



Section: Students

**Procedure Pr ST: 11A
Anaphylaxis Procedure
(Including Administration of
Emergency Medication)**

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ST:11 A ANAPHYLAXIS PROCEDURE

(Including Administration of Emergency Medication)

1.0 OBJECTIVE:

The Windsor-Essex Catholic District School Board (the Board) and its employees strive to provide the students entrusted in their care with a safe environment. The Board recognizes the different needs of its students and endeavors to address those needs.

As more and more individuals develop different allergies, the school environment becomes even more complex in meeting the needs of its student body.

The primary concern of educators is to prevent anaphylaxis and resulting serious injury or death.

Food consumption, insect stings, medication, strenuous exercise, environment, and exposure to latex rubber can trigger a life-threatening allergic reaction. The most common allergens are peanuts, tree nuts, seafood, egg, milk, soy, wheat and stinging insects.

It is the Board's intent to recognize these potentially life threatening allergies; to develop awareness throughout the school community; to establish risk reduction strategies; and to develop emergency response procedures in the case of accidental exposure.

This procedure supports Board Policy ST: 11 Student Health Support (Including Medication Administration at School) and Board Policy ST: 11A Anaphylaxis Policy.

2.0 ADMINISTRATION OF EMERGENCY MEDICATION:

- 2.1 Epinephrine Auto-Injectors - for the purposes of clarification, one dose epinephrine auto-injectors, for example the EpiPen® or EpiPen Jr.®, and the first dose of a two dose epinephrine auto-injector, for example the Twinject®, are acceptable. Employees of the Board do not administer the second dose (needle) of the two dose epinephrine auto-injector.
- 2.2 Consistent with Board Policy ST: 11 Student Health Support (Including Medication Administration at School), non-prescription drugs shall not be administered to students by staff.
- 2.3 Situations may arise which require staff to administer prescribed emergency medication. As with any administration of Medication, staff shall abide by the provisions of Board Policy ST: 11 Student Health Support (Including Medication Administration at School).
- 2.4 Request to administer emergency epinephrine by injection for a potentially life threatening allergy shall be made on **Form B - Request and Authorization for the Administration of Epinephrine Auto-Injectors at School (including Epi-Pen®, Epi-Pen Jr®. and Twinject®)** attached.

- 2.5 Administration of epinephrine by injection is restricted to the Epi-Pen® or Epi-Pen Jr.® Auto-injectors or Twinject® Auto-injector (Stage One only). **Employees of the Board do not administer the second dose (needle) of the Twinject®, two dose epinephrine auto-injector.**
- 2.6 If students are of an age, as determined by a physician, to self-administer these injections, they would be expected to carry this medication on their person. The appropriate medical form still must be completed. (see **Form B - Request and Authorization for the Administration of Epinephrine Auto-Injectors at School (including Epi-Pen®, Epi-Pen Jr.®, and Twinject®)** attached.)

The physician and parent/guardian should indicate on the medical form that the student is competent to carry and self-administer his/her medication. (It is highly recommended that each anaphylactic student carry their prescribed emergency medication at all times and that an extra be kept in the office.)

Note 1: **All conditions and requirements stated in the FACT SHEET: USE OF EPINEPHRINE AUTO-INJECTORS IN THE SCHOOL (including EPI-PEN®/EPI-PEN JR.®/TWINJECT®) must be followed.**

Note 2: **If EPI-PEN®/EPI-PEN JR.®/TWINJECT® is given, an ambulance must be called to transport the child to the hospital.**

Note 3: **If Form B Request and Authorization for the Administration of Epinephrine Auto-Injectors at School (including Epi-Pen®, Epi-Pen Jr.®, and Twinject®) has not been executed, but staff has reason to believe that a student is experiencing an anaphylactic reaction, the staff member may administer an epinephrine auto-injector prescribed to the student.**

Note 4: **It is the Principal's responsibility to initiate contact with the Public Health Nurse and to ensure training sessions for all teachers and school personnel are provided.**

Note 5: **It is the Principal's responsibility to provide the Windsor-Essex Student Transportation Services with the information specified in their Medication Policy and Procedures.**

Note 6: **A copy of Procedure ST: 11A Anaphylaxis Procedure (Including Administration of Emergency Medication) shall be available in all schools to assist staff who care for students with severe allergies.**

3.0 RESPONSIBILITY OF PARENTS/GUARDIANS OF CHILDREN WITH LIFE-THREATENING ALLERGIES:

- 3.1 To provide information to the principal with respect to the student's medical condition, including all necessary forms as found in the Board's policy and procedure, and the school's anaphylaxis plan. This would include completion of the following:
 - i. Form A, Individual Anaphylactic Plan (With Plan for Emergency Treatment)
 - ii. Form B, *Request & Authorization for the Administration of Epinephrine Auto-Injectors at School (including Epi-Pen®, Epi-Pen Jr®, and Twinject®)*
- 3.2 To meet with the principal to assist with the preparation of the Individual Anaphylactic Plan (With Emergency Treatment Plan) (Form A) for the student prior to or immediately after the beginning of the school year.
- 3.3 Complete Form B - *Request & Authorization for the Administration of Epinephrine Auto-Injectors at School (including Epi-Pen®, Epi-Pen Jr®, and Twinject®)* prior to or immediately after the beginning of the school year.
- 3.4 Provide a minimum of two (2) prescribed Epinephrine Auto-Injectors (Epi-Pen® or Epi-Pen Jr.® Auto-injectors, or Twinject® Auto-injectors) as recommended by Anaphylaxis Canada.
- 3.5 Ensure that the prescribed Epinephrine Auto-Injector is carried by the anaphylactic student in an identified location during transport by school bus.
- 3.6 Ensure that an prescribed Epinephrine Auto-Injector is carried by the student at all times, if the student has been deemed competent to administer the prescribed emergency medication. A second prescribed Epinephrine Auto-Injector would be required for the office.
- 3.7 Strongly encourage the child to wear a MEDIC ALERT BRACELET or similar medic alert accessory (e.g. bracelet, pendant, watch)
- 3.8 To ensure that the information in the student's file is kept up-to-date with the medication that the pupil is taking.

4.0 RESPONSIBILITY OF PRINCIPAL:

- 4.1 It is the responsibility of the Principal to develop a school anaphylaxis plan. A plan shall be put in place in each school whether or not there are students present at the school who have been diagnosed as anaphylactic.

- 4.2 The Principal shall ensure the following through the development and maintenance of the school's anaphylaxis plan:
- i. Strategies are in place to reduce the risk of exposure to anaphylactic causative agents in classrooms and common school areas including:
 - Strategies set out in the attached Schedule "A" entitled *Students With Allergies to Bee Stings*.
 - Strategies set out in the attached Schedule "B" entitled *Guidelines for Creating Safe and Healthy Schools for Students Who Have Anaphylactic Allergies*.
 - A parent/guardian, or an adult designated by the parent/guardian or staff, who is acquainted with the individual plan and emergency procedure and who has been trained in the administration of Epi-pen® or Epi-Pen Jr.® Auto-injectors, or Twinject® Auto-injectors, shall accompany the student on all out-of-school activities. Students shall not take part in the activity if this is not in place.
 - A copy of the Individual Anaphylactic Plan (With Emergency Treatment Plan) (Form A), including relevant injection procedures for the prescribed Epinephrine Auto-Injector (see Schedule "K" Epi-Pen® /Epi Pen Jr.® Injection Procedure and Schedule "L" Twinject® Injection Procedure), and the prescribed epinephrine auto-injector shall accompany the student on all out-of-school activities. Students shall not take part in the activity if this is not in place.
 - ii. That a communication plan be established for the dissemination of information on life-threatening allergies to parents, students and employees. That communication plan shall include:
 - Placing the Individual Plan (With Emergency Treatment Plan) (Form A), in the staff room, all classrooms where the anaphylactic pupil will take instruction, and the main office, and providing a copy to transportation providers and food service providers. **NOTE: Each copy of the Individual Anaphylactic Plan (With Emergency Treatment Plan) (Form A), must include the relevant injection procedure as an attachment to the Individual Anaphylactic Plan (see attached Schedule "K" Epi-Pen® /Epi Pen Jr.® Injection Procedure and Schedule "L" Twinject® Injection Procedure.**
 - Directing the teacher(s) to place the Plan in the 'STUDENT INFORMATION FILE' or Daily Plan Book and file an ACTION PLAN in the Ontario School Record Folder (OSR).
 - Ensuring that staff members and all others who may come in contact with students with life-threatening allergies, including educational assistants, occasional teachers, transportation providers (school bus driver/taxi operator and bus company), lunchroom supervisors, foodservice staff, volunteers, etc.) are fully briefed on the Boards Anaphylactic Policy and Procedure, as well as the school's anaphylaxis plan. This shall be done at the beginning of each school year and when new staff is hired or other individuals who may have contact with anaphylactic students first come into the school.

- Reviewing with those in direct contact with anaphylactic students, the Individual Plan (With Emergency Treatment Plan) (Form A) for each student with whom they will have contact (this would include staff, educational assistants, occasional teachers (answering service), lunchroom supervisors, foodservice staff, volunteers, school bus driver / taxi operator, school bus company), provided Form A Individual Anaphylactic Plan (With Plan For Emergency Treatment) has been completed and signed by the parent/guardian.
 - A communication in September of each year to students, parents, and school council similar to that set out in Schedule “C”, to create a general awareness of life-threatening allergies within the school. Reminders as set out in Schedules “D” - “H” should be forwarded each semester or periodically through the school year.
 - Ensure that a copy of the Individual Anaphylactic Plan (With Emergency Treatment Plan) (Form A), including relevant injection procedures for the prescribed Epinephrine Auto-Injector (see Schedule “K” Epi-Pen® /Epi Pen Jr.® Injection Procedure and Schedule “L” Twinject® Injection Procedure), and the prescribed epinephrine auto-injector accompany the student on all out-of-school activities. Students shall not take part in the activity if this is not in place.
 - Encourage the child to wear a MEDIC ALERT BRACELET or similar medic alert accessory at all times.
- iii. The student has the required number of prescribed Epinephrine Auto-Injectors (**Epi-Pen® or Epi-Pen Jr.® Auto-injectors, or Twinject® Auto-injectors**) and that they are clearly marked with the student’s name and known allergen. The location as to where the epinephrine auto-injectors are stored should be clearly communicated.
- iv. The epinephrine auto-injectors are stored in a secure but accessible location where there is regular staff supervision.
- v. Regular training on dealing with life-threatening allergies is provided to all staff and others who are in direct contact with pupils on a regular basis.

The Public Health Nurse shall be contacted to provide training on administering Epi-Pen® or Epi-Pen Jr.® Auto-injectors, or Twinject® Auto-injectors to all staff and others in direct contact with students on a regular basis at the beginning of each school year. Should the staff change at any time throughout the year, the Principal shall ensure training is provided to the new staff members.

The Principal shall maintain a log as set out in Form C - *Anaphylaxis Education Training – Attendance Record* that details the names of those who have completed the training.

- vi. Within the school registration process, parents, guardians and students are asked whether any life threatening allergies exist and if they do, parents, guardians and students are asked to provide information on those allergies.

- vii. Together with the parents/guardians, develop and maintain an individual plan for a student with an anaphylactic allergy as set out in Form A that is consistent with the Board's policy and protocol and that includes the following:
 - Details informing employees and others who are in direct contact with the student on a regular basis of the type of allergy, monitoring and avoidance strategies, and appropriate treatment.
 - A readily accessible emergency plan, including emergency contact information.
 - Storage of epinephrine auto-injectors and clear communication to staff and others as to the storage location.
- viii. Maintain a file in the office for each anaphylactic student of current treatment and other information, including a copy of any prescriptions, instructions from the student's physician, and a current emergency contact list. This file would include the individual plan set up by the parents with the school.
- ix. When a prescribed medication is referred to in the student's file and that medication has not been provided, or when updated documentation has not been provided, the Principal shall make a request in writing, as set out in Schedule "J", with a request for acknowledgment of receipt of the letter. A copy of the letter shall be kept in the file. If the acknowledgment, medication, or required documentation is not received by the date specified within the request, the Principal shall contact the parents/guardians with a verbal request and document the date of that request within the student's file.

5.0 RESPONSIBILITY OF TEACHER:

- 5.1 Be familiar with and follow the Board's Anaphylactic Policy and Procedure, as well as the school's anaphylaxis plan.
- 5.2 Participate in regular training on dealing with life-threatening allergies.
- 5.3 Ensure that the student has the prescribed Epinephrine Auto-Injectors (Epi-Pen® or Epi-Pen Jr.® Auto-injectors, or Twinject® Auto-injectors) with the name of the student and allergen fully outlined.
- 5.4 Educate students on how to respond to students with life-threatening allergic reactions.
- 5.5 Post a sign on the classroom door advising everyone of the allergen and the caution to be followed.
- 5.6 Send a personal note to the parents/guardians advising them of the allergen and the life-threatening reactions to this allergen.
- 5.7 Encourage the students, parents/guardians to avoid sending food to school containing these allergens and when any food is sent to the class to be shared, to ensure that a complete list of the ingredients is provided.

- 5.8 Establish a no sharing of food, drinks or eating utensils rule during lunch and snack times.
- 5.9 Ensure that the prescribed Epinephrine Auto-Injector(s) and the Individual Anaphylactic Plan (With Emergency Treatment Plan) (Form A), including relevant injection procedures for the prescribed Epinephrine Auto-Injector (see Schedule “K” Epi-Pen® /Epi Pen Jr.® Injection Procedure and Schedule “L” Twinject® Injection Procedure), accompany each anaphylactic student on out-of-school activities.
- 5.10 Encourage all students to wash their hands with soap and water after handling food.
- 5.11 Provide clear information for occasional teachers, including:
- Leaving a message with the answering service for the occasional teacher indicating that there is an anaphylactic student in the class and directing the occasional teacher to seek more information from the Principal or administration upon arrival at the school;
 - Leaving a copy of the Individual Anaphylactic Plan (With Emergency Treatment Plan) (Form A), including relevant injection procedures for the prescribed Epinephrine Auto-Injector (see Schedule “K” Epi-Pen® /Epi Pen Jr.® Injection Procedure and Schedule “L” Twinject® Injection Procedure) for all students in their class with anaphylaxis at the teacher’s desk at all times;
 - Keeping a copy of the Individual Anaphylactic Plan (With Emergency Treatment Plan) with the teacher’s day plan.
- 5.12 Ensure that desks or eating surfaces are kept clean.
- 5.13 Ensure that volunteers or older students who may supervise students have appropriate information/training.

6.0 RESPONSIBILITY OF THE STUDENT HAVING LIFE THREATENING ALLERGIES:

- 6.1 Take as much responsibility as possible to avoid allergens.
- 6.2 Adhere to the “no sharing of food or drinks rule”.
- 6.3 Eat only foods brought from home.
- 6.4 Wash hands before and after eating.
- 6.5 Learn to recognize the symptoms of an anaphylactic reaction.
- 6.6 Promptly inform an adult as soon as possible as symptoms appear.
- 6.7 Keep a prescribed Epinephrine Auto-Injector(s) handy at all times.

- 6.8 Know how to use their prescribed Epinephrine Auto-Injector.
- 6.9 Wear a MEDIC ALERT BRACELET or other medic alert accessory.

7.0 RESPONSIBILITY OF ALL PARENTS:

- 7.1 Be aware of and comply with the school's anaphylactic plan.
- 7.2 Respond co-operatively to requests from the school to eliminate allergens from packed lunches and snacks.
- 7.3 Participate in parent information sessions.
- 7.4 Encourage students to respect the needs of the anaphylactic student and school policies and procedures.
- 7.5 Educate students to refrain from 'bullying' or 'testing' a student with a food allergy.
- 7.6 Respond cooperatively to requests from the school to refrain from sending in food-based treats for holidays or special events.

8.0 RESPONSIBILITY OF WINDSOR-ESSEX STUDENT TRANSPORTATION SERVICES:

- 8.1 Ensure that all school bus contractors, transportation officials provide annual training sessions to their dispatchers, regular and replacement drivers as to:
 - recognize the symptoms of an anaphylactic attack and how to respond to life threatening allergic reactions, including the need to administer an Epinephrine Auto-Injector (Epi-Pen® or Epi-Pen Jr.® Auto-injectors, or Twinject® Auto-injectors)
 - proper method of administering an Epinephrine Auto-Injector (Epi-Pen® or Epi-Pen Jr.® Auto-injectors, or Twinject® Auto-injectors)
 - determining the need for a second injection, in the case of Epi-Pen® or Epi-Pen Jr.® Auto-injectors. (Do not administer the second dose (needle) of the two dose epinephrine Twinject® auto-injector.)
 - activation of 911 system
- 8.2 Ensure that the driver has a copy of the student 's Individual Anaphylactic Plan (With Emergency Treatment Plan) (Form A), including relevant injection procedures for the prescribed Epinephrine Auto-Injector (see Schedule "K" Epi-Pen® /Epi Pen Jr.® Injection Procedure and Schedule "L" Twinject® Injection Procedure).
- 8.3 Mandate that the identified anaphylactic student (up to and including grade 6) be assigned priority seating on a daily basis.

- 8.4 Recommend, rather than mandate, that students in grade 7 to grade 12 have priority seating.
- 8.5 Maintain a current list of anaphylactic students.
- 8.6 Ensure that the driver of a bus that is carrying an anaphylactic student post allergy aware notices which include the prohibition against eating on the bus, and a recommendation that students not bring nuts or nut products on to the bus.
- 8.7 Ensure that the driver of a bus carrying an anaphylactic student enforces the rule against eating on the bus.

9.0 RESPONSIBILITY OF FOOD SERVICES (SECONDARY):

- 9.1 Ensure that the Individual Anaphylactic Plan (With Emergency Treatment Plan) (Form A), including relevant injection procedures for the prescribed Epinephrine Auto-Injector (see Schedule “K” Epi-Pen® /Epi Pen Jr.® Injection Procedure and Schedule “L” Twinject® Injection Procedure) received from the Principal is available in the food service provider’s office.
- 9.2 Ensure that all food service personnel are trained to reduce the risk of cross-contamination through purchasing, handling, preparation and serving of food.
- 9.3 Ensure that the contents of all foods served in school cafeterias and brought in for special events are clearly identified.
- 9.4 Participate in the school’s anaphylaxis training on how to recognize the symptoms of an anaphylactic attack and how to respond to life threatening allergic reactions, including the administration of Epinephrine Auto-Injectors (Epi-Pen® or Epi-Pen Jr.® Auto-injectors, or Twinject® Auto-injectors).

10.0 PROCEDURES FOR OCCASIONAL TEACHERS:

- 10.1 It shall be a condition of employment with the Board that all occasional teachers complete the training offered by the Board with respect to allergen avoidance strategies, identifying the symptoms of an anaphylactic reaction and the administration of Epinephrine Auto-Injectors (Epi-Pen® or Epi-Pen Jr.® Auto-injectors, or Twinject® Auto-injectors).
- 10.2 The Board shall offer the training in August of each year. Should the Occasional Teacher begin employment after that time, he or she shall make arrangements to obtain training with the Public Health Nurse before being placed on the supply list.
- 10.3 A teacher calling the answering service shall leave a message for the occasional teacher indicating that there is an anaphylactic student in the class and direct the occasional teacher to seek more information from the Principal or administration upon arrival at the

school.

- 10.4 The regular teacher, who has a student with anaphylaxis, will leave a copy of the Individual Anaphylactic Plan (With Emergency Treatment Plan) (Form A), including relevant injection procedures for the prescribed Epinephrine Auto-Injector (see Schedule “K” Epi-Pen® /Epi Pen Jr.® Injection Procedure and Schedule “L” Twinject® Injection Procedure) at his/her desk at all times.
- 10.5 A copy of the Plan shall be kept with the teacher’s day plan.
- 10.6 The Principal or designate shall brief the occasional teacher about any anaphylactic students in the class.

11.0 REFERENCES:

Board Policy ST: 11A Anaphylaxis Policy
Policy ST:11 Student Health Support (Including Medication Administration at School)
Procedure ST:11 Student Health Support (Including Medication Administration at School)
Board Policy SC:04 Field Trips
Board Policy ST15 Accidents/Students
Policy A14 Promoting and Supporting Equity & Inclusion Within a Catholic Community
Procedure PR H06A Procedure for the Disposal of Sharps

Sabrina’s Law, 2005
Municipal Freedom of Information and Protection of Privacy Act
Ontario Student Record Guidelines
Ministry of Education PPM 81 Provision of Health Support Services in School Settings
Anaphylaxis: A Handbook for School Boards - Canadian School Boards Association, 2001



SCHEDULE “A”

STUDENTS WITH ALLERGIES TO BEE STINGS
Strategies For Reducing Risk of Exposure

Students allergic to insect venom may have severe allergic reactions and must be attended to immediately.

Have insect nests found on school property professionally relocated or destroyed, as appropriate.

Students are to be removed from the room if a wasp or bee enters the room.

Ensure that garbage or receptacles are properly closed as to not attract bees or wasps.

Review proper procedures to anaphylactic reactions whenever the student attends field trips.

Have a “buddy system” in place on the playground and on field trips.

Ensure that the Windsor-Essex Student Transportation Services and the school carriers are informed if a student has allergic reactions to bee stings.

Students allergic to stinging insects should:

- Carry their prescribed Epinephrine Auto-Injectors (**Epi-Pen® or Epi-Pen Jr.® Auto-injectors, or Twinject® Auto-injectors**) with them during insect season
- Stay away from areas where stinging insects gather such as gardens, hedges, fruit trees, and garbage cans
- Wear light colours and avoid loose flowing garments or hair that could entrap an insect (tie hair back)
- Wear shoes instead of sandals during the warm weather; do not go barefoot
- Avoid highly fragrant varieties of products such as perfumes, colognes, suntan lotions, cosmetics, hair sprays or deodorants which attract insects
- Drink from cups rather than beverage cans or bottles where insects can hide. Use a straw if drinking beverages outdoors.



SCHEDULE "B"

**GUIDELINES FOR CREATING SAFE AND HEALTHY SCHOOLS
FOR STUDENTS WHO HAVE ANAPHYLACTIC ALLERGIES**

School staff and parents are responsible for creating a safe and healthy environment for students. This is an additional challenge for schools attended by students with anaphylaxis. For some students, severe allergic reactions can be triggered not only by eating foods, but also by their touch and smell. This has an implication for the whole school not just individual classrooms.

Medications, insect stings, latex products, exercise or foods may induce anaphylaxis; however, the greatest danger is from allergenic foods.

Principals and School Councils are encouraged to consider items other than food as the focus of special events or fund-raising activities.

Although the risk to students cannot be eliminated entirely, schools can be made safer for the anaphylactic student if the following checklist is followed:

CHECKLIST FOR A SAFER SCHOOL ENVIRONMENT

- Ensure that instructions from the student's physician are received and reviewed annually with proper changes, if necessary.
- Ensure that information within the student's file is updated at least once yearly.
- Ensure that emergency medication is labeled with the student's name and expiry date and kept in a safe place that is accessible to all staff.
- Obtain necessary information concerning identified students at the time of registration.
- Generate a list of identified students with anaphylactic allergies and post the list for all staff personnel.
- Post the Life-threatening Allergy Protocols in locations accessible to staff.
- Inform the answering service of anaphylaxis in the school and name the allergen.
- Forward appropriate information of identified anaphylactic students to the Windsor-Essex Student Transportation Services to be shared with the school bus carriers
- Ensure proper training for staff.
- Include pertinent information in a School Newsletter.
- Forward letters home to all students and individual classes in order to minimize the risk of bringing food allergens to school.

- Teacher plan books should provide clear instructions for Occasional Teachers, and the procedures for Occasional Teachers as set out in Section 10.0 of Pr ST: 11A Anaphylaxis Procedure (Including Administration of Emergency Medication) should be strictly followed.
- Advise anaphylactic students that they must eat only the foods they bring to school.
- No one trades or shares food, cups or straws with anaphylactic students.
- Efforts should be made to choose allergen-free foods for classroom events and activities.
- Extra precautions should be taken around holidays including reminder notices going home and attempts to encourage plans and activities that are not food oriented.
- Remind cafeteria staff of the risks of cross contamination of foods.
- Encourage hand washing before and after eating.
- Keep desks or other eating surfaces clean.
- Place food on a napkin or wax paper rather than in direct contact with a desk or table.
- Parents/guardians should provide a detailed labeling of foods they send into the classroom for student consumption.
- Older students or volunteers who assist in the classroom should be informed and trained to handle anaphylactic students.
- Ensure that plans are in place for field trips or activities in another classroom, the schoolyard, the gymnasium, or other common areas in the school.
- Review emergency plans with teachers/volunteers before a field trip.
- Anaphylactic students should not be allowed to participate in garbage clean-ups.
- A “buddy system” is established in the classroom, playground, on the school bus and on field trips.
- Staff must refrain from eating foods containing allergens and proper steps should be taken to neutralize the effect, if this happens.

SCHEDULE "C"

Sample Letter

September letter declaring school an Allergen-Aware Facility

(On school letter –head)

Dear Parents/Guardians,

As we begin this new school year we would like to remind you that
_____ School is an allergen aware school.

There are students attending our school who have severe, potentially life threatening allergies. Exposure of these students to certain allergens can cause reactions affecting airway and circulation.

Although we can never guarantee an “allergy free” school, we ask that you join us in our commitment to create as safe an environment as possible for these students.

The most common allergens are peanuts, tree nuts, seafood, egg, milk, soy, wheat and stinging insects. Reactions to peanuts, tree nuts and shellfish tend to be the most serious. Peanut allergies are the leading cause of food-induced anaphylaxis death.

We have a school anaphylaxis plan in place, which includes strategies for reducing risks for these students. Could you please join us in that endeavour and refrain from sending any lunches or snacks that contain peanuts, peanut butter, nuts or nut products.

Your understanding and support would be appreciated.

Yours truly,

Principal

SCHEDULE "D"

SAMPLE LETTER TO PARENTS

After Health Nurse has been in

(Use school letterhead)

Dear Parent/Guardians,

We had the pleasure of having a nurse from the Windsor Essex Health Unit speak to the students regarding allergies, including one of the most deadly, an allergy to peanuts.

From her presentation we learned that:

- ✓ The deaths that occur are generally caused by cross-contamination, i.e., a trace of peanut butter that is left on a hand, a knife, a desk or another object – the student who is allergic could inadvertently touch this trace amount and a reaction (or even death) could occur
- ✓ After eating peanut butter at home, students and parents should wash thoroughly with soap and water before coming to school
- ✓ We have just a few minutes to administer emergency medication (an injection used for severe allergic reactions such as hives, swelling, difficulty breathing, wheezing)
- ✓ Children with severe allergies should be able to feel as confident and safe as possible knowing that all precautions have been taken

The number of students allergic to peanut butter and nut products in our school is growing, and this year we have a student in grade (level) at the very highest risk level.

Since our goal is to establish as safe an environment as possible when a child is at stake, we are asking for your help and understanding in having (name of teacher)'s classroom free from peanut butter and all nut bi-products.

Your understanding and support would be appreciated.

Yours sincerely,

Principal

SCHEDULE "E"

SAMPLE LETTER TO PARENTS

re: Medical Danger
(Use school Letterhead)

Dear Parent/guardians,

Re: Medical Danger

One of our grade (level) students has a life-threatening allergy to all nuts. The only way to ensure a safe environment for this child is to make our classroom nut-free. To do this we need everyone's co-operation.

Please check the ingredients of all foods your children bring to school. Coconut is not a risk factor for students with nut allergies but only for students with specific coconut allergies.

In a classroom setting, cross-contamination is the greatest risk from this type of allergy. Cross-contamination is when a few crumbs from one child's snack are dropped and then picked up by an allergic child. Even a small amount can kill.

It is difficult, at the best of times, to get children to eat healthy snacks. However, I hope you will appreciate the seriousness of this condition and that you will assist us at the school in our efforts to create as safe an environment as possible. With your co-operation, we can minimize the risk of an allergic reaction.

Anyone wishing further information about this type of allergy might contact the school.

Yours sincerely,

Principal

SCHEDULE "F"

ACKNOWLEDGEMENT OF RECEIPT OF LETTER

Please return this form to the school

We, the parents/guardians of _____
Name of Student

Have received and read the letter regarding the student with a life-threatening allergy.

Signature of Parents/Guardian

Date

SCHEDULE "G"

SAMPLE LETTER TO PARENTS

Simple Reminder/Thank You

(Use school Letterhead)

Dear Parent/Guardians,

Re: Peanut and Nut Allergies

The children in our school with severe peanut and nut product allergies and their families would like to join me in thanking you for your understanding and co-operation as a result of the request to avoid sending peanut and nut products to school. There has been a reduction in the number of peanut and nut products brought to school in snacks and lunches, and we would like to thank you for continuing not to send these products to school with your child.

Since even a minute amount of the allergic substance can cause a life-threatening reaction, keeping it out of the classroom is our best method of preventing a serious reaction at school.

Please refrain from sending any foods containing peanuts or nut by-products.

Thank you again for your co-operation in this important issue.

Yours sincerely,

Principal

SCHEDULE "H"

SAMPLE LETTER TO PARENTS

Reminder at Holidays

(Use school Letterhead)

Dear Parents/Guardians,

As (Halloween, Christmas, Easter) approaches we would like to remind you that there are children with life threatening allergies in our school. Could we ask for your continued cooperation in not sending to school any food products that contain peanuts or nut by-products?

We appreciate your endeavours to make this special time more enjoyable for the students and we would ask you to consider non-food treats such as pencils, stickers, or inexpensive toys. Your child's teacher may be able to assist you with some ideas.

Thank you for your continued support. Wishing you and your family a safe and happy (Christmas, Halloween, Easter).

Yours truly,

Principal

SCHEDULE "I"
Example – Signage

**THIS IS AN
ALLERGEN – AWARE
SCHOOL**

**THERE ARE INDIVIDUALS IN OUR
SCHOOL WHO HAVE LIFE-
THREATENING ALLERGIES**

**PLEASE CONTACT THE OFFICE FOR FURTHER
DETAILS.**

SCHEDULE "J"

REQUEST FOR INFORMATION OR MEDICATION

(On School Letterhead)

Dear Parent/Guardian:

Our files indicate that **(student's name)** has a potentially life-threatening allergy to **(state allergy)**.

We require the following in order to provide for the safety of your child:

1. A complete and updated Individual Anaphylactic Plan (with Emergency Treatment Plan) Form.
2. A completed Request & Authorization for the Administration of Epinephrine Auto-Injectors at School (including Epi-Pen®, Epi-Pen Jr®, and Twinject®), if not already completed.
3. Receiving a minimum of two (2) prescribed Epinephrine Auto-Injectors to be kept at the office or confirmation that one or both Epinephrine Auto-Injectors will be carried at all times with the student. If the student intends on keeping one with him/her the other must be kept at the office.

Your prompt attention to the above is appreciated. We would welcome an opportunity to meet with you to discuss you child's allergy. Please provide this information/medication by **(date)**.

Yours sincerely,

Principal

.....
PLEASE RETURN THIS FORM TO THE SCHOOL

We, the parents/guardians of **(name of student)** have received and read the letter requesting documentation and medication relating to our child's allergy.

Signature of Parents/Guardians

Date

SCHEDULE "K"

Epi-Pen® / Epi-Pen Jr® Auto-Injector Injection Procedure

- Remove Epi-Pen® / Epi-Pen® (Epi-Pen) from case
- Pull off grey safety cap
- Jab into OUTER MID THIGH of child's leg with the black tip end of the needle (may be done through light or a single layer of clothing if necessary but no thicker than jeans)
- A click will be heard
- Wait for fluid to enter the body (10 seconds – counting: One-one thousand, two-one thousand, etc.)
- Child should be rushed to the hospital after administration of Epi-Pen
- Additional Epi-Pens should accompany the child in case a second injection is required
- A maximum of 3 injections are to be administered
- Note the time of the first injection
- Second injection of the Epi-Pen can be administered 10 to 20 minutes after the first injection
- Place the used Epi-Pen in a strong, puncture proof plastic container and send it to the hospital with the child
- Do NOT put it back in the original case as the needle will go through the container and cause injury

NOTE: THIS SCHEDULE MUST BE ATTACHED TO THE COMPLETED FORM A "INDIVIDUAL ANAPHYLACTIC PLAN" IF THIS IS THE STUDENT'S PRESCRIBED EMERGENCY MEDICATION.

SCHEDULE "L"

TWINJECT® AUTO-INJECTOR FIRST DOSE ONLY INJECTION PROCEDURE

- Remove Twinject® Auto-Injector from the carrying case. (First dose directions are printed on the side of the auto-injector.)
- Remove the green cap labeled "1", then remove the green cap labeled "2". While preparing Twinject® be careful not to place your hand, finger or thumb over the RED injection tip.
- Place the RED tip of the Twinject® against the OUTER MID THIGH of child's leg (may be done through light or a single layer of clothing if necessary but no thicker than jeans).
- A click will be heard. Press down firmly until the needle penetrates the skin of the thigh. Wait for fluid to enter the body (10 seconds – counting: One-one thousand, two-one thousand, etc.) - It is important that the Twinject® be administered for the full 10 seconds as failure to do this can result in an inadequate first treatment response.
- Remove the Twinject® from the child's thigh and look to see if the needle is exposed. If it is exposed the child has received the full dose of epinephrine, IF THE NEEDLE IS NOT VISIBLE REPEAT THE FIRST DOSE.
- Call 9-1-1 immediately. The child should be rushed to the hospital after administration of the Twinject®.
- Return the Twinject® to its carrying case. The Twinject® Auto-Injector should accompany the child to the hospital in case a second injection is required.
- Note the time of the first injection.
- The Twinject® Auto-Injector has a second dose that can ONLY be administered by a qualified medical professional or the patient (student) themselves if they are able and have been judged capable of using the device by their physician/medical personnel.

NOTE: THIS SCHEDULE MUST BE ATTACHED TO THE COMPLETED FORM A "INDIVIDUAL ANAPHYLACTIC PLAN" IF THIS IS THE STUDENT'S PRESCRIBED EMERGENCY MEDICATION.

<http://www.twinject.ca/how.php?lang=en>

SCHEDULE "M"

Suggested Information Sources for Resources and Reference Materials

The following are suggested information sources for the school community to access. Many resources may sometimes be borrowed from the Public Library.

1. **On-Line Anaphylaxis Training** (Government of Ontario):
PREVENTION FIRST - for the protection of pupils with life-threatening allergies
www.eworkshop.on.ca/edu/anaphylaxis/index.cfm
2. **Ministry of Education**
<http://www.edu.gov.on.ca/eng/healthyschools/anaphylaxis.html>
3. **Canadian Food Inspection Agency** (Government of Canada)
FOOD ALLERGENS
<http://www.inspection.gc.ca/english/fssa/labeti/allerg/allerge.shtml>
4. **Health Canada** (Government of Canada)
FOOD ALLERGIES AND INTOLERANCES
<http://www.hc-sc.gc.ca/fn-an/securit/allerg/index-eng.php>
5. **Windsor-Essex County Health Unit** (WECHU) www.wechealthunit.org
The local health unit provides a School Resource Package and links to resources pertaining to allergies and anaphylaxis.
 - WECHU Resource - A Checklist for Elementary Schools
 - WECHU Resource - A Checklist for Secondary Schools
6. **Allergy/Asthma Information Association (AAIA)** www.aaia.ca
The AAIA's mission is to create safer environments and improve quality of life for Canadians affected by allergy, asthma, and anaphylaxis by empowering individuals and providing education, leadership, and a national voice. The AAIA provides a variety of products and publications of interest to people who live with allergies, asthma and anaphylaxis, including educational kits, cookbooks, books, storybooks for children, videos, and awareness posters.
7. **Anaphylaxis Canada** www.anaphylaxis.ca
Anaphylaxis Canada is a non-profit organization created by and for people with anaphylaxis. Anaphylaxis Canada's mission is to inform, support, educate, and advocate for the needs of individuals and families living with anaphylaxis and to conduct and support research related to anaphylaxis. Anaphylaxis Canada provides a variety of products and publications of interest to people who live with allergies, asthma and anaphylaxis, including educational kits, cookbooks, books, storybooks for children and teens, videos, and awareness posters.

8. **Why Risk It?** www.whyriskit.ca
A site for Canadian young adults or teens with food allergies and/or at risk for anaphylaxis with information intended to help manage allergies while living normally. Resources include videos, e-magazines and podcasts. *(This website is maintained and operated by Anaphylaxis Canada).*
9. **Allergy Safe Communities** www.allergysafecommunities.ca
The intent of this website is to provide information and resources to help non-medical people better manage anaphylaxis. It provides resources such as sample policies, best practices and tips, and the Anaphylaxis Emergency Plan for individuals will help schools, organizations, and individuals develop effective management strategies
10. **Food Allergy & Anaphylaxis Network (FAAN)** www.foodallergy.org/
FAAN is a source of information, programs, and resources related to food allergy and anaphylaxis. Its membership now stands at approximately 25,000 worldwide and includes families, dietitians, nurses, physicians, school staff, and representatives from government agencies and the food and pharmaceutical industries.
11. **FaaNTeen - Food Allergies in the Real World** www.faanteen.org
This website is designed for young adults who want to take a more active role in managing their food allergies. The goal of the FAAN teen website, Food Allergies in the Real World, is to provide accurate and clear information about food allergies for teens and young adults. *(This website is maintained by The Food Allergy & Anaphylaxis Network (FAAN)).*
12. **Ottawa Anaphylaxis Support Group** www.ottawaasg.com/
This volunteer group is dedicated to individuals or families affected by allergies and anaphylaxis - a life-threatening allergic reaction. Their mandate is to share anaphylaxis-related information and promote allergy awareness in and around the greater Ottawa area. They provide many resources intended for schools, daycares and workplaces.
13. **Allergic Living Magazine (ALM)** www.allergicliving.com/
ALM Schools and Allergies Resource Hub
<http://allergicliving.com/index.php/2010/07/02/schools-and-allergies-resource-hub/>
14. **Anaphylaxis: A Handbook for School Boards** (2001 Edition)
(Canadian School Boards Association publication)
Available at: www.safe4kids.ca/content/schools/anaphylaxis_eng.pdf
15. **Anaphylaxis in Schools & Other Settings** (2nd Edition)
Developed by five leading Canadian allergy associations, this booklet provides key recommendations for the management and treatment of anaphylaxis in the community. The guidelines also include user-friendly tools and resources in non-medical terminology for people at risk, parents, educators and caregivers. Available for sale at: www.anaphylaxis.org

**INDIVIDUAL ANAPHYLACTIC PLAN
(with Plan for Emergency Treatment)**

STUDENT INFORMATION: (Please print)				STUDENT PHOTOGRAPH
Name of Student:				
Birth Date: (dd/mm/yy)		Medic Alert I.D.:		
Grade:		Room #:		
Name of Teacher:				

ALLERGY-DESCRIPTION: This child has a dangerous, **life-threatening** allergy to the following items and to all foods containing them in any form and in any amount/environmental allergens/conditions:

AVOIDANCE STRATEGIES: Food, events, conditions to be avoided, including any eating restrictions:

POSSIBLE SIGNS AND SYMPTOMS:

Possibility of face swelling	Pale, cold, and clammy skin
Rapid, thready pulse	Feeling of constriction of the throat and chest with difficulty breathing
Fall in blood pressure	Extreme weakness
Abdominal cramps, vomiting and diarrhea	Cyanosis (turning blue), coma

EMERGENCY PLAN: At any sign of difficulty, enact the following procedure.

DON'T HESITATE. IT CAN BE LIFE-SAVING.

Take _____ to _____ and advise another trained person to provide assistance.
(child's name) (room)

EMERGENCY PROCEDURE - PERSON ONE

- PRESCRIBED AUTO-INJECTOR:** _____
(The relevant emergency procedure - either Schedule "K" or Schedule "L" of this procedure **MUST** be attached to this form.)
- Obtain prescribed Auto-Injector from: _____
Envelope must be marked clearly with child's name and picture.
- Administer the prescribed Auto-Injector following the attached emergency injection procedure.**
- An adult **MUST** stay with the child at all times. Do not send the child to the office.
- Place child on side in case of vomiting. The child should rest quietly. Help student to remain calm and to breathe normally.
- Observe and monitor the student until the ambulance arrives.
- Administer a second auto-injector if needed approximately 10 to 15 minutes after the first. **DO NOT ADMINISTER THE SECOND DOSE (NEEDLE) OF THE TWO DOSE TWINJECT® AUTO-INJECTOR.**
- Return auto-injector to container and give to ambulance personnel along with any additional auto-injectors.
- Accompany child to the hospital

EMERGENCY PROCEDURE - PERSON TWO

- Call ambulance (dial 911). Tell them a student has had an anaphylactic reaction and that an auto-injector has been administered. Give 911 operator the address and telephone number of the school. Provide the exact location of the emergency.
- Call Dr. _____ at _____
- Call the parent's/guardian's emergency number:
Home Phone: _____
Mother's Work: _____
Father's Work: _____
- Note and record here:
Time of Incident: _____
Time of Administration of Auto-Injector: _____
Circumstances: (where) (what allergen was eaten/contacted) _____
- Obtain the student's health record. Note below location and colour of the folder/binder: _____
- Give student health record and this form to the teacher accompanying the child in the ambulance.

INDIVIDUAL ANAPHYLACTIC PLAN
(with Plan for Emergency Treatment)
Page 2

We, the parents/guardians of: _____ give permission for this Individual Anaphylactic Plan to be displayed in the school office, staff room, homeroom, school bus, cafeteria, food service office, and for other parents and concerned individuals to be advised of our child's anaphylactic allergy.

Signature of Principal:

Signature of Parent/Guardian:

Signature of Teacher:

Date:

Date:

Authorization for the collection of this information is in the Education Act. The purpose is to develop an individualized anaphylactic plan, and, in emergency situations, a plan to administer medication as prescribed and/or obtain medical treatment. Users of this information may be principals, teachers, support staff, volunteers, bus operators and drivers. This form will be kept for a minimum period of one school year and then shredded. Contact person concerning this collection is the school principal.



Request & Authorization for the ADMINISTRATION OF EPINEPHRINE AUTO-INJECTORS at School (including EPI-PEN®, EPI-PEN Jr.®, and TWINJECT®)

THIS FORM IS TO BE RETURNED TO THE SCHOOL

PART 1 TO BE COMPLETED BY THE PARENT/GUARDIAN/STUDENT – if not a minor

I request the _____ to ensure that _____

School

Name of Student

D.O.B.

receive the medication prescribed by _____ as attached.

- Notes: 1. The medication provided must be supplied in the original prescription container... 2. Authorization must be signed by the student or, in the case of a minor, by the parent or legal guardian... 3. It is understood that the request is being made for school staff to undertake the administration of medicine...

Is the child competent to administer the Auto-Injector? Yes ___ No ___ Should the child carry the Auto-Injector? Yes ___ No ___

ACKNOWLEDGEMENT:

I acknowledge that non-medical personnel are being asked to undertake the administration of medication or medical procedures to my son/daughter _____. I understand that there is some inherent risk in having non-medical personnel undertake the administration of medications and procedures, and accept the risks associated with this request.

Date: _____ Signed: _____ (parent/guardian/student – if not a minor)

Address: _____

PART 2 TO BE COMPLETED BY THE PRESCRIBING PHYSICIAN

The following medication has been prescribed. It is necessary for this medication to be administered during school hours by personnel other than the parent/legal guardian.

Medication/Dosage/Method of Administration:
Indications for Administration :
Other Instructions:
Cautions/Notable Side Effects:
Period of Authorization: From: To:
Prescribing Physician's Name: (Please print)
Address: Telephone Number:
Date: Prescribing Physician's Signature

Authorization for the collection of this information is in the Education Act. The information will be used to assist the WECDSB in implementing health support services to students, including emergency administration of prescribed medication. Users of this information may be principals, teachers, support staff, volunteers, bus operators and drivers. This form will be kept for a minimum period of one school year and then shredded. Contact person concerning this collection is the school principal. This form is valid until the prescription expires or is altered by the physician, whichever comes first. It is the responsibility of the parent/guardian/student to ensure that a new form is completed when required and returned to the school. Any cost associated with the completion of this medical request is the sole responsibility of the parent/guardian.



Request & Authorization for the ADMINISTRATION OF EPINEPHRINE AUTO-INJECTORS
at School (including EPI-PEN®, EPI-PEN Jr.®, and TWINJECT®)

THIS FORM IS TO BE RETURNED TO THE SCHOOL

FACT SHEET

Use of EPINEPHRINE AUTO-INJECTORS in the School (including EPI-PEN®, EPI-PEN Jr.®, and TWINJECT®)

(Page 2 Form B Request & Authorization for the ADMINISTRATION OF EPINEPHRINE AUTO-INJECTORS at School)

NOTE: SCHOOL STAFF ARE ADVISED BY THE HEALTH UNIT TO ADMINISTER ~~EPI-PEN®~~ EPINEPHRINE AUTO-INJECTORS **IMMEDIATELY** UPON EXPOSURE OF THE CHILD TO THE IDENTIFIED ALLERGEN AND THERE IS ANY SIGN OF DIFFICULTY. AN AMBULANCE IS CALLED AND THE CHILD IS TRANSPORTED TO THE HOSPITAL. THE INDIVIDUAL ANAPHYLACTIC PLAN (WITH PLAN FOR EMERGENCY TREATMENT) MUST BE FOLLOWED. THIS PROCEDURE **CANNOT** BE VARIED.

PHYSICIAN: Please complete the physician section of the Request & Authorization for the Administration of EPINEPHRINE AUTO-INJECTORS at School (including EPI-PEN®, EPI-PEN Jr.®, and Twinject®) form. The specific ALLERGEN that causes the anaphylactic reaction must be identified. The Health Unit cannot instruct the school staff in the use of the Epinephrine Auto-Injector until all of the information is complete. **Employees of the Board do not administer the second dose (needle) of the two dose Twinject® epinephrine auto-injector.**

PARENT: In order for your child to have an Epi-Pen® or Epi-Pen Jr.® or Twinject® in the school, your School Board's Medication Administration and Anaphylactic policies and procedures must be followed. Prior to, or at the beginning of every school year, contact the school principal for information about the policies and all the necessary forms.

Once completed forms are at the school, the Health Unit can assist the staff by holding teaching sessions on allergic reactions, proper use of the epinephrine auto-injector, and by working with staff, develop an individual plan and emergency procedure for your child. It is suggested that the school have at least two photographs of your child for this purpose.

PARENTS HAVE RESPONSIBILITIES TOO!

As a parent, it is **your responsibility** to:

1. Supply the school with the required number of Epi-Pen® or Epi-Pen Jr. ® or Twinject® (minimum of two) with the original containers and prescription labels or advise the school of its presence if your child is carrying the medication with them.
2. To be aware of the expiry dates and supply new medication to the school as needed.
3. To check the Epi-Pen® or Epi-Pen Jr.® or Twinject® once a month for signs which would indicate the need for replacement. e.g. in the case of Epi-Pen®, discoloration in the clear plastic area.

We also **strongly** recommend that your child wear a medic alert bracelet, or similar medic alert accessory at all times.

