



Information Document to accompany Anaphylaxis Policy 3D:12

Note: The Ministry of Education has provided each school with an Anaphylaxis Resource Kit developed by Anaphylaxis Canada. This resource kit contains valuable information. Principals will use the information in the resource kit when developing an Individual Student Plan, staff training, an Emergency Response and communicating to parents/guardians.

Reviewed February 2012

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Section 1

Sabrina's Law

CHAPTER 7

An Act to protect anaphylactic pupils.

Assented to June 13, 2005

Her Majesty, by and with the advice and consent of the Legislative Assembly of the Province of Ontario, enacts as follows:

Definitions

1. (1) In this Act,

"anaphylaxis" means a severe systemic allergic reaction which can be fatal, resulting in circulatory collapse or shock, and "anaphylactic" has a corresponding meaning; ("anaphylaxie", "anaphylactique")

"board" means a district school board or a school authority; ("conseil")

"consent" means consent given by an individual with the capacity to provide consent to treatment for the purposes of the *Health Care Consent Act, 1996*; ("consentement")

"employee" means an employee of a board who regularly works at the school, in the case of a school operated by the board. ("employé")

Expressions related to education

(2) Expressions in this Act related to education have the same meaning as in the *Education Act*, unless the context requires otherwise.

Establishment of Policy

2. (1) Every board shall establish and maintain an anaphylactic policy in accordance with this section.

Contents of Anaphylactic Policy

(2) The anaphylactic policy shall include the following:

1. Strategies that reduce the risk of exposure to anaphylactic causative agents in classrooms and common school areas.

2. A communication plan for the dissemination of information on life-threatening allergies to parents, pupils and employees.
3. Regular training on dealing with life-threatening allergies for all employees and others who are in direct contact with pupils on a regular basis.
4. A requirement that every school principal develop an individual plan for each pupil who has an anaphylactic allergy.
5. A requirement that every school principal ensure that, upon registration, parents, guardians and pupils shall be asked to supply information on life-threatening allergies.
6. 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.

Contents of Individual Plan

- (3) An individual plan for a pupil with an anaphylactic allergy shall be consistent with the board's policy and shall include:
 1. Details informing employees and others who are in direct contact with the pupil on a regular basis of the type of allergy, monitoring and avoidance strategies and appropriate treatment.
 2. A readily accessible emergency procedure for the pupil, including emergency contact information.
 3. Storage for epinephrine auto-injectors, where necessary.

Administration of Medication

3. (1) Employees may be preauthorized to administer medication or supervise a pupil while he or she takes medication in response to an anaphylactic reaction, if the school has up-to-date treatment information and the consent of the parent, guardian or pupil, as applicable.

Obligation to Keep School Informed

- (2) 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.

Emergency Administration of Medication

- (3) If an employee has reason to believe that a pupil is experiencing an anaphylactic reaction, the employee may administer an epinephrine auto-injector or other medication prescribed to the pupil for the treatment of an anaphylactic reaction, even if there is no preauthorization to do so under subsection (1).

Immunity

- (4) No action for damages shall be instituted respecting any act done in good faith or for any neglect or default in good faith in response to an anaphylactic reaction in accordance with this Act, unless the damages are the result of an employee's gross negligence.

Common Law Preserved

- (5) This section does not affect or in any way interfere with the duties any person may have under common law.

Commencement

4. This Act comes into force on January 1, 2006.

Short Title

5. The short title of this Act is *Sabrina's Law, 2005*

Section 2

Anaphylaxis

Background

As many as one in one hundred Canadians suffer from extreme life-threatening allergies to certain foods, medications, insect stings, latex products, or animal dander. For them, exposure to even a minute amount of the substance to which they are allergic can trigger anaphylactic shock.

Anaphylaxis is an instant allergic reaction in all the major body-organ systems. Unless there is a medical intervention, the victim may suffer a drop in blood pressure, loss of consciousness, and death. This can occur within minutes of exposure to the triggering substance. Even a small amount of the allergen can be fatal.

In addition to peanuts, the foods most frequently implicated in anaphylaxis are tree nuts (e.g., hazelnuts, walnuts, almonds, cashews), cow's milk and eggs. Fish, shellfish, wheat and soy are potentially lethal allergens as well, and anaphylaxis is occasionally induced by fruits and other foods. Non-food triggers of anaphylactic reactions include insect venom (especially bees), medications, latex, and rarely, vigorous exercise. Most individuals lose their sensitivity to milk, soy, egg and wheat by school age, but reactions to peanut, tree nuts, fish and shellfish tend to persist throughout life.

Food is the most common trigger of an anaphylactic reaction in school children, and the only allergen which schools can reasonably be expected to monitor. The school cannot take responsibility for possible exposure to bees, hornets, wasps and yellow-jackets, but certain precautions can be taken by the student and the school to reduce the risk of exposure.

The emergency response to an anaphylactic reaction is the administration of adrenalin by syringe, usually with an EpiPen®. The adrenalin can be easily and safely administered with these devices by non-medical personnel with minimal training. The EpiPen® is particularly easy to administer.

For many years, there have been students in our schools who suffer from this condition. However, the number of students appears to be increasing and corresponding levels of concern have resulted among parents/guardians and teachers.

The procedures outlined will establish an appropriate response when a parent and/or guardian and/or adult student indicates to the Principal, in writing, that the student is at risk of anaphylaxis and that the student will require assistance at the first sign of any allergic reaction or their indication that a reaction is imminent.

Section 3

General Information

Definition

Anaphylaxis is a *severe life threatening* form of allergic reaction. It may begin with severe itching of the eyes or face, then other symptoms such as vomiting, diarrhea and difficulty with breathing may develop. This may lead to coma or death.

Foods such as peanuts and peanut oil products, other nuts, fish, shellfish, eggs, milk and wheat as well as insect stings from bees and wasps, latex products and medication are the common allergens that produce anaphylaxis.

Identification

In most cases, the medical diagnosis of anaphylaxis level allergies is made at a pre-school age, on early exposure to the allergen. While the first allergic reaction to the allergen may be relatively mild, subsequent exposures tend to produce dramatically and progressively more severe reactions, including life threatening anaphylaxis as early as the second exposure. Children do not "grow out" of the condition as they mature, but often do develop serious reaction to additional allergens. There is no cure.

Initial School Involvement

Typically, the young child has an unusual reaction to the allergen on first exposure at home. The allergic reaction prompts the parent to seek medical treatment and subsequently a diagnosis of high risk of anaphylaxis is made. By the time the child reaches school age, the child's parents notify the school of the condition and outline, with the cooperation of the school staff, the expected response. It is unlikely that the parent of a young child will fail to fully inform the school of the child's high risk of anaphylaxis.

Quantity of Allergen

The exact amount of allergen necessary to produce anaphylaxis varies from individual to individual and may vary from episode to episode. Even minute quantities of the allergen are sufficient to produce a life threatening reaction in many victims. *Accidental ingestion of very small quantities of the allergen, via cross contamination, is a typical cause of anaphylactic reaction.*

Examples of cross contamination would include:

- (a) A knife is used to make a peanut butter sandwich. The knife is washed but traces of the peanut oil remain on the blade. The knife is then used to prepare "safe" foods for the allergic child. When the child eats the "safe" food, a reaction takes place.
- (b) After eating a particular food at home, "Student A" goes to school. At school, "Student A" works at a table and transfers trace quantities of the food from his/her hand to the table. "Student B" subsequently works at the same table and picks up traces of the food on his/her hands resulting in a reaction.

Section 4

Division of Responsibilities

Statement of Belief

Ensuring the safety of anaphylactic children in a school setting is a shared responsibility that necessitates the cooperation of all partners in the school community. This does not negate the responsibility of anaphylactic students and their parents/guardians. To minimize risk of exposure and to ensure rapid response to any emergency, parents/guardians, students and school personnel must all understand and fulfill their responsibilities.

Responsibilities of the School Board:

- Provide support to schools and staff to ensure enforcement of the Board's policy and procedures regarding anaphylaxis
- Ensure that a protocol is developed with all transportation carriers to protect anaphylactic students who attend schools under the jurisdiction of the Huron-Perth Catholic District School Board

Responsibilities of the Parent/Guardian of an Anaphylactic Child:

- Inform the school in writing of the child's allergies including updated information on the latest anaphylactic response
- Provide the school with written medical documentation that clearly outlines a physician prescribed protocol for the administration of medication
- Provide support to school and teachers as requested
- Be willing to provide "safe foods" and/or non-allergenic items for special occasions
- Provide training of the child with the use of EpiPen® (age appropriate)
- Teach their child to:
 - recognize the first symptoms of an anaphylactic reaction
 - know where medication is kept and who can get it
 - communicate quickly to others when they feel a reaction is starting
 - always carry their own EpiPen® in a body pouch as part of a continued lifestyle
 - say no to shared lunches and snacks
 - understand the importance of hand washing
 - report bullying and/or threats to an adult in authority

Responsibilities of the School Principal:

- Follow the procedures as outlined in the Board Policy [3D:12]
- Work as closely as possible with the parent/guardian of the child

- Ensure that the parent/guardian has completed all necessary forms
- Ensure that written documentation of diagnosis and medical protocol are on file in the OSR
- Maintain up to date emergency contacts and telephone numbers
- Ensure that the **Anaphylaxis Emergency Response Plan and Protocol Form 3D:12-A** is kept current
- Communicate fully and effectively with parents in order to obtain their cooperation in reducing the potential risks to all anaphylactic students
- Inform the Manager of Transportation of any anaphylactic students who are transported to school
- Ensure that all staff are informed of the presence of an anaphylactic child and have been adequately trained to deal with an emergency
- Store the second EpiPen® in an easily accessible location
- Where elementary children share a classroom with an anaphylactic child and inadvertently bring allergen products in their lunch, the principal shall provide a place for them to eat separately from the anaphylactic child
- Secondary principals will provide an alternative lunch room for anaphylactic students should the situation be severe enough to warrant the accommodation
- Principals, staff and parents who arrange for the supply of food or food services for special events should be advised of the requirement to refrain from using food which may cause an allergic reaction
- Ensure a protocol is developed for school activities/trips.
- Provide for training for Emergency First Aid to individuals who are involved in the education of anaphylactic children

Responsibilities of the Classroom Teacher:

- Discuss anaphylaxis with the class in age appropriate terms
- Encourage the students not to share lunches or trade snacks
- Choose allergy free foods for classroom events
- Establish procedures to encourage the anaphylactic child to eat only what she/he brings from home
- Reinforce hand washing before and after eating for all students
- Facilitate communication with other parents, as needed
- Follow the school procedures for reducing risks in classrooms and common areas
- Leave information in an organized, prominent and accessible format for supply teachers
- Ensure that EpiPens® are taken on school activities/trips.

Responsibilities of Anaphylactic Students:

- Take as much responsibility as possible for avoiding allergens
- Eat only foods brought from home
- Where age and/or ability appropriate, take responsibility for checking labels and monitoring intake
- Wash hands before eating
- Learn to recognize symptoms of anaphylactic reaction
- Promptly inform an adult as soon as accidental exposure occurs or symptoms appear
- Carry an EpiPen® in a body pouch
- Know where the EpiPen® is located at all times
- Where age and/or ability appropriate, know how to use the EpiPen®
- Wear a medic alert bracelet or chain

Responsibilities of All Parents/Guardians:

- Respond cooperatively to requests from school to eliminate allergens from packed lunches, snacks and special occasions food
- Encourage children to respect an anaphylactic child and all school procedures in place to protect the affected child
- Learn to recognize symptoms of anaphylactic children
- Follow school procedures about keeping allergens out of the classroom

Responsibilities of Health Care Professionals (as requested):

- Consult with and provide information to parents, students and school personnel
- Participate in in-service and EpiPen® training
- Assist in developing emergency response plans (as requested)
- Refer known cases of anaphylaxis to the school principal

Responsibilities of Bus Operators and Bus Drivers:

- Once a student has been identified as anaphylactic, ensure that drivers trained in emergency response procedures are assigned to the student's bus
- Ensure that the principal and/or parents are informed if a trained driver is unavailable
- Attend in-service sessions provided by the board; learn to watch for symptoms of an anaphylactic reaction
- Receive training in the use of an EpiPen®
- Carry a copy of the **Emergency Transportation Form [3D:12-B]** on the school bus
- Carry out emergency action as per **Emergency Transportation Form**

Section 5 Management and Prevention Strategies

Identification to Staff

- Request student to wear Medic Alert bracelet to identify specific allergies
- Place a copy of the **Anaphylaxis Emergency Response Plan and Protocol Form 3D:12-A** in student's OSR, in staff room and other areas (designated by principal)
- Conduct a staff meeting at the beginning of the school year to identify the issue, communicate the planned response, and identify the student(s)

Classroom Prevention

- Write a letter to parents/guardians requesting their cooperation to avoid sending food containing the allergen to school
- Identify the problem to students and enlist their cooperation and support in avoiding bringing the allergen to school
- Discourage sharing of snacks
- Limit foods used in learning activities and class or school celebrations to those which do not contain allergen
- Require students with allergies to eat only foods which are brought from home
- Encourage all students to wash hands before and after eating
- Establish a procedure to ensure that Supply Teachers are aware of measures for classroom prevention
- Expect student to accept personal responsibility for avoidance of consumption or exposure to foods containing the allergen
- Ensure the cleaning of all desktops takes place after lunch each day

Lunchroom Prevention

- Student to eat lunch in his/her own classroom (elementary)
- Discourage sharing of lunches or utensils
- Encourage hand washing before and after eating
- Ensure that lunches and snacks provided by the school and/or parent/teacher groups exclude foods containing the allergen
- Require that lists of ingredients are available to students for all foods served in cafeteria (secondary)
- Expect student to accept personal responsibility for avoidance of consumption or exposure to foods containing the allergen, when age appropriate

Out-Of-Class / School Prevention

- Discourage sharing of food in schoolyard
- School bus rules are to be observed [see Policy 3F:2]
- Ensure that all bus drivers receive copies of **Emergency Transportation Information Form [3D:12-B]** and have received training in administration of the EpiPen®
- Try to ensure that foods provided by the school or food providers on school trips exclude allergen
- Request parents to avoid sending foods containing the identified allergen(s) in packed lunches for school trips
- Inform food providers and caterers on school trips of restrictions and require that they eliminate foods containing the allergen from menus
- Ensure a list of ingredients of meals in overnight accommodations are accessible to the student, staff, and parents/guardians
- Request parent to accompany the child on field trips
- If the safety of a student with allergies cannot be reasonably ensured, consult with parents/guardians, about the feasibility of allowing the student to go on school trips
- Ensure that a hospital or emergency services are accessible
- Ensure that a copy of the **Anaphylaxis Emergency Response Plan and Protocol Form [3D:12-A]** is held by school trip supervisors
- Expect student to accept personal responsibility for avoidance of consumption or exposure to foods containing the allergen, when age appropriate

Section 6 **Emergency Response Plan Components**

- Statement concerning Emergency Treatment
- Form 3D:12-A – Anaphylaxis Emergency Response Plan and Protocol to be placed in student's OSR and other areas as designated by principal
- Form 3D:12-B – Transportation Emergency Information
- Form 3D:12-C - 911 Protocol - Anaphylaxis

Emergency Treatment

Anaphylaxis is life threatening, but it can be treated. **Students suffering anaphylaxis must be diagnosed by their physician, who is responsible for prescribing the appropriate treatment protocol for their individual conditions. Schools should never assume responsibility for treatment in the absence of a specific treatment protocol prescribed by the child's physician.**

Epinephrine must be administered immediately, at the first indication of a reaction to ingestion or suspected ingestion of a food allergen, followed by immediate transportation to hospital, by ambulance if possible. The Canadian Paediatric Society has issued a position statement on fatal anaphylactic reactions to food in children, which supports this treatment protocol: **"Epinephrine must be administered promptly at the first warning symptoms, such as itching or swelling of the lips or mouth, tightening of the throat or nausea, and before respiratory distress, stridor or wheezing occur."** It is anticipated that most, if not all, peanut-allergic children, and all children who have experienced previous anaphylaxis from other causes, will follow this plan.

Additional epinephrine must be available to be administered every 10 to 15 minutes if the severe allergic symptoms persist or recur, such as breathing difficulties or decreasing level of consciousness.

EPINEPHRINE – also known as adrenaline – is a hormone that the body naturally produces in response to stress. It works on the cardiovascular and respiratory systems to constrict blood vessels and relax the chest muscles to improve breathing. It must be administered by injection and is available as self-administered devices that can be managed by allergic individuals themselves and those responsible for their care. The most commonly used are the EpiPen® and EpiPen® Jr. Auto-Injectors distributed by Allergex® Laboratory Ltd (www.epipen.ca – 613-831-7733). A training EpiPen® device is also available from this company. Training can provide individuals with an appreciation of how much pressure is needed to activate the device so that a "click" is heard. **Although these devices are designed for self-injection, it is dangerous to assume that any person, of any age, will be able to self-inject if the reaction is proceeding rapidly.**

It is essential that a person suffering an anaphylactic reaction be taken to hospital to receive immediate medical attention, even if epinephrine has been injected and symptoms disappear. **Symptoms may reoccur as long as eight hours after initial exposure to the allergen**, and more intensive treatment may be required. Medical observation for a minimum of four hours is advised, although a longer observation period is strongly recommended.

School personnel should note that there are no contraindications to the use of epinephrine for a potentially life-threatening allergic reaction, and immediate response is essential. Accidental administration of the medication, if a reaction is not actually taking place, is not a significant cause for concern, according to the Canadian Paediatric Society: "In young patients serious adverse effects of epinephrine such as cardiac arrhythmias and hypertensive crises are extremely rare, and the life-saving benefit of injecting epinephrine in cases of suspected anaphylaxis outweighs any small risk of side effects". In other words, if there is any reason to suspect an anaphylactic reaction is taking place, and if epinephrine has been prescribed as the treatment protocol, caregivers should not hesitate to administer the medication.

See Canadian Pediatric Society Position Statement (1994) – p. 338

Section 7 Checklist for Creating Safe and Healthy Schools for Children With Food Allergies

School staff and parents/guardians are responsible for creating safe and healthy environments for students. This is an extra challenge for schools attended by children with life-threatening food allergies. For some children, severe allergic reactions can be triggered not only by eating foods, but also by their touch and smell. This had implications for the whole school, not just individual classrooms.

It is important to review your school's use of foods. If foods pose health risks for some children, try not to make them the focus of all your special events. It will be safest to use non-food fundraisers. Discourage the use of food as a reward for good behaviour. Too often, these rewards are unhealthy or unsafe food choices.

When food is a part of your school's activities, emphasize healthy and wholesome foods like fresh fruits and vegetables. They can be safely enjoyed by most children because they are easily identified and have no added ingredients. Highly processed foods contain hidden ingredients which cannot be enjoyed freely by children with special dietary needs.

While it may be impossible to create a risk-free environment, school staff and parents/guardians can take important steps to minimize potentially fatal allergic reactions. Accurate records, written protocols, staff education, parental/guardian support, and classroom and school rules should all be considered. Use this checklist to develop and implement your school's plan.

- Have you received written notification from the allergic child's physician regarding specific foods to avoid, as well as authorization for emergency treatment before the school year begins? (Attending Physician's Authorization Form – 3D:4-C)

- Have you established a written protocol with the parent of the allergic child which includes:
 - an **Anaphylaxis Emergency Response Plan and Protocol Form** (3D:12-A) with a picture of the child?
 - specific information on the child's food restrictions?
 - use of a Medic Alert bracelet to identify the child's specific allergies?
 - authorization and directions for administration of emergency medications?
 - at least 2 doses of the emergency medication, labeled with the child's name, and expiry date (children who are old enough can carry 1 dose with them at all times)?
 - unlocked, safe, and accessible storage of emergency medication, in locations which are known to all appropriate staff (e.g. classroom, office, staff room)?
 - plan for transportation to hospital?
 - annual review of the **Anaphylaxis Emergency Response Plan and Protocol Form** (3D:12-A) to ensure that it is still current?

Have you ensured that inservice is provided to:

- school staff?
- supply teachers?
- lunchroom/playground supervisors?
- volunteers?

Health care providers or representatives of allergy groups can deliver inservice about food allergies and their potential severity, recognizing symptoms of an allergic reaction, administering emergency medications, and the emergency plan.

Have you gained the cooperation of other students and parents in the school by working with the parent of the allergic child to:

- organize information sessions?
- set up information displays?
- send out letters explaining the need for special food rules?

Have you taken steps to create a safe classroom where:

- the allergic child's classroom is established as an allergen free environment?
- lunchroom and food celebrations are carefully supervised to prevent accidental exposure?
- allergic children eat only the foods they bring from home?
- trading and sharing of food, utensils, and food containers is discouraged?
- a hand-washing routine is established before and after eating?
- parents are asked to provide detailed labeling on foods they send into the classroom for sharing?
- the use of food in crafts and activities is reviewed? (e.g. playdough, birdseed, beanbags, stuffed toys containing nut shells)
- there is appropriate training for older students who may be responsible for supervising classrooms?

Have you taken steps to create safe conditions outside the classroom:

- Do you have plans in place to ensure safe field trips or extra-curricular activities?
- Do two epinephrine auto-injectors accompany the anaphylactic child on field trips?
- Is a trained supervisor assigned to be responsible for the anaphylactic child?
- Is eating restricted to designated areas within the school? (e.g. no food outside at recess)
- Are children encouraged to wash their hands after eating?
- Do you encourage the use of non-food rewards instead of food rewards?
- What types of foods are available at special events? If foods are ordered in from commercial sources, do you ask for a list of ingredients?
- Do fundraising activities exclude allergen containing products?
- Are food preparation/handling areas kept clean?
- Are staff/parents reminded to use clean utensils when preparing foods for the allergic child?
- Is garbage disposal handled safely?

Section 8

Sources of Information/Educational Materials

Sources of Information

Canadian Society of Allergy and Clinical Immunology (CSACI)

Canadian Allergy, Asthma and Immunology Foundation (CAAIF)

The CSACI, founded in 1945, is comprised of physicians, basic scientists, and allied health professionals with an interest and expertise in allergy and clinical immunology. Working with CAAIF, the CSACI fosters cooperation between those engaged in the study and practice of allergy and clinical immunology to improve research and training initiatives.

774 Echo Drive
Ottawa, Ontario
K1S 5N8

Tel: (613) 730-6272
Fax: (613) 730-1116
Web: www.csaci.medical.org (CSACI)
Web: www.allergyfoundation.ca (CAAIF)
Email: csaci@rcpsc.edu (CSACI & CAAIF)

Allergy Asthma Information Association

(National Office)

P.O. Box 100
Toronto, ON
M9W 5K9

Phone: (416) 679-9521 (800) 611-7011

Fax: (416) 679-9524

e-mail: info@aaia.ca

www.aaia.ca

Anaphylaxis Canada maintains an extensive Web site with links to many information sources, articles and other sites of interest. The network also has an extensive list of publications, audio tapes, video tapes and supplies for adults and children.

Anaphylaxis Canada
2005 Sheppard Avenue East, Suite 800
Toronto, Ontario
M2J 5B4

Phone: (416) 785-5666

1-888-785-5560

Fax: (416) 785-0458

Email: info@anaphylaxis.ca

www.anaphylaxis.ca / www.safe4kids.ca

Food Allergy and Anaphylaxis Network (FAAN)

The largest food allergy association in the world, FAAN works to raise public awareness, to provide advocacy and education, and to advance research on behalf of all those affected by food allergies and anaphylaxis.

11781 Lee Jackson Hwy., Suite 160
Fairfax, VA 22033-3309
USA

Tel: (800) 929-4040
Fax: (703) 691-2713
Web: www.foodallergy.org
Email: faan@foodallergy.org

Canadian MedicAlert Foundation

MedicAlert is a non-profit organization which is the leading provider of emergency medical information services linked to customized bracelets and jewelry for Canadians with medical conditions and special medical needs.

2005 Sheppard Avenue East, Suite 800
Toronto, ON
M2J 5B4

(800) 668-1507 / (416) 696-0267
Fax: (800) 392-8422
Web: www.medicalert.ca
Email: medinfo@medicalert.ca

Canadian School Boards Association (CSBA)

The CSBA is the national voice of school boards in Canada, representing over 400 school boards. The organization works to ensure that the needs and concerns of the education system are heard at the national level. Download a free copy of *Anaphylaxis: A Handbook for School Boards* from their website.

340 Laurier Avenue West
P.O. Box 2095
Ottawa, ON
K1P 5W3

Tel: (613) 235-3724
Fax: (613) 238-8434
Web: www.cdnsba.org
Email: admin@cdnsba.org

Section 9

Forms/Sample Letters

Forms:

- Form 3D:12-A – Anaphylaxis Emergency Response Plan and Protocol
- Form 3D:12-B – Transportation Emergency Information
- Form 3D:12-C – 911 Protocol – Anaphylaxis

Sample Letters:

- Sample Letter to Parents of Anaphylactic Student's Class
- Sample Letter to All Parents in School
- Sample Letter to Parents of Students re: Bus
- Sample Newsletter Articles



Anaphylaxis Emergency Response Plan and Protocol

STUDENT INFORMATION

(to be completed by Parent/Guardian)

Student Name:		STUDENT PHOTO REQUIRED
Address:		
Home Phone#:	D.O.B.	
Father:	Daytime Contact #:	
Mother:	Daytime Contact #:	
Emergency Contact :	Daytime Contact #:	
Family Physician:	Contact #:	
Health Card #:		

ALLERGY DETAILS

Nature of Allergy: Peanuts Treenuts Eggs Milk Wheat Latex
Insect Stings_____ Medication_____ Other_____

Symptoms of Reaction: Hives Nausea/Vomitting Difficulty Breathing/Swallowing Panic
Coughing, Wheezing/Change of Voice Fainting/Loss of Consciousness Swelling of Body Parts
Other (please specify)_____

Medication: _____ **Dosage:** _____

Additional Instructions or Information:

EMERGENCY MEASURES

- Get EpiPen® (epinephrine) or other medication and administer immediately.
Location_____
- HAVE SOMEONE CALL AN AMBULANCE and advise of need for an EpiPen® (or go to hospital)
- Unless student is resisting, lay student down, tilt head back and elevate legs, cover and reassure student.
- Record the time at which the EpiPen® was administered.
- Have someone call the parent/guardian/ or emergency contact.
- If the ambulance has not arrived in 10-15 minutes, and breathing difficulties are present, administer a second EpiPen®.
- Even if symptoms subside, student may require medical attention because there may be a delayed reaction, take the student to the hospital immediately in the ambulance.
- If possible, have a school staff member accompany the student to the hospital.
- Provide ambulance and/or hospital personnel with a copy of the Emergency Response Plan and Protocol for the student and the time at which the EpiPen® or medication was administered.

I agree that the school may post my student's picture, take the Emergency Measures and that this information will be shared, as necessary, with the staff or the school and health care providers.

Date

Parent/Guardian Signature



An EpiPen Emergency
Transportation Information
School Year - _____

Form 3D:12-B

Student Name _____

School _____ Grade _____

Parents/Guardians _____

Telephone/Home _____

Address _____

Telephone/Work _____

Location of the EpiPen _____

Family Doctor _____ Phone _____

Insert student's
photo.

School Bus Operator _____

A.M. Bus _____ Driver _____

Mid-Day Bus _____ Driver _____

P.M. Bus _____ Driver _____

Medical condition _____

Allergy to _____

Administer EpiPen: Student must immediately be transported to _____

DISPATCH

1. Obtain exact location/time of administration.
2. Call 911
3. Call Manager of Transportation – (519)345-2440 or 1(800)265-8508

I agree that this form may be shared with the school bus operator and the operator may take the necessary Emergency measures.

Parent/Guardian _____ Date _____

To be Posted by Telephone

911 Protocol – Anaphylaxis

1. **Emergency Phone Number**
2. **Hello, my name is** _____
3. **We are located at:**
Address: _____
Nearest major intersection: _____
4. **Tell them:**
“We need an ambulance immediately. We have a child going into anaphylactic shock. An EpiPen[®] is being given now.”
5. **Give the following information about the child:**
 - level of consciousness
 - breathing
 - bleeding
 - age
6. **My phone number is** _____
7. **The closest entrance for the ambulance is on:**

8. **Do you need any more information?**
9. **How long will it take you to get here?**
10. **Tell them:** “A staff member will meet you at the entrance to provide further information:
11. **Call the parents/guardians/emergency contact.**

(School Letterhead)

Sample Letter to Parents of Anaphylactic Student's Class

Date:

Dear Parents/Guardians

This year there is a student in your child's classroom who has a severe allergy to _____
_____. This allergy, known as anaphylaxis, is a life threatening
and dangerous condition which could lead to coma and death. This is a serious concern to all of us since
children who suffer from this allergy may go into anaphylactic shock and cease breathing within minutes when
they come into contact with even a trace amount of this substance.

At _____ School, providing a safe environment where all children can learn and
grow to their potential is of utmost importance. To ensure that this is true in your child's classroom it has been
designated an "**Allergen Free Area**". We respectfully ask that you do not send _____

_____ with your child to school. Your cooperation will help us to
ensure that all children are safe and healthy in our care. Please speak to your child about not sharing lunches
and snacks with other children.

Please feel free to contact me at the office if you have any questions or concerns about this issue. Your
support and care for the safety of all the children in our school family is always appreciated.

Sincerely,

Principal

(School Letterhead)

Sample Letter to All Parents in School

Date:

Dear Parents/Guardians

I am sending you this letter on behalf of our school community to seek your cooperation in ensuring the health and safety of all the children in our school family.

A student (or a number of students) has a condition called **Anaphylaxis**. This is a severe allergic condition that can result in death for the child. It is vital that we all join together to ensure that our school is a safe, secure place where all children can come and be protected. In this instance, our student(s) is allergic to

The classroom in which the student is placed is declared as an "Allergen Free Area". All students, staff and visitors at our school are asked to observe the following guidelines:

1. Snacks are not to be shared with other students.
2. Utensils are not to be shared with other students.
3. Hands are to be washed after eating anything that may contain allergen products. Traces of the allergen can get on the bus seats or playground equipment, desks and personal belongings.

Thank you for your cooperation and support regarding this matter. At _____ School we are blessed to be able to count on all of our school family to help us create and maintain a safe, secure school environment for all our children. As always, if you have any concerns or questions about this issue, please feel free to contact me at the office at your convenience. In the near future, the school will announce a parent meeting for you to become acquainted with the Board's Anaphylaxis (Allergy) Policy and our school procedures.

Sincerely,

Principal

(School Letterhead)

Sample Letter to Parents of Students re: Bus

Date:

Dear Parents/Guardians

At _____ School we have students with severe, life threatening allergies to

However, this does not guarantee that an accident will never happen. Therefore, we do have emergency procedures in place at school and for the possibility that an emergency may occur when the student is riding the bus.

The Huron-Perth Catholic District School Board has a policy that prohibits eating and drinking on the bus. This policy is in place to ensure the safety of all students. Adhering to the policy of no consumption of food or beverages may mean the difference between life and death for a child.

Please discuss with your children the extreme importance of following this rule. In this manner, we can all share in preventing what could become a tragic situation.

As always, I thank you for your cooperation and support with this matter. Please feel free to contact me at the office if you have any questions or concerns about this issue.

Sincerely,

Principal

Sample Newsletter Articles

Allergy Alert

We felt that all parents would like to be aware that there is a child (or several children) in our school with a severe life threatening food allergy (anaphylaxis) to peanuts and nuts. This is a medical condition that causes a severe reaction to specific foods and can result in death within minutes. Although this may or may not affect your child's class directly, we want to inform you so that you may choose to send foods to school with your child that are free from peanuts or nut products. There will be more information about anaphylaxis at our Meet the Teacher Night. Thank you for your understanding and cooperation.

Life-Threatening Allergies

Many children have allergies. A few, however, are life-threatening. Some children, for example, are severely allergic to peanut products, including peanut butter. Even a tiny bit can be fatal within minutes. Nuts, shellfish, fish, eggs and milk are also known to cause severe reactions.

Our school board has a policy in place to help protect children with life-threatening allergies. If you are the parent of a child with life-threatening allergies, we need your cooperation in providing the school with current medical information and assistance in developing a plan to protect your child's health. When that plan is in place, we will be asking for the cooperation of all parents and students in the school to help protect the allergic child from danger.

With your help, we will do our best to prevent mishaps and to make sure that all of our students are safe, healthy and able to concentrate on learning.

If you would like further information about our policies and practices, please call the school.

ALLERGY ALERT

This building is an “Allergen Aware Environment”. These substances may jeopardize student safety and are restricted in this building.