

**PARENT/
GUARDIAN**

**ANAPHYLAXIS
PACKAGE**

ELEMENTARY/SECONDARY

JUNE 2007

PARENT/GUARDIAN INFORMATION & RESPONSIBILITIES:

The Board and its schools provide a 'MINIMIZED ALLERGEN ENVIRONMENT' for children with life threatening allergies. 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 EpiPen® 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 or administer antihistamines or asthma medication etc. prior to administering the EpiPen®.)*

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.
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.'

To comply with the above obligations we request that you complete and return the forms found in this package to the school administrator **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**
- **PROOF OF DIAGNOSIS which can be one of:**
 - **a copy/photocopy of the prescription;**
 - **a photocopy of the prescription from the Epi Pen container;**
 - **a copy/photocopy of the Official Receipt of the medication from the pharmacist;**
 - **a letter/note from the physician or allergist.**
- **ANAPHYLAXIS EMERGENCY TREATMENT PLAN**

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"x3"
(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.)

Please Note:

In order that the school complies with the legislated requirements of providing a safe environment for your child, you are strongly encouraged to provide all relevant information and forms about 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: EPI PENS

Please provide your child with - EPI PENS

Ministry of Education Policy and Program Memorandum 81 specifically states that teachers are NOT to administer syringe injections.

(The Twinjet delivery system has a syringe injection when administering the second dose.) As a result Epi Pens are the choice of the Halton Catholic District School Board Schools.

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 Epi Pens looked after by the classroom teacher.

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

TWO. The second Epi Pen will be stored at the school in a secure, accessible but not locked location in case a second injection is required.

Please Note:

In order that the school complies with the legislated requirements of providing a safe environment for your child, you are strongly encouraged to provide the medication (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 EPI PENS:

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

CHANGE OF INFORMATION – MEDICATION:

Parents are responsible to keep the school up to date with any change of information, diagnosis, medication etc as soon as reasonably possible. If your child has outgrown their allergy or no longer is diagnosed with anaphylaxis please obtain a letter from your physician/allergist and provide this letter to the school principal.

MEDIC ALERT IDENTIFICATION:

- Provide for a Medical Alert Identification for your child.

STUDENT INDIVIDUAL PLAN:

- Meet with school administration/teacher(s) and in consultation develop the contents for the STUDENT INDIVIDUAL PLAN for your child.

- Where possible provide your child with allergen free food products when requested for activities and special events.

□ **TEACH YOUR CHILD:**

- about his/her allergy and substances that trigger a reaction
- strategies in avoiding harmful allergens in the child's environment
- to recognize the symptoms of an anaphylactic reaction
- to communicate clearly to a responsible adult that he/she is anaphylactic student when he/she feels a reaction starting or a general feeling of *unwellness*.
- the importance of carrying/wearing their Epi Pen 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 Epi Pen with them
- 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.
- how to advocate for themselves when 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.
- 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 food allergy before engaging in any physical contact such as kissing.

CHILD/STUDENT INFORMATION AND RESPONSIBILITIES:

- Carry/wear your epinephrine auto-injector on your person at all times.
- Know how to self administer your epinephrine auto-injector.
- 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 Epi Pen 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 Epi Pen on your person.
- 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 to assist if you lose consciousness.
- Report to a responsible adult any and all occurrences of teasing, bullying or threats related to your allergy.

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.
(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/GUADIAN:

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.

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 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

*Physician's signature
(optional)*

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