



<b>ADMINISTRATIVE PROCEDURE</b>	
<i>Approval Date</i> <b>2013</b>	<i>Replacing</i> <b>All previous policies</b>
<i>Revised</i> <b>2018</b>	<i>Page</i> <b>1 of 21</b>
<i>Contact Person/Department</i> <b>Superintendent Responsible for Special Education</b>	<i>Identification</i> <b>OP - 6510</b>

## **RESPONSE TO ANAPHYLACTIC REACTIONS**

### **1.0 PURPOSE**

Trillium Lakelands DSB recognizes that anaphylaxis is a severe allergic reaction that can be fatal and that many of our students and staff suffer from extreme life-threatening allergies to certain foods, medications, insect stings, or non-food materials such as latex.

The Board, in partnership with student families and staff members, is committed to ensuring the safety of students and staff who suffer from extreme allergies by empowering school administrators to respond to their needs consistently through information and awareness, in-service, training, providing a safe environment, and the development of emergency medical plans for allergic occurrences.

### **2.0 REFERENCES AND RELATED DOCUMENTS**

- 2.1 Education Act and Regulations
- 2.2 Sabrina's Law, 2005
- 2.3 Ministry of Education Policy / Program Memorandum No. 81: Provision of Health Support Services in School Settings
- 2.4 Municipal Freedom of Information and Protection of Privacy Act
- 2.5 TLDSB Authorization for Storage and Administration of Prescribed Medication Policy OP-6600 and Procedure OP-6601
- 2.6 TLDSB Freedom of Information and Protection of Privacy Policy BD-2030 and Procedure BD-2031
- 2.7 Trillium Lakelands DSB Field Trip Policy ES- 5015 and Procedure ES-5016
- 2.8 TLDSB SO Memo-0035 Imitation Peanut/Nut Spreads
- 2.9 The Anaphylaxis Network of Canada [www.anaphylaxis.org](http://www.anaphylaxis.org)
- 2.10 No Child Without: [www.nochildwithout.ca](http://www.nochildwithout.ca)
- 2.11 Transportation Procedure – BU-3026

### **3.0 TERMS AND DEFINITIONS**

- 3.1 **ANAPHYLAXIS:**  
The medical term for “allergic shock” or “generalized allergic reaction”, is a severe allergic reaction that can lead to rapid death if untreated.

- 3.2 **SABRINA’S LAW:**  
Bill 3 has been enacted as Chapter 7 of the Statutes of Ontario, 2005.
- 3.3 **EPINEPHRINE:**  
Also known as adrenaline, epinephrine is a hormone that works on the cardiovascular and respiratory systems to constrict blood vessels and relax the chest muscles to improve breathing. The most common source is the EpiPen® which is also referred to as an auto-injector.
- 3.4 **LIFE-THREATENING:**  
Anaphylactic reaction that places life in immediate jeopardy, including breathing difficulties, heart problems, and/or unconsciousness.
- 3.5 **STANDARD OF CARE:**  
Standard of care of an educator to student is that of a “careful or prudent parent” therefore, educators have a duty to administer an injection in response to an anaphylactic reaction (Supreme Court of Canada).

#### 4.0 **ADMINISTRATIVE PROCEDURE**

- 4.1 **PROMOTING AN ALLERGEN-SAFE SCHOOL ENVIRONMENT**
- 4.1.1 Each school has the duty to provide a safe environment for all students including individuals with life-threatening allergies. *It is not possible to reduce the risk of allergy exposure to zero.*
- 4.1.2 Trillium Lakelands District School Board cannot assume responsibility for providing a peanut-free or allergen-free environment. TLDSB can work toward promoting awareness and making schools and classrooms as allergen-safe as possible. Procedures and plans must be developed that take into consideration the age, maturity and responsibility level of anaphylactic students and their peers.
- 4.1.3 Older Anaphylactic students and staff members may possess the necessary level of maturity and responsibility to monitor their environment for allergens. However, while an individual may know how to self-administer epinephrine, he/she may not be capable of doing so during a reaction.
- 4.1.4 Vigilance is needed in all educational settings. Schools are encouraged to find innovative ways to minimize the risk of exposure without depriving the anaphylactic student of normal peer interactions or placing unreasonable restrictions on the activities of other students.
- 4.1.5 Circumstances may vary from school to school. The school’s plan should consider the individual needs of students and staff. All students with a risk of anaphylaxis should be taught early, as young as developmentally appropriate, to carry epinephrine at all times.
- 4.1.6 Visual reminders of anaphylactic risks should be displayed throughout the school in prominent areas

## 4.2 IMITATION AND ALTERNATIVE PEANUT / NUT SPREADS

For schools that have designated space as nut-safe:

- a) TLDSB does NOT support the use of imitation peanut/nut spreads as an alternative to peanut butter or other nut-spreads in TLDSB schools;
- b) Staff are often not able to easily identify or visually distinguish whether the spread a student has in their lunch is real nut butter or an imitation, due to the similar colour and consistency it has to peanut butter.

In order to most effectively reduce the element of risk to students with allergies, and to continue to try to create an allergen-safe environment, we are asking that schools do not promote the use of imitation peanut/nut spreads and request that students who are bringing imitation and alternative peanut/nut spreads to school choose different lunch alternatives.

## 4.3 PROMOTING AN ALLERGEN-SAFE CLASSROOM ENVIRONMENT

4.3.1 In classrooms with anaphylactic individuals, special care must be taken to avoid allergens during regular and special events.

4.3.2 Information about safe foods and foods to avoid, along with information regarding latex free toys and craft materials (when applicable) shall be made available to the teachers, other staff and to the parents of classmates of anaphylactic students. This information should be used as a guideline only; it is important to read labels of all prepared foods and other materials when a student is at known risk of allergic reaction.

Visual reminders of anaphylactic risks should be displayed within the classroom.

4.3.3 A growing number of individuals may suffer from extreme life-threatening allergies to:

- a) Certain foods;
- b) Medications;
- c) Insect stings;
- d) Latex (gloves, balloons; erasers, rubber spatulas, craft supplies, plants);
- e) Playdough;
- f) Scented Crayons;
- g) Cosmetics.

4.3.4 Although peanuts and peanut products are the most common foods to cause anaphylaxis, shellfish, fish, eggs, tree nuts, sulphites, milk, wheat, soy, sesame seeds, sesame oil, bananas, avocados, kiwis, or *any other food* can cause this dangerous condition. Cross-contamination of foods is also a concern.

4.3.5 Given that anaphylaxis can be triggered by minute amounts of allergen through contact or smell, anaphylactic students must be encouraged to follow these general classroom guidelines:

- a) eat only food which they have brought from home unless it is packaged, clearly labelled, and approved by their parents;
- b) wash hands before and after eating;
- c) do not share food, utensils, or containers;
- d) wipe off the desk/table top to ensure a clean food space;
- e) place food on a napkin or waxed paper rather than in direct contact with a desk or table;
- f) do not leave food unattended.

#### 4.4 EMERGENCY RESPONSE PROCEDURES

4.4.1 While the risk of exposure to an allergen can be significantly reduced, it can never be completely removed. An emergency response plan must be developed and kept in a readily accessible location for each anaphylactic student and staff members who have self-identified as being anaphylactic.

4.4.2 Individual response plans will vary according to student age, student maturity, personal characteristics and competencies, the severity of the allergy, and self-supervision.

4.4.3 Anaphylactic individuals usually know when a reaction is taking place. School personnel and bus operators should be encouraged to listen to the individual and not hesitate to implement the emergency response.

4.4.4 The recommended emergency treatment for an individual suffering an anaphylactic reaction is the administration of epinephrine (adrenaline) by an auto-injector.

4.4.5 If possible, epinephrine should be administered promptly at the first warning sign (e.g. itching, swelling of lips or mouth, tightening of throat, nausea) before respiratory distress or wheezing occurs. The person affected must then be rushed to hospital to receive further medical attention, even if the symptoms decrease with the administration of the epinephrine.

4.4.6 Any combinations of the following symptoms may signal the onset of a reaction:

- a) itchy eyes, nose, face, or itching on any other part of the body;
- b) flushing of face and body;
- c) swelling of eyes, face, lips, tongue and throat;
- d) runny nose, red watery eyes;
- e) change of voice;
- f) coughing;
- g) hives (note: hives may be entirely absent, especially in severe or near-fatal cases of anaphylaxis);

- h) vomiting, abdominal pain, diarrhea;
- i) wheezing, shortness of breath;
- j) a feeling of foreboding, increased anxiousness, fear, and apprehension;
- k) weakness and dizziness;
- l) paleness, sweating or collapse;
- m) difficulty swallowing, throat tightness or closing, inability to breathe;
- n) loss of consciousness;
- o) coma.

4.4.7 When accidental exposure triggers an anaphylactic reaction, the individual's emergency plan must be followed. Emergency responses to anaphylactic situations should be practiced and reviewed regularly.

#### 4.5 EMERGENCY PLANS

4.5.1 An Emergency Medical Plan must be created for every student who has a serious allergy (see Appendix B).

4.5.2 Emergency plans should include (but are not limited to) the following information:

- a) Administer the auto-injector, e.g. EpiPen®;
- b) Telephone 911 – inform the emergency operator that an individual is having an anaphylactic reaction;
- c) If no ambulance service is available, transport individual to hospital at once; include a designated adult to accompany the individual and carry additional auto-injectors as well as the individual's emergency response plan;
- d) Telephone the hospital to inform them that an individual having an anaphylactic reaction is en route;
- e) If transportation is by car, provincial police should be notified and provided with a description of the vehicle and license number;
- f) Re-administer the epinephrine every 10 to 20 minutes, if necessary;
- g) Contact the parents of the student.

4.5.3 Someone should always be prepared to administer the *EpiPen®*; never assume that individuals will self-inject. Individuals of any age may require help during a reaction because of the rapid progression of symptoms or because of the stress of the situation.

#### 4.6 LOCATION OF AUTO-INJECTORS:

4.6.1 Individuals should carry their own auto-injectors, as developmentally appropriate;

4.6.2 An up-to-date supply of auto-injectors, provided by the parents, should be kept in a safe, easily accessible location. The number of auto-injectors will depend on the estimated time from the school to a hospital;

4.6.3 All staff should know the location of auto-injectors. The location should be outlined in the Medical Alert Emergency Protocol; including during transportation and while on excursions.

4.6.4 Classmates should be aware of locations of auto-injectors in the classroom and on the yard.

#### 4.7 EMERGENCY PREPAREDNESS

4.7.1 The school should occasionally simulate an anaphylactic emergency, similar to a fire drill, to ensure that all elements of the emergency plan are in place.

#### 4.8 OUT-OF-SCHOOL EMERGENCIES (Field Trips and Excursions)

4.8.1 A separate emergency plan should be developed for field trips, extracurricular activities and other out-of-school events during which an anaphylactic reaction may occur. This plan should include but will not be limited to:

- a) A rapid communication strategy;
- b) Access to auto-injectors;
- c) All supervisors trained in the prevention and emergency procedures.

#### 4.9 REVIEW PROCESS

4.9.1 School emergency procedures for each anaphylactic student should be reviewed regularly throughout the school year with staff and parents. Changes to the plan should be shared with all involved including bus operators and the Transportation Department.

4.9.2 In the event of an emergency response, an immediate evaluation of the procedure should be undertaken, and any auto-injectors used must be replaced.

#### 4.10 COMMUNICATION PLAN

4.10.1 The school has the duty to provide a safe environment for all individuals. When the school community recognizes the right of parents to feed their children but acknowledges the right to life and safety as greater, most families are receptive to procedures which protect the allergic individual. Part of the task is to help the community to see those relative values. The first step is the distribution of information to create awareness and understanding.

4.10.2 A school's communication strategy should include procedures to:

- a) Identify anaphylactic students to school authorities;
- b) Self-identify anaphylactic students to staff;
- c) Self-identify anaphylactic staff to staff;
- d) Share information with other students;

- e) Share information with parents and parent organizations;
- f) Maintain open communication between parents and the school.

4.10.3 Information should be distributed to the broader community regarding what allergies are present in the school and how to help keep all students safe. Individual student and staff privacy needs to be respected. Newsletter templates are available in Appendix E.

#### 4.11 TRAINING STRATEGY

4.11.1 The school principal shall ensure that in-service is provided at least annually to school personnel and bus operators, who are in regular contact with students.

4.11.2 In-service is appropriate even in schools where no identified individuals are in attendance. First exposure reactions can be serious and an understanding of anaphylactic reactions can lead to quicker, more appropriate responses.

4.11.3 In-service should focus on:

- a) How to recognize and treat an anaphylactic reaction;
- b) School policies and procedures to protect anaphylactic individuals from exposure;
- c) School protocol for responding to emergencies.

#### 4.12 HOW TO TREAT AN ANAPHYLACTIC REACTION

4.12.1 Epinephrine can be easily and safely administered with an auto-injector and be safely transported.

4.12.2 A single injection of the auto-injector may not be sufficient to stop an anaphylactic reaction but will normally give the sufferer 10 to 20 minutes of relief — often sufficient time to reach an emergency room.

4.12.3 It is recommended that people with severe allergies have at least two auto-injectors available to them at all times, with at least one always carried on their body. If needed, the dose can be repeated.

4.12.4 Expiry dates should be checked regularly and replacements made when required.

#### 4.13 ROLES AND RESPONSIBILITIES

4.13.1 Ensuring the safety of an anaphylactic individual in a school setting depends on the co-operation of the entire school community. To minimize risk of exposure, and to ensure rapid response to an emergency, parents, students and school personnel must all understand and fulfill their responsibilities.

#### 4.13.2 Parents of an Anaphylactic Child

- a) Inform the school of their child's allergies;
- b) Provides a MedicAlert® bracelet for their child;
- c) Provides the school with current medical instructions from their physician to assist in completion of all relevant forms;
- d) Provides the school with up-to-date auto-injectors, clearly labeled with child's name and prescription details, as well as a means of transporting / carrying on student's person at all times (e.g. fanny pack, back pack etc.);
- e) Supplies information for school publications
  - recipes
  - foods to avoid
  - alternative snack suggestions
  - resources
- f) Are willing to provide safe foods for their child for special occasions;
- g) Notify the school of any illness that may mimic signs and/or symptoms of anaphylaxis (e.g. asthma);
- h) Teach their child:
  - About their allergy and the substances that trigger it;
  - To recognize the first symptoms of an anaphylactic reaction;
  - To know where medication is kept, and who can get it;
  - To communicate clearly when he or she feels a reaction starting;
  - To carry his/her own auto-injector in a body pouch/backpack/ fanny pack;
  - Not to share snacks, lunches or drinks and to politely explain why he/she is not sharing;
  - To understand the importance of hand-washing;
  - To report bullying and threats to an adult in authority;
  - To take as much responsibility as possible for his/her own safety;
  - To avoid harmful insects and to report insect stings;
  - To recognize and avoid toys and supplies containing latex.

#### 4.13.3 Anaphylactic School Employee

- a) In order for employees to be covered by this procedure, they must self-identify an anaphylactic condition;
- b) Staff members shall report and provide medical documentation specific to anaphylactic conditions of the employee, provide medication or EpiPen® for emergency use and, as needed, keep medications or EpiPen® on hand at all times;
- c) Staff members who may experience a life-threatening anaphylactic reaction requiring immediate medical response will provide information to the principal/supervisor and an emergency/ communication plan shall be developed. The plan shall be developed in consultation with the staff member;
- d) This plan may include such things as anaphylactic conditions, reaction, location of medication (i.e. EpiPen®), steps to follow after the reaction, individuals involved, where the plan will be kept. The plan shall be reviewed based on the needs of the staff member.

- e) Appendix “G” provides a template for the Emergency Plan;
- f) The staff member may wear medical alerts and carry on their person, an EpiPens® for emergency use;
- g) In cases where a staff member anticipates or recognizes the onset of a reaction, the staff member MUST report the matter to the principal/supervisor, office, or another staff member and remove himself or herself to a safe place, with the aid of another person where possible;
- h) If capable, the staff member will take the necessary medication or administer the EpiPen® and/or request help from the other person as developed in the communication plan. In all cases of emergency, the staff member must seek medical treatment.

#### 4.13.4 School Principal

- a) Works closely with the parents of an anaphylactic student;
- b) Requests parents provide auto-injectors to school. At least two auto-injectors are suggested, one located with the student and one located in the school office in a known accessible location;
- c) Makes parents aware of all relevant Board and school policies and procedures;
- d) Ensures that all relevant forms are completed and maintain up-to-date emergency contacts;
- e) Develops a school policy or procedure and implements the board policy / procedure for reducing risk in classrooms and common areas;
- f) Notifies the school community of the anaphylactic student, the allergens and asks for their support. The student should be identified by name only, with permission of the parents;
- g) Posts Appendix B, Medical Alert Emergency Protocol, in the staff room, school office, Teacher’s Day Book, and provides to the bus operators and the Transportation Department.
- h) Notifies all appropriate school personnel (student’s teacher(s), educational assistants, office staff, substitute teachers, custodians, etc.) as well as other adults who have regular contact with the student (bus operators and drivers, crossing guard, cafeteria workers, volunteers, etc.) of medical alert and of established protocols;
- i) Informs all parents that a child with life-threatening allergies is attending the school / riding on their child’s school bus, and asks for their support. The student should be identified by name only, with permission of the parents;
- j) Works with School Council to increase community awareness of anaphylaxis, its avoidance, and its treatment;
- k) Reviews procedures with entire staff regularly throughout the school year (i.e. beginning of each term or semester) and when relevant new student entry occurs;
- l) Maintains an up-to-date list of school personnel who have received in-service and training in the use of an auto-injector;
- m) Ensures parents provide auto-injectors to school. At least two auto-injectors are suggested, one located with the student and one located in the school office in a known accessible location;

- n) Requests parents to provide body pouch/backpack/fanny pack for transport of auto-injector by the student and a MedicAlert® bracelet;
- o) Ensures that there are at least two EpiPens® in the office of appropriate dosage **with an appropriate expiry date**.
- p) Establishes safe procedures for field trips and extra-curricular activities by designating staff who will carry out emergency procedures and provides them with a copy of Appendix A and Appendix B (attached);
- q) Monitors allergen-free areas, and identifies high-risk areas for anaphylactic individuals and ensures custodians cover/remove garbage containers to reduce the risk of insect-induced anaphylaxis;
- r) Establishes a disciplinary procedure for dealing with teasing, bullying and threats;
- s) Ensures that the school's first aid supplies are allergen-free (non-latex gloves, non-latex bandages);
- t) Obtains medical documentation of anaphylactic conditions from the staff member, accommodates the staff member as necessary, and ensures that the Emergency Plan for Staff Members is completed and maintained up to date.

#### 4.13.5 Classroom Teacher

- a) Participates and practices in the review of the individual plan for students in his/her classroom with life-threatening allergies;
- b) Displays Appendix B, Medical Alert Emergency Protocol, in the classroom for elementary students, with parental approval, when appropriate. In secondary schools, reviews the Student Medical Alert form to become aware of likely symptoms and location of EpiPen®;
- c) Leaves information in an organized, prominent, and accessible format for substitute teacher, parent volunteers, or others who may have occasional contact;
- d) Discusses anaphylaxis with the class, in age-appropriate terms;
- e) Encourages students not to share lunches or trade snacks;
- f) Encourages/organizes celebrations and activities that are not focused on food or, if this is not possible, chooses allergy-free foods for classroom events;
- g) Establishes procedures to ensure that the anaphylactic student eats only what he/she brings from home;
- h) Reinforces with all students the importance of hand washing before and after eating;
- i) Closely monitors allergen-free areas, and identifies high-risk areas for anaphylactic students (e.g. science fair exhibits, out of school excursions);
- j) Enforces school rules about bullying and threats;
- k) Plans appropriately for field trips; ensures that epinephrine, a copy of the emergency response plan, and a cell phone is taken (request for parent to provide cell phone if one isn't available through the school).

#### 4.13.6 Transportation and Bus Operators

##### Bus Operators

- a) Receives training in the use of an auto-injector;
- b) Carries a copy of the emergency alert form on the school bus, stored and available in an appropriate location;
- c) Carries out emergency action plan as necessary; in consultation with the principal
- d) Ensures that an auto-injector is in an identified, safe and accessible location while student is on the bus.

##### Transportation

- e) Once a student has been diagnosed as anaphylactic, ensures that drivers trained in emergency procedures are assigned to the student's bus;
- f) Assists in developing procedures to minimize risk while traveling on the school bus;
- g) Assists in developing an emergency plan that relates directly to busing;

#### 4.13.7 Anaphylactic Student (**as appropriate**)

***An anaphylactic student may not be able to self-administer medication during an anaphylactic reaction.***

- a) Has a developmentally appropriate understanding of his/her allergy and its triggers;
- b) Takes as much responsibility as possible for avoiding allergens, i.e. eats only foods brought from home or approved for consumption;
- c) Takes responsibility for checking food labels and monitoring food intake (as developmentally appropriate);
- d) Washes hands before and after eating;
- e) Learns to recognize symptoms of an anaphylactic reaction (as developmentally appropriate);
- f) Takes responsibility for asking for latex-free equipment and supplies where applicable and age appropriate;
- g) Promptly informs an adult, as soon as accidental exposure occurs or symptoms appear;
- h) Keeps an auto-injector on their person at all times (as developmentally appropriate);
- i) Knows how to use the auto-injector (as developmentally appropriate).

#### 4.13.8 All Parents

- a) Respond co-operatively to requests from school to eliminate allergens from packed lunches and snacks;
- b) Participate in parent information sessions;
- c) Encourage students to respect anaphylactic individuals and school prevention plans.

#### 4.13.9 All Students

- a) Learn to recognize symptoms of anaphylactic reactions;
- b) Avoid sharing food, especially with anaphylactic students;
- c) Follow school rules about keeping allergens out of the classroom and washing hands.

## 5.0 APPENDICES

- 5.1 Appendix A: Authorization for Storage and Administration of Prescribed Medication Part A & B
- 5.2 Appendix B: Medical Alert Emergency Protocol
- 5.3 Appendix C: Pre-Camp / Excursion Medical Questionnaire
- 5.4 Appendix D: Sample Letter to Parents / Guardians re: life-threatening allergies
- 5.5 Appendix E: Sample Newsletter Articles
- 5.6 Appendix F: Sample 911 Protocol
- 5.7 Appendix G: Anaphylactic Reaction for Staff Members

**AUTHORIZATION FOR STORAGE AND ADMINISTRATION OF PRESCRIBED MEDICATION**

**PART A**

To be completed by attending Physician / Health care practitioner

**Student's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **School:** \_\_\_\_\_

1.	a) Medication Prescribed: b) Method of Administration: c) Dosage: d) Time(s):
2.	Must medication be taken during school hours?
3.	Possible side effects of medication:
4.	Action to be taken should a reaction occur:
5.	Allergies which should be noted:
6.	Additional instructions (e.g. storage of medication, etc.)
7.	Expected date of discontinuation of medication:

Physician / Health Care Practitioner: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Physician's / Health Care Practitioner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***To be placed in Documentation file of O.S.R.***

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**AUTHORIZATION FOR STORAGE AND ADMINISTRATION OF PRESCRIBED MEDICATION**

**PART B**

To be completed by Parents / Guardians

This is to authorize the administration of the medication(s) prescribed as mentioned by the attending physician / health care practitioner for:

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School: \_\_\_\_\_

Medic Alert I.D.      Yes       No

I/we hereby release Trillium Lakelands District School Board, its employees and agents from all actions, causes of action, suits, losses, damages or injuries howsoever caused, by negligence or otherwise, arising out of the administration or failure to administer medication as provided herein. I/we also agree to indemnify the Board, its employees or agents for any losses or damages sustained by them as a result of any such actions, or proceedings being commenced against them.

Parents / Guardians Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Note:**

*Parents / Guardians are requested to PLACE MEDICATION IN INDIVIDUAL CONTAINERS (those in which the medication was supplied from the Pharmacist / Physician / Health Care Practitioner). The containers should be PROPERLY LABELLED indicating the STUDENT'S NAME AND ADMINISTRATION / STORAGE DIRECTIONS.*

The medication will be delivered by a parent or guardian, according to an agreed schedule and amount to the Principal or designated person for safe keeping, unless otherwise determined.

In case of **EMERGENCY**, the contact person is:

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Relationship: \_\_\_\_\_

**To be placed in Documentation file of O.S.R.**

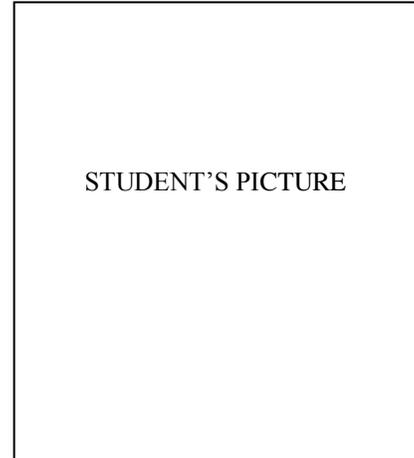
## EMERGENCY MEDICAL PLAN

NAME: \_\_\_\_\_

GRADE: \_\_\_\_\_ ROOM: \_\_\_\_\_ BUS # \_\_\_\_\_

TEACHER: \_\_\_\_\_

TYPE OF ALLERGY: \_\_\_\_\_



### CONTACTS:

Parent/Guardian: \_\_\_\_\_ (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

### SYMPTOMS:

### IMMEDIATE ACTION:

ON THE BUS

AT SCHOOL

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**To Use Auto-Injector (EpiPen®): Pull off safety cap. Jab black tip into outer thigh until unit activates (may be injected through clothing if necessary). Hold Auto-injector in place several seconds. Then discard unit.**

I / we agree with the information documents above.

\_\_\_\_\_  
Signature of Parent / Guardian

\_\_\_\_\_  
Signature of Principal

\_\_\_\_\_  
Date

**EXAMPLE OF MEDICAL ALERT EMERGENCY PROTOCOL**

NAME: \_\_\_\_\_

GRADE: \_\_\_\_\_ ROOM: \_\_\_\_\_ BUS # \_\_\_\_\_

TEACHER: \_\_\_\_\_

TYPE OF ALLERGY: \_\_\_\_\_

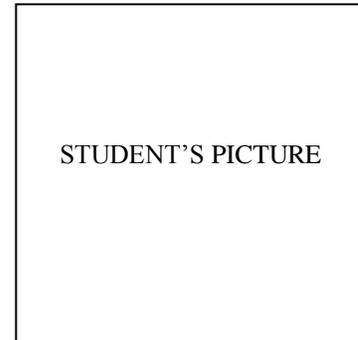
**CONTACTS:**

Parent/Guardian: \_\_\_\_\_ (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_



**SYMPTOMS:**

<b>IMMEDIATE ACTION:</b>	
<i>Example of Plan</i>	
<b>ON THE BUS (for daily travel and field trips)</b> <i>check procedure with bus operator</i>	<b>AT SCHOOL</b> <i>check individual student response plan</i>
<ol style="list-style-type: none"> <li>1. Driver will radio for assistance (i.e. issue a code one).</li> <li>2. Bus Patrol or designated student will obtain EpiPen® from student (e.g. backpack).</li> <li>3. Driver will administer EpiPen®</li> <li>4. If symptoms intensify, give a second injection after 10-15 minutes.</li> <li>5. Dispatch will call ambulance and communicate severity of situation and bus location.</li> <li>6. Driver will await arrival of medical services.</li> </ol>	<ol style="list-style-type: none"> <li>1. Obtain EpiPen®.</li> <li>2. Designated adult will administer</li> <li>3. Notify office; call 911.</li> <li>4. <b>If out-of-town school</b>, office personnel will call 911 requesting Emergency Life Support Unit. If Unit is unavailable or delayed, the student will be transported by car to meet the ambulance.</li> <li>5. While en route to hospital, re-administer additional EpiPen® 10-20 minutes if symptoms continue.</li> <li>6. Call the child's parents.</li> <li>7. Contact will be maintained with school by cell phone.</li> </ol>

**To Use Auto-Injector (EpiPen® ®): Pull off grey safety cap. Jab black tip into outer thigh until unit activates (may be injected through clothing if necessary). Hold Auto-injector in place several seconds. Then discard unit.**

I / we agree with the information documents above.

\_\_\_\_\_  
Signature of Parent / Guardian

\_\_\_\_\_  
Signature of Principal

\_\_\_\_\_  
Date

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## PRE-CAMP/ EXCURSION MEDICAL QUESTIONNAIRE

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Field Trip Destination: \_\_\_\_\_ Length of Time: \_\_\_\_\_

*Please complete the following questionnaire prior to school trips and excursions.*

1. If prior allergies have been reported, what is the nature of the reaction? (hay fever, asthma, anaphylaxis, other)

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2. What is the allergen to which the child is sensitive?

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3. What level of medical attention does your child receive?

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4. What was the severity of the most serious reaction?

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5. What is the history of any past treatment required?

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6. What is the frequency of treatment?

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7. What is the management ability of the child (can child treat reaction on own)

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8. What are the daily precautions?

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*For all students with other than the mildest prior allergic symptoms or reactions, a letter from a physician must be submitted outlining the appropriate precautions and emergency measures. Specific directions for the use of epinephrine in emergencies should be included if indicated by the condition and past history.*

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## Sample Letter to Parents / Guardians Regarding Life Threatening Allergies

(School Letterhead)

Date

Dear Parents / Guardians:

There is a student in our school / your child's classroom who has a severe allergy to \_\_\_\_\_ . Even exposure to a tiny amount of this item could be potentially serious and life threatening. We can all play a role in preventing such a dangerous and frightening situation at school. The specific child and his / her family must take responsibility to avoid exposure. However, staff, other students and their families can also help to make the school environment safer.

Your assistance is needed to please:

- check the list of ingredients on items you send to school
- avoid sending \_\_\_\_\_ or items containing \_\_\_\_\_ with your child to school, including: \_\_\_\_\_
- teach your child to understand this very serious situation and discourage teasing of this student

This may be an inconvenience for you, but please realize how important your assistance is. We would take the same care should your child have such a health care need.

Thank you for your support. For more information, please call \_\_\_\_\_

Sincerely,

Principal

## Sample Newsletter Articles

### **Allergy Alert**

Please be aware that there is a student / several students in our school with a severe life threatening food allergy (anaphylaxis) to \_\_\_\_\_. This is a medical condition that causes a severe reaction to specific foods and can result in death within minutes. Although this may or may not affect your child's class directly, we want to inform you so that you (may choose to) send foods to school with your children that are free from \_\_\_\_\_. There will be more information about anaphylaxis at our upcoming Open House / Meet the Teacher Night. Thank you for your understanding and cooperation.

### **Life-Threatening Allergies**

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

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

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

If you would like further information, please contact the school.

**Sample 911 Protocol**

**MUST be Posted by Telephone**

**911 Protocol – Anaphylaxis**

**1. Emergency Phone Number**

**2. Hello, my name is \_\_\_\_\_**

**3. We are located at:**

**Address: \_\_\_\_\_**

**Nearest major intersection: \_\_\_\_\_**

**4. Tell them:**

**“We need an ambulance immediately. We have a child going into anaphylactic shock (describe emergency/incident). An EpiPen® is being given now.”**

**5. Give the following information about the child:**

- **level of consciousness**
- **breathing**
- **bleeding**
- **age**

**6. The closest entrance for the ambulance is on:**

\_\_\_\_\_

**7. Do you need any more information?**

**8. How long will it take you to get there?**

**9. Tell them:**

**10. “A staff member will meet you at the entrance to provide further information.”**

**11. Call the parents / guardians / emergency contact.**

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**ANAPHYLACTIC REACTION FOR STAFF MEMBERS**

**EMERGENCY PLAN**

**Name:** \_\_\_\_\_

**Worksite:** \_\_\_\_\_

**Anaphylactic Condition:**

\_\_\_\_\_

**Reaction:** \_\_\_\_\_

\_\_\_\_\_

**Type(s) of Medication:**

\_\_\_\_\_

\_\_\_\_\_

**Location of Medication:**

\_\_\_\_\_

**Individuals Involved in the Plan:**

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**Steps to Follow After a Reaction:**

\_\_\_\_\_

\_\_\_\_\_

**Emergency Contact(s):** \_\_\_\_\_

\_\_\_\_\_

**Where Plan Kept:** \_\_\_\_\_

**Developed By:** \_\_\_\_\_

**Date:** \_\_\_\_\_