



# **PARENT/ GUARDIAN**

# **ANAPHYLAXIS PACKAGE**

# **ELEMENTARY/SECONDARY**

Revised June 2016

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## **HALTON CATHOLIC DISTRICT SCHOOL BOARD ANAPHYLAXIS PROTOCOL:**

To access the Board's protocol and procedures in managing students diagnosed with anaphylaxis refer to the Halton Catholic District School Board Website: [www.hcdsb.org](http://www.hcdsb.org) + PARENTS + Safe, Healthy and Inclusive Schools + Medical Conditions + Anaphylaxis.

### **PARENT/GUARDIAN INFORMATION & RESPONSIBILITIES:**

#### **PARENT/GUARDIAN OBLIGATIONS:**

##### ***"SABRINA'S LAW" - AN ACT TO PROTECT ANAPHYLACTIC PUPILS***

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.

(1.6) The pupil's file must contain: '...a copy of the prescription and instructions from the pupil's physician or nurse and a current emergency contact list.'

- Updating the school on any changes (e.g. diagnosis of an additional allergy, outgrowing an allergy).

To comply with the above obligations Parents/Guardians are requested to provide:

##### **PROOF OF DIAGNOSIS for your child which can be ONE of:**

- a copy/photocopy of the prescription, OR
- a photocopy of the prescription from the Epi Pen container, OR
- a copy/photocopy of the Official Receipt of the medication from the pharmacist, OR
- a letter/note from the physician or allergist.

##### **COMPLETE AND RETURN THE FOLLOWING FORMS FOUND IN THIS PACKAGE:**

(To the school administrator/designate DURING **THE LAST WEEK OF AUGUST** or if registering during the school year – as soon as possible (no more than a week):

- **REQUEST AND CONSENT FOR THE ADMINISTRATION OF EPINEPHRINE FORM**
- **ANAPHYLAXIS EMERGENCY TREATMENT PLAN**

This form contains the child's photograph, information about the child's allergy, emergency contact numbers and emergency protocol.

- To be completed by parents of new registrations to the school only.  
(Pictures should be recent photographs of the head and shoulders, approx. 2"x 3".)
- Students presently attending the school will have this information on file.

*(To identify your child to others these forms will be posted in the staff room/health room and/or where appropriate in the classroom (parent permission) and in the Occasional Teacher folder. At elementary schools the form will be provided to the bus driver, if your child takes a bus.)*

### **STUDENT INDIVIDUAL PLAN:**

- Complete appropriate sections on page one of the plan.
- Meet with school administrator/designate and in consultation (following HCDSB anaphylaxis protocols and procedures) develop the contents of the STUDENT INDIVIDUAL PLAN for your child.

#### **Please Note – Urgency of Having Completed Forms As Soon As Possible:**

In order that the school complies with the Ontario government's legislated requirements (Bill 3: An Act to protect anaphylactic pupils) of providing a safe environment for your child, you are strongly encouraged to provide all relevant information and forms to manage your child's life threatening allergy to the school principal in a timely manner (i.e. for students already registered – the last week of August, for newly registered or diagnosed students – no more than one week). Failure to do so may place your child at unnecessary risk.

##### **EPINEPHRINE AUTO- INJECTORS OF CHOICE: EPIPEN**

The Halton Catholic District School Board's choice of epinephrine auto injectors is the Epi Pen.

Board policy is that school administrators and school staff are not to administer syringe injections. The EpiPen is an auto injector and is permissible to use. The other brand of auto injector is the Twinject. However, the Twinject delivery system has a syringe injection when administering the second dose. To be consistent with each possible application by school staff the choice of auto injectors for the schools is the EpiPen

**SCHOOL BOARD POLICY IS FOR PARENTS TO PROVIDE TWO EPI PENS:**

**ONE:** The students in grades 1-12 are to carry on their person at all times. Students in JK and SK will have their EpiPens looked after by the classroom teacher.

- EpiPen should be in a protective container labeled with the child's name.
- Students allergic to bees/wasps are required to carry their EpiPen only during bee/wasp season.
- Accommodations will be considered for students who are not capable of carrying EpiPen on their person due to special needs.
- Support the school in its efforts to have your child carry their EpiPen at all times.

**TWO:** The second EpiPen will be stored at the school in a secure, accessible but not locked location in case a second application is required.

**Please Note: Urgency of Providing EpiPens When Child Attends School:**

In order that the school complies with the Ontario government's legislated requirements (Bill 3: An Act to protect anaphylactic pupils) of providing a safe environment for your child, you are strongly encouraged to provide two EpiPens, epinephrine auto injectors, in a very timely manner (i.e. when the child is attending school). Failure to do so may place your child at unnecessary risk.

**EXPIRY DATES OF EPIPENS:**

Parents are responsible to keep track of the expiry dates of their child's EpiPens and to provide a current auto injector when the old one becomes expired.

**CHANGE OF INFORMATION: EMERGENCY CONTACT, MEDICATION, MEDICAL DIAGNOSIS:**

Parents are responsible to keep school up to date with changes to contact information, medication or medical condition diagnosis as soon as reasonably possible.

**Procedures:**

- **Changes to contact information e.g. contact person and/or contact number:**
  - Provide school administrator/designate in writing the name(s) of person along with contact number.
- **Changes to medication:**
  - Provide school administrator/designate the completed HCDSB Request and Consent for the Administration of Prescribed Medication. Form can be accessed through school administrator.
- **Changes to medical diagnosis:**
  - Provide school administrator/designate a completed copy of the HCDSB Change of Medical Diagnosis Form. Form can be accessed through school administrator.  
Note: Changes to your child's diagnosis must be accompanied by a note/letter from your child's physician indicating the change.

**MEDIC ALERT IDENTIFICATION:**

- Parents are to consider the importance and safety features of providing a Medical Alert Identification for their child.

**Parents/guardians with a child graduating to secondary school:**

You will receive from your elementary school, in June, a recent copy of your child's Anaphylaxis Student Individual Plan. You are requested to update the form with recent medical and contact information and to provide the completed form to the secondary school administrator/designate during the last week of August.

□ **COMMUNICATE THE FOLLOWING INFORMATION AND RESPONSIBILITIES TO YOUR CHILD IN MANAGING THEIR LIFE THREATENING ALLERGY:**

**(REVIEW WITH YOUR CHILD WHEN APPROPRIATE):**

- Provide age appropriate understanding of their life threatening allergy, the allergens that trigger a reaction, how to recognize the symptoms and the necessary treatment with the EpiPen – epinephrine auto injector.
- When age appropriate teach your child to self-administer the Epi Pen.  
Resources: EpiPen – [www.epipen.ca](http://www.epipen.ca)
- Comply and assist, where possible, the administration of the Epi Pen from an adult in authority.
- Provide strategies in avoiding harmful allergens in their environment e.g. allergies to bees/latex do a check of the environment first to ensure harmful allergens are not present prior to participating in activities.
- Teach how to communicate clearly to a responsible adult that he/she is anaphylactic student when he/she feels a reaction starting, symptoms appear or a general feeling of un-wellness.
- The importance of carrying their EpiPen on their person at all times.
- The importance of wearing/carrying their Medic Alert Identification.
- Safe food strategies:
  - only eat foods approved by parent/guardian
  - not to eat if they do not have their EpiPen with them
  - not to share snacks, lunches or drinks, food utensils, food containers
  - place a barrier (e.g. placemat) between their food and the table where they are eating
  - the importance of hand washing
- Strategies on how to deal with and resist peer pressure to 'try' something.
- Eat with friends who are informed of the food allergy and are able to help them if they have a reaction. These friends would know the location of your EpiPen and how to access an adult in authority.
- How to advocate for themselves by explaining their life threatening allergy to new friends, adults and/or significant others.
- To report all incidents of teasing and bullying to an adult in authority.
- 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.

**ADOLESCENTS AND ANAPHYLAXIS:**

**(Anaphylaxis in Schools & Other Settings Revised second printing: March 2011)**

For adolescents at risk of anaphylaxis and their parents, the shift from elementary school to a much larger high school can be unsettling. Parents and teens at risk need to rethink the teen's anaphylaxis management strategies to address both a new environment and the developmental changes that take place during puberty. There are many changes during this time, but three stand out: the loss of control over the school environment, the social changes that teens face, and the way the teen's brain will be evolving during this time.

In a recent survey 'Risk taking and coping strategies of adolescents and young adults with food allergy' (174 subjects/mean age 16):

61% indicated they ALWAYS carried their epinephrine.

- Situations and circumstances influenced auto injector availability due to: (little perceived risk, inconvenience, what they were wearing (tight jeans), social pressure).

This is a time when parental involvement and ongoing communication with their children is critical e.g.:

- talking to their teens about how they will handle social situations with their allergies
- encourage them to let their friends know and get their support
- encourage them to share their feelings (isolation, frustration)
- explain how to resist peer pressure and seek help if they are being teased or bullied about their food allergy

**TEEN WEBSITE – [www.whyriskit.ca](http://www.whyriskit.ca)**

- Anaphylaxis Canada is providing the following website dedicated to providing resources and tools for pre-teens, teens and young adults living with severe allergies

**SECONDARY SCHOOL ENVIRONMENT:**

**Parents are encouraged to meet with school administrators, child's teachers and coaches individually to review their child's situation.**

The high school student must be able to take on more responsibility for managing their allergen avoidance at school. The high school setting is much harder to control than smaller elementary school settings. Students move around the entire campus and interact with many teachers and peers. There is limited supervision at lunchtime, in some schools there is only one staff member on duty to supervise many students. Some students leave the campus for lunch. It is important to be realistic about what can be controlled by the school and school staff.

- Students at risk must carry their epinephrine auto-injector at all times and must be encouraged to be responsible for managing their condition.

Teens at risk of anaphylaxis must adhere to key safety rules where food is concerned:

- NOT to eat if they do not have their epinephrine auto injector with them.
- Read food labels carefully
- Be cautious about eating food from the school cafeteria and ask about ingredients each time food is purchased.
- Teens at risk should eat off a napkin to avoid contact with potentially contaminated surfaces.
- Eat with friend(s) who are informed about their allergy and are able to help them if they have a reaction.

Teen with asthma who are at risk of anaphylaxis should be taught to err on the side of caution and use their epinephrine auto injector if they are not sure if they are having an asthma attack or an allergic reaction. Epinephrine can be used to treat a life threatening asthma attack or an allergic reaction.

**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 (e.g. 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.  
(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 s. 170 and s.265(1)(i) of the *Education Act*, R.S.O. 1990, c. E-2 and s.28(2), 29, 30, 31, 32 and 33 of the *Municipal Freedom of Information and Protection of Privacy Act*, R.S.O. 1990, c. M-56 and the *Personal Health Information Protection Act*, 2004, S.O. 2004, c.3, Sch. A.

If you have any questions regarding your child's personal information please contact the Principal of your child's school.

**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.*

Student's photo  2 x 2.5
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School: \_\_\_\_\_

Name: \_\_\_\_\_ has a potentially life-threatening allergy (anaphylaxis) to:

- Peanut       Tree Nuts       Wheat       Egg       Milk  
 Insect Stings (e.g. bees/wasps)     Latex       Other: \_\_\_\_\_  
 Medication: \_\_\_\_\_

**SIGNS AND SYMPTOMS: Think – F.A.S.T.:**

A person experiencing an anaphylactic reaction might have one of the following symptoms:

- F. Face:** rash, itchiness, redness, swelling of face and tongue
- A. Airway:** trouble breathing, swallowing or speaking
- S. Stomach:** a stomach pain vomiting, diarrhea
- T. Total:** hives, rash, itchiness, swelling, weakness, pallor (paleness), loss of consciousness.

**TREATMENT: Think – A.C.T.**

- Administer the epinephrine auto injector (EpiPen) IMMEDIATELY, at the first sign of a reaction, in conjunction with the child's contact with their life threatening allergen.  
Administer the injection to the outer thigh (no other location). EpiPen – push firmly to hear a 'click' and count for 10 seconds. Remove and check needle guard has deployed. Massage injection area for 10 seconds.  
A second dose may be administered 10 – 15 minutes or sooner, if symptoms have not improved or worsened.
- Call 911. When informing the dispatcher use the term '**ANAPHYLACTIC**' reaction.
- Transport to hospital by ambulance. Student must go to the hospital even if symptoms are mild or have stopped. Call parents/guardians.

**Emergency Contact Information:**

Name (by priority)	Relationship	Home Phone	Work Phone	Cell Phone
1.				
2.				
3.				

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

**Note: A copy of this form will be provided to Halton Student Transportation Services (HSTS). All school bus drivers have First Aid/CPR and EpiPen training.**

\*\*\*Original –School  
 \*\*\* Copy – Halton Student Transportation Services  
 Fax Number: 905-637-4023

**Transportation Services Staff Only**

Bus#	AM	Noon	PM
Rte#	AM	Noon	PM

This information is collected pursuant to s. 170 and s.265(1)i) of the *Education Act*, R.S.O. 1990, c. E-2 and s.28(2), 29, 30, 31, 32 and 33 of the *Municipal Freedom of Information and Protection of Privacy Act*, R.S.O. 1990, c. M-56 and the *Personal Health Information Protection Act*, 2004, S.O. 2004, c.3, Sch. A.

**If you have any questions regarding your child's personal information please contact the Principal of your child's school.**



## MONITORING AND AVOIDANCE STRATEGIES:

Teachers and others who are in direct contact on a regular basis will be vigilant and prevent or correct any situation or behaviour that may lead to an anaphylactic reaction. They will also visually check the environment for hazardous situations that may place your child at risk of coming in contact with the allergen.

Elementary Schools: Teachers and lunchtime supervisors who supervise the classroom for lunch/snacks will:

- Be able to identify your child as having anaphylaxis.
- Know the location of where he/she sits in the classroom.
- Be aware of the specific hazardous allergen.
- Be aware of any specific accommodations to be made for your child
- Be able to identify the symptoms of an anaphylactic reaction
- Be able to assist with and/or administer the EpiPen.
- Know the location of the second EpiPen.

<b>General Food Strategies – My/our child must ...</b>
<b>Food products that contain or 'may contain' peanuts – tree nuts are NOT to be brought into the school. The school is a 'minimized allergen environment' not a nut free facility.</b>
<b>Food products such as milk, eggs, wheat and/or products that contain milk, eggs, wheat etc. are permitted in the school.</b>
Eat only foods which are safe and approved by parent(s)/guardian(s)
NOT eat if they are not carrying their EpiPen
NOT trade or share food, food utensils or food containers
Place a barrier between their food and the eating surface (i.e. napkin, place mat)
Never leave food unattended. If need to leave room then leave lunch with the supervisor
Wash their hands before and after eating
Eat with a friend who knows about the allergy & can notify an adult if there is a reaction
Never go off alone (e.g. to the washroom) if they are feeling unwell or distressed
For food allergies to milk, eggs, wheat etc. the student will sit at a designated location away from other students eating the said allergen
Advise an adult and/or others around them quickly if they feel they are having an allergic reaction
Other Points: <ul style="list-style-type: none"> <li>• Food scraps/non-eaten food products will be removed from the classroom after meals.</li> <li>• Eating surfaces of students eating the said allergen(s) will be cleaned using an approved cleaning agent.</li> </ul>
<b>Specific to Other Situations/Activities at School</b>
Products containing peanuts – tree nuts are not to be in vending machines, used in fund raising activities.
Food items are not to be used as incentives.
Student is Not to be involved in activities where the allergen is used (e.g. crafts/science experiments)
Student is Not to be involved in garbage disposal, yard clean-ups or other activities which could bring them in contact with items contaminated with the allergen (e.g. food wrappers, containers or debris)
Student is to have their own locker, where possible.
<b>Specific to Insect Venom:</b>
Inspection of outside facilities for bee nests on a regular basis. With plans for removal.
Student is to carry their EpiPen with them at all times during insect presence/season
Student is to stay away from areas where stinging insects gather (e.g. garbage cans, flowers, food)
Student is to remove themselves and/or be removed from the location of the insect by the teacher/other.
Student is Not to participate in yard clean-up activities during insect season.
Other Points:
<b>Specific to Latex – School will....</b>
Limit child's contact, where possible, with all natural rubber products (e.g. first aid supplies, balloons, art and school supplies: paints, erasers, rubber bands, rubber balls.)