

# **ANAPHYLAXIS**

## **PROTOCOL AND GUIDELINES**

### **2013**



# **ANAPHYLAXIS PROTOCOL AND GUIDELINES 2013**





**TORONTO CATHOLIC DISTRICT SCHOOL BOARD  
TRUSTEES 2013-2014**

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**ANAPHYLAXIS PROTOCOL**

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TORONTO CATHOLIC DISTRICT SCHOOL BOARD  
**ANAPHYLAXIS PROTOCOL**

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## **A School Plan of Action for Anaphylaxis**

### ***Anaphylaxis: A Life-Threatening Crisis among Our Students***

'Anaphylaxis, the medical term for "allergic shock" or "generalized reaction", can be rapid and deadly. It can develop within seconds of exposure, beginning with itching, hives or swelling of the lips, tongue and face. Within minutes, the throat may begin to close, choking off breathing and leading to death.'\*

### ***School Board Responsibilities***

Anaphylaxis is a growing medical phenomenon within our school community. Students and school staff alike face many challenges everyday in coping with Anaphylaxis. School staff and administration must become aware of school board policies and protocols and the procedures for responding to an anaphylactic emergency. To that end the Toronto Catholic District School Board in conjunction with the Toronto Elementary Catholic Teachers-Ontario English Catholic Teachers Association-Canadian Union of Public Employees, has provided all schools and administrative staff with the Anaphylaxis Protocol and Guidelines - June 2003.

### ***School Responsibilities***

An effective plan of action to meet this challenge of protecting students and staff should include the following:

- ◆ Principal to review Toronto Catholic District School Board **Anaphylaxis Protocol/Guidelines** with **all** school staff semiannually.
- ◆ Principal to meet with parents of students diagnosed with Anaphylaxis upon registration at the school and/or upon diagnosis of Anaphylaxis.
- ◆ Principal and parents to exchange consent and information forms included in this protocol that will identify Anaphylaxis through a diagnosis from an attending physician and allow the administration to dispense appropriate medication.
- ◆ School to provide a safe and allergen aware environment.

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\* From Anaphylaxis: A Handbook for School Boards - Canadian School Boards Association, September 2001.

### ***Parent Responsibilities***

Parents of students who have been diagnosed with Anaphylaxis must:

- ♦ Exchange information **yearly** with the principal about the student's medical condition including medical forms found in this protocol. This will enable the principal to communicate and plan effectively with the school staff in providing for the safety and welfare of the student
- ♦ Provide *proprietary medication* as prescribed by a physician. This means that the medication can only be used for the student named in the prescription. **Failure to provide this medication can result in the removal of the student from the school until the medication is available at the school** according to this protocol.
- ♦ Provide back-up medication as outlined in this protocol. See page 3.

### **EMERGENCY PROCEDURES FOR STUDENTS WITHOUT A MEDICAL DIAGNOSIS OF ANAPHYLAXIS AND PRESCRIBED MEDICATION.**

If a person **not** previously diagnosed appears to be developing an anaphylactic reaction staff will inject with the **school's** epinephrine auto-injector (epi-pen®/allerject®).

Call 911 and inform them that you have a person who is experiencing anaphylactic shock and that you have injected epinephrine (epi-pen®/allerject®).



## Purpose of this Document

A significant number of students are coming to the school system with anaphylaxis. When exposed to an allergen to which they have sensitivity, these students will have a severe and life threatening allergic reaction. This document provides information to school personnel so that they can develop an action plan to:

- ♦ Lessen the risk of contact with an allergen.
- ♦ Recognize the symptoms of a severe anaphylactic reaction.
- ♦ Know the treatment protocol and be empowered to provide emergency life-saving treatment to the student immediately.

This document will provide school personnel with the necessary information and forms required to create a resource package for each anaphylactic student. This school-produced package will be a useful tool as a school develops an individualized action plan for each anaphylactic student.

***DEFINITION: Anaphylaxis is a SEVERE and LIFE-THREATENING allergic reaction caused by exposure to a trigger (allergen).***

*Common allergen triggers are foods, insect stings, medications, exercise, and latex rubber. An anaphylactic reaction involves symptoms from two or more body systems as noted below.*

BODY SYSTEM	SYMPTOMS
SKIN	hives (red itchy welts or swelling on skin)
EYES	swollen, itchy, running, or bloodshot, or with mucous
NOSE	running, itchy, stuffy, sneezing
THROAT	sore, swollen
STOMACH/DIGESTIVE SYSTEM	vomiting, cramps, bloating, nausea, diarrhea
URINARY SYSTEM	Incontinence
RESPIRATORY SYSTEM	difficulty breathing, severe asthmatic reaction
CIRCULATORY SYSTEM	drop in blood pressure, unconsciousness
OTHER	disorientation, sense of foreboding, fear or apprehension, sense of doom

## What to Do in an Anaphylactic Shock Emergency

Anaphylactic shock **shall** be considered a medical emergency and must be treated **immediately**. The following are required for emergency treatment:

***Inject Epinephrine using EpiPen®.  
Medical aid at a hospital obtained by calling 911.***

Injected medication (epinephrine) will provide a window of time (15 to 20 minutes) to allow for transportation of the student to a hospital where appropriate medical aid can be provided.

### Know what to do.

Epinephrine (the active ingredient in the EpiPen® Auto-Injector) is the medication recognized by healthcare professionals as the emergency treatment of choice for severe allergic reactions.

If any of the symptoms listed above are exhibited, administer the EpiPen® Auto-Injector immediately.

1



- Hold firmly with orange tip pointing downward.
- Remove blue safety cap by pulling straight up. Do not bend or twist.

2



- Swing and push orange tip firmly into mid-outer thigh until you hear a 'click'.
- Hold on thigh for several seconds.



#### Built-in needle protection

- When the EpiPen® Auto-Injector is removed, the orange needle cover automatically extends to cover the injection needle, ensuring the needle is never exposed.



***After administration, patients should seek medical attention immediately or go to the emergency room. For the next 48 hours, patients must stay within close proximity to a healthcare facility or where they can call 911.***

For more information, or to order more posters, go to [EpiPen.ca](http://EpiPen.ca)

EpiPen® and EpiPen® Jr Auto-Injectors are indicated for the emergency treatment of anaphylactic reactions in patients who are determined to be at increased risk for anaphylaxis, including individuals with a history of anaphylactic reactions.

This product may not be kept for use. Always read and follow the product label.

References: 1. Lefkowitz M, Kemp SF, Oprea-Selinger L, et al. The diagnosis and management of anaphylaxis: an updated practice parameter. *J Allergy Clin Immunol* 2003;111:540-548.  
2. Kemp SF, Lefkowitz M, Oprea-Selinger L, et al. The diagnosis and management of anaphylaxis: an updated practice parameter. *J Allergy Clin Immunol* 2003;111:540-548.



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Trusted for over 25 years.

# ANAPHYLAXIS

## Symptoms and Treatment

### What is Anaphylaxis?

Anaphylaxis is the term for a severe, life-threatening allergic reaction that some people have to foods (like peanuts and shell fish), insect stings, certain medicines, latex, or other allergens.

### Symptoms.

Typical symptoms of anaphylaxis include:

- Swelling of the throat, lips, tongue, or the area around the eyes
- Difficulty breathing or swallowing
- Itellitic taste or itching in the mouth
- Generalized flushing, itching, or redness of the skin
- Stomach cramps, nausea, vomiting, or diarrhea
- Increased heart rate
- Decreased blood pressure
- Paleness
- Sudden feeling of weakness
- Anxiety or an overwhelming sense of doom
- Collapse
- Loss of consciousness

The most common warning symptoms of anaphylaxis are **hives and swelling**.

**Remember!** Treatment with a epinephrine auto-injector should be given **immediately** when someone is experiencing a severe allergic reaction.

## HOW TO USE ALLERJECT™

Practice With Allerject™ Trainer First

**1 Pull Allerject™ from the outer case.**

Do not go to step 2 until you are ready to use Allerject™. If you are not ready to use, put it back in the outer case.

**2 Pull off RED safety guard.**

To reduce the chance of an accidental injection, do not touch the black base of the auto-injector, which is where the needle comes out. If an accidental injection happens, get medical help immediately.

**NOTE:** The safety guard is reset to be tight. *Pull freely to remove.*

**3 Place BLACK end AGAINST the MIDDLE of the OUTER thigh (through clothing, if necessary), then press firmly and hold in place for five seconds.**

Only inject into the middle of the outer thigh (upper leg). Do not inject into any other location.

**NOTE:** Allerject™ makes a distinct sound (click and hiss) when you press it against your leg. This is normal and indicates Allerject™ is working correctly.

**4 Seek immediate medical or hospital care.**


Replace the outer case and take your used Allerject™ with you to your pharmacist or physician for proper disposal and replacement.

**AFTER using Allerject™ seek immediate medical attention**

Please consult the Consumer Information leaflet in your product package for complete dosage and administration instructions.

With a severe, long-lasting allergic reaction, you may need to administer an additional dose of epinephrine. More than two repeated doses of epinephrine should only be administered under direct medical supervision.

It is important that you seek immediate medical attention or go to the emergency room immediately after using Allerject™. Following treatment, the patient must stay within close proximity to a hospital or where they can call 911 for the next 40 hours. To ensure Allerject™ is right for you, always read and follow the label.



**How to store Allerject™**

Keep your Allerject™ at room temperature. Do not freeze. Do not shake.

Occasionally inspect your Allerject™ solution through the viewing window. Replace your Allerject™ if the discoloration contains solid particles (precipitate) or if there are any signs of leakage. The solution should be clear.

For more information go to:

# www.allerject.ca

Manufactured by Sanofi-Santé Canada Inc.  
Laval, Québec, Canada H7V 1A5

**SANOFI**

## What to Do in an Anaphylactic Shock Emergency

Anaphylactic shock **shall** be considered a medical emergency and must be treated **immediately**. The following are required for emergency treatment:

***Inject Epinephrine using EpiPen®.***  
***Medical aid at a hospital obtained by calling 911.***

Injected medication (epinephrine) will provide a window of time (15 to 20 minutes) to allow for transportation of the student to a hospital where appropriate medical aid can be provided.

## Ways to Reduce Risk

Anaphylactic shock reactions can be **prevented** by reducing exposure to those substances that trigger a severe allergic reaction. This has implications for the entire school community:

- ♦ principals and vice-principals
- ♦ secretaries
- ♦ school staff
- ♦ lunchroom supervisors and volunteers
- ♦ supply staff
- ♦ the student with a severe allergy
- ♦ bus driver(s)
- ♦ the student's parents/guardians
- ♦ the student's physician
- ♦ education and awareness (including classmates)

## Guidelines for Students Who May Experience Anaphylactic Shock

For prevention and immediate emergency treatment, *all staff* shall be:

- ♦ aware of the identity of the student
- ♦ aware of the allergens that trigger an anaphylactic reaction
- ♦ aware of the possibility and mechanism of cross contamination
- ♦ aware of the necessary treatment protocol
- ♦ aware of **location of medications**
- ♦ trained to recognize symptoms
- ♦ trained and empowered to administer medication (epinephrine), by injection in an emergency
- ♦ trained and empowered to call 911 and arrange emergency transport to medical aid at hospital

## Identification of Students at Risk

Students who may require an epinephrine injection (Epi-pen®/Allerject®) shall be clearly identified to all staff. An ***Emergency Allergy Alert Form*** (*See Appendix B*) similar to the sample attached shall be posted in a prominent place in the staff room, school office and in other suitable locations. In addition, an updated picture in elementary classrooms and the occasional teacher's folder shall be readily available to **all** staff.

## **Background Information on Emergency Medication**

Each administration of epinephrine from an EpiPen®/Allerject® is intended to provide relief of symptoms for 15 to 20 minutes. EpiPens®/Allerjects® come in two doses: junior and adult. Each EpiPen®/Allerject® contains medication for only one administration. **If symptoms persist or worsen and help has not arrived after 15-20 minutes repeated applications from an additional Epi-Pen®/Allerject® should be given, not exceeding three applications.**

## **Parents Provide Emergency Medication**

Parents/guardians shall provide a minimum of two (2) EpiPens®/Allerject®. EpiPens®/Allerject® have a shelf life and shall be replaced when stale-dated. An appropriate number of EpiPens®/Allerject® shall be available during excursions.

## **Emergency Medication**

EpiPens®/Allerjects will be carried by the student at all times and have an extra available in an accessible, **unlocked** location. The medication shall always be kept in the same location. The student's name and directions for administering the EpiPen®/Allerject® shall be with the medication.

## **Excursions**

Please refer to the **Board's Excursion Handbook** for specific recommendations regarding students with anaphylaxis while on excursions (**pages 50-52 Section 7.11 and 7.12 “Anaphylaxis-The Life-Threatening Allergic Reaction**). It is advisable to have a parent or other adult relative of an anaphylactic student accompany all class trips where possible. Parents shall be informed of excursions as early as possible in order to research excursion sights for allergic risks.

**A minimum of two (2) EpiPens®/Allerjects® must accompany the student on all excursions.**

## **Transportation of Student with Anaphylaxis To Hospital**

A student experiencing anaphylactic symptoms should be transported immediately by ambulance to a hospital even if symptoms decrease with the administration of medication. The call to the ambulance shall be made by **dialing 911**. It should be clearly indicated that the student is having an anaphylactic reaction. If using a cell phone, identify your location.

## **Incident Report**

Incidents of anaphylactic reaction should be documented and reported on the Ontario School Boards Insurance Exchange (OSBIE) Incident Report Form available on the OSBIE website (Appendix C).

**<http://osbie.on.ca/english/index.cfm>.**

## **Staff In-Service**

All staff in each school shall be in-serviced on allergic reactions and the use of the EpiPen®/Allerject®.

Such in-services shall occur semi annually and include information provided by the following:

- ♦ student/parent
- ♦ physician
- ♦ Anaphylaxis Canada ( 416-785-5666)
- ♦ TCDSB Special Services Department (416-222-8282 ext 2486)
- ♦ Judy Collins; email [collins.judy@rogers.com](mailto:collins.judy@rogers.com)

## **Checklists**

Checklists are provided for use of school staffs on admission of an anaphylactic student, for annual update of information and procedures and for use when there is an occasional teacher (see Appendix G).

## *GETTING STARTED*

### **Registration**

Principals/designates shall provide parents with **Forms SS12A and SS12B**, "Administration of Oral Medication and Administration of Medication by Injection in an Emergency" (see Appendix A) and request that these forms be completed by a physician. Principals shall also request additional pertinent information from the parents. Principals/designates should also request that the parent provide the student with a MedicAlert® bracelet. A checklist to be completed when an anaphylactic student registers is provided (see Appendix G).

### **Can Schools Create An Allergen-Free Environment?**

School Staffs should discuss and decide on any appropriate and reasonable food restrictions for school-related activities, lunch at school, field trips, parties and fund-raisers. While many parents ask the principal and staff to "ban" certain foods and food products from the school, such a request cannot be reliably implemented. No matter how committed the staff and how cooperative the parent community, foods containing the allergen would eventually enter the school. The student would have a false sense of security, and would be placed at increased risk. A better approach is to regularly educate the parent community and solicit the cooperation of families, and set in place procedures that are designed to safeguard the anaphylactic student to an allergen-aware school. However, an **allergen-aware environment is always the best practice**.

- ◆ Promoting the avoidance of the allergen as much as possible.
- ◆ Have an emergency plan in place to deal with anaphylactic reactions.
- ◆ School staff should discuss procedures at semi annual meetings.

## **Guidelines for Secondary School Students**

Secondary school students may possess the necessary level of maturity and responsibility to monitor their environment for allergens and to administer their own prescribed medications both on a regular basis and in the event of an anaphylactic reaction. However, increased rather than decreased vigilance is needed in secondary school settings and for secondary school age students as they travel further from home, as they are extremely vulnerable to peer influences and as they may, at this stage of development, deny their vulnerability.

Secondary schools should follow the guidelines below:

- ♦ As with elementary students, the proper prescribed amount of medication will be carried in the school by the student.
- ♦ Secondary school staffs should consider arranging presentation of information on allergy and anaphylaxis, through the academic program or through a school-wide assembly.
- ♦ Secondary school students who are subject to anaphylactic reaction should be aware that foods with allergens may be served in the school cafeteria. Cafeteria staff should also be aware of anaphylactic students and educated about anaphylaxis.

## **Procedure When There is an Occasional Teacher**

Whenever possible, a teacher calling SEMS leaves a detailed message for the occasional teacher regarding an anaphylactic student indicating information is to be sought on arrival to the school from the administration.

The regular teacher, who has a student with anaphylaxis, will leave a back-up copy of the Emergency Anaphylactic Plan on his/her desk at all times.

A folder with the emergency plan (Emergency Allergy Alert form – see Appendix A) and child's photo is to be kept with the teacher's day plan inside where the occasional teacher signs in.

The principal shall brief the occasional teacher about any anaphylactic students in the class.

The regular teacher will leave a back-up copy of the Emergency Anaphylactic Plan on his/her desk at all times.



## References

### **Anaphylaxis Canada**

2005 Sheppard Ave. East Suite 800, Toronto, Ontario M2J 5B4  
Telephone: 416-785-5666  
[www.anaphylaxis.ca](http://www.anaphylaxis.ca)

### **Canadian School Boards Association**

1410 rue Stanley, bureau 515  
Montreal, Quebec H3A 1P8  
Telephone: 514-289-2988  
Fax: 514-849-9228  
E-mail: [info@cdnsba.org](mailto:info@cdnsba.org)  
[www.cdnsab](http://www.cdnsab)

### **Allergy Asthma Information Association (National Office)**

295 The West Mall, Suite 118, Etobicoke, Ontario M9C 4Z4  
Telephone: 416-621-4571 Fax: 416-621-5034  
Toll free: 1-800-611-7011  
E-mail: [admin@aaia.ca](mailto:admin@aaia.ca)  
[www.aaia.ca](http://www.aaia.ca)

### **Canadian Society of Allergy & Clinical Immunology**

774, promenade Echo Dr., Ottawa, Ontario K1S 5N8  
Telephone: 613-730-6272  
[www.csaci.ca](http://www.csaci.ca)  
E-mail: [csaci@rcpsc.edu](mailto:csaci@rcpsc.edu)

### **The Hospital for Sick Children**

555 University Ave., Toronto, Ontario  
Telephone: 416-813-5300  
: [www.sickkids.on.ca](http://www.sickkids.on.ca)

### **Collins Consulting**

E-mail: [collins.judy@rogers.com](mailto:collins.judy@rogers.com)

### **Toronto Catholic District School Board (TCDSB)**

#### ***Superintendent of Special Services***

Telephone: 416-222-8282 Ext.2486

## Appendices

- A Forms SS12A SS12B and SS13**, Administration of Oral Medication, Administration of Medication by Injection in an Emergency, and School Record of Medical Services.
- B Emergency Allergy Alert Form-EpiPen®/Allerject®**, adapted from the Allergy/Asthma Information Association's information.
- C OSBIE Incident Report Form**
- D School Guide – Anaphylaxis Protocol**
- E Sample Communication to Parents**
  - September Letter
  - Sample School Newsletter Inserts
  - List of Foods
  - Insect Sting
  - Latex
  - Checklist for Parents of an Anaphylactic Student
  - Principal's Checklist
- F Posters**
  - Student Poster Template
  - How to use EpiPen® Poster
  - How to use Allerject®
- G Principal's Checklist**
  - School Action Plan Checklist
  - Checklist Annual Timeline for Schools with Anaphylactic Students
- H Transportation**
- I Sign-Off Forms Staff In-Service**
- J Sign-Off Forms Initial Meeting Sign off Sheet**
- K Best Practices**
- L Resource Page**

**APPENDIX A: FORM SS12A – Page 1****Toronto Catholic District School Board**
**REQUEST AND CONSENT FOR THE  
ADMINISTRATION OF ORAL MEDICATION**

STUDENT NAME \_\_\_\_\_ STUDENT NO. \_\_\_\_\_  
SURNAME FIRST NAME  
 BIRTHDATE \_\_\_\_\_ GRADE/PLACEMENT \_\_\_\_\_ SCHOOL \_\_\_\_\_  
Y - M - D  
 SCHOOL ADDRESS \_\_\_\_\_  
 \_\_\_\_\_

I/WE, THE PARENT(S)/GUARDIAN REQUEST AND CONSENT FOR THE ADMINISTRATION OF ORAL MEDICATION.

I/We \_\_\_\_\_ Home Tel. \_\_\_\_\_ Home Tel. \_\_\_\_\_  
 \_\_\_\_\_ Bus. Tel. \_\_\_\_\_ Bus. Tel. \_\_\_\_\_

request that the MSSB provide for the administration of medication for my/our son/daughter.

\_\_\_\_\_

**I/We understand that:**

- a) a medical doctor must consent to this request in accordance with Section 2 of this form;
- b) only a limited supply of the medication may be kept at the school as prescribed by the doctor;
- c) the medication must be brought to the school in a closed container and the label must detail the name of the student, the type/name of the medication, and the size of the dosage;
- d) if the medication is not provided to the school, contact will be made with the parent(s)/guardian or doctor, and will also be made with parent(s)/guardian or doctor under any other exceptional circumstances, e.g. pupil refuses medication;
- e) it is the responsibility of the school to establish fall back positions for the administration of oral medication.

**I/We consent to:**

- a) the establishment of a service at the school to administer prescribed medication to my/our son/daughter named above;
- b) school personnel responsible for the administration of medication discussing any aspect of the service with a public health nurse where the need arises.

Date: Y - M - D \_\_\_\_\_ Signature of Parent/Guardian \_\_\_\_\_ Signature of Parent/Guardian \_\_\_\_\_  
 Please have the family doctor complete Part 2 on reverse side of this form.  
 Distribution: Original: OSR Copy: Parent(s)/Guardian, Special Program File(s) Page 1 **SS12A** R09/98

**APPENDIX A: FORM SS12A – Page 2****Toronto Catholic District School Board**
**REQUEST AND CONSENT FOR THE  
ADMINISTRATION OF ORAL MEDICATION**

STUDENT NAME \_\_\_\_\_ STUDENT NO. \_\_\_\_\_  
SURNAME FIRST NAME

**II. DOCTOR'S APPROVAL FOR THE ADMINISTRATION OF ORAL MEDICATION IN THE SCHOOL**

1. Diagnosis: \_\_\_\_\_

2.

	Medication Prescribed	Dosage	Time of Administration			Amount to be Maintained at School
			Mid-AM	Noon	Mid-PM	
a)						
b)						

3. The parent(s)/guardian of the above named pupil have requested the Toronto Catholic District School Board to offer a service for the administration of medication to their child in the school. The Board requires a doctor's approval before implementing such a program. Your signature below will provide the required approval with the following specific directions (if any, e.g. refrigeration, reactions):

I approve of the administration of oral medication as described above for:

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Doctor's Signature

Date: Y - M - D \_\_\_\_\_

PLEASE USE DOCTOR'S STAMP

**III. MSSB STAFF APPROVAL FOR IMPLEMENTATION**

The administration of oral medication service will be implemented as of:

Date: Y - M - D \_\_\_\_\_ Principal's Signature \_\_\_\_\_

Personal information contained on this form is collected under the authority of Sections 8 & 11 of the Education Act, and will be used as an authorization for prescribed medication. Questions about this collection should be directed to the above doctor through the parent(s)/guardian.

**APPENDIX A: FORM SS12B – Page 1**

# Toronto Catholic District School Board

**REQUEST AND CONSENT FOR THE ADMINISTRATION  
OF INJECTION OF MEDICATION IN AN EMERGENCY**

STUDENT NAME \_\_\_\_\_ STUDENT NO. \_\_\_\_\_  
 SURNAME FIRST NAME  
 BIRTHDATE \_\_\_\_\_ GRADE/PLACEMENT \_\_\_\_\_ SCHOOL \_\_\_\_\_  
 Y - M - D

I. THE PARENT(S)/GUARDIAN REQUEST AND CONSENT FOR THE ADMINISTRATION OF AN INJECTION OF MEDICATION IN AN EMERGENCY IN THE SCHOOL.

Home Tel. \_\_\_\_\_ Home Tel. \_\_\_\_\_  
Bus. Tel. \_\_\_\_\_ Bus. Tel. \_\_\_\_\_

I/We request that the TCDSB provide for the administration of an emergency injection of medication for my/our son/daughter in the event that the following should happen:

**I/We understand that:**

- a) a medical doctor must consent to this request in accordance with Section 2 of this form;
- b) only a limited supply of the medication may be kept at the school as prescribed by the doctor;
- c) the medication must be brought to the school in a closed container and the label must detail the name of the student, the type/name of the medication, and the size of the dosage;
- d) if the medication is not provided to the school, contact will be made with the parent(s)/guardian or doctor, and will also be made with parent(s)/guardian or doctor under any other exceptional circumstances, e.g. pupil refuses medication;
- e) it is the responsibility of the school to establish fall back positions for the administration of emergency medication.

**I/We consent to:**

- a) the establishment of a service at the school to administer an emergency injection of medication to my/our son/daughter named above in the event of an emergency situation as outlined above;
- b) school personnel responsible for the administration of medication in an emergency situation discussing any aspect of the service with a public health nurse where the need arises.

Date: Y - M - D \_\_\_\_\_ Signature of Parent/Guardian \_\_\_\_\_ Signature of Parent/Guardian \_\_\_\_\_

Personal information contained on this form is collected under the authority of Sections 8 & 11 of the Education Act, and will be used as an authorization for prescribed medication. Questions about this collection should be directed to the parent(s)/guardian.

Please have family doctor complete Part 2 on reverse side of this form.

Distribution: Original: OSR Copy: Parent/Guardian; Special Program File(s) (if applicable)

Page 1

SS12B

R09/98

**APPENDIX A: FORM SS12B – Page 2**

## Toronto Catholic District School Board

### REQUEST AND CONSENT FOR THE ADMINISTRATION OF INJECTION OF MEDICATION IN AN EMERGENCY

STUDENT NAME \_\_\_\_\_ STUDENT NO. \_\_\_\_\_

SURNAME FIRST NAME

**II. DOCTOR'S APPROVAL FOR THE ADMINISTRATION OF ORAL MEDICATION IN THE SCHOOL**

1. Diagnosis: \_\_\_\_\_
2. Reason for injection: \_\_\_\_\_
3. When should the injection of medication be administered? \_\_\_\_\_
4. Where should the injection be administered? \_\_\_\_\_
5. Additional directions: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Medication Prescribed	Dosage	Amount to be Maintained at School
a)		
b)		

6. The parent(s)/guardian of the above named pupil have requested the Toronto Catholic District School Board to offer a service for the administration of an injection of medication in an emergency to their child in the school. The Board requires a doctor's approval before implementing such a program. Your signature below will provide the required approval with the following specific directions (if any, e.g. refrigeration, reactions):

I approve of the administration of an injection of medication in an emergency as described above for:

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Doctor's Signature

Date: Y - M - D \_\_\_\_\_

PLEASE USE DOCTOR'S STAMP

**III. TCDSB STAFF APPROVAL FOR IMPLEMENTATION**

The administration of an injection of medication in an emergency will be implemented as described above. At the same time, school personnel will contact emergency ambulance services.

Date: Y - M - D \_\_\_\_\_ Principal's Signature \_\_\_\_\_

Personal information contained on this form is collected under the authority of Sections 8 & 11 of the Education Act, and will be used as an authorization for prescribed medication in an emergency. Questions about this collection should be directed to the family doctor through the parent(s)/guardian.

Distribution: Original: OSR Copy: Parent(s)/Guardian; Special Program File(s) (if applicable)

Page 2

**SS12B**

R09/98

**APPENDIX A: FORM SS13 – Page 1**

# Toronto Catholic District School Board

## SCHOOL RECORD OF MEDICAL SERVICES

STUDENT NAME \_\_\_\_\_ STUDENT NO. \_\_\_\_\_

SURNAME	FIRST NAME
---------	------------

BIRTHDATE	GRADE/PLACEMENT	SCHOOL
-----------	-----------------	--------

Y - M - D

[illegible]

**APPENDIX A: FORM SS13 – Page 2**

**SCHOOL RECORD OF MEDICAL SERVICES**

Personal information contained on this form is collected under the authority of Sections 8 & 11 of the Education Act, and will be used to identify students who require medication and/or medical services within the school. Questions about this collection should be directed to the school principal.

**INTENT OF FORM**

The School Record of Medical Services form is intended for use by personnel who provide medical services to TCDSB pupils in the school. These medical services may include the administration of oral medication and/or the intermittent catheterization program or any other appropriate medical service.

**INSTRUCTIONS**

- 1) Where oral medication or an injection of medication is to be administered, the person administering the medication shall:
  - \* check the student's name with the name of the individual on the medication container.
  - \* administer to the student only the prescribed dosage outlined on the container label and only at the prescribed times or in an emergency.
  - \* replace the medication container in the secured location.
- 2) Where any medical service is provided to a student in the school, a record of the service provided, should include:
  - \* the date
  - \* the time of administration
  - \* the initials of the person providing the service must be noted on this form



## APPENDIX B

# EMERGENCY ALLERGY ALERT FORM

# EPI-PEN®/ALLERJECT® ONLY

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

HOME TELEPHONE \_\_\_\_\_

EMERGENCY PHONE \_\_\_\_\_

PARENT/GUARDIAN WORK PHONE \_\_\_\_\_

PARENT/GUARDIAN WORK PHONE \_\_\_\_\_

TEACHER \_\_\_\_\_

CLASS \_\_\_\_\_ ROOM # \_\_\_\_\_

HEALTH CARD # \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

PHYSICIAN'S TELEPHONE \_\_\_\_\_

PICTURE  
OF  
STUDENT

**ALLERGY-DESCRIPTION:** This child has a **DANGEROUS**, life threatening allergy to the following items and to all foods containing them in any form in any amount;

---



---

**AVOIDANCE:** The key to preventing an emergency is **ABSOLUTE AVOIDANCE** of these foods at all times. **WITHOUT AN EPI-PEN®/ALLERJECT® THIS CHILD MUST NOT BE ALLOWED TO EAT ANYTHING.**

**EATING RULES:** *(List eating rules for child, if any, in this space)*

---

**POSSIBLE SYMPTOMS:**

- |  |  |
|--|--|
| <input type="checkbox"/> Flushed face, hives, swelling or itchy lips, tongue, eyes       | <input type="checkbox"/> Tightness in throat, mouth, and chest     |
| <input type="checkbox"/> Difficulty breathing or swallowing, wheezing, coughing, choking | <input type="checkbox"/> Vomiting, nausea, diarrhea, stomach pains |
| <input type="checkbox"/> Dizziness, unsteadiness, sudden fatigue, rapid heartbeat        | <input type="checkbox"/> Loss of consciousness                     |

**ACTION - EMERGENCY PLAN:** At any sign of difficulty (e.g. hives, swelling, difficulty breathing):

- ☐ Use **EPI-PEN®/ALLERJECT®** immediately
- ☐ **HAVE SOMEONE CALL AN AMBULANCE** to advise the dispatcher that the child is having an anaphylactic reaction.
- ☐ If ambulance has not arrived in 15-20 minutes and symptoms reappear or become worse, give a second **EPI-PEN®/ALLERJECT®**
- ☐ Even if symptoms subside entirely, this child **must** be taken to a hospital immediately.

EPI-PENS®/ALLERJECTS® are kept in \_\_\_\_\_ Classroom/ lunchroom /staff room/ office/with student

## APPENDIX C



**ONTARIO SCHOOL BOARDS' INSURANCE EXCHANGE  
FONDS D'ÉCHANGE D'ASSURANCE DES CONSEILS SCOLAIRES DE L'ONTARIO  
INCIDENT REPORT FORM/RAPPORT D'INCIDENT**

I - INJURED PERSON(S)/PERSONNE(S) BLESSÉE(S)					
IF PERSON HAS BEEN ADMITTED TO HOSPITAL, OR IF FATALLY INJURED, IMMEDIATELY TELEPHONE OSBIE CLAIMS DEPARTMENT SI LA PERSONNE EST HOSPITALISÉE OU EST DÉCÉDÉE, TÉLÉPHONER IMMÉDIATEMENT AU LE SERVICE DES SINISTRES DE L'OSBIE					
1-800-668-6724 (519) 767-2182 FAX (519) 767-0281					
Name/Nom					
Address/Adresse					
Sex(e) [M/F]	Age/Âge	Grade Level/Année de classe	Student/Élève	Other/Autre (Specify/Spécifier)	
Name of Parent or Guardian/Parent ou Tuteur					
Description of Bodily Injury or Property Damage Description de la blessure corporelle ou Dommages aux biens					

II - DETAILS OF INCIDENT/DÉTAILS DE L'INCIDENT					
Date					
Day/Jour	Month/Mois	Year/Année	Time/Heure	A.M.	P.M.
			1 <input type="checkbox"/> Bodily injury/Blessure corporelle 2 <input type="checkbox"/> Property damage/Dommages aux biens		

III - NATURE OF INCIDENT/NATURE DE L'INCIDENT					
1 <input type="checkbox"/> Sports injury/Blessure sportive Name of Sport/Nom du sport	2 <input type="checkbox"/> Assault/Agression	4 <input type="checkbox"/> Other/Autre Description			
	3 <input type="checkbox"/> Slip or fall/Glissade ou chute				
1 <input type="checkbox"/> Classroom/Classe	6 <input type="checkbox"/> Gymnasium/Gymnase	11 <input type="checkbox"/> Field trip/Excursion			
2 <input type="checkbox"/> Portable/Classe mobile	7 <input type="checkbox"/> School yard/Terrain de jeux	12 <input type="checkbox"/> Washroom/Toilette			
3 <input type="checkbox"/> Cafeteria/Cafétéria	8 <input type="checkbox"/> Slide/Glissade	13 <input type="checkbox"/> Shop/Atelier			
4 <input type="checkbox"/> Hallway/Corridor	9 <input type="checkbox"/> Swings/Balanoire	14 <input type="checkbox"/> Swimming pool/Piscine			
5 <input type="checkbox"/> Stairs/Escalier	10 <input type="checkbox"/> Climber/Grimpeur	15 <input type="checkbox"/> Other/Autre			

DID INCIDENT OCCUR ON SCHOOL BOARD PREMISES? ☐ YES ☐ NO  
IF "NO", GIVE FULL ADDRESS OF INCIDENT SITE:

EST-CE QUE L'INCIDENT S'EST PRODUIT DANS LES LOCAUX DU CONSEIL SCOLAIRE? ☐ OUI ☐ NON

SI "NON", VEUILLER DONNER L'ADRESSE COMPLÈTE DU LIEU DE L'INCIDENT:

HOW/WHERE INCIDENT OCCURRED/OU ET COMMENT L'INCIDENT EST SURVENU:


NAME/NOM	AGE/ÂGE*	ADDRESS/ADRESSE	TELEPHONE
1			
2			
3			
4			

V - SCHOOL DETAILS/DÉTAILS DE L'ÉCOLE	
School Board/Conseil scolaire	
School/École	
Address of School/Adresse de l'école	
Teacher in Charge/Enseignant responsable	
Principal/Directeur	
DATE:	SIGNATURE: TELEPHONE: ( )

CLAIMS ADMINISTRATOR/GESTIONNAIRE DES SINISTRES

**APPENDIX D**

## **School Guide**

### **Anaphylaxis Protocol**

Anaphylaxis is life threatening and can appear suddenly without warning. Working as a team of parents and school staff, anaphylaxis can be a manageable condition. The anaphylactic student needs the support of the entire school community to stay safe and to prevent an anaphylactic reaction.

Here are some suggestions to make the school safer for students with anaphylaxis:

- ***No EpiPen®/Allergect No Food***
- Semi-annual in-service about anaphylaxis and practice with an EpiPen® trainer
- Establish classroom rules: ***No Sharing Food.***
- Discourage allergic foods in the classroom.
- Send a letter to the entire school community that the allergic food not be sent to the school as a snack or lunch.
- Inform the student's parents well in advance of special events involving food.
- Establish a procedure for informing substitute teachers and support staff.
- ***Listen to and believe the student. He or she may be having a reaction before you see it.***
- Reassure the student that you are aware of his/her needs and that you know how to keep him/her safe.
- Train the student to self advocate regarding their allergy. e.g., how to approach an adult
- Ensure that EpiPen®/Allerject is kept with the student at all times.
- Be aware that there are cases of anaphylactic students being threatened with the allergen by bullies. School staff shall deal with such a situation as a serious incident.
- Do not hesitate to contact the student's parents, or other sources for further help and information. (See Appendix K).

**APPENDIX E****September Anaphylaxis Letter**

As we begin a new school year we would like to inform you that \_\_\_\_\_ Elementary School is an **allergen aware** school. There are children in attendance who suffer from **severe and life threatening** allergies to certain foods, such as peanut and nut products. Exposure to the smallest quantities can cause severe life threatening reactions. Anaphylaxis is a severe and life threatening allergic reaction. The most common allergen triggers are food, insect stings, medications, exercise and latex. An anaphylactic reaction involves symptoms from two or more body systems.

We at \_\_\_\_\_ would appreciate the co-operation of the entire school community in **NOT** sending any lunches or snacks that contain peanuts or nuts, which could potentially harm a child. Please make sure that all of your children's caregivers are aware of the food restrictions. Please avoid sending food for birthdays or special occasions. There are many alternatives such as stickers and pencils.

If you have any questions please talk to your child's teacher or the school staff.

We look forward to your co-operation in making this a safe year for all our students.

## APPENDIX E

### Sample School Newsletter Insert

We would like to inform you that there are children in our school, with severe life threatening food allergies to peanut/nut. This is a medical condition (anaphylaxis) that causes a **severe reaction** to specific foods and can result in death within minutes. As this affects the entire school community, we are requesting that you **not** send foods with your child to school that contain the allergen. E.g. peanuts/nuts milk and egg.

If you have any questions, please contact your child's teacher or the school staff.

Thank you for your understanding and cooperation.

---

### Reminder Insert for Holidays/Special Events

As (Christmas, Halloween, Easter, bake sale) approaches we would like to remind you that there are allergic children in the school. Please do not send in any food, snacks, etc. that could potentially harm one of our children.

Please check with your child's teacher, or the office for some alternatives to peanut/nut products. Choose non-food items such as pencils, stickers or inexpensive toys.

The extra vigilance needed at (Christmas, Halloween, Easter, bake sale) will be greatly appreciated by the allergic children, their families and school staff.

We thank you for your continued vigilance and cooperation.

**APPENDIX E****Foods That Can Cause an Anaphylactic Reaction**

Any food can cause a reaction in someone. Anyone can be or become anaphylactic to **ANY** food at anytime throughout their lifetime.

The ten most common food allergens are; peanut, tree nut, milk, eggs, wheat, seeds, fish, shellfish, soybean, and sulphite. The following lists are some alternative names that may be found on labels.

**PEANUT**

Nutmeats  
Mandelonas  
Arachis oil  
Goober nuts/peas  
Nu-nuts™  
Arachide  
Beer nuts  
Cacahouete/cachuete  
Kernals  
Valencias

**EGG**

Ovalbumin  
Ovoglobulin  
Albumin  
Conalbumin  
Lysozyme  
Ovomucin  
Vitellin/ovovitelin  
Livetin  
Egg substitutes  
Eggnog  
Meringue  
Ovolactohydrolyze protein

**TREENUT**

walnut  
almonds  
brazil nuts  
cashews  
chestnuts  
pecans  
hazelnuts  
pinenuts  
shea nuts  
macadamia nuts  
Pistachio  
hickory nuts  
pinion/pignolias

**MILK**

whey/whey protein  
curds  
caseinates/casein/sodium caceinate  
milk derivatives/fat/protein  
modified milk ingredients  
lactalbumin/lacto globulin  
lactate/lactose  
ammonium/calcium/magnesium

**WHEAT**

couscous  
gluten  
farina  
duram wheat  
wheat bran/wheat germ  
graham flour  
bulgar  
semolina  
spelt  
kamut  
atta

**SOY**

soya/soja/soybeans  
hydrolyzed soy protein  
soy protein/isolate  
beancurd/dofu/kori dofu  
soybean curds/tofu  
edaname  
kinako  
miso  
kouri dofu  
tempeh  
yuba

**NOTE:** *These lists may change and are in no way complete.*

### **SHELLFISH**

Crab  
Crayfish  
Shrimps  
Prawns  
Lobster  
Snails  
Oysters  
Octopus  
Scallops  
Squid  
Abalone cockle  
Conch/mussels  
Clams

### **MUSTARD**

Mustard seeds  
-white  
-yellow  
-brown  
Mustard powder  
Prepared mustard

### **FISH**

tuna  
bass  
bluefish  
carp  
anchovy  
catfish  
cod  
eel  
flounder  
haddock  
halibut  
herring  
mackerel  
marlin  
perch/pickrel  
salmon  
sardine  
Sole  
snapper  
smelt  
swordfish  
trout  
whitefish  
bream  
Pollack  
Porgy  
tilapia

### **SESAME SEED**

tahini/tachini  
benne/benne seed  
gingelly seeds  
sesamol/sesamolina  
sesamum indicum  
sim sim  
til  
vegetable oil

### **SULPHITE**

(is a preservative added to many foods which causes a chemical reaction.)

sodium dithionite  
sodium metabisulphite  
sodium sulphite  
potassium bisulphite  
potassium metabisulphate  
sodium bisulphite  
sulphur dioxide  
sulphurous acid

**NOTE: These lists may change and are in no way complete.**

**APPENDIX E****Insect Sting Anaphylaxis**

The stinging insects that most often cause reactions/anaphylaxis are bees, wasps, yellow jackets and hornets.

The following are some coping suggestions for peak season (summer, early fall).

- Avoid where insects nest, such as bushes and trees.
- Do not walk barefoot, or with open toed shoes.
- Avoid garbage cans.
- Make sure you are covered up when going outside.
- Do not wear bright colours, or flowery patterns.
- Do not wear any kind of fragrance.
- Stay away from open or uncovered food and drinks.

If one lands on you do not swat it, brush it away or wait until it goes away on its own.

**Latex Allergy**

Latex is a hard substance to avoid, because you cannot tell by looking at something whether it is latex rubber or a manufactured rubber.

The following is a list of some products that may contain latex.

- Erasers, tape/adhesives, craft supplies, seasonal crafts (Halloween).
- Diapers, underwear.
- Balloons, soccer balls, volleyballs, basketballs, rubber toys.
- Band-aids, first aid tape, medical gloves.
- Carpet backing, mats (rubber), foam rubber.
- Rubber gloves for cleaning.

Children with certain medical conditions and people working in the medical/dental profession may become allergic.



**APPENDIX E**

## **Checklist for Parents of an Anaphylactic Student**

- ☐ arrange meeting with principal to exchange information
- ☐ notify school personnel of your child's allergens in order of severities
- ☐ provide the school with a recent photograph of your child
- ☐ complete *The Request and Consent Form for the Administration of Injection of Medication in an Emergency* Form (see Appendix A)
- ☐ Provide the school with **required** number of EpiPens®/Allerjects® and make sure they are **not** expired. One the child **carries on their person** and one extra to be kept in the office.
- ☐ consider a Medic Alert® bracelet for your child
- ☐ educate yourself about foods that can cause anaphylactic reactions
- ☐ **stress with your child** and the school staff that only foods from home are to be eaten
- ☐ keep up-to-date about education and new information in this field
- ☐ research field trip sites for allergen risks
- ☐ accompany your child on field trip if possible
- ☐ inform school bus driver about your child's medical needs
- ☐ verify all posted information about your child
- ☐ inform school staff of any allergic reactions that occur outside of school hours

**APPENDIX F**

**Student Poster Template**

# **Attention**

## **Students with Allergies**

**If you have any food allergies such as;  
Peanut, tree nut, eggs, milk, wheat, fish, shellfish,  
soybean, seeds or sulphites**

## **Remember**

**If you are not sure or have no Epi-pen® or  
Allerject®**

# **DON'T EAT IT.**

## APPENDIX F

# Anaphylaxis:

## Any delay in treatment could be fatal.<sup>1,2</sup>

### Know what it is.

Anaphylaxis is a severe, life-threatening allergic reaction. It can be triggered by certain types of food (like peanuts and shellfish), insect stings, medicine, latex, exercise and unknown causes.

**The following symptoms of anaphylaxis can occur within minutes or several hours after exposure to an allergy trigger:**

<b>MOUTH:</b> itching, swelling of the lips and/or tongue	<b>THROAT:</b> itching, tightness, closure, hoarseness
<b>SKIN:</b> itching, hives, redness, swelling	<b>GUT:</b> vomiting, diarrhea, cramps
<b>LUNG:</b> shortness of breath, cough, wheeze	<b>HEART:</b> weak pulse, dizziness, fainting

Only a few of these symptoms may be present.

<sup>1,2</sup>Some symptoms can be life-threatening. ACT FAST!

### Know what to do.

Epinephrine (the active ingredient in the EpiPen® Auto-Injector) is the medication recognized by healthcare professionals as the emergency treatment of choice for severe allergic reactions.

If any of the symptoms listed above are exhibited, administer the EpiPen® Auto-Injector immediately.

1



- Hold firmly with orange tip pointing downward.
- Remove blue safety cap by pulling straight up. Do not bend or twist.

2



- Swing and push orange tip firmly into mid-outer thigh until you hear a 'click'.
- Hold on thigh for several seconds.



#### Built-in needle protection

- When the EpiPen® Auto-Injector is removed, the orange needle cover automatically extends to cover the injection needle, ensuring the needle is never exposed.



**After administration, patients should seek medical attention immediately or go to the emergency room. For the next 48 hours, patients must stay within close proximity to a healthcare facility or where they can call 911.**

For more information, or to order more posters, go to [EpiPen.ca](http://EpiPen.ca)

EpiPen® and EpiPen® Jr Auto-Injectors are indicated for the emergency treatment of anaphylactic reactions in patients who are determined to be at increased risk for anaphylaxis, including individuals with a history of anaphylactic reactions.

This product may not be kept for use. Always read and follow the product label.

<sup>1</sup>Reference: 1. Lohman, D. Kemp, D. (2008). *Life-Threatening Allergic Reactions: The diagnosis and management of anaphylaxis: an updated practice parameter of Allergy (in press)* 2008; 115: 1402-1424.

<sup>2</sup> Kemp, D. (2008). *Life-Threatening Allergic Reactions: The diagnosis and management of anaphylaxis: an updated practice parameter of Allergy (in press)* 2008; 115: 1402-1424.



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Trusted for over 25 years.

## APPENDIX F

## How to Use an Allerject Auto-Injector

## ANAPHYLAXIS

### Symptoms and Treatment

### What is Anaphylaxis?

Anaphylaxis is the term for a severe, life-threatening allergic reaction that some people have to foods (like peanuts and shellfish), insect stings, certain medicines, latex, or other allergens.

### Symptoms.

Typical symptoms of anaphylaxis include:

- Swelling of the throat, lips, tongue, or the area around the eyes
- Difficulty breathing or swallowing
- Metallic taste or itching in the mouth
- Generalized flushing, itching, or redness of the skin
- Stomach cramps, nausea, vomiting, or diarrhea
- Increased heart rate
- Decreased blood pressure
- Pale skin
- Sudden feeling of weakness
- Anxiety or an overwhelming sense of doom
- Collapse
- Loss of consciousness

The most common warning symptoms of anaphylaxis are **hives and swelling**.

**Remember!** Treatment with a naproxene auto-injector should be given **immediately** when someone is experiencing a severe allergic reaction.

### HOW TO USE ALLERJECT™

Practice With Allerject™ Trainer First

Allerject™ voice-assisted auto-injectors are indicated for the emergency treatment of anaphylactic reactions in patients who are determined to be at increased risk for anaphylaxis.



**1 Pull Allerject™ from the outer case.**  
Do not go to step 2 until you are ready to use Allerject™. If you are not ready to use, put it back in the outer case.



**3 Place BLACK end AGAINST the MIDDLE of the OUTER thigh (through clothing, if necessary), then press firmly and hold in place for five seconds.**

Only inject into the middle of the outer thigh (upper leg). Do not inject into any other location.

**NOTE:** Allerject™ makes a distinct sound (click and hiss) when you press it against your leg. This is normal and indicates Allerject™ is working correctly.



**2 Pull off RED safety guard.**  
To reduce the chance of an accidental injection, do not touch the black base of the auto-injector, which is where the needle comes out. If an accidental injection happens, get medical help immediately.

**NOTE:** The safety guard is meant to be tight. **Pull firmly to remove.**



**4 Seek immediate medical or hospital care.**  
Replace the outer case and take your used Allerject™ with you to your pharmacist or physician for proper disposal and replacement.

**AFTER using Allerject™ seek immediate medical attention**

Please consult the Consumer Information leaflet in your product package for complete dosage and administration instructions.

With a severe, long-lasting allergic reaction, you may need to administer an additional dose of epinephrine. More than two sequential doses of epinephrine should only be administered under direct medical supervision.

It is important that you seek immediate medical assistance or go to the emergency room immediately after using Allerject™. Following treatment, the patient must stay within close proximity to a hospital or where they can call 911 for the next 48 hours. To ensure Allerject™ is right for you, always read and follow the label.



For more information go to:  
**www.allerject.ca**

SANOFI 

Manufactured by Sanofi-Santé Canada Inc.  
Laval, Québec, Canada H7V 1A5

**APPENDIX G****School Action Plan Checklist**

- ☐ description from parent outlining allergens - preferably in rank order of severity
- ☐ statement - medical history, related/unrelated medical conditions e.g. asthma
- ☐ degree of awareness of child, maturity
- ☐ Medication required - can child self administer?
- ☐ ask parent for history of previous reactions action taken
- ☐ complete SS12A, SS12B, SS13 and EpiPen®/Allerject® Form (see Appendix A)
- ☐ complete Emergency Allergy Alert form
- ☐ parent verifies emergency allergy alert form
- ☐ student data card - information is entered in Notes section and in Medic Alert section
- ☐ enter information into OSR regarding allergy
- ☐ prepare substitute teacher folder
- ☐ determine location for primary and for backup medication
  - Child will carry EpiPen® /Allerject®
  - time being of the essence when determining location for back-up EpiPen®/Allerject®
- ☐ parent supplies photo(s) of child
- ☐ arrange for meetings with staff and parents
- ☐ place on agenda of staff meeting or call special staff meeting (semi-annually)
- ☐ review Article 28 of Collective Agreement with staff
- ☐ office staff responds immediately to public address call
- ☐ prepare letter to school community (see Appendix D)
- ☐ determine lunchroom practices with parent : first preference - child eats lunch at home  
e.g., hand washing, desk cleaning, ventilation, floor, garbage disposal and cleaning
- ☐ schedule a school assembly and/or classroom information session
- ☐ determine procedures for the arrival of unexpected food (discourage outside food where possible)
- ☐ newsletter reminders – Halloween/Christmas/Easter (see Appendix D)
- ☐ parent and/or principal informs school bus driver (see Appendix G)

**APPENDIX G**

## **Checklist Annual Time Line For Schools with Anaphylactic Students**

### **SEPTEMBER**

*Principal to:*

- ☐ distribute all class materials, folders, files to receiving teachers
- ☐ meet with and brief receiving staff
- ☐ check with parent regarding changes over the summer
- ☐ check EpiPens®/Allerjects® and other medications re: expiry dates and location
- ☐ post emergency allergy alert form (see Appendix D)
- ☐ identify all students at initial staff meeting of *all staff* or hold special meeting re: all anaphylactic students
- ☐ review administration of EpiPen®/Allerject® including training
- ☐ review emergency procedures for each staff member
- ☐ review 911 procedure and locations of all medications
- ☐ review and up-date literature/emergency folders, student photos
- ☐ teacher ensures presence of emergency file for anaphylactic student

*Teachers of Anaphylactic students:*

- ☐ review emergency plan
- ☐ review key components of student file
- ☐ review occasional teacher folder
- ☐ review location of all medications
- ☐ establish class cleanup routines
- ☐ distribute information letter to school community
- ☐ provide parent with communication package (Appendix D)

## **OCTOBER / NOVEMBER**

- ☐ staff meeting and newsletter reminder

## **DECEMBER**

- ☐ at parent teacher interview request updated medical information

## **JANUARY / FEBRUARY**

- ☐ staff meeting and newsletter reminder before all holidays/special events
- ☐ Kindergarten registration-see *School Action Plan Checklist*

## **MARCH**

- ☐ at parent teacher interview request updated medical information
- ☐ bring pertinent health information to the Secondary School exchange of information meetings

## **APRIL/ MAY**

- ☐ staff meeting and newsletter reminder

## **JUNE**

- ☐ update OSR
- ☐ update student data card
- ☐ update student photo
- ☐ collect all class materials/folders and submit to office
- ☐ brief receiving teacher
- ☐ transfer information from elementary to secondary through exchange of information meeting

## APPENDIX H

# **ANAPHYLAXIS PROTOCOL for Transportation**

### **Request for Proposal Reference**

Appendix F of the RFP Student Transportation document Sections 1.0 – 16.0 outlines the requirements that transportation providers must provide to be considered to service provision.

This documentation outlines what is requested:

- 1.0 The Supplier must provide safety orientation and evacuation drills for all drivers, permanent or temporary, a minimum of once annually. The Supplier must provide the Board with the date(s) and agenda for any such orientation or drills and the Board shall have the option to attend such orientation or drills. All such orientation or drills shall include a reference to the evacuation signs posted in the vehicle. The Respondent is required to keep accurate records of all employees training and make them available to the Board when requested.

The program should consist of the following:

**6 hours of first aid and EpiPen®/Allerject® training and annual refreshers. Both the Principal and the parent should identify the child to the school bus company.**

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### **Excursion Handbook**

Further reference is made to Anaphylaxis in the School Excursion Handbook. The handbook can be found in your school office and/or library. Anaphylaxis protocol is located in **Section 7.11 and 7.12** (pages 50-52) on line.

This document is available electronically at [http://tcdsb.org/physical education](http://tcdsb.org/physical%20education).



**APPENDIX I****Staff In-service of Anaphylaxis  
Protocol and Guidelines**

As stated in the document **A School Plan of Action for Anaphylaxis – Protocol and Guidelines** is recommended that the school principal review the document with all school staff at a staff meeting early in the school year – September/October. It is also recommended that the principal meet with the parents of students diagnosed with Anaphylaxis upon registration at the school and/or upon diagnosis of Anaphylaxis as outlined in **A School Plan of Action for Anaphylaxis-Protocol and Guidelines**. Principals are asked to complete this form and retain for future reference.

Name of School: \_\_\_\_\_

Date of in-service to staff: \_\_\_\_\_

In-service suggestions to staff include **a general review of the document** and:

- Specific roles of administration in providing plan of administering medication to anaphylactic students.
- Choices that staff members have in providing the safest environment to themselves and to students.
- A review of procedures that staff is to follow when a student is experiencing Anaphylactic shock.

**Staff In service:**

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

\_\_\_\_\_  
Date

Please photocopy and fill out. Please keep with staff attendance sheet.

**APPENDIX J****Initial Meeting of Principal and Parent(s)  
of Student(s) Diagnosed with Anaphylaxis**

As outlined in the *School Plan of Action for Anaphylaxis-Protocol and Guidelines-May2003* in the preface of this document, it is required that the principal will meet with parents of students diagnosed with Anaphylaxis upon registration at the school and/or upon diagnosis of Anaphylaxis to exchange consent and information forms included in this protocol. This will allow the administration to inform the parents of the plan of action that will be followed should their child experience anaphylactic shock...

**Record of Parent Meeting to Discuss Plan of Action for Student with Anaphylaxis:**

Name of School: \_\_\_\_\_

Name of Student: \_\_\_\_\_

Date of Meeting: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent\_\_\_\_\_  
Signature of Principal\_\_\_\_\_  
Date

**APPENDIX K****Best Practices**

A best practice is the “utopia” of an idea. When setting up a school to be **allergen aware**, these are some “best practices”:

- Identify students with anaphylaxis, upon registration/new diagnoses.
- Send home appropriate forms.
- Create a questionnaire asking pertinent questions regarding allergy.
- Have meeting with all parents of anaphylactic children.
- In-service **all staff** about protocol, use of EpiPen®/Allerject® and your school emergency procedures.
- Exchange information about school procedures, and what parental expectations are.
- Put up **allergy alert** signs at all entrances as well as doors of classrooms of the anaphylactic children.
- Send home letters to the whole school population, notifying parents that specific allergens are discouraged from entering the school.
- Follow up with a letter or a telephone call to the parents of a child that has brought an allergen into the school. (This should be performed by teacher or principal.)
- If a child brings an allergen in their lunch or snack, you will have that child eat in an area that is not normally used by the general student population. (An office or a conference room has been the general practice for most schools.) Then have child wash up before returning to class.
- Medication will be stored in a location that is easily accessible and **NEVER LOCKED**.

**APPENDIX L****Resource Page**

There are a number of Anaphylaxis resources available centrally for your use. Books are available through the CEC Professional Library and videos are available at the warehouse, Media/A.V. Department. The following are the books and videos in stock:

**Books**

Everyday Cool with Food Allergies  
Alexander's Special Holiday Treat  
Alexander and His Pals visit the Main Street School.  
Always be Prepared "Alexander goes Trick or Treating"  
No Biggie Bunch, Trade or Treat Halloween  
No Biggie Bunch, Sports-Tastic Birthday Party  
Living Confidently with Food Allergy  
Allergy Girl

**Videos**

"Food Allergies Rock" by Kyle Dines  
"You must be Nuts" by Kyle Dines

**DVD**

"Sabrina's Law"

The listed books and videos as well as additional references are available for purchase at the Anaphylaxis Canada website [www.anaphlaxis.ca](http://www.anaphlaxis.ca) or by calling (416) 785-5666.