

Eunoia Forest School

Anaphylaxis and Medical Needs Policy and Procedures

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Notes:

We use the term *medication* to refer to drugs and/or medication throughout this policy. When we refer to an *Individualized Plan (IP)* at Eunoia, it includes individualized emergency procedures as relevant.

Owner/Operator refers to the Owner/Operator or Designate.

Purpose

Eunoia's Anaphylaxis and Medical Needs Policy and Procedures aims to:

- meet the needs of children with anaphylaxis and/or other medical needs,
 - by setting out clear processes for communication between a child, their parent(s)/guardian(s), Eunoia, and, as relevant, the child's health care provider(s) so that:
 - Eunoia has all of the information needed to:
 - respond in any medical situation pertaining to the child
 - and
 - support the child's health, safety, and medical well-being throughout all activities and events at Eunoia
 - and
 - parents/guardians, staff, volunteers, children, health professionals, service providers, support workers, other visitors, and the Owner/Operator understand their roles and responsibilities,
- meet the needs of Eunoia staff and volunteers with medical conditions by setting out a clear process for communicating and supporting needs and for responding in the case of a medical incident,
- and
- facilitate the full inclusion and participation of all children at Eunoia.

Policy

- We promote health, safety, well-being, and inclusion throughout Eunoia.
 - We take all reasonable steps to mitigate risks, including raising awareness of prevalent medical conditions. We actively monitor children’s health, safety, and well-being and are prepared to respond in the event of a medical incident.
 - We plan and facilitate programs that support each child’s health and dignity.
 - We act in good faith when responding to medical emergencies.
- We work with families to develop an IP for each child who has medical needs.
 - Families are invited to include any regulated health professional in developing the plan.
- We favour strategies that facilitate inclusion when developing IPs.
- We take a whole-school approach to meeting children’s medical needs: parents/guardians, staff, volunteers, children, health professionals, service providers, support workers, other visitors, and the Owner/Operator all have an important role in promoting and protecting Eunoia’s healthy, safe environment.
 - Parents/guardians have primary responsibility for ensuring their children:
 - are educated about their medical condition(s),
 - develop skills for self-management and self-advocacy,
 - have sufficient quantities of required medications, supplies, and/or medical devices as necessary,
 and
 - are receiving appropriate health and medical care.
 - Parents/guardians are also expected to actively participate in managing their children’s health at Eunoia.
 - Staff and volunteers at Eunoia support parents/guardians in their role and support children’s health, safety, and well-being according to the information and resources provided by parents/guardians. Staff and volunteers have a responsibility to:
 - follow all procedures in Eunoia’s Anaphylaxis and Medical Needs Policy and Procedures,
 - follow each child’s IP,
 - support children to manage their medical condition(s) and self-advocate, including by:
 - supporting children to implement steps in their IP in ways that promote inclusion, dignity, and privacy
 and
 - making all reasonable accommodations that support daily or routine activities to manage a medical condition,
 and
 - enable all children to participate fully in Eunoia’s programs.
 - Eunoia upholds children’s rights and encourages children’s self-advocacy by involving children in developing and reviewing their IPs and managing their health and safety, within their developmental capacity. When possible, children are expected to:
 - enact steps in their IP (e.g., carrying medication as specified),

- set goals for self-managing their medical condition(s), in collaboration with their parent/guardian(s) and health professional(s),
 - communicate with their parent/guardian(s), staff, and/or volunteers if they are experiencing challenges related to their medical condition(s) at Eunoia,
- and
- inform a staff member, volunteer, or peer if a medical incident occurs.
- The Owner/Operator bears the same responsibilities as staff, plus the responsibility to ensure that:
 - Eunoia's Anaphylaxis and Medical Needs Policy and Procedures and related IP templates are publicly available on Eunoia's website and provided to families or community members when requested
- and
- any third party contracted by Eunoia (e.g., service providers or special visitors) reviews, understands, and agrees to follow Eunoia's Anaphylaxis and Medical Needs Policy and Procedures and all relevant Eunoia policies and procedures related to children's health, safety, and well-being before providing service at Eunoia.
- We aim to provide the same level of support and assurance offered to families in licensed child care, overnight camps, and public schools by basing these policies and procedures on standards and legislation for those settings, including *Sabrina's Law, 2005* and *Ryan's Law, 2015*.
- We maintain the confidentiality of each child's medical history, including any diagnoses, according to Eunoia's Privacy Policy and consent provided in a child's IP.
- We encourage, but do not require, staff and volunteers to share information that protects and promotes their health, safety, and well-being at Eunoia.

Procedures

Individualized Plans (IP) for Children

- Written IPs are created for each child with medical needs (including children at risk for anaphylaxis and each child with an epinephrine auto-injector [EAI]) who enrolls at Eunoia, before the child participates in a program or as soon as possible after a child develops a medical condition or risk of anaphylaxis.
- The process of creating an IP is as follows:
 1. At or before registration, the Owner/Operator asks parents/guardians to:
 - provide information regarding their child's medical needs and/or needs for accommodations and/or additional supports
 - and
 - notify Eunoia as soon as possible if their child develops a medical need and/or a need for accommodations and/or additional support.
 - Families are required to provide medical information and information about special needs, accommodations, and supports in the registration package.

- The Parent Handbook and/or the Owner/Operator explains:
 - the process for notifying Eunoia
 - and
 - the expectation that parents/guardians co-create, review, and update IPs with the Owner/Operator.
- 2. A parent/guardian informs Eunoia that their child has a medical need or is at risk of anaphylaxis:
 - a. when completing the registration package, or sooner and/or
 - b. when the child develops a medical condition or risk for anaphylaxis.
- 3. The Owner/Operator or Administrative Assistant contacts the parent/guardian to determine a time to meet and develop the IP and to determine how or if the child will join the meeting. The parent/guardian is asked to invite the child's physician.
- 4. The parent/guardian invites any qualified health professionals who they or their child believe should be included in the meeting.
- 5. The parent/guardian informs the Owner/Operator or Administrative Assistant of who has been invited.
- 6. The Owner/Operator or Administrative Assistant ensures that all health professionals are accommodated at the meeting (e.g., receive a link to join a virtual meeting or have a seat at the meeting table).
- 7. The Owner/Operator, parent/guardian, any invited health professionals and, if developmentally-appropriate, the child meet to discuss the child's medical needs.
- 8. The Owner/Operator prepares a written IP based on the discussion at the meeting.
- 9. The Owner/Operator shares the written plan with all meeting participants for review and adapts the plan as necessary based on the feedback received.
- 10. The plan is signed and dated by at least the parent/guardian and the Owner/Operator.
 - The IP is completed using a template.
 - For children who have an allergy and no other medical conditions, the [Individualized Plan for Children with an Allergy](#) is completed.
 - For all other children with medical needs, the [Individualized Plan for Children with Medical Needs](#) is completed.
- As relevant, the plan:
 - includes a photo of the child,
 - identifies the child's medical condition(s),
 - identifies strategies for managing the child's medical condition(s), including:
 - routine daily management strategies and who has responsibility or authorization to perform these activities
 - and
 - how to accommodate the child's management strategies and participation in all school activities,
 - describes supports that will be made available to the child at Eunoia,
 - *identifies steps and strategies for reducing the risk of the child being exposed to any causative agents or situations that may exacerbate the child's medical condition(s),

- identifies monitoring strategies,
- describes symptoms of an anaphylactic reaction or medical emergency that are specific to the child,
- *describes any medical devices used by the child, including instructions related to each device's use,
- *outlines the procedures for staff and volunteers to follow in the event of an allergic reaction or other medical emergency, specific to the severity of the child's symptoms,
- *identifies any measures to be taken during an emergency or off-site field trip to support the child's medical needs,
- identifies how medication will be stored and safely disposed of, including
 - whether child has permission to carry their medication
 - and
 - where spare medication and supplies are stored at Eunoia,
- indicates whether a parental/guardian provides consent for:
 - the child to self-administer medication that has been provided,
 - staff to administer medication that has been provided,
 - and/or
 - the child's signs and symptoms to be shared with peers for the purposes of helping identify when a medical incident occurs,
- identifies which staff will have access to the full IP, as authorized by the parent(s)/guardian(s),
 - Ideally, all staff who are in direct contact with the child will have access.
 - With parent/guardian consent and as necessary, the Owner/Operator may share the IP with service providers who have direct contact with the child.
- lists contact information (i.e., for a parent/guardian, an alternate emergency contact, and emergency services),
- indicates whether the plan was developed with consideration of Eunoia's Emergency Management and Fire Safety/Evacuation Policy and Procedures,
- indicates whether the plan was developed with consideration of the child's preferences (e.g., regarding disclosure),
- specifies how and when the parent(s)/guardian(s) and Owner/Operator will communicate about the plan and identifies who else will be included in communication about the plan,
- and/or
- includes notes and instructions from the child's health care provider, if applicable.
 - Mandatory items are marked with asterisks (*). In particular, the health care provider's notes, instructions, and signature are optional.
- The IP is shared as follows:
 - relevant information is communicated to staff, volunteers, service providers, and the child's peers, according to the consent provided by the parent(s)/guardian(s)
 - and

- the plan is readily accessible at all times to the Owner/Operator during the child's participation in the program, stored in a monitored binder and a secure digital file.
- The plan is implemented by the Owner/Operator and all staff and volunteers at Eunoia.
- The plan is kept-up-to-date.
 - When developing the plan, the Owner/Operator communicates that a parent/guardian is responsible for notifying the Owner/Operator or a staff member as soon as possible if there are changes to the child's medical needs (e.g., symptoms change, the child outgrows an allergy, or the child no longer requires medication).
- The plan is reviewed and, as necessary, amended:
 - as necessary (e.g., when there are changes to a child's medical needs) and
 - when a child re-registers at Eunoia.
 - Any time the child re-registers for a program starting less than 365 since their first enrollment, the Owner/Operator and parent/guardian will review the plan and provide written, signed confirmation that the plan remains current or schedule a time to discuss necessary amendments. The written confirmation will be stored in the child's file. If applicable, the process to amend the IP will be conducted similarly to steps 3-10 above.
 - If the child re-registers for a program beginning more than 364 days after their initial enrollment, the plan will be reviewed within 30 days of the anniversary date of the child's initial enrollment, via a meeting arranged according to steps 3-6 above.
 - This review schedule continues for each year the child re-registers for Eunoia programs.
 - If the changes to be made are significant, a new IP is written.
 - The Owner/Operator ensures any changes are communicated to relevant parties as authorized by the parent(s)/guardian(s) as soon as possible and within 1 business day (e.g., a new anonymous allergen list is shared with families). The Owner/Operator also ensures that all changes are implemented as soon as possible—if it is not possible to fully implement the changes within 1 business day, each change must at least be acted upon as fully as possible within 1 business day (e.g., new equipment ordered).

If a Child has an Anaphylactic Reaction

- In the event of an anaphylactic reaction, the nearest staff member or volunteer (the "First Observer") responds, calling for assistance as necessary.
 - The First Observer will:
 - enact the emergency procedures in a child's IP, including:
 - notifying emergency services and
 - notifying the child's parent/guardian or alternate emergency contact and

- discarding any used medications and supplies safely (e.g., by giving waste to emergency services or by using designated disposal containers).
- If an anaphylactic reaction is suspected and Eunoia does not have parent/guardian authorization to administer medication, the First Observer will call emergency services.
- If the child does not have an IP, the First Observer will call emergency services.
- As relevant, staff and volunteers will follow Eunoia's Emergency Management and Fire Safety/Evacuation Policy and Procedures.
- Once the child has stabilized or been taken to a hospital:
 - staff and volunteers follow Eunoia's Incident Reporting Policy and Procedures, noting if/how medication was discarded,
 - Eunoia's Record of Medication Administration is completed using the steps in Eunoia's Administration of Drugs or Medications Policy and Procedures, and
 - the staff member who first responded to the incident records the child's symptoms of ill health in the child's file.

Children's Drug or Medication Requirements

- If medication is part of a child's IP, Eunoia's Administration of Drugs or Medication Policy and Procedures is followed (e.g., parents/guardians complete a form authorizing staff to administer medication).
- To allow for quick administration, emergency medication (e.g., oral allergy medications, puffers, and EAI) are not stored in a locked container.
 - A parent/guardian is asked to sign a form authorizing their child to carry emergency medication.
 - The child must carry their medication with them (e.g., medication is not left in a backpack away from the child).
 - In addition, the child's Program Lead Mentor will carry a second supply of the child's emergency medication.
 - If the parent(s)/guardian(s) do not authorize the child to carry an emergency medication, a second staff member will carry a supply of the child's emergency medication.
 - The staff member(s) responsible for carrying the child's medication will ensure that they leave the medication with coverage staff while on break.
 - Staff supervise all children closely and monitor the location of all emergency medication so that medication is only accessed by staff and the child requiring the medication.
 - Staff must immediately notify the Owner/Operator and the child's parent(s)/guardian(s) if they have any safety concerns relating to the child carrying their medication.
 - The Owner/Operator, staff, parent(s)/guardian(s), and, when developmentally-appropriate, the child will discuss the concerns and plan and implement strategies to resolve the concerns. The

concerns, plan, and actions taken are documented in Eunoia's Daily Written Record (DWR) and the child's file.

- If emergency medication is part of a child's IP, staff will ensure that the child has 2 doses when arriving at Eunoia each day and whenever leaving Eunoia (e.g., at the end of each day and if leaving for a field trip).
 - The staff member(s) responsible for carrying the child's medication will ensure that they are carrying a sufficient supply before escorting children on a field trip.
 - Children cannot be in the care of Eunoia without medication required as per their IP. If a child arrives without a required medication or associated supplies, the child must leave with their parent/guardian to retrieve the required item(s).
 - Eunoia does not store medication overnight. Families must take any medications and associated supplies home at the end of each day and return with the items on the following program day.
 - The Owner/Operator documents when medication and associated supplies arrive and leave each day on the child's Authorization for Medication Administration (AMA) form and in the DWR.
- Any medication, supplies, or devices in the care of Eunoia will be returned to the child, a parent/guardian, or an alternative emergency contact at the end of each program day.
 - Medication will also be returned in its original container whenever:
 - expired
 - Parents/guardians are responsible for monitoring expiry dates and for providing a new supply before any expiry date.
 - or
 - requested by a parent/guardian, as long as sufficient supply is maintained at Eunoia while the child is in attendance.
 - Staff document when medication has been returned to a parent/guardian on the AMA and in the DWR.
- Eunoia will provide appropriate supplies for the safe storage and disposal of required medications.

Risk Reduction and Communication Plan for Children

- The above procedures for creating and maintaining up-to-date IPs are part of our strategy to reduce health risks and communicate information about prevalent medical conditions. In addition, all staff and volunteers:
 - never serve or use:
 - food that contains causative agents,
 - food with unknown ingredients,
 - food that may contain known allergens,
 - food that only some of the children in attendance can consume safely,
 - or

- craft or sensory items, toys, or other materials that have known allergens on the label,
- look for known environmental allergens when conducting inspections outlined in Eunoia’s Outdoor Play Supervision and Safety Policy and Procedures and monitor for known environmental allergens throughout the program day, relocating and implementing protective measures as necessary to avoid known allergens (e.g., shielding a child from a bee),
- only ever serve food after a staff member trained in Safe Food Handling has reviewed the list of ingredients and compared it to the list of known allergens to verify that causative agents are not served to children,
- inform all families of the following guidelines for snacks and lunches and monitor that these guidelines are being followed:
 - Do not send foods containing known allergens.
 - The Owner/Operator informs parents/guardians of the allergens that must be avoided due to life-threatening allergies without identifying children, staff, or volunteers with medical needs. Eunoia’s Parent Handbook indicates that children cannot bring nuts for snack or lunch. A full list of known allergens is communicated to families prior to the first day of each program session via email or phone and is posted at the program entrance each day.
 - Label your child’s food containers with their name.
 - Eunoia’s Parent Handbook asks families to label food containers. Eunoia also reminds families to label food containers when communicating lists of known allergens, prior to the start of each program session.
- always supervise children during snacks and lunch so that food is not shared or exchanged,
- maintain up-to-date allergen lists and share these lists with colleagues, families, and, as relevant, visitors, support workers, and service providers, while respecting confidentiality,
 - The Owner/Operator, each Program Lead Mentor, and any staff member or volunteer purchasing or preparing food for Eunoia carries a hard copy of the current allergen list so that a list is available wherever children are and wherever food is prepared.
 - Before taking a break, anyone holding a list must pass the list to the colleague covering their duties.
- share general information with all children and families at Eunoia regarding prevalent medical conditions, strategies to reduce exposure to causative agents or situations, signs and symptoms of medical incidents, and treatments,
 - Developmentally-appropriate, evidence-based information from credible sources is provided in Eunoia’s Parent Handbook, during learning activities, and/or through information pages.

- ask children and families to wash their hands, brush their teeth, and otherwise rid themselves of allergens from home before arriving at Eunoia when communicating the known allergen list,
- and
- complete [training about prevalent medical conditions](#), as described below.
- The Owner/Operator communicates with staff, volunteers, and parents/guardians to ensure they understand expectations and processes for supporting children's individual medical needs.
 - Emphasizing the information shared at or before registration, the Owner/Operator provides clear reminders of the expectation that families notify the Owner/Operator of their child's medical needs and co-create, review, and update their child's IP. Reminders are provided:
 - each year, during the family or staff member's first week of participation
 - when a child is diagnosed
 - and
 - when a child returns to Eunoia after receiving a diagnosis.
 - The Owner/Operator clearly explains how families are to notify her of a child's medical needs.
- If a child's medical needs are being neglected or an individual otherwise has a duty to report under Ontario's *Child Youth, and Family Services Act, 2017*, the individual will contact Durham Children's Aid Society.

Training related to Children's Allergies and Other Prevalent Medical Conditions

- All staff and volunteers are educated about anaphylaxis, including the signs and symptoms of an allergic reaction and the use of an EAI, as part of their first aid certification.
- All staff and volunteers who have direct contact with children, including supply staff, complete training on prevalent medical conditions at least annually. This training:
 - is completed within the first 30 days of the start of summer programs
 - is sufficient to support the implementation of the procedures in Eunoia's Anaphylaxis and Medical Needs Policy and Procedures, providing evidence-based information on topics such as:
 - strategies for preventing risk of exposure to causative agents or situations,
 - strategies for supporting inclusion and participation,
 - how to recognize symptoms of a medical incident,
 - procedures for responding to medical incidents,
 - procedures for documenting medical incidents and responses,
 - supports available to staff and volunteers after they have responded to a medical incident,
 - respects confidentiality (e.g., the consent provided by families),
 - and

- is reviewed as needed (e.g., when issues arise or evidence-based practices evolve).
- The Owner/Operator ensures that all staff and volunteers know which team members have special training, skills, or abilities to support children's IPs.
- The Owner/Operator or all staff and volunteers receive training from a parent/guardian on the procedures to follow (e.g., steps for staff to take) if a child has an anaphylactic reaction. Topics include: how to recognize the signs and symptoms of anaphylaxis in the individual child and how to administer the child's emergency allergy medication.
 - If only the Owner/Operator is trained directly by a parent/guardian, the Owner/Operator subsequently trains all staff and volunteers at Eunoia.
 - Training must be repeated annually and whenever there are changes to the child's IP.
 - Each staff member and volunteer must sign off that they have been trained in, understand, and agree to follow each IP for a child with anaphylaxis, as set out in Eunoia's Staff Training and Development Policy and Procedures and Supervision of Volunteers Policy and Procedures.
- The Owner/Operator or Administrative Assistant maintains two lists:
 1. A current record of which staff and volunteers have been trained and when
 2. A list of who needs to be trained
- When teaching children about prevalent medical conditions, staff focus on equipping children to identify and respond to causative agents or situations in new environments.
- If a parent/guardian grants permission for a child's signs and symptoms to be shared with the child's peers, the Owner/Operator also signs authorization for such disclosure. Staff and volunteers then support the child to communicate their signs and symptoms in a developmentally-appropriate way.
- Eunoia informs third party contractors (e.g., service providers or special visitors) of general, evidence-based information about prevalent medical conditions as relevant. IPs are only shared with third party contractors with written parent/guardian consent and only if necessary.

Staff and Volunteers with Allergies or Other Medical Conditions

- Staff and volunteers with allergies and/or other medical needs are encouraged to communicate any information that will help make Eunoia a safe workplace for them and that will enable colleagues to assist them during a medical incident.
 - The Owner/Operator is happy to meet with any staff member or volunteer to discuss strategies for mitigating risks, managing a condition, responding during emergencies, and/or monitoring health, safety, and well-being. The Owner/Operator will ensure that information and/or training is provided to the individual's colleagues according to the individual's wishes, and only if written consent is provided.
- In the event of an allergic reaction or medical incident involving a staff member or volunteer who has not shared an IP, first aid will be performed by a trained colleague, including a call to emergency services as necessary.
 - The individual's emergency contacts will be notified by the Owner/Operator as soon as possible.

Privacy

- Eunoia’s Privacy Policy applies to child, staff, and volunteer medical information.
 - Eunoia does not disclose the names of individuals when informing families about known allergens, prevalent medical conditions, or Eunoia’s Anaphylaxis and Medical Needs Policy and Procedures.
 - Allergens among staff and volunteers are added to the known allergen list anonymously, unless the individual with the allergy requests otherwise.
 - Individuals must put their request in writing, including their signature and the date. The documented request is stored in the individual’s file.
- An IP only contains sensitive or confidential medical information (e.g., detailed reports from health professionals) if necessary and if written consent for such inclusion is provided by the child’s parent/guardian or by the staff member or volunteer who is the subject of the IP.
 - IPs and related documents are kept in a separate folder within the file for the child, staff member, or volunteer, with a clear note on the outside of the folder indicating who is authorized to view the contents, as per the consent provided by a parent/guardian or by the staff member or volunteer who is the subject of the IP.

Policy and Procedures Review

- Eunoia’s Anaphylaxis and Medical Needs Policy and Procedures is reviewed and, as necessary, updated:
 - as the medical needs of children, staff, and volunteers change and
 - at least monthly,
 - with consideration for:
 - current IPs
 - information shared by children, families, staff, and volunteers
 - guidance from credible sources (e.g., public health)
 - statistics and reports regarding incidents at Eunoia and
 - the number of children at Eunoia with prevalent medical conditions.
 - Policy changes are communicated to families as relevant, without identifying any individuals with medical needs.

Glossary

Anaphylaxis as defined in [Sabrina’s Law, 2005](#) “a severe systemic allergic reaction which can be fatal, resulting in circulatory collapse or shock”. Symptoms of anaphylaxis vary between people and may vary from one reaction to the next in the same individual.

Causative agent or situation a substance, item, or circumstance that triggers an allergic reaction or other medical incident. Known allergens are causative agents.

First observer the first person who becomes aware of an incident

Individualized Plan (IP) also known as a *plan of care* in Ontario's public schools

Known allergen foods or other items that may cause an allergic reaction among children, staff, or volunteers currently enrolled or employed at Eunoia, as communicated in children's Individualized Plans or by a staff member or volunteer with an allergy

Prevalent medical conditions in this policy: diabetes, epilepsy, asthma, and anaphylaxis

Service provider in this policy, any person who provides service that involves directly interacting with children and who is employed by a third party contracted by Eunoia (e.g., resource teachers, speech and language pathologists, nurses, occupational therapists, entertainers, sport/activity instructors, and other individuals providing presentations or lessons; NOT fire/health inspectors, CAS investigators, or inspectors)

Support worker a person who supports a child's participation in an activity or program. A support worker may be a staff member, a service provider, a family member of a child, or an individual contracted by a family, at the discretion of the Owner/Operator

We the Owner/Operator and all staff and volunteers of Eunoia

You the parent/guardian of a child who is attending, or may attend, Eunoia