HALTON ANAPHYLAXIS Protocol

January 2006

RATIONALE FOR THE HALTON ANAPHYLAXIS PROTOCOL :

An Act to Protect Anaphylactic Pupils enacted by the Ontario Legislature comes into force January 1, 2006. The Act states that every School Board shall establish and maintain an anaphylactic policy.

The Halton District School Board and the Halton Catholic District School Board along with community and health professional representatives developed a policy that will service the health needs of the anaphylactic students of Halton Region and that meets with the following requirements of the Act:

- Strategies that reduce the risk of exposure to anaphylactic causative agents in classrooms and common school areas;
- A communication plan for the dissemination of information on life threatening allergies to parents, students and employees.
- Regular training on dealing with life-threatening allergies for all employees and others who are in direct contact with students on a regular basis.
- Each school will develop an individual plan for each student who has an anaphylactic allergy.
- On registration, each school principal will ensure that parents, guardians and students supply information on life threatening allergies.
- A file shall be maintained for each anaphylactic student which includes current treatment, evidence of the prescription and current emergency contact list.

RECOGNITION OF COMMITTEE MEMBERS:

The following are thanked for their dedication and expertise in developing the Halton Anaphylaxis Protocol for the Public and Catholic elementary and secondary schools in the Halton Region.

Co-Chairs: Bob Soroko, Halton Catholic District School Board
Jacki Oxley, Halton District School Board

Members: Sheila Emmerson, Vice Principal, Iroquois Ridge High School
Malerie Borbath, Principal, Sheridan Public School
Brian Van Wyngaarden, Principal, Oakwood Public School
Ron Caldwell, Halton Anaphylaxis Parent Group
Deanna Beach, Halton Anaphylaxis Parent Group
Lynne Hanna, Manager Child Health, Halton Region
Rebecca Lewis, Public Health School Asthma Project, Halton Region
Blake Hurst, Halton Region EMS
Greg Sage, Halton Region EMS
Teri Caldwell-McCann, HDSB Student Services Coordinator (West area)
Ian Brandon, HDSB Student Services Coordinator (East area)

IMPLEMENTING *SABRINA'S LAW* – SCHOOL ADMINISTRATOR'S QUICK CHECKLIST

- ☐ Process in place, ***during registration***, where ***children who have life threatening allergies are identified*** and parent/guardian requested to supply information on their child's allergy. (p.11)
    - Provide parents with the Parent/Guardian Anaphylaxis Package, Appendix U
    - Post the Anaphylaxis Emergency Treatment Form for each anaphylactic pupil in a high traffic location for staff/employees (e.g. staff room, health room), with parental permission
    - Communicate with:
        - Copy of a student's Anaphylaxis Emergency Treatment Form to bus driver *(elementary)*
    - Process in place (e.g. emergency health response binder) to identify students with life threatening allergies for field trips, overnight trips and team events as well as students in cooperative education/work experience placements.

- ☐ Process in place where school staff who have a life threatening allergy are identified.

- ☐ A ***file system*** in place and maintained where information is stored, e.g. OSR. (p. 11)
    - Request and Consent for the Administration of Epinephrine form (p. 63)
    - Proof of diagnosis: Photocopy of the prescription from the container of the epinephrine auto-injector.
    - Current emergency contacts

- ☐ Provide ***training sessions*** for employees and others who are in direct contact with students on a regular basis. (p. 12-13)

- ☐ Provide the classroom teacher, who has an anaphylactic student with an in-service and a copy of the 'Responsibilities of the Classroom Teacher with an Anaphylactic Student' (Elementary p. 20-22, Secondary p. 23-24) Also provide the classroom teacher with the following student appropriate avoidance strategies from the Halton Anaphylaxis Protocol:
    - How Students Can Create a Safe Environment For Anaphylactic Classmates, p. 25
    - Food Avoidance Strategies, p. 37-39
    - Peanuts and Tree nuts Avoidance Strategies, p. 41-41
    - Establishing Safe Lunchroom & Eating Area Procedures for Peanuts/Tree nuts, p.42-43
    - Milk and Egg Avoidance Strategies, p.45-46
    - Insect Venom Avoidance Strategies, p.47
    - Latex Allergy Avoidance Strategies., p.48

- ☐ A ***communication plan*** in place for parents/guardians, pupils, and school community relating to life threatening allergies and anaphylactic reactions and treatment.(p. 14).

☐ ***An individual plan*** (p.15) be developed for each student and adult who is anaphylactic. The individual plan is to consist of:

- Anaphylaxis Emergency Treatment Form, (Appendix D, p. 30) (also found in the Parent/Guardian Anaphylaxis Package (Appendix U))
- Instructions about how to use the student's epinephrine auto-injector of choice (EpiPen, Appendix E, p. 31-32; Twinject, (Appendix F, p. 33)
- Individual Student Monitoring and Risk Reduction Plan specific to the student's life threatening allergy - Elementary (Appendix G, p. 34); Secondary (Appendix H, p. 35)

☐ Implement ***strategies that reduce the risk of exposure*** to anaphylactic causative agents in the classroom and common school areas. (p. 16-19)

- Signage placed at appropriate locations of the school informing public that the school is a minimized allergen environment.
- Poster from ARAMARK "Allergy Alert!" posted at entrance to secondary school cafeterias

Refer to the following Avoidance Strategies provided in the Halton Anaphylaxis Protocol:

- Food Avoidance Strategies, (Appendix I, p. 37-39)
- Peanuts and Tree Nuts Avoidance Strategies, (Appendix J, p. 41-41)
- Establishing Safe Lunchroom and Eating Area Procedures for Peanut/Tree nuts, (Appendix K, p. 42-43)
- Milk and Egg Avoidance Strategies, (Appendix N, p. 45-46)
- Insect venom, (Appendix O, p. 47)
- Latex, (Appendix P, p. 48)

☐ Field trips: Ensure that the appropriate steps are taken to accommodate the anaphylactic student on out of classroom programs (e.g. day trips/overnight trips/extensive trips, cooperative education placements etc.) (p. 18)

☐ Store ***auto-injectors*** in a readily accessible, secure **(not locked)** location (e.g. office, health room). All staff must know of the location of auto-injectors.

- Protect from light.
- Store at room temperature.
- Protect from freezing.
- Do not refrigerate.

☐ Develop your own school anaphylaxis plan which is specific to your environment and complies with board policy. Contents of the plan should take into consideration the following factors **(**Resource: Anaphylaxis in Schools and Other Settings)

- Sample Elementary School Anaphylaxis Plan (Appendix S, p. 52-54)
- Sample Secondary School Anaphylaxis Plan (Appendix T, p. 55-57)

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INTRODUCTION

RESPONSIBILITY TO PROVIDE A SAFE ENVIRONMENT FOR ANAPHYLACTIC PUPILS:

DUTY OF CARE:

This Anaphylaxis Protocol for school administrators, teachers and employees has been developed to meet the requirements of:

***Education Act*:**

265 (1) Duties of principals:

j) care of pupils and property – to give assiduous attention to the health and comfort of the pupils,

***Education Act Regulations*:**

Reg. 298, s20 Duties of teachers:

g) ensure that all reasonable safety procedures are carried out in courses and activities for which the teacher is responsible

***An Act to Protect Anaphylactic Pupils, 2005* (Sabrina's Law):**

Mandates that every board shall establish and maintain an anaphylactic policy.

UNDERSTANDING ANAPHYLAXIS:

(From: Anaphylaxis in Schools & Other Settings)

What is anaphylaxis?

While there is no universally accepted definition for anaphylaxis, anaphylaxis can be defined as a "severe allergic reaction to any stimulus, having sudden onset, involving one or more body systems with multiple symptoms." An allergen is a substance capable of causing an allergic reaction. Upon first exposure, the immune system treats the allergen as something to be rejected and not tolerated. This process is called **sensitization**. Re-exposure to the same allergen in the now sensitized individual may result in an allergic reaction which, in its most severe form, is called **anaphylaxis**.

What triggers anaphylaxis?

Although many substances have the potential to cause anaphylaxis, the most common triggers are foods and insect stings. In Canada, allergy causing foods are most often: Peanuts, tree nuts (e.g. almond, hazelnut, cashew, pistachio etc), milk, egg, fish, shellfish, and to a lesser extent, sesame seeds, soy, and wheat. These are identified as 'priority allergens' for Canadian food labeling requirements.

Medications and latex rubber can also potentially cause life-threatening allergic reactions. Strenuous exercise can trigger anaphylaxis in some sensitized individuals after they eat a certain food that is not normally problematic. In these individuals, anaphylaxis only occurs if ingestion of the food allergen is followed by exercise or vigorous physical activity within hours of ingestion. Neither the food allergen nor exercise alone can trigger the anaphylactic reaction. In other individuals, anaphylaxis may be triggered by exercise alone. In some cases of anaphylaxis, the cause is unknown ('idiopathic').

How is the diagnosis of anaphylaxis made?

An allergist should evaluate people at risk of life threatening allergic reactions. Diagnosis includes a detailed personal history and confirmation of an allergy through appropriate investigations such as skin and/or blood tests. Patients diagnosed as being at risk of anaphylaxis are instructed that absolute avoidance of the allergy-causing substance is necessary to avoid future reactions. They must carry an epinephrine auto-injector (e.g. EpiPen or Twinject) at all times and should wear medical identification such as a Medic-Alert bracelet or necklace, when age appropriate. They should also have a written Anaphylaxis Emergency Plan that describes the signs and symptoms of anaphylaxis and instructions on when and how to use epinephrine.

Factors that may increase the risk of a severe anaphylactic reaction:

1. Anaphylaxis and Asthma

People with asthma who are also diagnosed with anaphylaxis are more susceptible to severe breathing problems when experiencing an anaphylactic reaction. It is extremely important for asthmatic patients to keep their asthma well controlled. In cases where an anaphylactic reaction is suspected, but there is uncertainty whether or not the person is experiencing asthma attack, epinephrine should be used first. Epinephrine can be used to treat life-threatening asthma attacks as well as anaphylactic reactions. Asthmatics who are at risk of anaphylaxis should carry their asthma medications (e.g. puffers/inhalers) with their epinephrine auto-injector (e.g. EpiPen or Twinject).

2. Under-utilization and delay in the use of epinephrine

Epinephrine is the drug of choice to treat an anaphylactic reaction and needs to be given early in the course of a reaction. It is imperative that all patients, parents of children at risk, teachers, and caregivers know the signs and symptoms of anaphylaxis and the correct use of emergency medication (i.e. epinephrine auto-injector).

There are no contraindications to using epinephrine for a life-threatening allergic reaction. Simply put, this means that in normally healthy individuals, epinephrine will not cause harm if given unnecessarily. Possible side effects from epinephrine can include: rapid heart rate, flushing or pallor (paleness), dizziness, weakness, tremors and headache. These side effects are generally mild and subside within a few minutes.

MEDICATION – EPINEPHRINE:

(From: Anaphylaxis is Schools and Other Settings p. 10/11)

Epinephrine – also known as adrenaline – is the drug form of a hormone that the body produces naturally. Epinephrine helps to reverse symptoms of an allergic reaction by opening the airways, improving blood pressure, and accelerating heart rate.

Epinephrine is the treatment or drug of choice to treat anaphylaxis and as a result is prescribed by a physician for those at risk of anaphylaxis. Treatment protocol is through the use of an epinephrine auto-injector. All efforts should be directed toward its immediate use. Individuals at risk of anaphylaxis are instructed to carry the auto-injector with them at all times when age appropriate.

Key Points:

Epinephrine is the first line medication which should be used in the emergency management of a person having a potentially life-threatening allergic reaction.

- In studies of individuals who have died as a result of anaphylaxis, epinephrine was underused, not used at all, or administration was delayed.
- Recommended that epinephrine be given at start of any suspected anaphylactic reaction occurring in conjunction with a known or suspected allergy contact.
- Epinephrine is to be injected in the muscle on the outer side of the thigh.

Antihistamines and asthma medications must not be used as first line treatment for an anaphylactic reaction.

- They have not been proven to stop an anaphylactic reaction.
- The main benefit of antihistamines is in treating hives or skin symptoms.

All individuals receiving emergency epinephrine must be transported to hospital immediately for evaluation and observation.

- It is recommended that a patient suffering from an anaphylactic reaction be observed in an emergency facility for an appropriate period (e.g. 4 hours) because of the possibility of a bi-phasic or prolonged reaction.

Additional epinephrine must be available during transport. A second dose may be administered within 10-15 minutes, or sooner, after the first dose is given IF symptoms have not improved.

- The second dose should only be given in situations where the allergic reaction is not under adequate control; that is, the reaction is continuing or getting worse, e.g. patient's breathing becomes more laboured or there is decreased level of consciousness.

Individuals with anaphylaxis who are feeling faint or dizzy because of impending shock, should lie down, unless they are vomiting or experiencing severe respiratory distress.

- Lift the person's legs above the level of the heart, keeping the legs raised by putting something (e.g. pillow) underneath.
- If person feels nauseated or vomiting, lay them on their side, head down, to prevent aspiration of vomit.
- Another drop in blood pressure could result in asking the patient to stand or sit immediately following a reaction.

No individual child, teenager, or adult should be expected to be fully responsible for self-administration of an epinephrine auto-injector.

- Individuals may not physically be able to self-administer epinephrine when they are suffering from a reaction. Assistance from others is crucial in these circumstances.

For further information please check the following website and internal links:
http://www.anaphylaxis.ca
http://home.cogeco.ca/~cmr/hapg

Anaphylaxis is Preventable and Treatable:
Avoidance of the specific allergen is the cornerstone in the management and prevention of anaphylaxis.

The following protocol checklist is to provide assistance and direction in meeting the requirements of *An Act to Protect Anaphylactic Pupils*, 2005 by implementing and maintaining an anaphylactic management program for the students and staff with anaphylaxis on your school site.

SCHOOL ADMINISTRATORS ANAPHYLAXIS RESPONSIBILITIES:

Each school administrator is to meet the requirements of Sabrina's law in maintaining a safe environment for students with life threatening allergies – anaphylaxis.

1. A requirement that every school principal ensure that, upon registration, parents, guardians and pupils shall be asked to supply information on life threatening allergies (s. 5 Sabrina's Law).

During the registration of the child, the principal is to review the medical information section of the registration form. Where there has been a response that the child has been diagnosed with anaphylaxis, the principal is to request the parent to supply information on the child's life threatening allergies.

☐ Process in place where parents/guardians of child(ren) with life threatening allergy, (a) attending the school, b) new registrations throughout the school year, is provided with a copy of the Parent/Guardian Anaphylaxis Package (Appendix U)

☐ Process in place where school staff/employees are surveyed for life threatening allergies/anaphylaxis. Information on causative agents, location of epinephrine and emergency contacts be provided.

2. A requirement that every school principal maintain a file for each anaphylactic pupil of current treatment and other information, including a copy of any prescriptions and instructions from the pupil's physician or nurse and a current emergency contact list (s. 6 Sabrina's law).

☐ The following information and forms from the Parent/Guardian Anaphylaxis package are to be returned to the school during the last week of August or for new registrants as soon as possible and placed in the file (OSR):

- Request and Consent for the Administration of Epinephrine Form,
- Proof of diagnosis -which could be:
  - Photocopy of the prescription from the container of the epinephrine auto-injector, **OR**
  - Copy of the child's prescription for an epinephrine auto-injector, **OR**
  - Written treatment protocol/instructions prepared by a physician, **OR**
  - An Anaphylaxis Emergency Plan which has been signed by a physician
- Current emergency contact list.

If there has been no change in the student's condition or treatment strategy, the student's parent/guardian may authorize continuation of the previous year's Anaphylaxis Emergency Plan. In this instance, the parent/guardian must provide up-to-date emergency contact information.

The following forms are to be posted/distributed as applicable:

- Students: Anaphylaxis Emergency Treatment Form
- Bus Driver: copy of student's Anaphylaxis Emergency Treatment Form (if applicable) with parent/guardian permission

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☐ When meeting with parent/guardian returning the required forms emphasize the following Board requirements:

- Provide two auto-injectors. One auto-injector to be stored at the school in a **secure but accessible, not locked location** (Office) and the second on the child.
- Auto-injector expiry date must be checked to ensure it is current.
- Students from grades one to twelve are to carry their auto-injector on their person at all times. Students in JK/SK may have their auto-injector located in the classroom accessible by the teacher at all times or the child may carry their own auto-injector on their person with parent permission.
- For non compliance of supplying two auto-injectors and/or student non compliance of carrying/wearing their auto-injector at all times please refer to: Lawyers' Response to Non Compliance. (Appendix Q, p. 49)

☐ Provide Board's Transportation Department with a list of students with a life threatening allergy who will be riding a school bus to school/home. (Complete the form – Transportation Services: Special Needs/Anaphylactic Students.)

☐ At the elementary level inform bus driver of students on their regular bus route who have anaphylaxis. Provide the driver with a copy of the student's Anaphylaxis Emergency Treatment Form. Secondary students may self-identify to the bus driver.

3. Regular training about dealing with life threatening allergies for all employees and others who are in direct contact with pupils on a regular basis (s. 3 Sabrina's Law).

☐ Provide training, in September and reviewed again in February, for all staff and others who are in contact with pupils at risk of anaphylaxis (e.g. lunchroom supervisors, foodservice staff, bus drivers etc). Principal should keep a record of staff who have completed the training.

☐ The training package is designed to achieve the following learning outcomes:

- Identification of students/staff with life threatening allergies
- Define the term anaphylaxis with examples.
  (Emphasize to participants the hazards of cross contamination and that the school as a whole is a 'minimized allergen environment', not just the classroom(s) of students with life threatening allergies.)
- Outline the signs and symptoms of an anaphylactic reaction.
  Think - FAST – (Appendix B, p. 28)
- Outline the school's Emergency Response Plan (Appendix C, p. 29)
  (No individual child, teenager, or adult should be expected to be fully responsible for self-administration of an epinephrine auto-injector)
- Outline the school's Emergency Treatment Response A.C.T.
- Treatment of choice is epinephrine by an auto injector.
  Epinephrine is the first line medication that is to be used and is the only treatment shown to stop an anaphylactic reaction.

- Antihistamines and asthma medications must NOT be used as first line treatment for an anaphylactic reaction.

- **A**dminister the auto-injector; **C**all 911; **T**ransport to hospital in an ambulance.

  Lay the person down, unless they are vomiting or experiencing severe respiratory distress. To improve blood circulation, lift the person's legs above the level of the heart, keeping the legs raised by raised by putting something underneath. Keep the person lying down until emergency responders arrive.

  If the person feels nauseated or is vomiting, lay them on their side, head down, to prevent aspiration of vomit. It is important that the individual not be made to stand or sit immediately following a reaction as this could result in another drop of blood pressure.

- Train participants how to administer the auto-injector(s). (EpiPen, Appendix E, Twinject, Appendix F). (Auto injector trainers are must-have teaching tools which allow for hands on learning)

Sample resources for inservice:

- Allergy Association (e.g. Anaphylaxis Speakers Bureau)
- Public Health Units
- Professional training services

☐ Provide classroom teachers, who have student(s) with anaphylaxis, with a copy of 'Responsibilities of Classroom Teacher with an Anaphylactic Student(s)'. In-service content where appropriate. Also provide the classroom teacher with the appropriate avoidance strategies found in the Halton Anaphylaxis Protocol that meets the need(s) of the anaphylactic students in their class:

- Food Avoidance Strategies, Appendix I, p. 36-38
- Peanuts/Tree nuts Avoidance Strategies, Appendix J, p. 39-40
- Establishing Safe Lunchroom and Eating Area Procedures for Peanuts/Tree nuts. Appendix K, p. 41-42
- Milk and Egg Avoidance Strategies, Appendix N, p. 45-46
- Insect venom Avoidance Strategies, Appendix O, p. 47
- Latex Allergy Avoidance Strategies, Appendix P, p. 48

☐ Provide nurses, school board, parents, pupils, school employees, food service employees, volunteers, and bus drivers with appropriate copies of their Anaphylaxis Responsibilities checklist. Administrator may wish to have the employee 'sign off' on a form that they have read and understand their responsibilities.

☐ Simulate an anaphylactic emergency, similar to a fire drill, to review and check to see that all elements of the schools emergency protocol is in place and everyone knows their role.

4. A communication plan for the dissemination of information on life threatening allergies to parents, pupil and employees (s. 2 Sabrina's Law).

☐ Prior to the start of the school year, communicate with parents of the anaphylactic child with appropriate school staff (classroom teacher, subject teachers, etc.) to work together in developing a specific emergency protocol for their child, using the Board's protocol as a guide.

☐ Consider hosting an inservice on your School's Anaphylaxis Plan for:

- Parents of children with life threatening allergies
- School council
- Other interested parents/groups

Communication with Supply Teachers:

☐ Ensure that a process is in place by which all supply teachers are informed of the presence of an anaphylactic child by the classroom teacher, for example:

- Indicate on the SEMS/HARRI system that they have a child with a life threatening allergy and the location of the Child's Anaphylaxis Emergency Treatment form in the special instructions on the automated staff absence reporting system.
- Write information in the day/lesson plans – make reference to students with life threatening allergies (e.g. name(s), your class or in a rotary class, location of the Student's Anaphylaxis Emergency Treatment Form.
- Ensure that a supply teacher folder is located on the teacher's desk(elementary) and in the main office (secondary) containing student's Anaphylaxis Emergency Treatment Form.

☐ **Communication with Volunteers:**

Process in place where volunteers who come in contact with anaphylactic pupils are:

- Informed of the identity of the students with a life threatening allergy
- Have access to their information (e.g. Child's Anaphylaxis Emergency Treatment form)
- Trained in administering the epinephrine auto-injector

Communicating with the School Community:

On going communication about the school anaphylaxis plan is essential in creating awareness and support for students at risk.

☐ Newsletter: Information item to parents/guardians who have a child with a life threatening allergy and have not identified their child to the principal to do so immediately.

☐ School website – 'school plan' on web site to all families at beginning of school year

☐ Letter home to parents informing them of children with life threatening allergies attending the school and how they can support a safe environment for all children. (Sample –Peanut/Tree Nut letter, Appendix L, p. 43)

☐ Post **Minimized Allergen Environment** (relating to peanuts and tree nuts) signs in public places in the school.

☐ Reminders published in school bulletins, web site and newsletters throughout the year.

5. A requirement that every school principal develop an individual plan for each pupil who has an anaphylactic allergy (s. 4 Sabrina's Law).

☐ **ANAPHYLAXIS EMERGENCY TREATMENT PLAN**: see Appendix D

The Anaphylaxis Emergency Treatment Plan is given to parents/guardians to complete at the time of registration (Parent/Guardian Anaphylaxis Package) or when informing the school that their son/daughter has been diagnosed by a physician with anaphylaxis to a particular allergen(s).

The Anaphylaxis Emergency Treatment Plan has three pages:

Front page:
Contains a place for the student's photo, consent to administer medication and contact information and is to be completed with the signature of the parent/guardian and given to the principal prior to the beginning of the school year or as soon as possible after registration during the school year. Appendix D, p. 30
(The form is located in the Parent/Guardian Anaphylaxis Package or can be downloaded from the website: www.allergysafecommunities.ca)

Second page: - How to Administer an Auto-Injector:
School administer is to attach the epinephrine auto-injector instruction sheet for either the EpiPen or Twinject – the one prescribed to the student.
Instruction sheets can be downloaded from the following sites:

- Epipen – www.epipen.ca Appendix E, p. 31-32
- Twinject – www.twinject.com Appendix F, p. 33

Third page: - Individual Student Monitoring & Risk Reduction Strategies
Refer to the following risk reduction strategies and where applicable select appropriate criteria to be included in the student's individual plan:

- #6, pg. 16, Strategies that reduce the risk of exposure to anaphylactic causative agents are found in the following appendices:
- Food Avoidance Strategies (Appendix I)
- Establishing Safe Lunchroom Avoidance for Peanuts/nuts (Appendix J)
- Milk and Egg Avoidance Strategies (Appendix N)
- Insect Avoidance Strategies (Appendix O)

- Latex Avoidance Strategies (Appendix P)
- Sample Elementary Student Plan (Appendix G, p. 34)
- Sample Secondary Student Plan (Appendix H, p. 35)

☐ **Locations of the Anaphylaxis Emergency Treatment Plan:**

- Posted in a key area of the school where staff have access on a daily basis to refer to the form, e.g. in the staff room, health room, etc.
- With the classroom teacher, and in consultation with the parent, posted on the wall or inside a cupboard or placed in the teachers day book or supply teacher folder (location discretion is advised for placement based on age and sensitivity of the student, consultation with the parents is strongly recommended).
- Cafeterias for foodservice staff (inside food preparation area)
- Bus driver (elementary).

☐ **Identification of child at risk – Anaphylaxis Emergency Treatment Plan:**

Students with anaphylaxis are identified to staff and others who are in regular contact with children at risk of anaphylaxis (e.g. when teacher is given class list, during the training session etc.) with reference made to each child's Anaphylaxis Emergency Treatment Plan.

Substitute teachers are to be advised to review the Anaphylaxis Emergency Plan for children in their class. The principal/designate is to speak with substitute teacher about the procedures for responding to emergency situations.

☐ **Location of Epinephrine Auto-injectors:**

Students are to have access to two epinephrine auto-injectors at school.

One. Children who have demonstrated maturity (usually by the age 6 to 7 years) should carry their own epinephrine. Direct adult supervision should be available in the case of younger children, as very young children might require staff to carry the auto-injector to allow medication to be available in the classroom.

Second (spare) is kept in a location on school site that is easily accessible and not in locked cupboards or drawers, e.g. important for activities that take place during and after school hours. Conditions for storage: protect from light; store at room temperature; protect from freezing; and do not refrigerate. All employees, the anaphylactic student and others who come in regular contact with the anaphylactic student should know the location of the auto injectors.

6. Strategies that reduce the risk of exposure to anaphylactic causative agents in classrooms and common school areas (s.,1 Sabrina's Law).

AVOIDANCE IS THE CORNERSTONE OF PREVENTING AN ALLERGIC REACTION.

☐ All school staff and others who are in contact with pupils at risk of anaphylaxis are made aware of children who have an allergy that may predispose them to anaphylaxis and are prepared to treat an allergic reaction.

☐ A process is in place where the entire student population is educated (age appropriately) regarding the seriousness of anaphylaxis and taught how to help peers. Peers should be taught that bullying and teasing students at risk of anaphylaxis is unacceptable and bullying and teasing incidents will be dealt with immediately.

☐ Emphasize the hazards of cross contamination to staff and others who come in contact with the anaphylactic child and that the school as a whole is a minimized allergen environment, not just the classroom(s) of students with life threatening allergies.

FOOD SERVICE COMPANIES:

ARAMARK (Contracted Food Service Company for Halton Boards)

Principals/designate are recommended to meet with the ARAMARK Cafeteria Manager, early in the school year, to review ARAMARK's commitment to implement the following objectives in school cafeterias for the avoidance of anaphylaxis allergens:

- Educate and train foodservice staff on food allergies and intolerances
- Avoid cross contamination of food allergens during the purchase, receiving, storage, handling, preparation and service of food
- Implement an Allergy Awareness Program to identify ingredients in products served and communicate this information accurately to customers
- Identify menu items that are free of specific allergens (in particular peanuts, tree nuts, eggs, fish, shellfish, soy, milk, sesame seeds, sulfites and wheat)
- Have foodservice staff participate in an allergy-related training provided by their school and/or to set up a meeting with ARAMARK cafeteria staff to discuss the school's allergy policies and students at risk within the school. A copy of the student's Anaphylaxis Emergency Treatment form be posted in the cafeteria area in a discrete manner for cafeteria staff.
- Provide auto-injector training to staff working in the school foodservice environment
- ALLERGY ALERT poster (signage) to be prominently displayed in cafeteria.

(Principals are invited to reference the: ARAMARK's Principal's Guide to Food Services and ARAMARK's Allergy Awareness Program.)

Note: If an outside caterer is used for a function outside of school hours, the school must pay for and have an ARAMARK representative present for Health and Safety and sanitation reasons ***as well as to ensure that ARAMARK'S procedures related to allergen avoidance procedures are not compromised in the cafeteria area***.

BUS COMPANIES (ELEMENTARY SCHOOLS):

- School identifies the students at risk to the bus drivers.

- Bus company trains the bus drivers about how to use an epinephrine auto-injector.
- Bus drivers enforce a 'no eating' rule during daily travel on school bus.

☐ School administrators are to ensure there is a plan in place that will reduce the risk of exposure to anaphylactic causative agents in the classroom and common school areas.

The most common triggers for anaphylaxis include:

- Food (e.g. peanuts, tree nuts, egg, milk, wheat, shellfish, soy, sesame, fish etc.)
- Insect stings (e.g. yellow jackets, wasps)
- Latex

RISK REDUCTION STRATEGIES FOR CAUSATIVE AGENTS:

School administrators are directed to refer to the following sample risk reduction strategies to be used to minimize the causative agents that affect students in their school:

- Food avoidance strategies (Appendix I, p. 36-38)
- Peanuts and Tree Nuts Avoidance Strategies (Appendix J, p. 39-40)
- Establishing Safe Lunchroom Avoidance for Peanuts/nuts (Appendix K, p. 41-42)
- Sample: Anaphylaxis letter re: Peanuts/Nuts to School Community (Appendix L, p. 43)
- Sample Peanut/Nut Allergen Ingredient Checklist (Appendix M, p.44)
- Milk and Eggs Avoidance Strategies (Appendix N, p,45-46)
- Insect Avoidance (Appendix O, p. 47)
- Latex Avoidance (Appendix P, p. 48)

Other Allergens:

Reactions to medication, exercise, other food products such as wheat, sesame seeds etc. are not as frequent in school settings. Care of children with these allergies should be individualized based on discussions with parents, physicians and school personnel. The emergency protocol, as described earlier in this document, would apply.

☐ **FIELD TRIPS and COOPERATIVE EDUCATION PLACEMENTS**

Ensure a process in is place where the risk exposure to causative agents are identified and minimized on school trips.

In addition to the usual school safety precautions applying to field trips, the following procedures should be in place to accommodate and protect the anaphylactic student:

- Prior to field trip(s) the child's medical information should be reviewed. Questions or concerns about changes in a child's condition or treatment protocol should then be addressed with parents.
- Ensure the student has a duly approved Anaphylaxis Emergency Plan. A copy should be taken on the trip.
- All supervisors, staff and volunteers must be made aware of the identity of the anaphylactic student(s), the allergens, symptoms F.A.S.T. and the Emergency Response A.C.T. (appendices D and E)
- Ensure two auto-injectors are available for the student. Know the locations of the auto-injectors.

- Assign a supervisor with training in the use of the auto-injector to the anaphylactic child.
- Consider providing a suitable means of communication (e.g. cell phone) to be taken on the trip.
- Prior to committing attendance (at an overnight outdoor education facility or going to an urban centre by a bus tour operator, etc,) inform the facility/tour operator of the participation of a student with a life-threatening allergy. Ensure that the facility/tour operator can accommodate and provide safe facilities, safe programming, safe meals and snacks and ready access to a hospital or ambulance service for the anaphylactic student.

- Distance from the site location and Emergency Medical Services (ambulance) and/or a hospital may determine whether a student with anaphylaxis can participate in the trip. It is important when planning trips or camping outdoors that a hospital and/or EMS be within an hour travel time. Additional auto-injectors for every 15 minutes away from the hospital/EMS must be taken. Discuss with the child's parents/guardian the plan for their child's participation on the trip.

RESPONSIBILITIES OF CLASSROOM TEACHER WITH AN ANAPHYLACTIC STUDENT(S):

ELEMENTARY

- ☐ Meet with parents (e.g. prior to start of school or as soon as possible after school begins) to gather information related to the allergen(s), severity of allergy, past incidents of anaphylactic reactions and other health concerns.

- ☐ Participate in anaphylaxis training session convened by principal to inservice the school's protocol on: identification of student(s) at risk, awareness, avoidance, emergency treatment and how to administer an epinephrine auto-injector.

- ☐ Know the signs and Symptoms of an anaphylactic reaction…think **F.A.S.T.**
    - **Face**: hives, swelling, itching, redness, rash, pale/blue colour
    - **Airway**: wheezing, shortness of breath, throat tightness, cough, hoarse voice, nasal congestion, swelling of airways, trouble swallowing
    - **Stomach**: nausea, pain/cramps, vomiting, diarrhea
    - **Total**: dizzy, light headed, feeling weak, anxiety, feeling of 'impending doom', chest pain/tightness, passing out

- ☐ Know the steps of the Anaphylaxis: Emergency Treatment protocol: A.C.T.
    - **A**dminister the epinephrine (auto-injector) at the first sign of a reaction;
    - **C**all 911:Someone is having an anaphylactic reaction;
    - **T**ransport to hospital by ambulance;

- ☐ Location of the Anaphylaxis Emergency Treatment Plan(s) in the classroom: Depending on the age of the child, and in consultation with the parents, the child's Anaphylaxis Emergency Treatment Plan could be posted on the classroom wall and/or located in teachers plan book or supply teacher's folder kept in a visible location e.g. teacher's desk.

- ☐ Inform the student that you are aware of his/her life threatening allergy (anaphylaxis) and that you have been trained to provide assistance at any time for the student.

- ☐ Identify the anaphylactic student to all employees and those who are in direct contact with student(s) on a regular basis and go over the classroom emergency protocol with them.

- ☐ Identify the anaphylactic student to supply teacher:
  Using the SEMS (HCDSB) or HARRI (HDSB) system provide the supply teacher with the name of the anaphylactic student, his/her allergen, and the location of the student's Anaphylaxis Emergency Treatment Plan.

- ☐ Monitor the students to ensure that they are carrying their auto-injectors.

- ☐ Discuss with the class (in age appropriate terms) what a life threatening allergy and anaphylaxis is all about. Outline ways the students can be a helpful friend. Refer to section 'How Students can Help Create a Safe Environment…".p. 25

- ☐ Instruct students that bullying and teasing students at risk of anaphylaxis is unacceptable.

- ☐ Instruct classmates not to play with an auto-injector.

- ☐ Where possible, organize celebrations and activities which are focused on activity and not food.

- ☐ Establish procedures to ensure that the anaphylactic student eats only what has been approved by parent/guardian.

- ☐ Reinforce with students the importance of hand washing before and after eating.

- ☐ Field Trips review section on Field Trips p.18 in Halton Anaphylactic Protocol.

- ☐ Review, on a periodic basis, the student's anaphylaxis *Emergency Treatment Plan*.

- ☐ Discuss with anaphylactic student and/or parent how he/she is to signal you that he/she is experiencing a reaction.

- ☐ Discuss with senior students/class helpers/volunteers:
    - How to obtain help,
    - Importance of washing hands prior to coming to classroom to help,
    - Not bring food into the classroom

- ☐ Refrain from bringing in food items to the school/classroom that "may contain" allergens, e.g. peanuts, tree nuts. Baked goods from doughnut shops that may contain allergens as a result of cross contamination from other products should not be brought in.

- ☐ When buying food products to bring into the school the food ingredient labels must be read.

- ☐ When ordering foods from a commercial source, request a list of ingredients. Do not bring in food items where the commercial source cannot guarantee that the food is allergen free e.g. peanuts, tree nuts.

- ☐ Ensure that anaphylactic students are not involved in school/classroom garbage clean-up days.

- ☐ Organize a 'buddy system' for the young anaphylactic student for the classroom, playground and school bus.

- ☐ For students in your class, review the appropriate avoidance strategies found in the Halton Anaphylaxis Protocol:
    - Food Avoidance Strategies, Appendix I, p. 36-38
    - Peanut/tree nut Avoidance Strategies, Appendix J, p. 39-40
    - Establishing Safe Lunchroom and Eating Area Procedures for Peanuts/tree nuts, Appendix K, p. 41-42
    - Milk and Egg Avoidance Strategies, Appendix N, p. 45-46
    - Insect venom Avoidance Strategies, Appendix O, p. 47
    - Latex Allergy Avoidance Strategies, Appendix P, p. 48

RESPONSIBILITIES OF CLASSROOM TEACHER WITH AN ANAPHYLACTIC STUDENT:

SECONDARY

☐ Check class lists and inquire from school administration about students with life threatening allergies (anaphylaxis) in any of your classes.

☐ Participate in training sessions convened by principal to in-service the school's protocol for identification of students at risk, awareness, avoidance, emergency treatment and how to administer an epinephrine auto-injector.

☐ Know the signs and symptoms of an anaphylactic reaction. Think **F.A.S.T.**

- **Face:** hives, swelling, itching, redness, rash, pale/blue colour
- **Airway:** wheezing, shortness of breath, throat tightness, cough, hoarse voice, nasal congestion, swelling of airways, trouble swallowing
- **Stomach:** nausea, pain/cramps, vomiting, diarrhea
- **Total:** dizzy, light headed, feeling weak, anxiety, feeling of 'impending doom', chest pain/tightness, passing out

☐ Know the steps of the Anaphylaxis Emergency Treatment Plan: A.C.T.

- **A**dminister the epinephrine at the first sign of a reaction;
- **C**all 911: Someone is having an anaphylactic reaction,
- **T**ransport to hospital by ambulance

☐ Inform the student that you are aware of his/her life threatening allergy (anaphylaxis) and that you have been trained and are there to provide assistance with his/her life threatening allergy.

☐ Identify the anaphylactic student to all those who are in direct contact with the student on a regular basis e.g. on call teachers, support staff, volunteers, teacher candidates etc.

☐ Have access to a copy of the student(s) Anaphylaxis Emergency Treatment Plan in all the classes you teach. Keep it in a folder and provide it to on call teachers and supply teachers who cover your classes.

☐ Identify the anaphylactic student to supply teachers:
Using the SEMS (HCDSB) or HARRI (HDSB) system provide the supply teacher with the name of the anaphylactic student(s), their allergens, and location of the folder with the student's Anaphylaxis Emergency Treatment Plan.

☐ Monitor the students to ensure that they are carrying their epinephrine auto-injectors at all times.

☐ Where possible, organize celebrations and activities which are focused on activity and not on food.

- ☐ Refrain from bringing in food items to the school/classroom that 'may contain' allergens e.g. peanuts, tree nuts. Baked goods from doughnut shops that may contain allergens as a result of cross contamination from other products should not be brought in.

- ☐ When ordering foods from a commercial source, request a list of ingredients. Do not bring in food items where the commercial source cannot guarantee that the food is allergen free e.g. peanuts, tree nuts.

- ☐ Those who buy food products to bring into the school must read food ingredient labels every time they purchase a product. Purchaser is encouraged to read food ingredient labels three times:
    - Once - when purchasing an item;
    - second time - when putting the product away;
    - third - just before used in preparation or serving.

- ☐ Field trips – refer to section on Field Trips p.18 in Halton Anaphylactic Protocol. and Board field trip protocol on field trips with anaphylactic students.

- ☐ Review, on a periodic basis, the student's Anaphylaxis Emergency Treatment Plan.

HOW STUDENTS CAN CREATE A 'SAFE' ENVIRONMENT FOR ANAPHYLACTIC CLASSMATES

- ☐ Don't share your food with an allergic person. Never tempt a food allergic classmate to 'try a bite' The allergic person must eat only food brought from home.
- ☐ Be careful not to spill or splash your food. If spills occur, tell an adult.
- ☐ Don't bring peanut butter/peanuts/nuts to school.
- ☐ *Don't play with an auto-injector.*
- ☐ If you see bee or wasp, inform an adult.
- ☐ Wash your hands after you eat.
- ☐ Never tease/taunt or bully someone about their allergies.
- ☐ Know the symptoms of an allergic reaction.
- ☐ Know how to identify/help someone who is having a reaction:
    - Inform an adult in charge to call 911

RESPONSIBILITIES OF NON-TEACHING STAFF & THOSE THAT WORK IN THE SCHOOL:

(VOLUNTEERS, FOOD SERVICE STAFF, SECRETARIES, CUSTODIANS)

- ☐ Provide information to school administrator if they have a life threatening allergy/ anaphylaxis, the causative agents and location of their auto-injector.
- ☐ Attend the anaphylaxis information meeting convened by the principal.
- ☐ Be able to identify anaphylactic students in the school – be familiar with names/faces.
- ☐ Know the signs and symptoms of anaphylaxis – think **F.A.S.T.**
    - **Face:** hives, swelling, itching, redness, rash, pale/blue colour
    - **Airway:** wheezing, shortness of breath, throat tightness, cough, hoarse voice, nasal congestion, swelling of airway, trouble swallowing
    - **Stomach**: nausea, pain/cramps, vomiting, diarrhea
    - **Total:** dizzy, light headed, feeling weak, anxiety, feeling of 'impending doom', chest pain/tightness, passing out

- ☐ Know the steps to the Anaphylaxis Emergency treatment protocol – A.C.T.
    - **A**dminister the epinephrine at the first sign of a reaction(e.g. auto-injector)
    - **C**all 911: state "Someone is having an anaphylactic reaction".
    - **T**ransport to hospital by ambulance

- ☐ Know the storage locations of auto-injectors in the school (e.g. office, health room).

- ☐ Refrain from bringing in food items to the school/classroom that 'may contain' allergens, e.g. peanuts, tree nuts. Baked goods from doughnut shops that may contain allergens as a result of cross contamination from other products should not to be brought in.

- ☐ When ordering foods from a commercial source, request a list of ingredients. Do not bring in food items where the commercial source cannot guarantee that the food is allergen free e.g. peanuts/tree nuts.

- ☐ Do not provide food products as an incentive or a reward to students.

- ☐ Follow the school plan for reducing the risk of exposure to anaphylactic causative agents in the school.

RESPONSIBILITIES OF:

PUPILS - listed in Parent/Guardian Anaphylaxis Package that goes home with parents/guardians at registration time. (Appendix U)

PARENTS/GUARDIANS – outlined in Parent/Guardian Anaphylaxis Package that goes home with parents/guardians at registration time. (Appendix U)

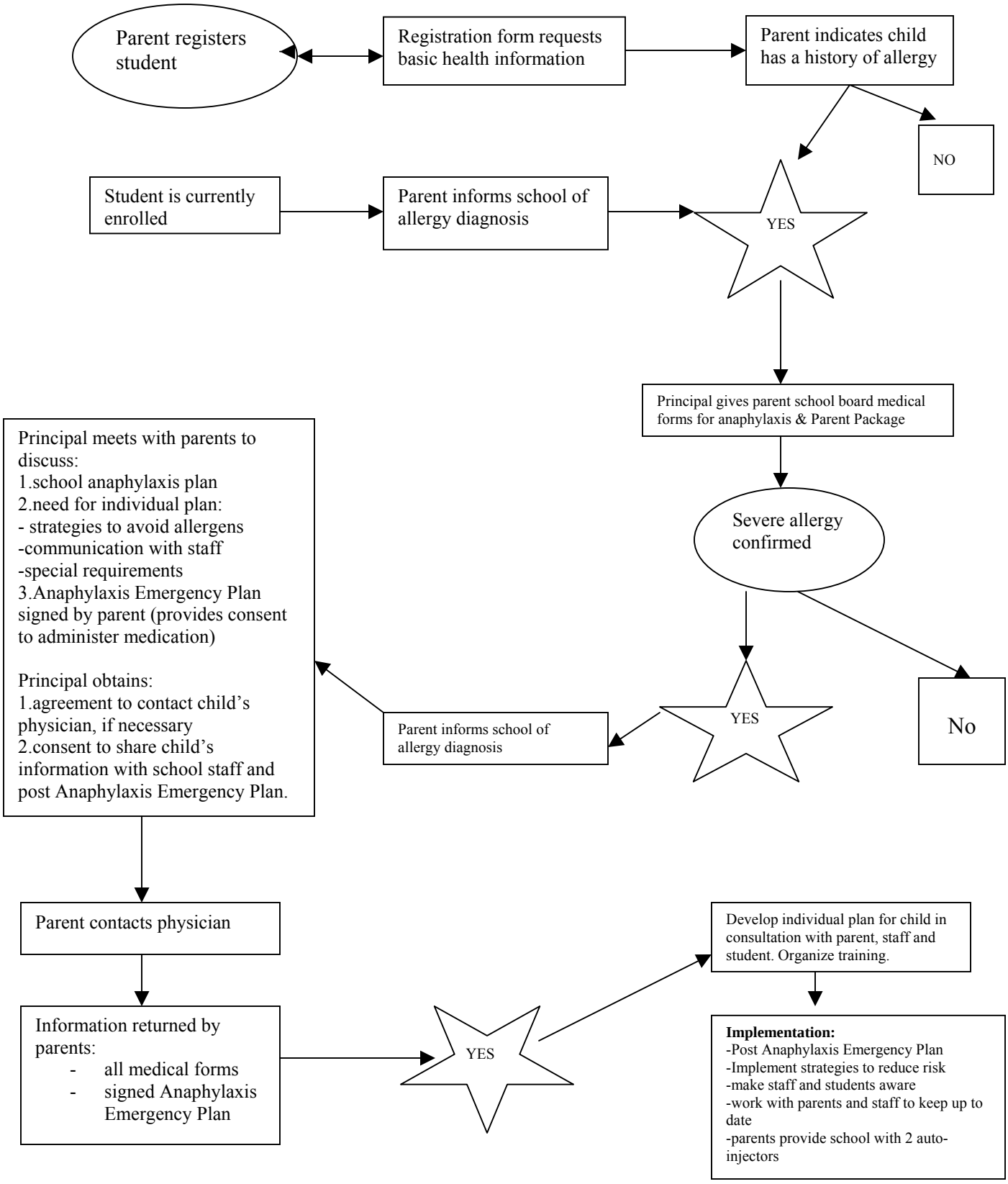
NURSES – Consult with or act as a resource and provide information to parents, students and school personnel.

SCHOOL BOARD - Develop Policy and Protocol to meet the requirements of Sabrina's Law. Provide training opportunities for school administrators and support staff.

BUS/TAXI DRIVERS- Be able to identify students with life threatening allergies (anaphylaxis) on their bus/taxi. Know how to administer an epinephrine auto-injector. Where applicable enforce the 'no eating' rule on the bus or in the taxi.

APPENDIX A

ACTION STEPS FOR ANAPHYLAXIS MANAGEMENT



SIGNS AND SYMPTOMS OF AN ANAPHYLACTIC REACTION

Signs and symptoms of **a severe allergic reaction can occur within minutes of exposure to an offending substance.** Reactions usually occur within two hours of exposure, but in rarer cases can develop hours later. Specific warning signs as well as severity and intensity of symptoms can vary from person to person and sometimes from attack to attack in the same person.

An anaphylactic reaction involves any of the following symptoms which may appear alone or in any combination, regardless of the triggering allergen:

THINK - F.A.S.T.

- **FACE: hives, swelling, itching, redness, rash, pale/blue colour.**
- **AIRWAY: wheezing, shortness of breath, throat tightness, cough, hoarse voice, nasal congestion, swelling of the airways, trouble swallowing**
- **STOMACH: nausea, pain/cramps, vomiting, diarrhea**
- **TOTAL: dizzy, lightheaded, feeling weak, shock, anxiety, feeling of 'impending doom, chest pain/tightness, passing out**

Because of the unpredictability of reactions, early symptoms should never be ignored, especially if the person has suffered an anaphylactic reaction in the past. It is important to note that anaphylaxis can occur without hives.

If an allergic person expresses any concern that a reaction might be starting, the person should always be taken seriously. When a reaction begins, it is important to respond immediately.

EMERGENCY RESPONSE PLAN

☐ Administer the auto-injector

- Be prepared to administer the epinephrine auto injector, immediately, at the first sign of an anaphylactic sign or symptom. Many individuals even adults experience difficulty self administering the auto injector during an anaphylactic reaction. The stress of the situation, the rapid progression of symptoms, the fear of getting a needle or denial of having a reaction causes the individual at times to be hesitant or unable to self administration the auto injector.
- One person stays with the individual to monitor the person until medical aid arrives
- One person goes for help or calls for help.

☐ Call 911.

- Call person is to inform the emergency operator that a student/individual is having an anaphylactic reaction. (Note: use the terminology **anaphylactic reaction.)** The call person should know the address of the school, the names of the closest cross streets and the entrance location.
- Inform the principal and/or first aid provider
- Access the students other auto-injector and bring it to the location of the anaphylactic person.

☐ Transfer care to paramedics.

- Have an individual meet the ambulance at the appropriate entrance and take the ambulance personnel to the location of the student
- Provide the paramedics with a copy of the child's Anaphylaxis Emergency Treatment Plan.
- Notify the paramedics of the time(s) that the medication was administered.

☐ Student is to be taken to the hospital by ambulance. (Supply the paramedics with the used auto-injector. If they do not want to take it, then dispose of the used auto-injector in a safe manner.) One calm and familiar person must stay with the child until a parent/guardian arrives.

☐ If child is being driven to the hospital, another adult should accompany the driver to provide assistance to the child if necessary. The child's back up epinephrine should be taken.

☐ Contact parents, as soon as reasonably possible, informing them of their child's medical situation and the hospital their child was taken.

ANAPHYLAXIS EMERGENCY TREATMENT PLAN

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

This information is collected pursuant to the Education Act and
The Municipal Freedom of Information and Protection of Privacy Act, 1992.

Student's photo

2 x 2.5

(student's name) has a potentially life-threatening allergy (anaphylaxis) to:

□ Peanut □ Tree Nuts □ Egg □ Milk

□ Insect Stings □ Latex □ Other:_____

□ Medication:_____

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

- **Skin:** hives, swelling, itching, warmth, redness, rash
- **Respiratory (breathing):** wheezing, shortness of breath, throat tightness, cough, hoarse voice, chest pain/tightness, nasal congestion or hay fever-like symptoms (runny, itchy nose and watery eyes, sneezing, trouble swallowing
- **Gastrointestinal (stomach):** nausea, pain/cramps, vomiting, diarrhea
- **Cardiovascular (heart):** pale/blue colour, weak pulse, passing-out, dizzy/lightheaded, shock
- **Other:** anxiety, feeling of "impending doom", headache

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

1. **Give epinephrine auto-injector** (EpiPen or Twinject) at the first sign of a reaction occurring in conjunction with a known or suspected contact with allergen. Give a second does in 10 to 15 minutes, or sooner, **IF** the reaction continues or worsens.
2. **Call 911.** Tell dispatcher that someone is having a life-threatening allergic reaction. Ask that an ambulance be sent immediately.
3. **Go to the nearest hospital,** even if symptoms are mild or have stopped. Stay in the hospital for an appropriate period of observation, generally 4 hours, but at the discretion of the ER physician. The reaction could come back.
4. **Call contact person.**

Emergency Contact Information:

Name	Relationship	Home Phone	Work Phone	Cell Phone

The undersigned patient, parent or guardian authorizes any adult to administer epinephrine to the above-named person in the event of an anaphylactic reaction, as described above

_____ _____ _____

Patient/Parent/Guardian signature *Date* *Physician's signature (optional)*

- ❑ Parent grants permission for a copy of this form be given to bus driver (elementary only)

Photocopy Appendix E (EpiPen) or F (Twinject) on the reverse side of this form.

HOW TO ADMINISTER AN EPI PEN:

- **REMOVE NEEDLE FROM CASE**
- **PULL OFF THE GREY SAFETY CAP.**
- **FORM A FIST AROUND THE UNIT.**
- **DO NOT COVER THE TOP (HOLE) OF THE EPIPEN WITH YOUR THUMB.**
- **SECURE ONE OF THE LEGS OF THE CHILD SO IT DOES NOT MOVE.**
- **FIRMLY PRESS AGAINST THE OUTER MID THIGH OF THE LEG WITH THE BLACK TIP END OF THE NEEDLE, AT A 90 DEGREE ANGLE. UNTIL YOU HEAR A 'CLICK'.**
  (Injection may be through no more than one layer of clothing.)
- **HOLD IN PLACE FOR 10 SECONDS FOR FLUID TO ENTER THE BODY. (COUNT 1,000 & 1; 1,000 & 2 ETC)**
- **REMOVE UNIT AND MASSAGE INJECTION AREA FOR 10 SECONDS**
- **IF INDIVIDUAL'S CONDITION DOES NOT IMPROVE, ADMINISTER A SECOND EPIPEN.**
- **DISPOSE OF THE UNIT IN A SAFE MANNER.**
  - **Provide the unit to the ambulance personnel to take to the hospital.**
  - **Place the used needle in an empty container such as a plastic bottle or a milk carton and place it in garbage.**
  - **Take it to your local pharmacy for safe disposal**

Using EpiPen®/EpiPen® Jr is as easy as 1-2-3

1. Remove yellow or green cap from carrying case
- Grasp unit with black tip pointing downward
- Pull off grey activator cap

2. Jab black tip firmly into outer thigh so it "clicks" AND HOLD on thigh approximately 10 seconds
- Massage injected area for 10 seconds

3. Seek medical attention

After Using EpiPen®/EpiPen® Jr Follow 3 Easy Safety Steps:

1. Carefully place used auto-injector, needle-end first, into storage tube

2. Screw cap of carrying case on completely.
- This automatically bends needle back and secures pen so it won't fall out of tube

3. Take unit with you to hospital Emergency Department

HOW TO ADMINISTER A TWINJECT

STEP 1 - MAKE SURE THAT THE MEDICINE IS READY

Look at Twinject™ 0.3 mg or Twinject™ 0.15 mg regularly. It may not work if medicine looks cloudy (has particles), pinkish, or more than slightly yellow, or if the expiration date has passed.

In the event of a life-threatening allergic reaction, you should use an out of date product, if that is all you have.

Do NOT remove the GREEN or the RED cap until you are ready to use.

STEP 2 - FIRST DOSE

1. PULL off GREEN end cap to see a GREY cap. **Never put thumb, finger, or hand over the GREY cap.**
2. PULL off RED end cap.
3. Place GREY cap against mid-thigh (can go through clothes).
4. Press down firmly until auto-injector activates-hold while slowly counting to ten.
5. Remove auto-injector and check the GREY cap; if needle is exposed, you received the dose. If not, repeat #3 and #4 under step 2. Prepare for second dose.

Get emergency medical help right away.

Pull off green end cap

Press down firmly until auto-injector activates

STEP 3 - PREPARE FOR A SECOND DOSE

1. Unscrew and remove GREY cap. **Beware of exposed needle.**
2. Holding **BLUE** hub at needle base, remove syringe from barrel.
3. Slide YELLOW (Twinject 0.3 mg) or ORANGE (Twinject 0.15 mg) collar off plunger.
4. PAUSE HERE. If symptoms have not improved in approximately 10 minutes since first injection, proceed with Step 4.

Holding blue hub...

Slide yellow collar

STEP 4 - INJECT SECOND DOSE

1. Insert needle into mid-thigh.
2. Push plunger down completely.

Get emergency medical help right away.

Insert needle into mid-thigh

SYRINGE DISPOSAL: Re-insert syringe, needle first, into blue case. Return it to your physician or pharmacist for proper disposal. **Do not throw away in trash.**

APPENDIX G

ELEMENTARY
INDIVIDUAL STUDENT MONITORING AND RISK REDUCTION PLAN

FOR: NAME OF STUDENT:_____
Select from the following suggestions with parental input.

SAMPLE MONITORING:

- Periodically check, ('spot check') that the epinephrine auto injector is in the student's possession at all times, e.g. once per term or more frequently when needed at the discretion of the school administrator taking into consideration the following variables: consultation with parent/guardian, age of student, maturity of student, specific allergen, severity of life threatening allergy, student capacity (intellectual, physical); documentation of date and time of "spot check" is to be recorded using the Dispensing Medication form. Where a student is found not to be carrying their auto-injector, document and contact parent/guardian.
- Visually check the environment for hazardous situations that may place the individual at risk of coming in contact with the student's life threatening allergen(s):_____
- Increased vigilance is required during times when the life threatening allergen is an immediate risk.
- Location of the students second 'spare' auto injector:_____
- Location of the school's additional auto injector:_____
- Expiry date of auto-injector is _____

SAMPLE RISK REDUCTION STRATEGIES for food allergic students:
(peanuts/tree nuts, egg, milk etc.)
STUDENTS NAME:_____ is to:

- Eat only foods approved by parents/guardian/caregiver;
- Not trade or share food, food utensils or food containers;
- Wash their hands before and after eating.
- Place a barrier (napkin) between food and eating surface.
- NOT EAT if they are not carrying their epinephrine auto-injector;

Teacher/supply teacher etc:

- When providing food items (hot lunches/celebrations) to the students ensure the food items have prior approval of parents/guardians and guaranteed allergen free by the food provider.
- Not to provide food items as an incentive or a reward to the students.
- Outline the designated seating arrangement in the lunch/snack room if applicable:
  _____

SAMPLE STINGING INSECT RISK REDUCTION STRATEGIES:

- Keep a watchful eye on outside facilities for bees and wasps and remove child from area if there is a possibility of contact.
- If a bee or wasp gets inside a room etc. remove the child immediately from the vicinity of the area until the insect is removed.
- Instruct the child to keep away from gardens, garbage cans when outside.
- Instruct students in warm weather to wear shoes outside and not to wear sandals or go barefoot.
- The school playground is a 'food free' zone during recess and noon time – where all food items are to be eaten inside. Remind all students not to eat food items outside.

SECONDARY
INDIVIDUAL STUDENT MONITORING AND RISK REDUCTION PLAN

Select from the following suggestions with parental input.

FOR: NAME OF STUDENT:_____

SAMPLE MONITORING:

- Periodically check 'spot check' that the epinephrine auto injector is in the student's possession at all times. "Spot Check" once per semester or more frequently when needed at the discretion of the school administrator taking into consideration the following variables: consultation with parents/guardian, age of student, maturity of student, specific allergen, severity of the life threatening allergy, student capacity (intellectual, physical). Document the date and time of "spot check" and record on the Dispensing Medication form. Where student (under age 18 years) is found not to be carrying their auto-injector, document and contact parent/guardian.
- Visually check the teaching, activity area to ensure that it does not pose a risk of contact with the life threatening allergen(s):_____
- Location of the student's second 'spare' auto-injector:_____
- Location of the school's additional auto-injector::_____
- Expiry date of auto-injector is _____

SAMPLE FOOD RISK REDUCTION STRATEGIES:
(peanuts, tree nuts, egg, milk etc.)
Encourage student to:

- Eat only the foods approved by parents/guardians;
- Not to trade or share food, food utensils or food containers;
- Check with servery staff of the cafeteria about the ingredients of the food prior to ordering/eating in the school cafeteria.
- NOT EAT if they are not carrying their epinephrine auto injector;
- Eat with friends who know about their life-threatening allergy and can help them if they are faced with an anaphylactic reaction.

Teacher/supply teacher:

- When providing food items (cooking/baking program, celebrations etc) ensure the food item(s) have prior approval of the parent/guardians and guaranteed allergen free by the food provider.

SAMPLE STINGING INSECTS RISK REDUCTION STRATEGIES:
Encourage students to:

- Remove themselves from the vicinity of stinging insects.

FOOD RISK REDUCTION STRATEGIES

It must be stressed that minute or very small amounts of certain foods can cause severe reactions when ingested. This may happen if the person touches an allergenic substance and then subsequently puts his hand to his mouth or eye. Even a very small amount 'hidden' in a food or a trace amount of an allergen transferred to a serving utensil has the potential to cause a severe allergic reaction.

AVOIDANCE is the cornerstone of preventing an allergic reaction:

Individuals, at risk of food anaphylaxis, risk reduction strategies:

- Individuals with food allergy should not trade or share food, food utensils, or food containers. They should also place meals on a napkin or personal placemat.
- Food allergic children should only eat food which are safe and which parents have approved.
- Avoid high risk foods such as bulk foods and foods which are know to often contain an allergenic substance (e.g. peanuts/nuts in ice cream, ethnic foods)
- Hand washing is encouraged before and after eating.
- Inquiring about the preparation of foods outside the home.
- Carrying life-saving medication (an epinephrine auto-injector) with them at all times.
- Food allergic individuals should refrain from eating if they do not have their auto-injector.

School staff avoidance strategies:

- School staff work collaboratively with parents to develop strategies which are both realistic and reasonable based on school board policy.
- Adult supervision of young children while eating is strongly recommended.
- School has a process of communicating with school community of identifying students with food allergies and to NOT send in products containing peanuts and tree nuts.
- Refrain from selecting fundraisers containing life-threatening allergens.
- The use of food in crafts (e.g. pine cone bird feeders stuffed with peanut butter)and cooking classes may need to be modified or restricted depending on the allergies of the children.
- School staff and those who work with the child are not to offer food to an anaphylactic child without prior approval of the parents/guardians.

- Children should not share food with friends who have food allergy or pressure them into accepting a food they do not want.
- Establish a policy that food items are NOT to be used as REWARDS for students by staff, supply teachers, student teachers, volunteers etc. Teachers may consider non food items or extra time for a special activity, if they have a system in place to reward students.
- Consider establishing a NO FOOD CELEBRATION policy for your school. Focus on activities rather than food to mark special occasions.
  Rationale: With the present day health crises of our young people being overweight/obese, with relating health conditions of type 2 diabetes, high blood pressure etc. do we really need to provide our children with high calorie foods during the school day?
- Those who purchase food products that are brought into the school must read food ingredient labels every time they purchase a product. They are encouraged to read food ingredient labels three times: Once when purchasing an item; a second time when putting the product away, and third just before serving.
- Taking precautions to minimize the risk of cross-contamination in food preparation.
- Cleaning of eating surfaces. Establish a process where the surface(s) of where a known life threatening allergen to a student in the class (or potential allergen such as peanuts/tree nuts, eggs, milk, wheat etc) is eaten, is cleaned after eating, using a cleansing agent approved for school use.
- Establish a process where food scraps/non eaten food products are removed from the classroom after meals and snacks.

Other:

Foods with 'May Contain' warnings:

- Individuals with food allergy should not eat products that have a 'may contain' warning.
- Foods with a precautionary warning should NOT be an issue if consumed by non-allergic children in the presence of children with food allergies.

FOOD SERVICE COMPANY AVOIDANCE STRATEGIES:

Present contract is with ARAMARK CANADA LTD.

ARAMARK CANADA LTD is committed to providing the following allergy avoidance program:

- 'Gross Nut Free' cafeteria where the servery does not have any product with nuts as an ingredient in it (e.g. peanut oils, chocolate bars that contain nuts, peanut butter). This does NOT mean that the cafeteria is peanut/nut free. ARAMARK's suppliers will not guarantee there are not traces of nut from cross contamination and therefore almost always you find the disclaimer on a product saying this product 'MAY CONTAIN' traces of nut.

- Cafeteria staff are trained by ARAMARK to avoid cross contamination of food allergens during the purchasing, receiving, storage, handling, preparation and service of food.

- Identify menu items to the consumer that are free of specific allergens (in particular peanuts, tree nuts, eggs, fish, shellfish, soy, milk, sesame seeds, sulfites and wheat.

- Signage: An ALLERGY ALERT poster is displayed prominently in the cafeteria. The poster reads:
  ARAMARK Canada Ltd cannot guarantee that our products have not come in contact with peanuts, tree nuts or other allergens. If you have an allergy we suggest that you refrain from buying items in the cafeteria.

(Source: ARAMARK's Allergy Awareness Program)

PEANUTS AND TREE NUTS AVOIDANCE STRATEGIES

BACKGROUND:

- Peanut allergy requires stringent avoidance and management plans, as it is one of the most common food allergies in children, adolescents and adults.
- Reactions to peanuts are often more severe than to other foods.
- Peanut has been a leading cause of severe, life threatening, and even fatal allergic reactions.
- Very minute quantities of peanut, when ingested, can result in life threatening reaction.
- Cross contamination is more likely to occur with peanut butter due to the adhesive nature of the peanut protein to other foods/surfaces.

(Recent US study has found that casual skin contact with peanut butter and the smell or odour of peanut butter can cause allergic reactions such as rashes, runny nose, itchy eyes and occasionally wheezing but anaphylaxis is unlikely.
"…the very same amount of peanut butter that when touched induces only a local reaction could cause anaphylaxis should it be unintentionally transferred to the mouth. With this in mind, continued caution is advised.")

For any of the signs and/or symptoms observed with an anaphylactic child the first response is to follow the Anaphylaxis Emergency Treatment Plan: A.C.T.

- **A**dminister the epinephrine auto-injector
- **C**all 911, stating you have an child with anaphylaxis
- **T**ransport to hospital in an ambulance

Sample strategies to reduce the risk of exposure to peanuts and tree nuts in the classroom and common school areas:

Note: PEABUTTER: The Halton Catholic District School Board and the Halton District School Board are requesting parents NOT send their children to school with peabutter sandwiches. This request is outlined in the 'Medical Danger – Anaphylaxis' letter sent home in September.

☐ Communication (e.g by letter, newsletter, school web site etc.) is sent to each family in the school outlining that the school has students with life threatening allergies to peanuts/tree nuts and requesting parent/guardian support in making the school a 'minimized allergen environment by not sending or bringing food products that contain or may contain peanuts and/or tree nuts.
A sample form of communication is the 'Medical Danger-Anaphylaxis' letter outlined in Appendix L, p. 43).

☐ Newsletter. Include reminder items during holiday times and celebrations that the school is a 'minimized allergen environment and food items with peanut/tree nuts are not to be brought on school site.

- ☐ Provide parents of students in the allergic child's class with information about how they can assist in supporting a safe learning environment.

- ☐ Inform parents that food items must not contain traces of peanuts/nuts for bake sales, celebrations (e.g., birthdays etc).

- ☐ Stress with staff to be vigilant in not having food items with peanuts and other nuts in the school and not to bring food products that may contain the allergen (e.g. baked goods such as donuts, cookies from doughnut shops etc) to staff meetings/lunches or special occasions e.g., birthdays.

- ☐ School fund raisers should avoid products containing the very allergens (e.g. peanuts and tree nuts) that the school is trying to minimize (e.g. chocolate almonds).

- ☐ Teachers, particularly in the primary grades, should be aware of the possible peanut/nut allergens present in curricular materials:
    - playdough;
    - bean-bags, stuffed toys (peanut shells are sometimes used)
    - counting aids (beans, peas);
    - science projects;
    - special seasonal activities,

- ☐ Additional yard clean ups may be advisable after special occasions such as Halloween, Easter or special outdoor school events where food is allowed.

- ☐ Students with anaphylaxis should not be involved in garbage disposal, yard clean ups, or other activities which could bring them into contact with food wrappers, containers or debris.

- ☐ Foods are often stored in lockers and desks. Allowing the anaphylactic student to keep the same locker and desk all year may help prevent accidental contamination.

- ☐ LIST OF PEANUT/TREENUT FREE ITEMS:
  Direction from Anaphylaxis Canada is NOT to provide a list of "safe" peanut/tree nut-free snacks, etc. The contents of products and the lines on which they are produced change often and cannot always guarantee that their product is peanut/tree nut free. The best advice is to request the parents/caregivers read the contents of the packages and where it says 'may contain' nut products – NOT send. Send to those parents requesting information the: PEANUT-TREE NUT ALLERGEN INGREDIENT CHECKLIST. (Appendix J).

ESTABLISHING SAFE LUNCHROOM AND EATING AREA PROCEDURES FOR PEANUTS/TREENUTS

☐ Encourage the anaphylactic student to take the following mealtime precautions:
- Place food on wax paper or a paper napkin rather than directly on the table.
- Eat only foods approved by parents/guardians
- Not to share food, utensils and containers.
- Take only one item at a time from the lunch bag to prevent other students from touching the food; and
- Pack up their lunch and leave it with the lunch supervisor, if it is necessary to leave the room during lunchtime.
- Wash their hands before and after eating.

☐ Provide vigilant supervision in eating areas (e.g. classrooms) with anaphylactic students.

☐ Anaphylactic students who 'forget' their lunch at home. Contact must be made with parent/guardian/caregiver to provide appropriate food products for lunch.

☐ Students should not eat if they do not have their epinephrine auto-injector with them.

☐ Schools with a food service provider:
- Identify and communicate with the foodservice provider the information of students attending the school with life threatening food allergies to peanuts/tree nuts.
- Check that the foodservice staff have been trained to understand the risk of cross contamination in the purchasing, preparation and handling of food items.
- Invite the foodservice staff to regular school staff training on anaphylaxis management.

☐ High school students key safety rules in the cafeteria:
- Read food labels carefully;
- Asking foodservice staff about the preparation and handling of food at the cafeteria.
- Not eat if they do not have their epinephrine auto-injector with them.
- Eat with a friend and advise others quickly if they feel they are having an allergic reaction.

☐ Have all products containing peanuts and other nuts removed from vending machines

☐ Cleaning of eating surfaces: This is important for peanut-allergic students because of the adhesive nature of peanut butter. (Products EFFECTIVE in removing residual peanut allergen from surfaces: Lysol sanitizing wipes; liquid or bar soap and anti-bacterial wipes. Products NOT as effective in removing residual peanut allergen from surfaces – anti bacterial hand sanitizers, dish soap.)

☐ Lunch days (e.g. pizza's, sandwiches/wraps/ cookies etc): Contact the distributor and inform them that you have student(s) with life threatening allergies to peanuts and/or other nuts. In order for food to be brought into the school, the distributor/provider must ***guarantee*** that their food products ***do not contain*** peanuts or other nut products.

APPENDIX L

SAMPLE: ANAPHYLAXIS LETTER RE: PEANUTS/TREENUTS TO SCHOOL COMMUNITY

September_____

Dear Parent/Guardian:

RE: MEDICAL DANGER – ANAPHYLAXIS

This letter is to inform you that there are students in our school with life threatening allergies to peanuts/tree nuts. Some students have such a high sensitivity to the peanut/tree nut protein that even a trace amount from a known peanut/nut product or a food product/item that has come in contact with a peanut/nut source (cross-contamination) and is ingested can result in a life threatening anaphylactic reaction. The most serious reaction being respiratory difficulties, blockage of the airways, which if not medicated immediately, can lead to death.

THE LAW: AN ACT TO PROTECT ANAPHYLACTIC PUPILS

Sabrina's Law, An Act to Protect Anaphylactic Pupils received royal assent in June 2005 making it law for each school in Ontario to provide an anaphylaxis management plan that will reduce the risk of exposure to anaphylactic causative agents (e.g. peanuts/tree nut protein) in the classroom and common school areas.

AVOIDANCE AND PREVENTION

Our school anaphylaxis plan conforms to the Halton Catholic DSB and Halton DSB's anaphylaxis policy. The plan is designed to ensure that students at risk are identified, strategies are in place to minimize the potential for accidental exposure and staff and key volunteers are trained to respond in an emergency situation.

To provide the minimized allergen environment required by the legislation, we need the support and cooperation of you, the parents/guardians and the school community. Students are asked to bring lunches and snacks free of peanuts and tree nuts and products that may contain peanuts/ tree nuts such as donuts, granola bars, etc. We ask you to read food labels, checking of peanut/nut ingredients prior to sending them to school. If your child eats peanut butter at home before school, please ensure his/her hands are washed thoroughly before attending school. Truly, this is a life saving measure.

If you have caregivers who provides your child(ren) with lunches or snacks we encourage you to share this information letter with them.

THANK YOU FOR YOUR SUPPORT:

We realize this request may require added planning and effort on your part when packaging your child's lunch and snacks, however, we wish to express our sincere appreciation for your support and cooperation.

ACKNOWLEDGEMENT:

To ensure all parents/guardians have been made aware of life threatening allergy to peanuts/tree nuts in our school we request you complete and return the response portion of this letter to your child's teacher.

Sincerely,

Principal

MEDICAL DANGER –ANAPHYLAXIS ALERT TO PEANUTS AND TREE NUTS

This is to inform the school that I have read the Medical Danger – Anaphylaxis notice.

Parent name (print)_____ Parent Signature_____ Date:_____

(The principal may omit the tear off section and not require parental signature.)

(This letter can be attached (back to back) with the Sample: Anaphylaxis Letter to School Community)

Dear Parents/Guardians/Caregivers:

PEANUT – TREE NUT ALLERGEN INGREDIENT CHEKLIST

The following is a partial list of ingredients on the labels that will inform you if peanut protein could be in the product and therefore not to be sent to school:

- Arachis oil, cold pressed peanut oil;
- Goober nuts, goober peanuts, goober peas;
- Hydrolyzed peanut protein, hydrolyzed plant protein, sweet lupine flour;
- Nu-nuts, beer nuts, ground nuts, mandolena nuts, mixed nuts, nuts, peanuts;
- Peanut butter, peanut flour, peanut meal, peanut oil, peanut protein.

The following is a partial list of ingredients on the labels that will inform you if tree nut protein could be in the product and therefore not to be sent to school:

- Almonds, Brazil nuts, cashews, chestnuts, filberts/hazelnuts, hickory nuts, macadamia nuts, pecans, pine nuts, pinon, pignolias, pistachios, shea nuts, walnuts
- Mixed nuts, nut butters, nut oils, nut paste, chocolate nut spreads, mandelonas, marzipan, nu-nuts, nut meats.

Commercial food products may contain trace amounts of peanut/tree nuts from equipment used during processing or touching another product containing nuts (e.g. donuts cookies and other baked goods from local doughnut shops). These small amounts have been known to cause a life threatening anaphylactic reaction.

If you have doubts about what is in a product or do not know what the ingredient word means, do not send the product to school.

We thank you for your cooperation and support in safe guarding our children.

Sincerely,

Principal

MILK AND EGG AVOIDANCE STRATEGIES

Anaphylactic reactions to milk and egg can occur when relatively small quantities are ingested and/or come in contact with the skin. Therefore, the allergic child must avoid all traces of milk and egg.

Direction from Anaphylaxis Canada is that products containing milk and eggs are ones that are not to be banned or restricted, as trying to eliminate them is both unrealistic and a burden for the wider community.

Risk Reduction Strategies – Milk
It is imperative for teachers to collaborate with parents/guardians to establish suitable risk reduction strategies.

Along with following key safety rules such as:

- carrying epinephrine auto-injector, and not to eat without the auto-injector
- wearing medical identification, such as a Medic-Alert bracelet
- eating only food items approved by parents/guardians
- Not trading or sharing foods, utensils or food containers
- Washing hands before and after eating

Elementary schools have adopted different strategies to reduce the risk of exposure for milk and egg allergic children.

MILK:
Milk products -
Where milk products are allowed in classrooms the following practices are implemented to reduce the risk:

- Children are given straws to put in bevel topped milk containers (which are distributed through milk programs) and are taught to close the top once the straw is inserted.
- Children who bring milk from home are asked to bring it in a plastic bottle with a straw.
- Children at risk for milk allergy sit at a table where spillable milk products are not being consumed. Alternatively, they sit at the same table but not directly beside classmates who have spillable milk products, e.g. milk, yogurt.
- Some parents of milk allergic children either take their child home for lunch on pizza days (where they have this option); others send their child with a homemade milk-free pizza or an alternative snack so they can still participate. Special care should be taken to ensure that children properly wash their hands after pizza lunches.

Risk Reduction Strategies: EGG

It is imperative for teachers to collaborate with parents/guardians to establish suitable risk reduction strategies.

Some food products which may contain egg protein are: bread bushed with egg white, deli meats with egg, drinks such as orange julep, and egg substitutes. Non-food items that may contain egg protein include: egg tempera paints, cosmetics, and shampoo.

In classrooms where there are egg-allergic children, parents and staff have worked to reduce the risk of accidental exposure by:

- Avoiding egg in cooking classes or egg shells in craft activities. (This includes both egg whites and yolks, either cooked or raw.)
- Selecting activities which do not involve the use of egg for special activities, e.g. Easter egg decorating or hunts (with real eggs).
- Seating children with egg allergy away from those who bring eggs for lunch or snack (e.g. hard boiled, egg salad sandwiches) or whose food may contain eggs (e.g. mayonnaise).

FISH AND SHELLFISH RISK REDUCTION STRATEGIES:

Anaphylactic reactions to fish and shellfish can occur when relatively small quantities are ingested. Therefore, the allergic child must avoid all traces of fish and/or shellfish.

It is imperative for teachers to collaborate with parents/guardians to establish suitable risk reduction strategies.

INSECT VENOM (STINGS FROM BEES, WASPS, HORNETS, YELLOW JACKETS) RISK REDUCTION STRATEGIES

- ☐ Meet with parents of the anaphylactic child to work together to develop strategies to reduce the risk of exposure, using the school protocol as a guide.

- ☐ Student carries an epinephrine auto-injector with them during insect season.

- ☐ Student directed to stay away from areas where stinging insects gather such as gardens, hedges, fruit trees and garbage cans.

- ☐ Inspect outside facilities/playground for bee nests on a regular basis. Contact the Board's Plant Department to have nests removed. Caution students not to throw sticks or stones at bee nests.

- ☐ Have students drink from cups rather than beverage cans where insects can hide. Use a straw when drinking beverages outdoors.

- ☐ Advise students to:
  - Wear light colours and avoid loose flowing garments.
  - Wear shoes instead of sandals during the warm weather (do not go barefoot).
  - Avoid highly fragrant varieties of products such as perfumes, colognes, suntan lotions, cosmetics, hair sprays or deodorant which attract insects.

- ☐ Keep outdoor garbage away from eating and play areas (especially outside) and make sure they are covered with tightly fitted lids. Consider restricting eating areas to designated locations inside the school building during daily routines. This allows for closer supervision, avoids school yard clean up, and helps reduce the prevalence of stinging insects.

- ☐ Depending on the severity of bee presence on the playground consider the following:
  - Keep the students with a life threatening allergy to insect venom **inside the school** for all recess/noon periods during bee season/bee presence.
  - Students outside under visual supervision by the teacher on yard duty. Students would be met by yard supervisor inside at their exit door and remain in visual contact at all times while outside (carrying their Auto-injector). The student would have to follow the yard supervisor as they patrolled the yard.
  - Set up a 'buddy system'. Student would be allowed the freedom of their designated yard area for his/her grade level (carrying their auto-injector).The 'buddy' would be an extra pair of eyes for the presence of bees as well as contacting the yard supervisor in case the anaphylactic student was stung.

- ☐ If a bee/wasp gets into a classroom, immediately remove the student from the room.

- ☐ Inform and identify to the bus driver, the student who has a life threatening allergy to bee/wasp sting. During bee season the following protocol is to be followed:
  - The student is to occupy the first seat opposite the bus driver.
  - Check that prior to departure that no bees are on the bus.
  - The NO EATING rule, on the bus, is strictly adhered to.

LATEX ALLERGY AVOIDANCE STRATEGIES

The latex sensitive need to avoid primarily elastic forms of latex rubber such as gloves and balloons. Strategies to reduce the risk of exposure to latex products in classroom and common school areas.

- ☐ Meet with parents/guardians of the anaphylactic child to work together to develop strategies to reduce the risk of exposure using the school's protocol as a guide.
- ☐ Provide parents of students in the allergic child's class with general information about how they can assist in supporting a safe learning environment.
- ☐ Inspect school facilities and replace where possible latex items with non latex products.
- ☐ Inform school community/employees not to bring in balloons for celebrations/crafts etc.
- ☐ Order latex free first aid supplies e.g. non latex gloves, non latex band aids.

LAWYERS RESPONSE TO NON COMPLIANCE OF BOARD POLICY RELATED TO THE NUMBER AND CARRYING/WEARING OF EPIPENS/TWINJECTS.

NUMBER OF AUTO-INJECTORS:

Q. Can the Board request two auto-injectors?

A. Certainly the Board can request that two auto-injectors be provided to the school, one for the student to wear/carry at all times and one to be securely stored for emergency use.

Q. What suggested protocol may an administrator use when two auto-injectors are not provided?

A. Communication with parent by school administrator to ascertain reason(s) for non-compliance. If the reason is related to costs, then the school or Board should offer to assist the parent/guardian to provide an additional auto-injector.

CARRYING OF AUTO-INJECTORS AT ALL TIMES:

Q. Can the Board/School require the carrying/wearing of the auto-injector at all times?

A. Yes, the Board/School can require in its anaphylactic protocol that the student carry an auto-injector at all times. (This requirement has to be explicitly communicated by the Board to Parents/Child. Reference: Parent/Guardian Anaphylactic package.)Such an expectation is reasonable for the purposes of accommodating a student with anaphylaxis.

Q. What suggested protocol may an administrator use when there is non compliance of carrying/wearing the auto-injector at all times.

A. Communication with parents/guardians of the child by school administrator to ascertain the reason for non compliance.

a) If the reason is that the student is being non compliant with both their parents' direction and school rule, the consequence that would be employed would be disciplinary.

b) If a parent is choosing not to participate in the accommodation process it would be important for the school to correspond to that parent their concern.(Such a letter would be evidence if there was an accident.) (*Source: Nadya Tymochenko, Keel Cottrelle, Barristers & Solicitors. May 19, 2005*).

SECONDARY SCHOOL ENVIRONMENT
ANAPHYLACTIC TEENAGER

(Resource: Anaphylaxis in Schools and Other Settings)

The management of allergens in high school is a balancing act between need for independence and a normal social life. Teens are at a higher risk for a severe allergic reaction, requiring greater vigilance.

Secondary School Setting:

- Larger setting than the elementary school with interaction of many teachers and peers.
- Students are under less supervision.
- Limited supervision at lunchtime and the availability of leaving campus for lunch.

Secondary School Student:

- Sometimes inclined to let down their guard because they do not remember experiencing a reaction and begin to question whether they are still allergic.
- More vulnerable to peer influences
- May deny their vulnerability and take greater risks
- New friends. No longer with their elementary friends who knew about their allergies and what to do in an emergency.
- Part of the brain that makes decisions is the last to mature and may go through a period of very poor decision making e.g. may engage in risky behaviour such as eating unsafe foods or neglecting to carry their medication.
- Desperate to fit in and be like everyone else.
  Fanny packs with auto-injectors are no longer acceptable attire; auto-injectors in jeans pockets are too conspicuous; going off with friends for an evening increases the risk of accidental exposure; the fear of being labeled "different" or "weird" may mean fewer people are aware of the possibility of a dangerous reaction; even symptoms themselves may be ignored because the adolescent fears becoming the centre of attention.

Teens, parents and school staff should work together to agree to an anaphylaxis management strategy which protects the teen while respecting their need for privacy and their personal choice about how they want to educate others.

The secondary school student must be able to take on primary responsibility for allergen avoidance at school and in other environments.

Avoidance Strategies:

- Carry an epinephrine auto-injector at all times and know how to use it. If they have asthma as well, they should carry their asthma inhalers with their auto-injector.
- If they do not have their auto-injector with them they should not eat.
- Be cautious about eating food from the school cafeteria and ask about ingredients each time food is purchased.
- Eat off a napkin to avoid contact with potentially contaminated surfaces.
- Eat lunch with friends who are informed about their allergy and are able to help them if they have a reaction. These friends would know where their auto-injector is kept and when and how to use it.
- Seek help if they are being teased or bullied about their food allergy.
- Learn how to teach their new friends about their allergy
- Learn how to deal with awkward situations such as advising their date of food allergy before engaging in any physical contact such as kissing.
- Learn how to resist peer pressure.

School Role in reducing the risks for the secondary student:

- Process in place where medical information coming from numerous feeder schools is transferred to the secondary school as students register. This includes the students health information, including information about anaphylaxis.
- Prepare a written individual anaphylaxis plan for each student with anaphylaxis using the Board guide as a resource.
- Administration, teachers and coaches work together with the student and parents, to review their child's situation, e.g. ensure that eating arrangements at school and on field trips are in place. This process may need to be repeated when the semester changes.
- Inform all staff of the identity of students at risk for anaphylaxis.
- Teachers need to know where the auto-injector is being carried at all times. (e.g. some schools do a 'spot check' to ensure that students at risk have their auto injectors and asthma inhalers (if appropriate) with them.)
- Remove peanut/nut allergens from school vending machines.
- Communicate with foodservice staff. Identify anaphylactic students and check that food products for meals and snacks do not contain peanuts/tree nuts or are clearly identified if they do.
- Inform students at risk that they have the support of school staff, and all complaints will be taken seriously.
- Encourage students to speak up immediately if they are aware of accidental exposure or an impending reaction, enabling staff to assist.
- Accessibility to a spare epinephrine auto-injector. Students may be at school until evening for extra curricular events and the second auto-injector is located in health room behind locked doors. Ensure you have a process for accessing the spare auto injectors with a key; remove the spare auto-injectors and have at activity site, consider keeping a spare auto injector in the cafeteria, office, gymnasium etc. in case of an emergency.

SCHOOL WIDE ANAPHYLAXIS PLAN FOR ELEMENTARY SCHOOLS

Overview:
In our school, we have several children who are at risk for potentially life-threatening allergies. Most are allergic to food and some children are at risk for insect sting allergies. Anaphylaxis is a severe allergic reaction that involves one or more body systems. It can result from reactions to foods, insect stings, medications, latex or other substances. While rare, anaphylaxis can lead to death if untreated. Education and awareness is key to keeping students with potentially life-threatening allergies safe.

Our school anaphylaxis plan is designed to ensure that children at risk are identified, strategies in place to minimize the potential for accidental exposure, and staff and key volunteers are trained to respond in an emergency situation.

Identification of Children At Risk:
At the time of registration, parents are asked about their child's medical condition(s), including whether their child is at risk of anaphylaxis and asthma. All staff must be aware of these children.

It is the responsibility of the parent to:

- Inform the school principal of their child's allergy and/or asthma
- In a timely manner, complete the medical forms and the Anaphylaxis Emergency Plan which includes a photograph, description of the child's allergy, emergency procedure, contact information, and consent to administer medication. The Anaphylaxis Emergency Plan will be posted in key areas of the school, e.g. Health Room, Main Office, teacher's daybook etc. Parental permission is required to post the child's plan.
- Advise the school if their child has outgrown an allergy and no longer requires an epinephrine auto-injector (letter from allergist is required to support this statement).
- If possible, have the child wear a medical identification, e.g. MedicAlert bracelet. The identification could alert others to the child's allergies and indicate that he/she carries an epinephrine auto-injector. Information accessed through a special number on the identification jewelry can also assist first responder, such as paramedics, to access important information quickly.
- Have their child at risk of anaphylaxis carry their auto-injector with them at all times and have a backup available in the school, usually in the main office. Most children carry their own auto-injector and asthma inhaler.
- Provide additional auto-injectors if your child is going on a field trip. If the location is remote, the organizer of the field trip will carry a cell phone and know the location of the closest medical facility.

Emergency Protocol:
An individual Anaphylaxis Emergency Plan must be signed by the child's parent/guardian. The school cannot assume responsibility for treatment in the absence of such a protocol. A copy of the Plan will be placed in designated areas such as the classroom, office, health room, etc.

Adults will listen to the concerns of the child who usually knows when he/she is having a reaction, even before signs appear. It is not assumed that children will always be able to properly self-administer their auto-injector.

To respond effectively during an emergency, a routine has been established and practiced. During an emergency:

- One person stays with the child at all times
- One person goes for help or calls for help
- Epinephrine is administered at the first sign of a reaction. Time of administration is noted. (The use of epinephrine for a potentially life-threatening allergic reaction will not harm a normally healthy child, if epinephrine is not required).
- Call 911. Have the child transported to an emergency room even if symptoms have subsided. Symptoms may recur hours after exposure to an allergen.
- One calm and familiar person must stay with the child until a parent/guardian arrives. If the child is being driven to hospital, another adult will accompany the driver to provide assistance to the child if necessary. The child's backup epinephrine auto-injector will be taken along.
- Contact the child's parents.

Training:
Each year there will be training for staff which includes an overview of anaphylaxis, signs and symptoms and a demonstration of the use of epinephrine. Staff will practice using a training auto-injector. The Ministry of Education in consultation with Anaphylaxis Canada has developed an e-learning training program for school staff. This may be accessed at http://dev.atelier.on.ca/cfmx/edu/anaphylaxis/index.cfm .

Ideally, staff training will take place early in September and repeated again in February.

Substitute teachers will be advised to review the Anaphylaxis Emergency Plan for children in their class. The principal/designate will speak with substitute teachers about the procedures for responding to emergency situations.

Students will learn about anaphylaxis in an assembly or special class presentations.

Creating a Minimized Allergen School Environment:
Individuals at risk of anaphylaxis must learn to avoid specific triggers. While the key responsibility lies with the individual and his/her family, the school community must also be aware. Special care is taken to avoid exposure to allergy-causing substances. Parents are asked to consult with the teacher before sending in food to classrooms where there are food-allergic children. The risk of accidental exposure to a food allergen can be significantly diminished by such measures.

Given that anaphylaxis can be triggered by minute amounts of an allergen when ingested, children with food allergies must be encouraged to follow certain guidelines:

- Eat only food which they have brought from home unless it is packaged, clearly labeled and approved by their parents,
- Wash hands before eating
- Not share food, utensils or containers, and
- Place food on a napkin or wax paper rather than in direct contact with a desk or table.

Communication Plan:
Ongoing communication about the school anaphylaxis plan is essential in creating awareness and support for our children at risk. The following are strategies our school uses to keep our families informed:

- Our plan will be posted on our school website and hard copy can be obtained on request.
- Reminders and updates about anaphylaxis will be published in our school newsletters.
- We encourage parents who have children who are anaphylactic to speak to classes about anaphylaxis.
- Teachers will inform parents if a child in the class has an allergic reaction to specific food(s) and request that parents be sensitive to this and refrain from sending those food items to school for their child.
- Our school-wide plan will be reviewed on an annual basis and updated where needed.
- Although we cannot guarantee an allergen-free environment, we can all do our part to minimize the risks.

SCHOOL WIDE ANAPHYLAXIS PLAN FOR SECONDARY SCHOOL

Overview:
In our school, we have several students who are at risk for potentially life-threatening allergies. Most are allergic to food and some are at risk for insect sting allergies. Anaphylaxis is a severe allergic reaction that involves one or more body systems. It can result from reactions to foods, insect stings, medications, latex or other substances. While rare, anaphylaxis can lead to death if untreated. Education and awareness is key to keeping students with potentially life-threatening allergies safe.

Our school anaphylaxis plan is designed to ensure that students at risk are identified, strategies are in place to minimize the potential for accidental exposure and staff and key volunteers are trained to respond in an emergency situation.

Identification of Students At Risk:
At the time of registration and through the annual Verification Process, parents (or students age 18 years) are asked about their son or daughter's medical condition(s), including whether their son or daughter is at risk of anaphylaxis and asthma. All staff must be aware of these students. Students are encouraged to self-identify.

It is the responsibility of the parent or student who is age 18 years to:

- Inform the school principal of their son or daughter's allergy and/or asthma
- In a timely manner, complete the medical forms and the Anaphylaxis Emergency Plan which includes a photograph, description of the student's allergy, emergency procedure, contact information, and consent to administer medication. The Anaphylaxis Emergency Plan will be posted in key areas of the school, e.g. Health Room, Main Office, etc. Parental permission is required to post the student's plan or the student if age 18 years.
- Advise the school if their son or daughter has outgrown an allergy and no longer requires an epinephrine auto-injector (letter from allergist is required to support this statement).
- If possible, have the son or daughter wear a medical identification, e.g. MedicAlert bracelet. The identification could alert others to the youth's allergies and indicate that he/she carries an epinephrine auto-injector. Information accessed through a special number on the identification jewelry can also assist first responder, such as paramedics, to access important information quickly.
- Have their son or daughter at risk of anaphylaxis carry their auto-injector with them at all times and have a backup available in the school, usually in the main office. All students will carry their own auto-injector and asthma inhaler.
- Provide additional auto-injectors if your son or daughter is going on a field trip. If the location is remote, the organizer of the field trip will carry a cell phone and know the location of the closest medical facility.

Emergency Protocol:
An individual Anaphylaxis Emergency Plan must be signed by the student's parent. The school cannot assume responsibility for treatment in the absence of such a protocol. A copy of the Plan will be placed in designated areas such as the office, health room, etc.

Adults will listen to the concerns of the student who usually knows when he/she is having a reaction, even before signs appear. It is not assumed that students will always be able to properly self-administer their auto-injector.

To respond effectively during an emergency, a routine has been established and practiced. During an emergency:

- One person stays with the student at all times
- One person goes for help or calls for help
- Epinephrine is administered at the first sign of a reaction. Time of administration is noted. (The use of epinephrine for a potentially life-threatening allergic reaction will not harm a normally healthy child, if epinephrine is not required).
- Call 911. Have the student transported to an emergency room even if symptoms have subsided. Symptoms may recur hours after exposure to an allergen.
- One calm and familiar person must stay with the student until a parent/guardian arrives. If the student is being driven to hospital, another adult will accompany the driver to provide assistance, if necessary. The student's backup epinephrine auto-injector will be taken along.
- Contact the child's parents.

Creating a Minimized Allergen School Environment:
Individuals at risk of anaphylaxis must learn to avoid specific triggers. While the key responsibility lies with the individual and his/her family, the school community must also be aware. Special care is taken to avoid exposure to allergy-causing substances. The cafeteria services in our schools operated by Aramark have Allergy Alert posters in the servery. As well, Aramark's serveries have a *Gross Nut Free* practice that means that the serveries do not have any product with nuts as an ingredient including peanut oils, chocolate bars that contain nuts and peanut butter. The risk of accidental exposure to a food allergen is significantly diminished by such measures.

Given that anaphylaxis can be triggered by minute amounts of an allergen when ingested, students with food allergies must be encouraged to follow certain guidelines:

- Eat only food which they have brought from home unless it is packaged, clearly labeled and approved by their parents
- Wash hands before eating
- Not share food, utensils or containers
- Place food on a napkin or wax paper rather than in direct contact with a table
- Students must take responsibility for asking servery staff for a product's ingredient list if unsure of the contents.

Training:
Each year there will be training for staff which includes an overview of anaphylaxis, signs and symptoms and a demonstration of the use of epinephrine. Staff will practice using a training auto-injector. The Ministry of Education in consultation with Anaphylaxis Canada has developed an e-learning training program for school staff. This may be accessed at http://dev.atelier.on.ca/cfmx/edu/anaphylaxis/index.cfm .

Ideally, staff training will take place early in September and repeated again in February.

Substitute teachers will be advised to review the Anaphylaxis Emergency Plan for students in their classes. The principal/designate will speak with substitute teachers about the procedures for responding to emergency situations.

Students will learn about anaphylaxis in an assembly or special class presentations.

Communication Plan:
Ongoing communication about the school anaphylaxis plan is essential in creating awareness and support for our students at risk. The following are strategies our school uses to keep our families informed:

- Our plan will be posted on our school website and hard copy can be obtained on request.
- Reminders and updates about anaphylaxis will be published in our school newsletters.
- We encourage parents who have children who are anaphylactic to speak to the school administrator and possibly staff and students about anaphylaxis.
- Our school-wide plan will be reviewed on an annual basis and updated where needed.
- Although we cannot guarantee an allergen-free environment, we can all do our part to minimize the risks.

PARENT/ GUARDIAN

ANAPHYLAXIS PACKAGE

ELEMENTARY/SECONDARY

2006

PARENT/GUARDIAN INFORMATION & RESPONSIBILITIES:

The Board and its schools endeavor to provide a safe environment for children with life threatening allergies – a 'minimized allergen environment'. It is NOT possible for the Board/school to totally eliminate the risk of your child coming in contact with a life threatening allergen in the school environment and/or at off site locations (e.g. field trips).

The school's emergency treatment plan in the event of exposure to a life threatening allergen as recommended by Anaphylaxis Canada is as follows – **A.C.T.:**

- **A** **A**dminister the auto-injector immediately the child displays any of the anaphylactic symptoms.
- **C** **C**all 911
- **T** **T**ransport the child by ambulance to hospital even if symptoms subside.

(*The school does not have the facilities nor the qualified personnel to 'wait and see' if the symptoms get worse before administering the auto-injector)*

PARENT/GUARDIAN OBLIGATIONS:

SABRINA'S LAW: An Act to Protect Anaphylactic Pupils, 2005.

Excerpts:

Obligation to keep a school informed:

(1.1) It is the obligation of the pupil's parent or guardian and the pupil to ensure that the information in the pupil's file is kept up-to-date with the medication that the pupil is taking.

(6) The pupil's file must contain: a copy of any prescriptions and instructions from the pupil's physician or nurse OR a photocopy of the prescription label on the auto-injector and a current emergency contact list.

To comply with the above obligations we request that you complete the following forms:

- **REQUEST AND CONSENT FOR THE ADMINISTRATION OF EPINEPHRINE FORM**

Return the completed form to the school administrator during the last week of August or if registering during the school year – as soon as reasonably possible along with:

- **COPY OF THE PRESCRIPTION or a photocopy of the prescription from the auto-injector label.**

OTHER FORMS TO COMPLETE AND SUBMIT TO SCHOOL ADMINISTRATOR:

- **ANAPHYLAXIS – 'EMERGENCY TREATMENT FORM'**
  This form contains the child's photograph, information about the child's allergy, emergency contact numbers and emergency protocol and signature of parent/guardian.

  Pictures should be recent photographs of the head and shoulders, approx. 2"x2.5"
  (*These forms will be posted in the staff room/health room and/or where appropriate in the classroom (parent permission) and in the supply teacher folder to identify your child to staff.)*

☐ Inform the school administrator or designate about your child's life threatening allergies.

☐ Advise the school if/when your child outgrows an allergy or no longer requires an epinephrine auto-injector. (A letter for the child's allergist is required.)

☐ Provide the school with TWO epinephrine auto-injection kits.
(Parents should keep a log of expiry dates and replace outdated auto injectors)
- Auto-injector should be in a protective container labeled with the child's name and prescription details.
- One of the auto-injectors is to be carried/worn by the student at all times. (JK/SK students will have their auto-injector located in their classroom and teachers will be responsible to carry them where the students are located.)
- Students with venom allergies (e.g. bee stings) to be carried/worn during bee season)
- The second auto-injector is to be stored in a secure but not locked location for easy access e.g. health room.

☐ Meet with school administration/teacher(s) and provide information and in service support as requested.

☐ Communicate with school staff about field trip arrangements.

☐ Provide your child with allergen free food products when requested for activities and special events.

☐ Provide for a Medical Alert identification for your child.

☐ Support the school in its efforts to have your child carry/wear their epinephrine auto-injector at all times.

☐ Teach your child:
- about his/her allergy and substances (allergens) that trigger a reaction
- strategies about how to avoid potentially life threatening allergens
- how to recognize the symptoms of an anaphylactic reaction
- how to communicate clearly to a responsible adult that he/she is an anaphylactic student when he/she feels a reaction starting or a general feeling of *unwellness.*
- the importance of carrying their auto-injector on their person at all times.
- the importance of wearing/carrying their Medic Alert identification.
- to only eat foods approved by parent/guardian
- not to eat if they do not have their auto-injector with them
- how to self administer the epinephrine auto-injector.
- not to share snacks, lunches or drinks, food utensils, food containers and to place a barrier (e.g. placemat) between their food and the table where they are eating.
- the importance of hand washing.

- ☐ Teach your child *(cont'd)*:
  - how to advocate for themselves by explaining their life threatening allergy to strangers, friends, adults and/or significant others
  - to report all incidents of teasing and bullying to an adult in authority.
  - communicate immediately to a friend, a responsible adult, teacher etc if they are aware of accidental exposure or an impending reaction.
  - strategies on how to deal with and resist peer pressure
  - not to go off alone (e.g. washroom) unaccompanied if they are experiencing an allergic reaction or feeling unwell. If they lose consciousness they will not be able to ask for help.
  - when age appropriate – how to deal with awkward situations such as advising their date of their life threatening food allergy before engaging in any physical contact such as kissing.

CHILD/STUDENT INFORMATION AND RESPONSIBILITIES:

- ☐ Carry your epinephrine auto-injector on your person at all times.
- ☐ Carry/wear your Medic Alert identification at all times.
- ☐ Have an age appropriate understanding of your life threatening allergy, its triggers, the symptoms of an anaphylactic reaction, how to administer an auto-injector and how to access assistance from an adult in authority.
- ☐ Select a friend (buddy) who you can advise if a reaction is occurring and can get help when necessary from an adult in authority.
- ☐ Promptly inform a responsible adult that you have a life threatening allergy as soon as accidental exposure occurs, symptoms appear or when experiencing a general feeling of unwellness.
- ☐ Eat lunch with friends who are informed about your allergy and are able to help you if you have a reaction. These friends would know the location of your auto-injector and age appropriate (secondary school) when and how to use it.
- ☐ Comply and assist, where possible, the administration of the auto-injector from an adult in authority.
- ☐ Avoid hazardous allergens.
  - o For food allergies, eat only food items approved by parent/guardian
  - o (No trading or sharing of foods, food utensils and food containers.
  - o Place a barrier (e.g. placemat) between your food and the table you are eating on.
- ☐ NOT TO EAT if you do not have your epinephrine auto-injector readily accessible.
- ☐ For allergies to bee stings/latex etc. do a check of your environment first to ensure harmful allergens are not present before participating in activities.
- ☐ Wash hands on a regular basis especially before and after eating.
- ☐ NOT to go off alone (e.g. washroom) when experiencing an allergic reaction or feeling unwell. No one will be able to assist if you lose consciousness.
- ☐ Report to a responsible adult any and all occurrences of teasing, bullying or threats related to your allergy.

PARENT/PHYSICIAN REQUEST FOR SELF-ADMINISTRATION AND STORAGE OF INHALERS AND AUTO-INJECTORS

REQUEST AND CONSENT FOR THE ADMINISTRATION OF EPINEPHRINE

DATE: _____ (dd/mm/yy)

This form is completed when the school agrees with the parental request to administer medication for life threatening allergies. A new form is required: a) at the initiation of this process; b) at the beginning of each school year; c) when the medication changes. Staff agreeing to administer medication will do so according to the information in this form only.

1. TO BE COMPLETED BY THE PARENT GUARDIAN (Please Print)

Student Name:		Address/Postal Code	
Date of Birth (dd/mm/yy)	Gender: M F	Medic Alert ID: Y N	Student #:
Grade:	Room:	Teacher:	
Name of Father:	Home Tel.#	Bus. Tel.#	Cell Tel.#
Name of Mother:	Home Tel.#	Bus. Tel.#	Cell Tel.#
Name of Guardian:	Home Tel.#	Bus. Tel.#	Cell Tel.#
Emergency Contact:	Home Tel.#	Bus. Tel.#	Cell Tel.#

2. TO BE COMPLETED BY PARENT/GUARDIAN (Please sign at the bottom)

STATEMENT OF UNDERSTANDING

Regarding Parent Requests to provide Prescribed Medication (Epinephrine) to students by Employees of the School Board.

As the Parent(s)/Guardian of (print name of student)_____, I (we) accept and endorse the following five terms and/or conditions pertaining to my(our) request for School Board employees to provide my(our) child with the epinephrine prescribed under the authority and supervision of the doctor named in Part C of this form. Specifically, I/we understand and accept that:

1. I/we are responsible for providing and maintaining two Epinephrine auto injectors. One our child will carry/wear at all times. Other to be stored in a secure and accessible location in the school (eg. health room).
2. I/we are responsible for providing a copy of the prescription and instructions from the child's physician or nurse for my(our) child's file. Alternatively, a photocopy of the prescription label is acceptable. (Please note: Where there has been no change in the child's condition or treatment strategy from the previous year, parents may authorize continuation of the Anaphylaxis Emergency Treatment Plan without proof of diagnosis – 'copy of the prescription' - with initials below.)
3. Board employees are not trained health professionals and hence may not recognize the symptoms of my(our) child's medical condition. I/we realize that the school does not have the facilities nor the qualified and trained health professionals to 'wait and see' what happens before administering the Epinephrine auto-injector.
4. The Emergency Action plan following the best advice from Anaphylaxis Canada is to:
   - **A** Administer the auto-injector immediately at the first sign of symptoms;
   - **C** Call 911
   - **T** Transport to hospital by ambulance.
5. Epinephrine auto-injectors supplied to the school will be in clearly labeled containers which display
   a) name of your child
   b) name of prescribing doctor, and;
   c) expiry date

Signature of Parent/Guardian: _____ Date: _____

There has been no change in condition or treatment strategy from previous year. Parent initial: _____

C. TO BE COMPLETED BY THE PARENT/GUARDIAN:

Name of child's physician/allergist: _____

Contact number: _____

Child's Life Threatening Allergens (please list):

_____

_____

_____

_____

Please outline how the allergen(s) has to come in contact with your child in order to trigger an anaphylactic reaction. (e.g. ingestion, physical contact with hands, face; other):

_____

_____

_____

Prescribed Medication:

_____

_____

Additional instructions as needed:

_____

_____

D. TO BE COMPLETED BY PARENT/GUARDIAN:

REQUEST AND CONSENT FOR THE ADMINISTRATION OF EPINEPHRINE

Insofar as it concerns my/our child (print child's full name)_____
a student attending (print school name) _____
I/we:

I. have read and understand the information conveyed in this "Request and Consent for the Administration of Epinephrine" form;
II. agree to comply with the responsibilities described in Part B above;
III. request that the medications listed in Part C of this form be administered to my child according to the prescription information provided by the prescribing physician.

Signature of Parent/Guardian:_____ Date:_____

This information is collected pursuant to the Education Act and
The Municipal Freedom of Information and Protection of Privacy Act, 1992.

Note: This request will terminate on July 31 of each school year.

ANAPHYLAXIS EMERGENCY TREATMENT PLAN

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

This information is collected pursuant to the Education Act and
The Municipal Freedom of Information and Protection of Privacy Act, 1992.

Student's photo

2 x 2.5

(student's name) has a potentially life-threatening allergy (anaphylaxis) to:

□ Peanut □ Tree Nuts □ Egg □ Milk

□ Insect Stings □ Latex □ Other:_____

□ Medication:_____

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

- **Skin:** hives, swelling, itching, warmth, redness, rash
- **Respiratory (breathing):** wheezing, shortness of breath, throat tightness, cough, hoarse voice, chest pain/tightness, nasal congestion or hay fever-like symptoms (runny, itchy nose and watery eyes, sneezing, trouble swallowing
- **Gastrointestinal (stomach):** nausea, pain/cramps, vomiting, diarrhea
- **Cardiovascular (heart):** pale/blue colour, weak pulse, passing-out, dizzy/lightheaded, shock
- **Other:** anxiety, feeling of "impending doom", headache

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

1. **Give epinephrine auto-injector** (EpiPen or Twinject) at the first sign of a reaction occurring in conjunction with a known or suspected contact with allergen. Give a second does in 10 to 15 minutes, or sooner, **IF** the reaction continues or worsens.
2. **Call 911.** Tell dispatcher that someone is having a life-threatening allergic reaction. Ask that an ambulance be sent immediately.
3. **Go to the nearest hospital,** even if symptoms are mild or have stopped. Stay in the hospital for an appropriate period of observation, generally 4 hours, but at the discretion of the ER physician. The reaction could come back.
4. **Call contact person.**

Emergency Contact Information:

Name	Relationship	Home Phone	Work Phone	Cell Phone

The undersigned patient, parent or guardian authorizes any adult to administer epinephrine to the above-named person in the event of an anaphylactic reaction, as described above.

_____ _____ _____

Patient/Parent/Guardian signature *Date* *Physician's signature (optional)*

Photocopy Appendix E (EpiPen) or F (Twinject) on the reverse side of this form.

- ❑ Parent grants permission for a copy of this form to be given to the child's bus driver (elementary only).

APPENDIX V

CRITERIA FOR DEVELOPING STUDENT INDIVIDUAL PLAN

SOURCE; *Act to Protect Anaphylactic Pupils*, 2005 (Sabrina's Law)
"A requirement that every school principal develop an individual plan for each pupil who has an anaphylactic allergy."

REQUIREMENTS:

a) Inform employees and others who are in direct contact with the pupil on a regular basis about the contents of the Student Individual Plan.

b) **CONTENTS OF STUDENT INDIVIDUAL PLAN:**
(Consistent with Board's Halton Anaphylaxis Protocol 2006 and Sabrina's Law)
The Following ***criteria*** making up the content of the plan is taken from *Sabrina's Law*:

- ***Type of allergy***
  Source: Parent/Guardian/ student
- ***Monitoring strategies***
  Source: Anaphylaxis Protocol 2006, Section on Individual Plan: page 15
- ***Avoidance strategies***
  Source: Anaphylaxis Protocol 2006, Section #6 'Strategies that reduce the risk of exposure to anaphylactic causative agents. Page 16.
  Appendices: I, J, K, N, O, P
- ***Appropriate treatment***
  Source: Students Anaphylaxis Emergency Treatment Plan
  (injection of epinephrine auto injector)
- ***Readily accessible emergency procedure for pupil***
  Source: Students Anaphylaxis Emergency Treatment Plan (A.C.T.), p. 29-30
  Source: from the e-learning module:
  Follow the steps outlined in the individual plan. It may include:
  - One person stays with pupil
  - Another goes for assistance
  - Call 911 – inform person is having an anaphylactic reaction
  - Call contact person
  - Go to nearest hospital even if symptoms are mild or stopped. The pupil should stay at the hospital for four hours as reactions can re-occur
  - Epinephrine is usually effective after one injection. A second dose may be administered within 10-15 min. or **sooner,** if symptoms have not improved or have worsened.
  - Antihistamines and asthma medication should not be used as first line treatment for an anaphylactic reaction. They are to be considered additional or secondary medications.
- ***Emergency contact information***
  Source: Parent/guardian
- ***Storage for epinephrine auto – injectors***
  Source: School administrator

INDIVIDUAL STUDENT PLAN - ANAPHYLAXIS

To be completed by school administrator/designate in consultation with the parent/guardian of the anaphylactic student unless the student is over age 18 years.

STUDENT'S NAME: _____ D.O.B.:_____

TEACHER'S NAME _____ GRADE_____ ROOM #____

Type of allergy	
Monitoring Strategies	
Avoidance Strategies See Appendices I,J,K,N,O and P	
Appropriate treatment **Emergency Procedure**	**Administer epinephrine auto injector (Antihistamines and asthma medication should not be used as first line of treatment)** **A.C.T. found in Emergency Treatment Plan, p. 29** **After receiving epinephrine auto injector:**

Monitoring Schedule (checking auto-injector in student's possession):

- **Once per term**
- **Once per semester**
- **Dates of monitoring check:_____ _____ _____**
- **Person Monitoring:_____**

Location of student's second auto-injector:_____

Expiry Date for auto-injector(s): _____

Parent/Guardian Signature:_____ Date: _____

Principal/designate Signature: _____ Date: _____

RESOURCES USED

A. REQUEST AND CONSENT FOR THE ADMINISTRATION OF EPINEPHRINE FORM, (page 63)

B. ANAPHYLAXIS EMERGENCY TREATMENT FORM, (page 30 & 64) FROM: www.allergysafecommunities.ca

C. The Ministry of Education in consultation with Anaphylaxis Canada has developed an e-learning training program for school staff. This may be accessed at http://dev.atelier.on.ca/cfmx/edu/anaphylaxis/index.cfm .

1. **SABRINA'S LAW, 2005**
   AN ACT TO PROTECT ANAPHYLACTIC PUPILS

2. **ANAPHYLAXIS CANADA**
   Human Resources:
   - Laurie Harada, Executive Director
   - Kam Khan, Speakers Bureau

   Print Resources
   - Newsletters
   - FAQ's
   - Back to school with Anaphylaxis

3. **THE CANADIAN SOCIETY OF ALLERGY AND CLINICAL IMMUNOLOGY**
   - Anaphylaxis In School and Other Child Care Centres

4. **ONTARIO PRINCIPALS COUNCIL – THE REGISTER:**
   - Article: Ask the Lawyer, Legal Principals/Allergies and Anaphylaxis in School Considerations for developing a school response plan.

5. **CANADIAN SCHOOL BOARD ASSOCIATION**
   - Anaphylaxis: A Handbook for School Boards

6. **CODE** – COUNCIL OF ONTARIO DIRECTORS OF EDUCATION/ JAN 2004

7. MEMORANDUM TO DIRECTORS OF EDUCATION
   Suzanne Hubert/Deputy Minister
   May 28, 2003
   Anaphylaxis In School Setting

8. *ANAPHYLAXIS IN SCHOOLS AND OTHER SETTINGS*, Anaphylaxis Canada