



## Turtle River School Division - Administrative Procedure

### Section D – Student Services U.R.I.S. Student Health Care Plans

#### U.R.I.S. Student Health Care Plans

U.R.I.S. stands for Unified Referral and Intake System and is a protocol that supports children attending school/community programs that have special health care needs and require assistance when they are apart from their parents/guardians. There are two times of URIS Group Plans that vary in complexity: Group A and Group B.

**“Group A”- Complex Medical Procedures** – care which must be performed by a registered nurse. Some examples of these complex health care procedures include: ventilator care, tracheostomy care, and nasogastric tubes care. The provincial URIS committee provides supplemental support for eligible school-age children. Applications for this support must be completed by the school and submitted with the required documentation.

**“Group B”- Health Care Routines** – care that can be carried out by personnel within the school division, provided that a registered nurse has developed a health care plan and provided these personnel with training and periodic monitoring. Some examples of this type of health care include; catheterization, gastrostomy care and feeding, seizure management, diabetes management, inhalation of medication for asthma, and administration of an epi-pen for life-threatening allergies. These health care plans are the most prevalent in school systems and are identified at the time of school registration.

#### U.R.I.S. Training

All Turtle River School Division staff members are required to receive URIS training yearly from a registered public health nurse. The training will review procedures for responding to health care needs that occur in Group B situations, such as: seizures, anaphylaxis, and asthma. The school/program designates (principal and/or resource teacher) will contact and schedule URIS training for their schools with the URIS Health Nurse by June of the previous school year. The school designate will also record staff attendance or have staff members “sign-in” at the training and will forward to the division office. Any school staff member that is unable to make the training at their school will have to attend training at another school. If a staff member does not complete this training, a letter will be sent requesting they complete training that is occurring in the area with a copy of the letter being placed in their employee file.

The Maintenance and Transportation supervisor will coordinate the training of all of the division bus drivers and mechanics as per division policy. **The province mandates that all division staff members receive yearly training.**

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The review of URIS/Student Healthcare Plans policy and procedures will be included in new staff member orientations.

#### Division Procedures/Responsibilities

As part of student registration, every school must include a URIS form for parents/guardians to voluntarily submit to the school.

- The school/program completes the top of the form highlighting the school contact person and school/program name. This form allows parents to identify specified health care needs that their child may have and also initiates a referral to the area URIS nurse to develop an individual health care plan (URIS plan) specifically for their child. As health care needs change over time, this form must be completed each year. If a form is not returned to the school, the school will assume that the health care needs have changed and that a special plan is no longer required. If a student doesn't have a URIS or specialized healthcare plan, then school personnel will follow general procedures for responding to a health care emergency.
- All returned URIS forms are forwarded to the school resource teacher who will review each form.
- If a specialized health care need is identified, the resource teacher will forward the form to the student services coordinator, who will initial and then forward the form to the local health authority URIS nurse for a plan to be developed in consultation with the parents/guardians.

If a form is returned identifying no health issues, it is filed in the School URIS Master Binder for a minimum of one year. If no form is returned to the school by **September 30th**, then the school resource teacher will make another attempt to get the form completed by sending the parents/guardians a letter with another blank URIS application attached asking parents to complete it and return it to the school. A copy of this letter will be placed in the School URIS Master Binder documenting the request. As these forms are voluntary, it is up to the parents if they would like to disclose personal health information regarding their child and ultimately return the form. If no form is still received, it will be assumed that there are no special health care needs. If a valid URIS plan is not in place in the event of an emergency, the standard provincial emergency response plan (ERP) will be followed.

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#### Who develops the Healthcare Plan?

Healthcare plans are developed by a registered nurse in consultation with parents and then returned to parents to review and approve. Once parents approve, they are asked to sign the plan and submit back to the health authority who will then sign and forward to the school. When the school receives the plan, it is important that the principal reads, signs, and ensures that the student's teachers are aware of the newly created plan. Principals are also asked to initial each page, signifying that they have read the plan.

There are times when health care plans are not completed as quickly as needed. As an act of good faith and care for students, schools will create a temporary plan for a child using the parents completed URIS form with a copy of the general plan and procedures for the identified healthcare need. If any student had a plan during the prior school year, the plan will continue to be followed until the new plan is received or until directed it is no longer needed. Only one healthcare plan/URIS Plan can be on file at one time in order to prevent confusion. When the official plan comes in, this will replace the temporary plan. URIS Health care plans are current until a new plan is received or care is discontinued by the Community Program (School).

It is important that all Individual Health Care Plans are reviewed and renewed on an annual basis. The Community Program/URIS designate will check on medication expiry dates, and ensure that the plan has been reviewed and is current with parents, guardian, local URIS Nurse, and school staff members.

#### Healthcare Plans/URIS Binders

URIS Binders must be red in colour for quick identification. Resource teachers will be required to create a school URIS Binder at the beginning of the school year, and to update and maintain it as health plans are received during the year. All URIS binders need to contain the following three sections: a summary sheet, the healthcare/URIS Plan, and copies of general plans. The **summary sheet** is the first page and is a list of all students that have healthcare plans in the school (also referred to as a "Fragile Student List"). This list should be in grade chronological order and be *dated when last updated*. The list should identify the student's name, grade, emergency medication and location, and identify the student's health care need. **Healthcare plans** should then follow the summary page accordingly. At the end of the URIS binder a section with **General Plans** should also be included.

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URIS binders will be updated on a regular basis as health care plans are received, or at a *minimum four times per year* as follows; **September 30th, November 30th, February 28th, and May 30th**. When the URIS binders are updated, the resource teacher must collect all of the existing plans and replace with new plans. All old plans need to be properly disposed (shredded).

URIS binders should be kept in the following locations in each school:

- Resource Office (MASTER)
- Principal's Office
- Staff Room
- 2 Office Copies (field-trips) (sports events)
- School Bus Copy (each bus)
- Other School Specialty Teacher(s) (woods, home economics, automotive, electrical)
- Coordinator of Student Services, Division Office Copy

URIS binders should be tracked using a ["URIS Binder Location"](#).

The resource teacher will verify the binders have been updated at each of the locations and submit a signed verification into the division office four times per year on the dates noted above.

The student services coordinator will use a [rubric](#) to assess that the URIS binder is in compliance with regulations and division procedures.

It is each teacher's responsibility to know if their students have healthcare plans/URIS plans. Teachers are required to bring a copy of their school's URIS binder on all field-trips or extra-curricular activities. Teachers are responsible for informing their substitute teachers of any students with special health care needs. As URIS binders contain sensitive medical information that is confidential and protected under *The Freedom of Information and Protection of Privacy Act (FIPPA)* and *The Personal Health Information Act (PHIA)*, the binder's contents cannot be separated or copied in any way.

School principals/resource teachers will also be responsible for ensuring a teacher of a specialty course in another school, such as: automotive, home economics, woods and/or electrical shops, receives a copy of your school URIS binder. A copy must also be forwarded to the Coordinator of Student Services at the division office who will keep a copy on file. When sending this update to the division office, please send the summary sheet along with any updated plans. These may be submitted as a digital copy. The student services coordinator will be responsible for creating and maintaining a division-wide master URIS binder that is updated on the same dates as the schools.

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This Master binder will be kept at the division office for quick referral in case of an emergency. Copies will be made and given to the maintenance and transportation supervisors who will place and track all binders on all “spare” school buses.

### Collection and Disposal of Health Care / URIS Plans

The collection and disposal of School URIS plans is the responsibility of the resource teacher. When a Health Care Plan is updated, the resource teacher will collect and shred all old plans in order to ensure the privacy of information is maintained. Additionally, when a specialty course has been completed and/or at the end of the school year, the resource teacher will collect all URIS binders on the last day of school in order to store and track during the summer.

### Provincial Directive — Life-Threatening Allergies

To further support children with life-threatening allergies who are attending community programs within the province of Manitoba, the Ministers responsible for the Unified Referral and Intake System (URIS), Health, Family Services and Housing, and Education, Citizenship and Youth distributed a provincial directive requiring that all community programs, including school divisions, develop local policy for life-threatening allergies by June 2004.

### References

1. Student Services: Appropriate Educational Programming – A Handbook for Student Services.
2. The Public Schools Amendment Act (Anaphylaxis Policies).
3. The Unified Referral and Intake System (URIS) Policy and Procedure Manual (1999).
4. *Children with Known Risk of Anaphylaxis Policy Framework contained in the URIS Policy and Procedure Manual, June 1999.*
5. URIS Operational Plan – North Schools, Prairie Mountain Health Authority (Manitoba), 2015.
6. Anaphylaxis Policy – Bill 232 in Manitoba, (Royal Assent on October 9, 2008) -Sabrina’s Law (Ontario) 2005.
7. Ryan’s Law (2015) – Asthma
8. URIS B Application
9. URIS Asthma Health Care Plan
10. URIS Anaphylaxis Health Care Plan

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

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

## URIS Binder Rubric

Division URIS Protocol Requirements	Notes		
URIS Plans are in a Red Binder		Yes	No
Summary Sheet lists each student's name and grade and condition		Yes	No
Date of revision is on summary sheet		Yes	No
General Plans are at rear of binder		Yes	No
Only one URIS plan for each student is located in the binder		Yes	No
Binder is labelled "URIS" for easy identification and access		Yes	No
URIS binders have been updated recently (four times each year)		Yes	No
Forms are signed or initialed by principal		Yes	No

**100% Above is required to be approved.**

\_\_\_\_\_ **Approved**

\_\_\_\_\_ **Date** \_\_\_\_\_ **Checked by**

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## URIS Binder Location

School: \_\_\_\_\_

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

URIS Binder Location	Number of Binders	Date Updated
Master in Resource Office		
Principal's Office		
Main Office		
Staff Room		
Resource Room		
Automotive Shop (Glenella)		
Electrical Shop (Ste. Rose)		
Home Economics Classroom (Ste. Rose/McCreary)		
Industrial Arts Shop (Ste. Rose/McCreary)		
Buses		
Updates sent to Division Office		

\_\_\_\_\_  
Resource Teacher's Signature

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<input type="checkbox"/> <b>Steroid Dependence</b> (e.g., congenital adrenal hyperplasia, hypopituitarism, Addison's disease) What type of steroid dependence has the child been diagnosed with? _____	
<input type="checkbox"/> <b>Osteogenesis Imperfecta (brittle bone disease)</b>	
<input type="checkbox"/> <b>Gastrostomy Feeding Care</b> Does the child require gastrostomy tube feeding at the community program? <input type="checkbox"/> YES <input type="checkbox"/> NO Does the child require administration of medication via the gastrostomy tube at the community program? <input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/> <b>Ostomy Care</b> Does the child require the ostomy pouch to be emptied at the community program? <input type="checkbox"/> YES <input type="checkbox"/> NO Does the child require the established appliance to be changed at the community program? <input type="checkbox"/> YES <input type="checkbox"/> NO Does the child require assistance with ostomy care at the community program? <input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/> <b>Clean Intermittent Catheterization (IMC)</b> Does the child require assistance with IMC at the community program? <input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/> <b>Pre-set Oxygen</b> Does the child require pre-set oxygen at the community program? <input type="checkbox"/> YES <input type="checkbox"/> NO Does the child bring oxygen equipment to the community program? <input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/> <b>Suctioning (oral and/or nasal)</b> Does the child require oral and/or nasal suctioning at the community program? <input type="checkbox"/> YES <input type="checkbox"/> NO Does the child bring suctioning equipment to the community program? <input type="checkbox"/> YES <input type="checkbox"/> NO	

### Section III - Authorization for the Release of Medical Information

I authorize the Community Program, the Unified Referral and Intake System Provincial Office, and the nursing provider serving the community program, all of whom may be providing services and/or supports to my child, to exchange and release medical information specific to the health care interventions identified above and consult with my child's physician(s), if necessary, for the purpose of developing and implementing an Individual Health Care Plan/Emergency Response Plan and training community program staff for \_\_\_\_\_.  
 (child's name)

I also authorize the Unified Referral and Intake System Provincial Office to include my child's information in a provincial database which will only be used for the purposes of program planning, service coordination and service delivery. This database may be updated to reflect changing needs and services. I understand that my child's personal and personal health information will be kept confidential and protected in accordance with *The Freedom of Information and Protection of Privacy Act* (FIPPA) and *The Personal Health Information Act* (PHIA).

I understand that any other collection, use or disclosure of personal information or personal health information about my child will not be permitted without my consent, unless authorized under FIPPA or PHIA.

Consent will be reviewed with me annually. I understand that as the parent/legal guardian I may amend or revoke this consent at any time with a written request to the community program.

If I have any questions about the use of the information provided on this form, I may contact the community program directly.

\_\_\_\_\_  
 Parent/Legal guardian signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Mailing Address

\_\_\_\_\_  
 Postal Code

\_\_\_\_\_  
 Phone number

## ASTHMA HEALTH CARE PLAN

Child name:	Birth date:	
Community program name:		
Parent/guardian name:		
Home Ph#:	Cell #:	Work Ph#:
Parent/guardian name:		Work Ph#:
Home Ph#:	Cell #:	Work Ph#:
Alternate emergency contact name:		Work Ph#:
Home Ph#:	Cell #:	Work Ph#:
Allergist:	Phone #:	
Pediatrician/Family doctor:	Phone #:	
Known allergies:		
Does child wear MedicAlert™ identification for asthma? <input type="checkbox"/> YES <input type="checkbox"/> NO		
<b><u>TRIGGERS</u></b> - List items that most commonly trigger your child's asthma.		
<b><u>RELIEVER MEDICATION</u></b> (or bronchodilators) provides fast temporary relief from asthma symptoms. It is recommended that Reliever medication is carried with the child so it is available if an asthma episode occurs.		
What Reliever medication has been prescribed for your child? (CHECK ONE)	<input type="checkbox"/> Salbutamol (e.g. Ventolin®, Airomir®) <input type="checkbox"/> Symbicort® <input type="checkbox"/> Other _____	
How many puffs of Reliever medication are prescribed for an asthma episode? (CHECK ONE)	<input type="checkbox"/> 1 puff <input type="checkbox"/> 1 or 2 puffs <input type="checkbox"/> 2 puffs <input type="checkbox"/> other _____	
Where does your child carry his/her Reliever medication? (CHECK ONE)	<input type="checkbox"/> fanny pack <input type="checkbox"/> purse <input type="checkbox"/> backpack <input type="checkbox"/> other _____	
Does your child know when to take their Reliever medication?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Can your child take their Reliever medication on their own?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>CHECK the type of medication device your child uses for <u>Reliever medication</u>.</b>		
 Metered dose inhaler (MDI)	 MDI & spacer with mouthpiece	 MDI & spacer with mask
 Turbuhaler®	 Diskus®	

**The Health Care Plan should accompany the child on excursions outside the facility.**

## ASTHMA HEALTH CARE PLAN

<b>Name:</b>	<b>Birth date:</b>
<b>IF YOU SEE THIS:</b>	
<p><b><u>Symptoms of asthma</u></b></p> <ul style="list-style-type: none"> <li>• Coughing</li> <li>• Wheezing</li> <li>• Chest tightness</li> <li>• Shortness of breath</li> <li>• Increase in rate of breathing while at rest</li> </ul>	<p><b>DO THIS:</b></p> <ol style="list-style-type: none"> <li>1. Remove the child from triggers of asthma.</li> <li>2. Have the child sit down.</li> <li>3. Ensure the child takes Reliever medication (usually blue cap or bottom).</li> <li>4. Encourage slow deep breathing.</li> <li>5. Monitor the child for improvement of asthma symptoms.</li> <li>6. If Reliever medication has been given and asthma symptoms do not improve in 5-10 minutes, contact parent/guardian.               <ul style="list-style-type: none"> <li>• <i>Reliever medication can be repeated once at this time. If the child is not well enough to remain at the community program, the parent/guardian should come and pick them up.</i></li> </ul> </li> <li>7. If any of the emergency situations occur (see list below), call 911/EMS.</li> </ol>
<p><b><u>Emergency situations</u></b></p> <ul style="list-style-type: none"> <li>• Skin pulling in under the ribs</li> <li>• Skin being sucked in at the ribs or throat</li> <li>• Greyish/bluish color in lips and nail beds</li> <li>• Inability to speak in full sentences</li> <li>• Shoulders held high, tight neck muscles</li> <li>• Cannot stop coughing</li> <li>• Difficulty walking</li> </ul>	<ol style="list-style-type: none"> <li>1. Activate 911/EMS. <i>Delegate this task to another person. Do not leave the child alone.</i></li> <li>2. Continue to give Reliever medication as prescribed every five minutes.</li> <li>3. Notify the child's parent/guardian.</li> <li>4. Stay with the child until EMS personnel arrives.</li> </ol>
<p><b><u>Signs that asthma is not controlled</u></b></p> <p><b>If staff becomes aware of any of the following situations, they should inform the child's parent/guardian.</b></p> <ul style="list-style-type: none"> <li>• Asthma symptoms prevent the child from performing normal activities.</li> <li>• The child is frequently coughing, short of breath or wheezing.</li> <li>• The child is using Reliever medication more than 3 times per week for asthma symptoms.</li> </ul>	

*I have reviewed this health care plan and provide consent to this plan on behalf of my child.*

**Parent/guardian signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*I have reviewed this health care plan to ensure it provides the community program with required information.*

**Nurse signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Documentation**


**Instruction sheet for medication device attached**

## ANAPHYLAXIS HEALTH CARE PLAN

Child name:	Birth date:	
Community program name:		
Parent/guardian name:		
Home #:	Cell #:	Work #:
Parent/guardian name:		
Home #:	Cell #:	Work #:
Alternate emergency contact name:		
Home #:	Cell #:	Work #:
Allergist:		Phone #:
Pediatrician/Family doctor:		Phone #:
Life-threatening allergies (i.e. allergies that epinephrine auto-injector is prescribed for):		
Other allergies (non life-threatening):		
Does child wear MedicAlert™ identification for life-threatening allergy(s)? <input type="checkbox"/> YES <input type="checkbox"/> NO		
<b><u>Epinephrine auto-injector information</u></b>		
<b>Type</b> <input type="checkbox"/> EpiPen® 0.15 mg (green) <input type="checkbox"/> EpiPen® 0.3 mg (yellow) <input type="checkbox"/> Allerject® 0.15 mg (blue) <input type="checkbox"/> Allerject® 0.3 mg (orange)	<b>Location</b> - It is recommended that the child carries the epinephrine auto-injector at all times. <input type="checkbox"/> Fanny pack <input type="checkbox"/> Back pack <input type="checkbox"/> Purse <input type="checkbox"/> Other – Describe _____	
<b>Child has a 2<sup>nd</sup> (back-up) auto-injector available at the community program.</b>		
<input type="checkbox"/> YES Location _____ <input type="checkbox"/> NO		
Other information about my child's life threatening allergy that community program should know.		

**This Health Care Plan should accompany the child on excursions outside the facility.**

## ANAPHYLAXIS HEALTH CARE PLAN

<b>Name:</b>	<b>Birth date:</b>
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<b>IF YOU SEE THIS</b>	<b>DO THIS</b>
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<p><b><u>If ANY combination of the following signs is present and there is reason to suspect anaphylaxis:</u></b></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <p><b><u>Face</u></b></p> <ul style="list-style-type: none"> <li>• Red, watering eyes</li> <li>• Runny nose</li> <li>• Redness and swelling of face, lips &amp; tongue</li> <li>• Hives (red, raised &amp; itchy rash)</li> </ul> <p><b><u>Airway</u></b></p> <ul style="list-style-type: none"> <li>• Sensation of throat tightness</li> <li>• Hoarseness or other change of voice</li> <li>• Difficulty swallowing</li> <li>• Difficulty breathing</li> <li>• Coughing</li> <li>• Wheezing</li> <li>• Drooling</li> </ul> </td> <td style="width: 50%; vertical-align: top;"> <p><b><u>Stomach</u></b></p> <ul style="list-style-type: none"> <li>• Severe vomiting</li> <li>• Severe diarrhea</li> <li>• Severe cramps</li> </ul> <p><b><u>Total body</u></b></p> <ul style="list-style-type: none"> <li>• Hives (red, raised &amp; itchy rash)</li> <li>• Feeling a “sense of doom”</li> <li>• Change in behavior</li> <li>• Pale or bluish skin</li> <li>• Dizziness</li> <li>• Fainting</li> <li>• Loss of consciousness</li> </ul> </td> </tr> </table>	<p><b><u>Face</u></b></p> <ul style="list-style-type: none"> <li>• Red, watering eyes</li> <li>• Runny nose</li> <li>• Redness and swelling of face, lips &amp; tongue</li> <li>• Hives (red, raised &amp; itchy rash)</li> </ul> <p><b><u>Airway</u></b></p> <ul style="list-style-type: none"> <li>• Sensation of throat tightness</li> <li>• Hoarseness or other change of voice</li> <li>• Difficulty swallowing</li> <li>• Difficulty breathing</li> <li>• Coughing</li> <li>• Wheezing</li> <li>• Drooling</li> </ul>	<p><b><u>Stomach</u></b></p> <ul style="list-style-type: none"> <li>• Severe vomiting</li> <li>• Severe diarrhea</li> <li>• Severe cramps</li> </ul> <p><b><u>Total body</u></b></p> <ul style="list-style-type: none"> <li>• Hives (red, raised &amp; itchy rash)</li> <li>• Feeling a “sense of doom”</li> <li>• Change in behavior</li> <li>• Pale or bluish skin</li> <li>• Dizziness</li> <li>• Fainting</li> <li>• Loss of consciousness</li> </ul>	<ol style="list-style-type: none"> <li>1. Inject the epinephrine auto-injector in the outer middle thigh.             <ol style="list-style-type: none"> <li>a) Secure child’s leg. The child should be sitting or lying down in a position of comfort.</li> <li>b) Identify the injection area on the outer middle thigh.</li> <li>c) Hold the epinephrine auto-injector correctly.</li> <li>d) Remove the safety cap by pulling it straight off.</li> <li>e) Firmly press the tip into the outer middle thigh at a 90° angle until you hear or feel a click. Hold in place to ensure all the medication is injected.</li> <li>f) Discard the used epinephrine auto-injector following the community program’s policy for disposal of sharps or give to EMS personnel.</li> </ol> </li> <li>2. Activate 911/EMS. <i>Activating 911/EMS should be done simultaneously with injecting the epinephrine auto-injector by delegating the task to a responsible person.</i></li> <li>3. Notify parent/guardian.</li> <li>4. A second dose of epinephrine may be administered within 5-15 minutes after the first dose is given IF symptoms have not improved.</li> <li>5. Stay with child until EMS personnel arrive. <i>Prevent the child from sitting up or standing quickly as this may cause a dangerous drop in blood pressure.</i></li> </ol> <p><i>Antihistamines are <u>NOT</u> used in managing life-threatening allergies in community program settings.</i></p>
<p><b><u>Face</u></b></p> <ul style="list-style-type: none"> <li>• Red, watering eyes</li> <li>• Runny nose</li> <li>• Redness and swelling of face, lips &amp; tongue</li> <li>• Hives (red, raised &amp; itchy rash)</li> </ul> <p><b><u>Airway</u></b></p> <ul style="list-style-type: none"> <li>• Sensation of throat tightness</li> <li>• Hoarseness or other change of voice</li> <li>• Difficulty swallowing</li> <li>• Difficulty breathing</li> <li>• Coughing</li> <li>• Wheezing</li> <li>• Drooling</li> </ul>	<p><b><u>Stomach</u></b></p> <ul style="list-style-type: none"> <li>• Severe vomiting</li> <li>• Severe diarrhea</li> <li>• Severe cramps</li> </ul> <p><b><u>Total body</u></b></p> <ul style="list-style-type: none"> <li>• Hives (red, raised &amp; itchy rash)</li> <li>• Feeling a “sense of doom”</li> <li>• Change in behavior</li> <li>• Pale or bluish skin</li> <li>• Dizziness</li> <li>• Fainting</li> <li>• Loss of consciousness</li> </ul>		

**Risk reduction strategies**

Avoidance of allergens is the only way to prevent an anaphylactic reaction. Although it is not possible to achieve complete avoidance of allergens in community program settings, it is important to reduce exposure to life-threatening allergen(s). Contact the community program if you have any questions about the risk reduction strategies that are implemented in their facility. School division policy may be found on their website.

*I have reviewed this health care plan and provide consent to this plan on behalf of my child.*

**Parent/guardian signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*I have reviewed this health care plan to ensure it provides the community program with required information.*

**Nurse signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Documentation**
