- (iii) The Principal will ensure school fundraising groups know that only fundraising products that are nut free and produced/packaged in a nut free environment are permitted.

(3) Responsibilities of all Parents in the School Community

(a) Awareness and Information

- (i) Parents should attend any information sessions and/or read any information received from the school regarding life-threatening allergies. Parents should contact the principal to address any questions or concerns.

(b) Avoidance

- (i) Parents should respond to any requests from the school to assist with reducing the risk by not sending specific allergic substances.
- (ii) Parents should assist their children in understanding the seriousness of life-threatening allergies and encourage them to be supportive and respect the student with the allergies. Parents should review the information provided by the school.
- (iii) Parents will inform the teacher before sending food products to school for parties and special events so the teacher can remind the parents that allergic substances related to the class are not permitted.
- (iv) Parents will report to the Principal any information regarding situations where the student with allergies has been teased, bullied, or threatened with the allergic substance.

(4) Responsibilities of Staff/Teacher**(a) Awareness and Information**

Staff will attend awareness and training sessions on life-threatening allergies at least once each year or as requested by the Principal.

(b) Avoidance

Staff will assist, when requested by the Principal, with implementing and supporting the strategies and procedures to reduce the risk for the student with allergies in classrooms and common areas of the school.

(5) Responsibilities of Students Identified as Having a Life-Threatening Allergy**(a) Awareness and Information**

- (i) The student will participate in the school planning team when appropriate.
- (ii) The student will assess the school environment for any potential risks and present any concerns to a designated adult.

(b) Avoidance

- (i) The student will take as much responsibility as possible for avoiding contact with allergens.
- (ii) The student with food allergies will eat only food that has been sent from home for lunch and special occasions.
- (iii) The student with food allergies will refrain from sharing lunches, snacks or drinks.
- (iv) The student with food allergies will refrain from sharing any eating utensils or cups.
- (v) The student with food allergies will refrain from purchasing food products from school.
- (vi) The student will be able to identify his or her allergens.
- (vii) The student will be able to recognize dangerous situations posed by his or her allergies.
- (viii) The student will remove him or herself from dangerous situations regarding allergens and report any concerns to a designated adult.

(ix) The student will follow hand-washing routines before and after eating.

(6) Responsibilities of all Students in the School (as developmentally appropriate)

(a) Awareness and Information

(i) Students will be attentive during class presentations on life-threatening allergies, particularly with regard to information about recognizing symptoms of an allergic reaction and the emergency procedures to follow if a fellow student has an anaphylactic reaction.

(b) Avoidance

(i) Students will follow the expectations for keeping specific allergic substances out of the classroom.

(ii) Students will follow expectations for not sharing food and eating utensils.

(iii) Students will follow expectations regarding hand washing during school.

(iv) Students will refrain from teasing, bullying or threatening the student with allergies with the allergic substance.

*St. Joseph the Worker School is a **NUT SAFE** facility. The St. Joseph the Worker School Board of Directors when considering this policy chose not to ban products, such as nut products, which are the leading cause of severe allergic reactions. It was the Board's position that students need to be educated and must know how to protect themselves from products that may cause reactions. St. Joseph the Worker School is used by many groups and we are unable to dictate or control other users of the school.*