Greater Essex County District School Board

Title: Health - Student

Category: Policy

Responsibility: Superintendent of Student Well-Being (Safe Schools, Healthy Schools, Mental Health)

Effective Date: June 19, 2018

Review Date: June 19, 2018

Next Review Year: 2023

The Greater Essex County District School Board (GECDSB) believes that schools are to practice and provide safe and consistent measures to address the needs of our students' health. This includes, but is not limited to the administration of medication, prevalent medical conditions*, and concussions.

Our goals are:

- to support students with prevalent medical conditions* to fully access school in a safe, accepting, and healthy learning environment that supports well-being;
- to empower students with prevalent medical conditions* as confident and capable learners, to reach their full potential for self-management of their medical condition(s), according to their Plan of Care;
- to support families in feeling confident that their child is safe at school and during school related activities;
- to administer consistent prescription medication by school staff or by a student who is under the care of a physician. Board employees generally should not be involved with administering consistent prescription medication to students unless it is a specific requirement of their job description or the principal designates the responsibility. For particular students there may be exceptions to this rule.

*As outlined in Policy/Program Memorandum No. 161 (February 28, 2018) *Supporting children and students with prevalent medical conditions (anaphylaxis, asthma, diabetes, and/or epilepsy) in Schools"* prevalent medical conditions are limited to asthma, diabetes, epilepsy, and anaphylaxis, as diagnosed by a medical doctor or a nurse practitioner.

Additionally, GECDSB is guided by legislative requirements as stipulated in but not limited to, Sabrina's Law (2005), Ryan's Law (2015), Rowan's Law (2016) and Ministry Policy/Program Memorandum No. 81 *Provision of Health Support Services in School Settings* (July 19, 1984).

Related Regulations:

Administration of Prescription Medication
Anaphylaxis and Epinephrine Injector
Inhaler for Treatment of Asthma
Diabetes Protocol *new*
Epilepsy *new*
Concussion

Greater Essex County District School Board

Regulation: Anaphylaxis (severe allergic shock) and Epinephrine Auto Injector – Student

Reference No: R-AD-18

1.0 Information - Overview of Anaphylaxis (severe allergic shock)

Anaphylaxis is an allergic reaction which is serious and can be life threatening. Although the symptoms could be mild or severe, we must always be vigilent in our response. When a student is exposed to a trigger, a reaction can happen within seconds, minutes or hours of being exposed. Anaphylaxis is the reaction of the student's immune system to the allergen, which can be food, nature, or substance related. Anaphylaxis can include difficulty in breathing or blockage in airways, blood circulation, skin reactions.

Each student who is required to have an epinephrine auto-injector will have an individual plan called the Anaphylaxis Plan of Care.

For clarification, one dose epinephrine auto-injectors, for example the EpiPen, and the first dose of a two dose epinephrine auto-injector, for example the Twinject, are acceptable. We do not administer the second dose (needle) of the two dose epinephrine auto-injector.

This regulation complies with the requirements as set out in *Sabrina's Law* and PPM 161, "*Supporting Children and Students with Prevalent Medical Conditions (Anaphylaxis, Asthma, Diabetes and/or Epilepsy) in Schools*".

2.0 Roles and Responsibilities

2.1 School Board

School boards are expected to:

- communicate, on an annual basis, the regulations on supporting students with anaphylaxis to parents/guardians, school board staff and others in the school community who are in direct contact with students (e.g. food service providers, transportation providers, volunteers);
- provide training in the use of the epinephrine auto-injector. In conjunction with the Windsor Essex County Health Unit, the board has established an in-house and on-line training component for our staff members. It is the responsibility of the staff members to complete yearly mandatory training; and,
- consider this regulation when entering into contracts with transportation, food service, and other providers or field trips.

2.2 Principal

The principal's responsibilities include:

- collection of relevant medical data when students are registered at school. School registration forms require the parent/guardian to provide the principal with information about his/her child's medical condition;
- clearly communicate to parent/guardian and appropriate staff the process for parent/guardian to notify the school of their child's medical condition(s), as well as the expectation for parent/guardian to co-create, review, and update a Anaphylaxis Plan of Care with the principal or the principal's designate. The process should be communicated to parent/guardian, at a minimum:
    - during the time of registration;
    - each year during the first week of school;
    - when a child is diagnosed and/or returns to school following a diagnosis;
- once the parent/guardian identify his/her child with anaphylaxis and the need for an epinephrine auto-injector**,** the principal will instruct the parent/guardian to have the prescribing physician complete the Request and Authorization for the Administration of Epinephrine Auto-Injector at School form (Appendix 1);
- assess the prescribed medication. If the medication is in any form other than the epinephrine auto-injector STOP and inform the parent/guardian that the medication will only be administered via the epinephrine auto-injector. Inform the parent/guardian that the prescribing physician should be notified and to request the change in the prescription. We will not give any other prescribed prescription on an "as needed" (PRN) basis, i.e., Benedryl, prior to administering an epinephrine dose;
- co-create, review, or update the Anaphylaxis Plan of Care (Appendix 2) for a student with an anaphylactic allergy with the parent/guardian, in consultation with school staff (as appropriate) and with the student (as appropriate);
- provide a copy of the Anaphylaxis Plan of Care to be provided to the parent/guardian;
- establish and maintain a file with the Anaphylaxis Plan of Care and supporting documentation for each student who has an anaphylactic allergy. The file will contain current treatment plan and other information including a copy of any prescriptions and instructions from the student's physician and a current emergency contact list;
- encourage parent/guardian to provide their child with a medic-alert bracelet which identifies specific allergens and the risk for anaphylactic shock;
- may provide the parent/guardian with the GECDSB Fact Sheet: Use of Epinephrine Auto Injector in the School (Appendix 5);
- will ensure that all staff members who have direct contact with the student on a regular basis (teaching and non-teaching) are made aware that this student with anaphylaxis is attending the school either individually or at a staff meeting, at the beginning of each school year or where the student is enrolled;
- Anaphylaxis Plan of Care will accompany the epinephrine auto-injector in an accessible area;
- every September, the principal will ensure the school staff are provided with the e-training module on the Windsor Essex County Health Unit's website to review proper policies and procedures when recognizing and treating anaphylactic reactions. Completed certificates are to be filed in the Board's Emergency Resource Manual (Yellow Binder);

- will develop a plan with staff to reduce, as much as possible, allergens from areas within the school, where the student with anaphylaxis is likely to come into contact with food or other triggers as one way to reduce risk to an acceptable level. For other allergies such as insects, latex intolerance etc. the principal will consider reasonable precautions in order to avoid the student contacting the allergens that will trigger an anaphylactic reaction;
- any medication kept in the school should be returned to the parent/guardian at the end of the school year. If it is not picked up by the parent/guardian with sufficient notice, the unused/expired medication should be returned to the pharmacy by the principal or designate. A receipt is to be obtained and stapled to the student's "Request and Authorization for the Administration of Epinephrine Auto-injector at School" form;
- inform bus company that student has an epinephrine auto-injector and send completed AODA form. Ensure red tag is placed on backpack of students whose epi-pens are stored in their backpack;
- complete student log if emergency measures, i.e., 911 call, are taken; and,
- identifying students with life-threatening allergies can be more challenging in a secondary school setting. Although parents/guardians/adult student must still bear responsibility for reporting the condition to the school personnel, principals may wish to explore ways of encouraging and reminding the parents/guardians to do so particularly with older students, those who have moved into the system, and those who have been recently diagnosed.

2.3 School Staff

School staff responsibilities include:

- reviewing the contents of the Anaphylaxis Plan of Care for any student with whom they have direct contact;
- participating in training;
- sharing information on a student's signs and symptoms with other students, if the parent/guardian gives consent to do so and as outlined in the Anaphylaxis Plan of Care and authorized by the principal in writing;
- reducing the risk of student exposure or triggers or causative activities;
- supporting student's daily or routine management as outlined in their Anaphylaxis Plan of Care, and responding to medical incidents and medical emergencies that occur during school;
- supporting inclusion by allowing students with anaphylaxis to perform daily or routine management activities in a school location (e.g. classroom) as outlined in their Anaphylaxis Plan of Care, while being aware of confidentiality and the dignity of the student;
- enabling students with anaphylaxis to participate in school to their full potential, as outlined in their Anaphylaxis Plan of Care;
- knowing the emergency contact procedures (including which school personnel are responsible for contacting parent/guardian and/or emergency services);
- identifying the student with anaphylaxis to occasional teachers, on-call teachers and other appropriate individuals who may interact with that student and include relevant medical information in the red/yellow folders;
- identifying the student to all teachers, support staff, and volunteers who come into the classroom and reviewing the Anaphylaxis Plan of Care;

- posting the Anaphylaxis Plan of Care in the classroom if parent/guardian approval is received;
- developing open lines of communication, and encouraging the student to inform you when they feel a general feeling of 'unwellness'. Staff should discuss with student how he/she is to signal you that he/she is experiencing a reaction;
- if an employee has reason to believe that a student is experiencing an anaphylactic reaction, the employee shall administer an epinephrine auto-injector prescribed to the student for the treatment of an anaphylactic reaction, even if there is not preauthorization to do so, as per the Anaphylaxis Plan of Care;
- the student's classroom teacher and educational support staff will ensure that a copy of the Anaphylaxis Plan of Care is kept in a place where it will be highly visible and readily understood by occasional staff (for example, the teacher's day book, red/yellow folders). The principal will determine the location of the auto-injector;
- it is essential that staff members who have direct contact with students with anaphylaxis on a regular basis throughout the school day are aware of the issues they face and are equipped to respond appropriately in the event of an emergency;
- it is the responsibility of the staff members to complete yearly mandatory training. Every September, staff members must complete the e-training module on the Windsor Essex County Health Unit's website to review proper policies and procedures when recognizing and treating anaphylactic reactions. Certificates are issued at the conclusion of the training;
- all staff members must know the location of epinephrine auto-injectors and the Anaphylaxis Plan of Care; and,
- GECDSB staff DO NOT administer *"as needed"* (PRN – pro re nata) medications, other than the epinephrine auto injector.

2.4 Parents/Guardians

As primary caregivers of their child, parents/guardians are expected to be active participants in supporting the management of their child's medical condition(s) while the child is in school. At a minimum, parents/guardians should:

- complete the "Request and Authorization for the Administration of Epinephrine Auto-Injector at School" form;
- contribute and be involved in creating the Anaphylaxis Plan of Care;
- it is the obligation of the parent/guardian and/or the student to ensure that the information in the student's file is kept up-to-date. The epinephrine auto-injector is to be submitted to the principal in the original container and be aware of the expiry dates and provide a new epinephrine auto-injector as needed;
- inform the principal or their designate of any changes in the student's condition from previous years or since last reported;
- if the risk factors are too great to control, the student with anaphylaxis may be unable to participate in the field trip. The Principal, staff and parents/guardians should be involved in this decision;
- parents/guardians are responsible to consult with the family physician about appropriateness of the student being responsible to carry his/her own epinephrine auto-injectors (guideline is 8 years);

- know that GECDSB staff DO NOT administer “as needed” (PRN – pro re nata) medication other than auto-injector;
- an up-to-date epinephrine auto-injector must be provided by parents/guardians each year; and,
- parents/guardians are responsible to ensure that the epinephrine auto-injector is current in terms of expiry date to the conclusion of the school year.

2.5 Students with Anaphylaxis

Depending on their cognitive, emotional, social, and physical stage of development, and their capacity for self-management, students are expected to actively support the development and implementation of their Anaphylaxis (severe allergic shock) Plan of Care. Students should:

- as soon as they are old enough, students should carry their own epinephrine auto-injectors;
- participate in the development of their Anaphylaxis Plan of Care;
- participate in meetings to review their Anaphylaxis Plan of Care;
- have a developmentally appropriate understanding of anaphylaxis;
- communicate to parent/guardian and school staff if they are facing challenges related to their medical condition at school;
- wear medical alert identification that they and/or their parent/guardian deem appropriate; and,
- if possible, promptly inform school staff and/or their peers if they are feeling “unwell” or having a reaction.

3.0 Anaphylaxis Plan of Care

A Plan of Care is an electronic form that contains individualized information on a student with anaphylaxis that has been developed in consultation with health and education partners.

The Anaphylaxis Plan of Care contains, at a minimum, the following elements:

- a current photograph of the student;
- preventative strategies to be undertaken by the school to reduce the risk of medical incidents and exposure to triggers or causative agents in classrooms and common school areas;
- identification of schools staff who will have access to the Anaphylaxis Plan of Care.
- identification of routine or daily management activities that will be performed by the student, parent/guardian, or staff volunteer(s), or by an individual authorized by the parent/guardian;
- a copy of notes and instructions from the student’s health care professional, where applicable;
- a copy of the prescription;
- information on daily or routine management accommodation needs of the student (e.g. space, access to food). Where possible, a student should not be excluded from the classroom during daily or routine management activities, unless the student or the parent/guardian indicate they prefer exclusion;
- information on how to support or accommodate the student to enable participation to their full potential in all school and school board activities (e.g. field trips, overnight excursions, board-sponsored sporting events);

- identification of symptoms (emergency and other) and response, should a medical incident occur:
    - emergency contact information for the student.
    - clear information on the school board's emergency policy and procedures.
    - details related to storage and disposal of the student's prescribed medication(s) and medical supplies, such as:
    - parental/guardian permission for the student to carry medication and/or medical supplies;
- requirements for communication between the parent/guardian and the principal (or the principal's designate) and/or school staff, as appropriate, including format and frequency; and,
- at the discretion and consent of the parent/guardian to share information on signs and symptoms with other students:
    a. a description of the allergy
    b. the treatment and action plan
    c. an outline of monitoring and avoidance strategies

The Anaphylaxis Plan of Care for a student with anaphylaxis should be co-created, reviewed, and/or updated by the parent/guardian in consultation with the principal or the principal's designate, designated staff (as appropriate), and the student (as appropriate), during the first thirty school days of every school year, and as appropriate, during the school year (e.g. when a student has been diagnosed)

Parents/guardians have the authority to designate who is provided access to the Anaphylaxis Plan of Care. With authorization from the parent/guardian, the principal or the principal's designate should share the Anaphylaxis Plan of Care with school staff who are in direct contact with students with anaphylaxis and, as appropriate, others who are in direct contact with students with anaphylaxis (e.g. food service providers, transportation providers, volunteers).

4.0 Daily Management

Facilitating and supporting daily or routine management. This could involve, but is not limited to, supporting inclusion by allowing students with anaphylaxis to perform daily or routine management activities in a school location (e.g. within a classroom, gymnasium, library, schoolyard; on a school bus; at a field trip location), as outlined in their Anaphylaxis Plan of Care.

- <u>Establish Safe Lunchroom and Eating-Area Procedures</u>
  The most minute quantities of allergen can trigger a deadly reaction. Peanut butter on a friend's hand could be transferred to a volleyball or a skipping rope. Principals may consider the following when looking at lunchroom procedures and students with anaphylaxis:
    a. Require students with anaphylaxis to eat only food prepared at home.
    b. Students with food allergies are not to trade or share food, food utensils or food containers.
    c. Encourage the student with anaphylaxis to take mealtime precautions like:
        i. placing food on wax paper or a paper napkin rather than directly on the desk or table;

ii. taking only one item at a time from the lunch bag to prevent other students from touching the food; and
iii. packing up his/her lunch and leaving it with the lunch supervisor if it is necessary to leave the room during lunchtime.

d. If possible, avoid using the classroom of a student with anaphylaxis as a lunchroom. If the classroom must be used as a lunchroom, establish it as an "allergen-alert" area, using a cooperative approach with students and parents/guardians.
e. Establish at least one common eating area, or a section of the single common eating area, as "allergen-alert." Communicate this plan to your school community through letters home and school newsletters.
f. Develop strategies for monitoring allergen-alert areas and for identifying high-risk areas for students with anaphylaxis.
g. As a last resort, if allergen-alert eating areas cannot be established, provide a safe eating area for the student with anaphylaxis.
h. Be cautious about the food that is brought to the school from parents/guardians for social events.
i. Establish a hand-washing routine before and after eating for all students.

- Establish Field Trip / Excursions Procedures
  a. The epinephrine auto-injector must be brought on the field trip and the student should be in the teacher's or own parent/guardian's group.
  b. A copy of the Anaphylaxis Plan of Care must accompany the student with anaphylaxis.
  c. Require all supervisors, staff and parents/guardians, to be aware of the identity of the student, the allergens, symptoms and treatment.
  d. If the risk factors are too great to control, the student with anaphylaxis may be unable to participate in the field trip. Parents/guardians should be involved in this decision.

5.0 Emergency Response

Each school will have an identified Medical Emergency Team (MET). This team will, at a minimum, include the principal or the principal's designate, trained first aid staff, secretary and other staff as designated annually. Please refer to the Board's Health and Safety Management Program BA-06. The MET should:

- have access to the stored Anaphylaxis Plan of Care documents (located in an identifiable location in the office and these documents are to be consulted in the event of medical incident/emergency);
- have access to the locked medication "box" which is identifiable in the office; and,
- identify the person who will be responsible to monitor/call Emergency Medical Services, when required.

5.1 Establish Emergency Plans

Principals will ensure that every emergency plan includes procedures to:

a. communicate the emergency rapidly to a staff person;
b. administer the epinephrine auto-injector (NOTE: Although most students with anaphylaxis learn to administer their own epinephrine auto-injector by about

age 8, individuals of any age may require help during the stress of the situation. Adult supervision is required.);

c. telephone 911 and inform the emergency operator that a student is having an anaphylactic reaction. Send the used epinephrine auto-injector and a copy of the Anaphylaxis Plan of Care with the student in the ambulance; and,
d. ensure that medications stored in the office will be handled appropriately in the event of a school emergency (e.g. bomb threats, evacuation, fire, "hold and secure", lockdown) or for activities off school property (e.g. field trip, sporting event). This process should also include considerations for occasional staff.

Any student with anaphylaxis, who is experiencing a major medical incident or medical emergency, will not be left unattended.

An annual review of the Reporting of Medical Emergencies should be completed by Board Administration and at that time, it should be determined if a review of the "Emergency Response Regulation" needs to be completed.

If an employee has reason to believe that a student is experiencing an anaphylactic reaction, the employee shall administer an epinephrine auto-injector prescribed to the student for the treatment of an anaphylactic reaction, even if there is no preauthorization to do so.

Epinephrine auto-injectors should be kept in a covered and secure area, but unlocked for quick access.

6.0 Training

Training related to anaphylaxis *(Sabrina's Law, 2005)* must be completed annually, for school staff who have direct contact with students with anaphylaxis. Particular consideration should be given to the training needs of occasional staff.

The scope of training should include the following:

- strategies for preventing risk of student exposure to triggers and causative agents;
- strategies for supporting inclusion and participation in school;
- recognition of symptoms of a medical incident and a medical emergency;
- information on school staff supports, in accordance with board policy;
- medical incident response and medical emergency response; and
- documentation procedures.

The GECDSB has partnered with the Windsor-Essex County Health Unit for training. All staff who have direct contact with students are to complete the training within the first 30 days of school and provide the certificate of completion to their principal. If on leave, it is the responsibility of the employee to complete the training prior to starting work.

To support school board additional training needs, evidence-based materials are available online through the ministry's Prevalent Medical Conditions web portal.

Training for Transportation workers is the responsibility of their employers and not the responsibility of the School Board.

Training for and Before/After school care workers is the responsibility of their employers and not the responsibility of the School Board.

Occasional teachers:
The training module on the Windsor-Essex County Health Unit's website will be available in September. All occasional staff are expected to complete their e-training module and obtain proof of completion.

7.0 Safety Considerations

The safety considerations are as follows:

- allow for students to carry their medication(s) and supplies, as outlined in the Anaphylaxis Plan of Care;
- determine the storage (according to the item's recommended storage conditions) and safe disposal of medication and medical supplies; and,
- support students with anaphylaxis in the event of a school emergency (e.g. bomb threats, evacuation, fire, "hold and secure", lockdown) or for activities off school property (e.g. field trip, sporting event).

In accordance with the requirement of *the Child, Youth and Family Services Act, 2017 (CYFSA)* where board employees have reason to believe that a child may be in need of protection, board employees must call the Children's Aid Society and file a formal report. (Reference for Regulation)

8.0 Privacy and Confidentiality

School boards must comply with the applicable privacy legislation and obtain parental/guardian consent in the Anaphylaxis Plan of Care prior to sharing student health information with school staff or other students. Parents/guardians and school staff should be informed of the measures to protect the confidentiality of students' medical records and information. Refer to Board Regulation on Privacy & Information, P-HR-14, R-HR-14.

9.0 Reporting

Subject to relevant privacy legislation, the GECDSB will, as per the Ministry, request and develop a process to collect data regularly, including, but not limited to, data on the number of students with anaphylaxis at their schools, and should monitor the number of occurrences of medical incidents and medical emergencies, as well as the circumstances surrounding these events. The data will be used as part of their cyclical policy reviews.

Under the authority of paragraph 27.1 of subsection 8(1) of the *Education Act*, school boards will be required to report to the Minister of Education upon implementation and, upon request thereafter, on their activities to achieve the expectations outlined in the Policy/Program Memorandum #161, "Supporting Children and Students with Prevalent Medical Conditions (Anaphylaxis, Asthma, Diabetes and/or Epilepsy) in Schools.

10.0 Liability

In 2001, the Ontario government passed the *Good Samaritan Act* to protect individuals from liability with respect to voluntary emergency medical or first-aid services. Subsections 2(1) and (2) of this act state the following with regard to individuals:

> 2.(1) Despite the rules of common law, a person described in subsection (2) who voluntarily and without reasonable expectation of compensation or reward provides the services described in that subsection is not liable for damages that result from the person's negligence in acting or failing to act while providing the services, unless it is established that the damages were caused by the gross negligence of the person.
>
> (2) Subsection (1) applies to,
> …(b) an individual … who provides emergency first aid assistance to a person who is ill, injured or unconscious as a result of an accident or other emergency, if the individual provides the assistance at the immediate scene of the accident or emergency.

As well, *Sabrina's Law* and *Ryan's Law* each include provisions limiting the liability of individuals who respond to an emergency relating to anaphylaxis or asthma, respectively, as cited below. Subsection 3(4) *of Sabrina's Law* states:

> 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.

Appendices:

- Appendix 1 – Request and Authorization for the Administration of Epinephrine Auto-injector at School
- Appendix 2 –Anaphylaxis Plan of Care (Sample)
- Appendix 3 – Sample Letter from Principal (taken from *Anaphylaxis in Schools and Other Settings* pg. 38)
- Appendix 4 - Sample Letter from Teacher (taken from *Anaphylaxis in Schools and Other Settings* pg. 39)
- Appendix 5 - GECDSB Fact Sheet: Use of Epinephrine Auto-injector in the School

Resources:

- "How to Use" Epi-Pen: https://www.epipen.ca/en/about-epipen.how-to-use

GREATER ESSEX COUNTY DISTRICT SCHOOL BOARD

Request and Authorization for the Administration of Epinephrine Auto-Injector at School

Anaphylaxis (Severe Allergic Shock) and Epinephrine Auto Injector – Student

Appendix 1

I request that _____ ensures that _____ _____
School Name of Student DOB

receives the medication prescribed by: _____ as attached.

Notes: 1. The medication provided must be provided in the **ORIGINAL** prescription container, labeled with the name of the medicine, the physician's name, the amount to be taken and the time(s) to be taken, and the student's name.

Prescription Number: _____

2. Authorization must be signed by the student or, in the case of a minor, by the parent or legal guardian, whichever is the appropriate legal authority. In the case of a person who is disabled to such a degree as to be incapable to give consent, the next of kin may authorize the administration of medicine.

3. It is understood that every attempt will be made to administer the medication at the requested time.

On behalf of _____ and myself, I hereby **RELEASE THE BOARD,**
Name of Student

its agents, officers, officials and employees from any and all liability and from any and all actions, causes of actions, claims and demands of any nature arising out of or in any way related to the dispensing of the medication referred to herein by the said Board, its agents, officers, officials or employees.

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

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: _____

Address: _____ Telephone Number: _____

Date: _____ Signed: _____
Prescribing Physician

Note: 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.

OSR

Appendix 2

ANAPHYLAXIS (SEVERE ALLERGIC REACTION)
Plan of Care

STUDENT INFORMATION

Student Name

Student Photo

Grade

Teacher(s)

(to be completed electronically)

EMERGENCY CONTACTS (LIST IN PRIORITY)

NAME	RELATIONSHIP	DAYTIME PHONE	ALTERNATE PHONE
1.			
2.			
3.			

KNOWN LIFE-THREATENING TRIGGERS

CHECK (✓) THE APPROPRIATE BOXES

☐ Food(s):

☐ Insect Stings:

☐ Other:

Epinephrine Auto-Injector(s) Expiry Date(s):

Dosage: ☐ Epi-Pen® Jr. 0.15mg ☐ Epi-Pen® 0.30mg Location of Auto-Injector(s):

☐ Previous anaphylactic reaction: **Student is at greater risk.**

☐ Has asthma. **Student is at greater risk**. If student is having a reaction and has difficulty breathing, give epinephrine before asthma medication.

☐ Any other medical condition or allergy?

SAMPLE

DAILY / ROUTINE ASTHMA MANAGEMENT

SYMPTOMS

A STUDENT HAVING AN ANAPHYLACTIC REACTION MIGHT HAVE ANY OF THESE SIGNS AND SYMPTOMS

- **Skin system**: hives, swelling (face, lips, tongue), itching, warmth, redness.
- **Respiratory system** (breathing): coughing, wheezing, shortness of breath, chest pain or tightness, throat tightness, hoarse voice, nasal congestion or hay fever-like symptoms (runny, itchy nose and watery eyes, sneezing), trouble swallowing.
- **Gastrointestinal system** (stomach): nausea, vomiting, diarrhea, pain or cramps.
- **Cardiovascular system** (heart): paler than normal skin colour/blue colour, weak pulse, passing out, dizziness or light-headedness, shock.
- **Other**: anxiety, sense of doom (the feeling that something bad is about to happen), headache, uterine cramps, metallic taste.

EARLY RECOGNITION OF SYMPTOMS AND IMMEDIATE TREATMENT COULD SAVE A PERSON'S LIFE.

Avoidance of an allergen is the main way to prevent an allergic reaction.

Food Allergen(s): eating a small amount of a certain food can cause a severe allergic reaction.

Food(s) to be avoided:

Safety measures:

Insect Stings: (Risk of insect stings is higher in warmer months. Avoid areas where stinging insects nest or congregate. Destroy or remove nests, cover or move trashcans, keep food indoors.)

Designated eating area inside school building:

Safety measures:

Other information:

SAMPLE

EMERGENCY PROCEDURES
(DEALING WITH AN ANPHYLACTIC REACTION)

ACT QUICKLY. THE FIRST SIGNS OF A REACTION CAN BE MILD, BUT SYMPTOMS CAN GET WORSE QUICKLY.

STEPS:

1. Give epinephrine auto-injector (e.g. EpiPen®) at the first sign of a known or suspected anaphylactic reaction.

2. Call 9-1-1. Tell them someone is having a life-threatening allergic reaction.

3. Give a second dose of epinephrine as early as five (5) minutes after the first does if there is no improvement in symptoms.

4. Follow direction of emergency personnel, including transport to hospital (ideally by ambulance), even if symptoms are mild or have stopped. The reaction could worsen or come back, even after treatment. Stay in hospital for an appropriate period of observation as decided by the emergency department physician (generally about 4 – 6 hours).

5. Call emergency contact person; e.g. parent/guardian.

SAMPLE

AUTHORIZATION / PLAN REVIEW

Individuals with whom Anaphylaxis Plan of Care is to be shared with:

1. _____ 2. _____

3. _____ 4. _____

Other individuals to be contacted regarding Anaphylaxis Plan of Care:

☐ Before School Program

☐ After School Program

☐ School Bus Driver / Route # (if applicable)

☐ Other:

This plan remains in effect for the Click or tap here to enter text. **school year without change and will be renewed on or before:** Click or tap here to enter text.

(It is the responsibility of the parent/guardian to notify the principal if there is a need to change the Anaphylaxis Plan of Care during the school year.

_____ _____
Parent/Guardian Signature Date

_____ _____
Student Signature Date

_____ _____
Principal Signature Date

SAMPLE

Sample Letter From Principal

Dear Parent / Guardian,

Within our school community there are several students who have a potentially life-threatening allergy (anaphylaxis) to foods, predominantly to peanuts and nuts.

We feel the best way to reduce the risk of accidental exposure to these students is to respectfully ask for the co-operation of the parents/guardians within this school community to (*CHOOSE a or b or replace with wording for other allergens*)

a. avoid sending peanut butter or products with peanuts or nuts listed in the ingredients.

b. talk to your children about eating at a designated table where they can consume products containing peanuts or nuts.

We have attached our school anaphylaxis plan which will help us provide an "allergy-safe" environment for children at risk of anaphylaxis. I ask you to read the plan carefully and contact me should you have any questions or concerns.

Your cooperation and understanding of this matter is appreciated.

Yours truly,

[signature]

Principal

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SAMPLE

Sample Letter from Teacher

Dear Parent / Guardian,

Two of the students in our class have a severe allergy to peanuts and nuts.

All of the children will have a special presentation to learn about life-threatening allergies and ways to help their allergic friends stay safe. In order to reduce the risk of accidental exposure, I (*CHOOSE a, b, or c or replace with wording for other allergens*)

a. ask respectfully that families cooperate by enjoying peanut/nut-containing products at home (please do not send to school).

b. will have children who bring peanut and nut products eat at a designated table in the lunchroom, which will be properly cleaned after eating.

c. will have children with a peanut/nut allergy eat at a special table in the lunchroom.

Sample

All parents are asked to advise me in advance of sending in food to celebrate a child's birthday or other special occasion. I encourage you to consider non-food items for some of these events so that all children may participate in the fun.

If you have any questions, please feel free to contact me. Your cooperation and understanding of this matter is greatly appreciated.

Yours truly,

[signature]

Teacher

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GREATER ESSEX COUNTY DISTRICT SCHOOL BOARD

FACT SHEET
Use of Epinephrine Auto-injector in the School

NOTE: School staff is advised by the Windsor-Essex County Health Unit to administer epinephrine auto-injector <u>IMMEDIATELY</u> upon exposure of the child to the identified allergen. An ambulance is called and the child is transported to the hospital.

This procedure <u>CANNOT</u> be varied.

PHYSICIAN: Please complete the physician section of the "Request and Authorization for the Administration of Epinephrine Auto-injector at School" form in its entirety. The specific ALLERGEN that causes the anaphylactic reaction must be identified.

PARENTS HAVE RESPONSIBILITIES TOO!

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

1. Notify the school principal when an epinephrine auto-injector has been prescribed by the physician and ensure that the "Request and Authorization for the Administration of Epinephrine Auto-injector at School" form is completed and submitted to the principal;

2. Supply the school with epinephrine auto-injector in the **<u>ORIGINAL</u>** container with the prescription label;

3. Be aware of the expiry dates and **<u>PROVIDE</u>** new epinephrine auto-injector to the school as needed;

4. Check the epinephrine auto-injectors once a month for discolouration in the clear plastic area which would indicate the need for replacement;

5. Provide the school principal with at least two photographs of your child; and

6. Participate in the creation of your child's Epinephrine Auto-injector Emergency Treatment Plan.

WE ALSO RECOMMEND THAT YOUR CHILD WEAR A MEDIC ALERT BRACELET AT ALL TIMES.