

**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** Administer the auto-injector immediately the child displays any of the anaphylactic symptoms.
- **C** Call 911
- **T** Transport 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.
- Recommendation: 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.
 - For food allergies, eat only food items approved by parent/guardian
 - (No trading or sharing of foods, food utensils and food containers.
 - 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.

A. 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.#

B. 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 form 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: _____
 Does the student have a diagnosis of Asthma: Y or N
 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 dose 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*

- Parent grants permission for a copy of this form to be given to their child's bus driver, where applicable (elementary students only).**

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

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	Administer epinephrine auto injector (Antihistamines and asthma medication should not be used as first line of treatment)
Emergency Procedure	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: _____