

Information Handbook
on
Anaphylaxis

Third Edition

Prince Edward Island
Department of Education
and
Department of Health

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The information presented herein has been adapted from publications of the Allergy/
Asthma Information Association, Canadian Society of Allergy and Clinical Immunology
and from other sources. Additional information may be obtained from the
Allergy/Asthma Information Association, PO Box 100, Toronto, Ontario M9W 5K9.
(Toll free number: 1-800-611-7011)

Reference should be made to Minister's Directive, No. 2006-02 Procedures for Dealing with Life-
Threatening Allergies (Appendix 8).



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I. Introduction

As many as one per cent of Canadians suffer from an extreme life-threatening allergy (ANAPHYLAXIS) to certain foods, medications, or insect stings. For them, exposure to even a minute amount (1/5000th of a teaspoon) of the substance to which they are allergic can trigger an anaphylactic reaction.

Anaphylaxis is an allergic reaction in more than one body organ system. Immediate medical intervention is necessary as the victim may suffer from anaphylactic shock involving a drop in blood pressure, loss of consciousness, and death. This can occur at any time up to four hours following exposure to the triggering substance. Even a small amount of the allergen can be fatal. Although peanut products and nuts are the most common foods that cause anaphylaxis, shellfish, fish, eggs, or any other food can cause this dangerous condition in allergic individuals. **Each subsequent exposure to the allergen can increase the severity of the reaction.**

The emergency response to this condition is the rapid administration of epinephrine by syringe, usually with an EpiPen[®]. Epinephrine can be safely administered with these devices by non-medical personnel with minimal training. The information provided in this handbook is intended to assist school personnel with strategies for the management of students who have had severe allergic reactions in the past and are at risk of further anaphylactic reactions.

II. Definition of Anaphylaxis

Anaphylaxis is a severe allergic reaction which, if left untreated, may be fatal. It occurs when an allergic individual is exposed to a particular allergen such as peanut products, nuts, eggs, fish, or is stung by an insect such as a bee, hornet or wasp, or is given medication such as penicillin or aspirin.

III. SYMPTOMS OF ANAPHYLAXIS

In the case of a student who has had a severe allergic reaction previously and who is exposed to a particular material, the occurrence of any of the following symptoms, in any combination, may indicate the onset of anaphylaxis:

- hives and itchiness on any body part(s);
- swelling of any body part(s), especially eyelids, lips, face or tongue;
- nausea, vomiting or diarrhea;
- coughing, wheezing or change of voice;
- difficulty breathing or swallowing;
- throat tightness or a feeling of the throat closing;
- panic or sense of doom; and/or
- fainting or loss of consciousness.

Immediate administration of the EpiPen[®] (epinephrine) is required in the instance where a student who has had anaphylaxis previously exhibits any of the above symptoms following exposure to a particular allergic material.

IV. Prevention and Management Procedures

When a student who is at risk for extreme allergic reactions is identified by a parent and this is verified by the physician, the principal will coordinate the development of procedures to enhance the safety of the student. The following elements will be addressed in the plan.

A. Prevention

A prevention plan to minimize the student's exposure to the triggering material, appropriate to the maturity and reliability of the student and the severity of the problem, should be developed.

Prevention measures may include:

- self-supervision;
- education programs for classmates, schoolmates, parents;
- request to parents of students in classroom to assist in management of exposure to the allergen; and
- minimizing the presence of triggering material in school and school-related activities.

The Allergy/Asthma Information Association and the Canadian Society of Allergy and Clinical Immunology recommend that children with allergies to peanuts and peanut products require very stringent prevention and management plans. **Reactions to peanuts are generally more severe than reactions to other foods. Therefore, strong initiatives to control exposure to peanut products are warranted.**

It is to be noted that all students who have a history of anaphylaxis to any agent (for example, bee stings) or food and all students allergic or with a history of anaphylaxis to peanuts or peanut containing products require the availability of an EpiPen® at school and are to carry an EpiPen® themselves. It is very rare for a school to need to be designated free of a food other than for peanuts and peanut containing products.

Younger students are obviously more dependent and require a higher level of care. At the elementary and consolidated school level, avoidance policies are recommended. All parents of students enrolled in the school should be provided with information and informed that a student in the school is at risk of anaphylaxis. Parents should be requested that peanuts, peanut butter, and all products made of peanuts or peanut oil not be brought into the school. Students should be discouraged from eating lunches or snacks on playgrounds, in corridors, school buses or in other facilities shared by students. Parents who send treats to school for particular occasions should be asked to exercise caution. The use of food in art classes and home economics classes must not include peanuts or peanut containing products.

At the intermediate and secondary levels, the implementation of avoidance policies, although desirable, may be more difficult. However, efforts should be made to limit exposure to the risks. Students should be discouraged from sharing snacks and lunches. Suppliers of cafeteria services should be informed about the presence of a student who is at risk of anaphylaxis and asked to institute avoidance policies.

It is also important to maintain cleanliness and hygiene. Benches, floors, and especially tables must be kept clean. The entire cafeteria should be thoroughly cleaned at the end of the day and after any evening or weekend activity.

Even with the adoption of avoidance policies, it is unwise to assume that a school is free of a particular allergen.

B. EpiPen®(epinephrine)

EpiPen® (epinephrine) supplied by parents or the Department of Education must be available, and all office, educational, and administrative staff (including bus drivers and cafeteria staff) should receive workshops in administering this medication, along with the recognition of possible life threatening symptoms. It is the responsibility of the parents to verify expiration dates of their child's EpiPen®. A mechanism by which all staff can identify the students at risk should be available. Provision should be made for informing substitute teachers and other temporary staff about the student and their potential responsibilities. The number of locations at which EpiPen® (epinephrine) are kept should be determined based upon the severity of the problem as mutually determined by the parent, principal, and public health nurse. Children with severe food allergies **must** carry their EpiPen® in a fanny pack at school and on all school-sponsored activities outside the building. The regular EpiPen® (epinephrine) is used for persons over 15 Kg (33 pounds). EpiPen® Jr. is used for children who weigh less than 15 Kg (33 pounds).

In situations where it is uncertain that an anaphylactic reaction is occurring, it is advisable to administer the EpiPen® (epinephrine). There is very little chance of reaction to the medication and any reaction is usually very mild. **There can be serious consequences if an anaphylactic reaction is occurring, and the EpiPen® (epinephrine) is not given.**

Note: Antihistamines cannot replace the EpiPen® in the treatment of anaphylaxis because the EpiPen® opens up the airways that are narrowed as a part of the reaction.

EpiPens® (epinephrine) obtained from the Department of Education are to be stored in an accessible location at the school for use in an emergency. In the case of field trips, the teacher in charge of the trip should take an EpiPen® (epinephrine) from the supply at the school even if the student is carrying an EpiPen® (epinephrine). The Department will not, given the problems with storage, provide EpiPens® (epinephrine) for placement on school buses. The parent is expected to provide their child with one unexpired EpiPen® (epinephrine) which will be available for use at school, during field trips and on the bus.

C. Emergency Action

As in the case of any potential crisis, advance planning will be helpful in successfully managing the event. In dealing with cases of an anaphylactic reaction, the emergency action is as follows:

- Get **EpiPen® (epinephrine)** and administer immediately.
- **HAVE SOMEONE CALL AN AMBULANCE** and advise of need for an **EpiPen® (epinephrine)**.
- Unless student is resisting, lay student down, tilt head back and elevate legs.
- Cover and reassure student.
- Record the time at which **EpiPen® (epinephrine)** was administered.
- Have someone call the parent.
- If the ambulance has not arrived in 10-15 minutes, and breathing difficulties are present, administer a second **EpiPen® (epinephrine)**.
- Even if symptoms subside, take student to hospital immediately.
- If possible, have a school staff member (ideally someone familiar to the student) accompany the student to the hospital.
- Provide ambulance and/or hospital personnel with a copy of the Extreme Allergy Management and Prevention Plan for the student and the time at which the **EpiPen® (epinephrine)** was administered.

The empty/used EpiPen® is to be taken with the student to the hospital so that it will be clear what and how much medication has been administered.

In the case of a student who has had an anaphylactic reaction previously, particular attention has to be given to the management of field trips and other school activities off the school property. It is necessary to carry two EpiPens® on trips because the event may occur at a place where a second EpiPen® may need to be administered. School personnel should ensure that the required emergency plan can be implemented if the need arises. School personnel should seek the advice and assistance of parents on these matters. The implementation of well thought out prevention plans reduces, but does not eliminate risks.

D. Allergy to Peanuts/Peanut Butter

Students who are allergic to peanuts or peanut butter are at risk of an anaphylactic reaction. Those who have a history of an anaphylactic reaction to peanuts or peanut products already have experienced a severe reaction. In addition, any student who has been diagnosed as being allergic to peanuts on the basis of a careful history, positive skin or challenge test, or positive blood test is at risk of an anaphylactic reaction. The precautions taken for these students is the same as for those who have a history of an anaphylactic reaction.

It is important that the school implement a **peanut and peanut product free school** for the safety of those students who are allergic to these products. It is also important to inform all parents, students, and school staff why this policy is being put into place. Unless everyone is aware of the seriousness and reason for the policy, the cooperation needed may be difficult to obtain.

It is important that parents are offered a session on the dangers of an anaphylactic reaction and asked to cooperate in preventing a life-threatening reaction. Small residues of peanut products such as peanut butter can contaminate surfaces, door knobs, water fountains, etc. without anyone realizing they are there. The safest approach for elementary school aged students is to have a peanut free policy for the school.

It is important, however, not to implement a peanut free policy for a student when it is not necessary. Clarification from the student's doctor, the Public Health Nurse, or the Chief or Deputy Health Officer is recommended when the diagnosis is unclear.

When the Chief or Deputy Health Officer have reasonable evidence to determine that a student is allergic to peanuts, and the school is not peanut free, the Chief or Deputy Health Officer can recommend to the Minister of Education and school board that the school be designated peanut free.

In some situations, a zonal (or limited) peanut free policy involving a portion of a school can be implemented by the principal or can be recommended by the Chief or Deputy Health Officer. This would include such situations as if the diagnosis is unclear, if the student is undergoing further testing, or if the child is not in contact with all areas of the school.

V. RESPONSIBILITIES

The *School Act* R.S.P.E.I. 1988, Cap. S-2.1, includes specific provisions with regard to the responsibilities of teachers and school staff where a student is injured or there is a medical emergency. The provisions are contained in Section 117 of the act:

117. (1) Where a student is injured or there is a medical emergency, teachers and school staff shall provide assistance to the student and obtain medical treatment where necessary.

(2) Costs of medical treatment, including ambulances, shall be borne by the student or the parent. 1993, c.35, s.117.

In the absence of parental authorization, school staff have an obligation to administer the EpiPen[®] (epinephrine) and follow the emergency procedures when there is reasonable grounds to assume that the student is having an anaphylactic reaction.

The management of students who have severe allergies requires a clear understanding of the roles of the parent and school and health personnel. These responsibilities are described in the following sections.

A. School Boards

The identification of students who are at risk of anaphylactic shock can be accomplished by including questions in the student registration form. School boards are required to include the following questions in the form:

- (a) Does your child have a life-threatening allergy to certain foods, insect venom, medication or other material? YES NO

- (b) If your answer to the above question was yes, please indicate the substance to which your child is allergic.
-

- (c) Has a medical doctor recommended that your child have an emergency medical kit (EpiPen[®]) available for use at school? YES NO

B. Parents

Parents are required to assume a number of responsibilities. It is important that parents provide certain information to the principal at the time that the student is registered to attend school. Necessary forms and authorizations should be completed. In addition, parents may be required to delay their student's attendance at school until the necessary management plans are established.

Parents have specific responsibilities for providing:

- education to their children in the management of their allergies (e.g. to wear Medic-alert bracelets, to carry EpiPen[®]), to know their food limitations, not to share food, utensils or containers, to tell an adult if they experience the onset of reaction;
- the school principal with information about the student's allergy;
- assistance to the principal by having the student's medical doctor complete the physician's statement section of the Extreme Allergy Management and Prevention Plan (Appendix 2);
- authorization and consent to carry out emergency procedures (Appendix 2);
- a completed copy of the relevant sections of the Emergency Allergy Alert Form (Appendix 3);
- a recent photo of the student;
- the student with a Medic Alert[®] bracelet or other suitable identification;
- the student with a carrying pouch and two unexpired EpiPens[®] (epinephrine), one to be carried in the student's fanny pack and the second to be kept at other locations in the school (e.g., classroom, library, gym) as determined by the parent, principal, and Public Health Nurse (Appendix 3).

C. Public Health Nurse

Proper planning for the management of students with severe allergies requires support from health care workers. Public health nurses are responsible for a number of support activities.

The specific responsibilities of the public health nurse are to:

- assist with the identification of students who have life-threatening allergies;
- conduct education programs for parents and school staff;
- conduct workshops for office, educational, administrative and cafeteria staff, and bus drivers in: recognition of possible life threatening symptoms, training in emergency procedures to manage anaphylaxis, administration of medication, and other health related issues; and
- assist the school principal and the parent with the development of the Extreme Allergy Management and Prevention Plan for each identified student.

D. Principal

The principal is responsible for planning and coordination with regard to the management of students who have life-threatening allergies. Upon being informed by the parent and/or through the student registration form that a student is at risk of anaphylactic shock, the principal shall:

- provide, or forward to the parent, copies of: Minister's Directive, No. MD 2006-02, Procedures for Dealing with Life-Threatening Allergies; the Extreme Allergy Management and Prevention Plan; and the Emergency Allergy Alert Form;
- provide an opportunity for the parent to attend a meeting with school personnel for the purpose of completing and/or reviewing the Extreme Allergy Management and Prevention Plan and the Emergency Allergy Alert Form when the student registers to attend the school and annually thereafter;
- provide information about the student and the student's allergies to the school staff, cafeteria staff, bus driver, and substitute personnel who may be required to assess the student's need for administration of the EpiPen[®] (epinephrine) and administer the EpiPen[®] (epinephrine);
- following parental consent, post, in the staffroom, classroom, school office or other accessible location, a copy of the Emergency Allergy Alert Form along with a photo of the student, if provided by the parent, and locate an EpiPen[®] (epinephrine) with the form;
- arrange for the public health nurse to conduct an information and training session for staff who deal with the student including the bus driver;
- ensure that staff who may be required to assess the student's need for administration of the EpiPen[®] (epinephrine) and administer the EpiPen[®] (epinephrine) are provided with a completed copy of the Extreme Allergy Management and Prevention Plan and a completed copy of the Emergency Allergy Alert Form on the student;
- order EpiPens[®] (epinephrine) and replacements for expired or used EpiPens[®] (epinephrine) from the Department of Education in order to maintain the quantity established in the Minister's

Directive concerning Procedures for Dealing with Life-Threatening Allergies. (See Section E following.);

- notify all parents by letter of the management of food allergies policy for the school;
- sensitize and inform students to information on allergic conditions and the significance of anaphylactic reactions in a child; and
- ensure that the office store cupboard where EpiPen[®] are kept are well marked, accessible, and all staff know its location.

When a student who is at risk of anaphylaxis transfers to another school, the principal shall inform the principal of the receiving school that the student is at risk of anaphylaxis. If the Extreme Allergy Management and Prevention Plan and the Emergency Allergy Alert Form have been completed by the parent, the principal shall forward a copy to the principal of the receiving school along with other school records.

E. Department of Education

The Department of Education shall:

- (a) Provide **additional** EpiPens[®] (epinephrine) to schools for use in an emergency according to the following formula:

Number of students registered at the school who are at risk of anaphylactic shock	No. of additional EpiPens [®] to be provided to schools
1 student	2 EpiPens [®]
2 - 4 students	4 EpiPens [®]
5 or more students	6 EpiPens [®]

EpiPen[®] Jr. is to be substituted for students who weigh less than 15 Kg (33 pounds)

- (b) Maintain records concerning the distribution of EpiPens[®] (epinephrine) to schools and notify principals at least one month in advance of expiry dates of EpiPens[®] (epinephrine) supplied to schools by the Department of Education.

The order form for Additional EpiPens[®] is contained in Appendix 7.

VI. Extreme Allergy Management and Prevention Plan

A copy of a letter to parents concerning the Anaphylactic Shock Program is contained in Appendix 1. This letter should be forwarded to those parents who have indicated that their child is at risk of anaphylactic shock. A copy of the Extreme Allergy Management and Prevention Plan (Appendix 2) and a copy of the current Minister's Directive concerning Procedures for Dealing with Life - Threatening Allergies (Appendix 8) should be included with the letter.

The Extreme Allergy Management and Prevention Plan (Appendix 2) should be completed for each student who is at risk of anaphylactic shock. The plan requires the provision of information from the parent and the student's medical doctor as well as the parent to give authorization for the school staff to administer medication and obtain medical assistance. It also provides for the documentation of commitments by the public health nurse, the school, and parent. A completed copy of the plan should be provided to the student's teacher(s), substitutes, bus driver, and other staff who deal with the student.

Parents are required to return a completed copy of page 1 of the Extreme Allergy Management and Prevention Plan (Appendix 2) within 15 days. If a parent does not respond within 15 days and the principal has reason to believe the child is at risk of anaphylaxis, see recommended action to take in Section X.

Parents whose children are at risk of anaphylaxis should be provided with the opportunity to have the plan for their child reviewed at the beginning of each school year. A letter to parents concerning the annual review of the Extreme Allergy Management and Prevention Plan is contained in Appendix 6.

VII. Emergency Allergy Alert Form

The Emergency Allergy Alert Form (Appendix 3) is a short version of the management plan and is designed for posting within the school so that information is readily available in an emergency. The Emergency Allergy Alert Form is to be completed by the parent and the principal. The form includes sections for recording information about the student's allergy. The form also contains a description of the student's typical symptoms of anaphylaxis and the action which is appropriate in an emergency. A photo of the student, if supplied by the parent, should be attached to the form. A completed copy of the Emergency Allergy Alert Form should be posted in the staff room, school office, or other appropriate location within the school as determined by parent, principal and public health nurse. An EpiPen[®] (epinephrine) should be located with the form. A completed copy of the Emergency Allergy Alert Form should be provided to the student's teacher(s), substitutes, bus driver, and other staff who deal with the student. A copy of the Emergency Allergy Alert Form is included in Appendix 3.

In instances where parents do not complete the form or give permission, posting of the form will not be possible (Refer to Section X)

VIII. School Lunch Ideas

Appendix 5, School Lunch Ideas, contains suggestions for school lunches which do not include peanut butter. This information could be provided to parents through school newsletters, at parent meetings, or attached to correspondence to parents concerning the presence of a child who is at risk of anaphylactic shock.

It will be necessary to develop a different list of ideas in cases where a student is allergic to any of the foods included in the list. In these instances, consultation with a nutritionist is desirable.

IX. Consultation with Parents

The creation of schools, classroom spaces, and buses which are free from the substance which could place an allergic student at risk of anaphylactic shock is more likely to be achieved through the use of a consultative process. Efforts should be made to provide parents with information about the risks. A sample letter to parents is included in Appendix 4. This letter is designed to inform parents about the presence of a student who is at risk of an anaphylactic reaction following exposure to peanuts and peanut products. The letter can be modified for cases where students are at risk of anaphylactic shock following exposure to other substances. An invitation to a school meeting is included in the sample letter. Of course, the letter should be adapted to meet the particular circumstances.

X. Non-compliant Parents of Student with Anaphylaxis

In situations where the parent(s) are not compliant with the recommendations of the anaphylaxis program as outlined in Section V- B, the principal or home room teacher is requested to telephone the parent(s) and remind them of the requirements which are not being met. A written record of the call and discussion should be made by the school teacher or principal who makes the call. If within a further 15 days the obligations of the parent(s) are still not met, the principal is to write a letter to the parent(s) noting the recommendations and requesting that the parent(s) sign the letter and return it to the school. The signed letter is then to be kept at the school or in the event the letter is not returned, a copy of the letter sent is to be maintained in the school and the fact that the parent(s) did not respond recorded.

Letter to Parents Concerning Anaphylaxis Program

Student's Name _____ Parent's Name _____

Dear Parent:

Re: Anaphylaxis Program

The Department of Education has established a program for the management of students who are at risk of anaphylaxis. The following are attached for your consideration: (1) Minister's Directive, Procedures for Dealing with Life-Threatening Allergies, (2) Extreme Allergy Management and Prevention Plan, and (3) Emergency Allergy Alert Form.

Anaphylaxis is a severe allergic reaction which may be fatal, and it occurs when an allergic individual is exposed to a particular material such as peanut products, nuts, eggs, fish, or is stung by an insect such as a bee, hornet or wasp, or is given medication such as penicillin or aspirin.

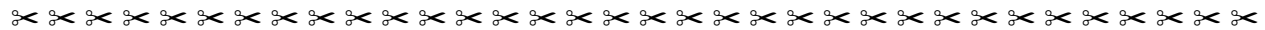
If a doctor has advised that your child may require epinephrine, adrenaline, or an EpiPen® for an anaphylactic reaction, you and your doctor are asked to complete the appropriate sections of pages 1 and 2 of the enclosed form entitled EXTREME ALLERGY MANAGEMENT AND PREVENTION PLAN and return it to the school. A meeting will be arranged with you if necessary, and page 1 will be completed at that time. Please review the Minister's Directive, Procedures for Dealing with Life-Threatening Allergies, and give particular attention to responsibilities of parents.

It is important that a plan is established as soon as possible for those children who are at risk of anaphylaxis. If you do not respond within 15 days, it will be assumed that your child is not at risk of anaphylaxis, and that a management plan is not required for your child.

Thank you for your cooperation.

Principal

Please detach and return to your child's teacher.



Student's Name: _____

This student is not at risk of anaphylaxis and does not require a management plan.

Date

Parent's Signature

**Extreme Allergy Management
And Prevention Plan**

Student's Name _____

(The completion of the following sections is to be coordinated by the principal.)

Public Health Nurse Commitments: _____

School Commitments: _____

Parent Commitments: _____

Date _____ Principal's Signature _____

Date _____ Public Health Nurse's Signature _____

This plan is to be reviewed annually and revised, where appropriate.

Copy to:

- | | |
|------------------|--|
| Parent | Public Health Nurse |
| Principal | Bus Driver |
| School Secretary | Substitutes |
| Custodian | Other staff who deal with the student. |

Please see over on next page the **Request for School Assistance** which is to be completed by the parent(s) and physician as part of the plan.

**Request for School Assistance in
Administering Medication or Medical/Physical Procedures to Students**

1. Pupil: _____ Date of Birth: _____ Health Card Number (optional) _____
Address: _____ Telephone: _____ Medic Alert I.D. _____
School: _____ Teacher: _____
Person assigned/agreeing to administer medication/procedure: _____
Emergency contact: Name: _____ Phone Number (w) _____
Address: _____ Phone Number (h) _____
Parent(s) Address: _____
Mother's Name: _____ Telephone: Home - _____ Work - _____
Father's Name: _____ Telephone: Home - _____ Work - _____
Reason for request that medication/procedure be administered by school personnel during the school day
[attached additional page, if necessary]: _____

2. **Physician's Statement for Staff Assistance During School Hours** [attach additional page, if necessary]
Physician's Name (please print): _____ Phone Number _____

In my opinion, the following procedures are medically appropriate for the above-named student and must be administered during school hours in order to permit the student to attend school.

1. Name of procedure(s) or medication: _____ Prescribed dosage: _____
If child has allergy, does he/she have history of anaphylaxis? ____yes ____no
If yes, to what? _____
Any other significant allergies? _____ If yes, describe _____

Epinephrine recommended? ____yes ____no.
If yes, is it Junior EpiPen (under 33 lbs or 15 Kg)____ Regular EpiPen (33 lbs or 15 Kg or over)____
Other _____

2. Administration frequency: as required, OR | | other (please specify) _____

3. Physician's Instructions
a) Duration or Medication/Procedure: _____ remainder of school year, OR
| | other (please specify) _____
b) Reason for the procedure/medication: _____
c) Method of administration: _____
d) Limitations on student activity: _____
e) Special training: _____

4. Cautions/Notable side-effects (if any): _____

5. Response to Side Effects: _____

Date: _____ Physician's Signature: _____ Phone #: _____

3. Parent/Guardian Authorization and Release

Name of Procedure (if medication administration, please indicate prescription number): _____

I hereby request that the medication or procedure specified above be administered to my child. I understand that (1) it is neither the objective nor the purpose of the school, or school personnel (except those whose job description specifies the provision of these services), to administer medication or medical/physical procedures to students and that they undertake this activity as a last resort and to assist my child in continuing to attend school; (2) the person who will be administering the medication/procedure is not a health care professional but I have satisfied myself that he/she can carry out this responsibility; (3) it is my responsibility to ensure that the school is given up-to-date, accurate and complete information regarding the medication/procedure; (4) it is my responsibility to supply any equipment required to administer any procedure with clear instructions regarding its use, or any medication in containers clearly labelled by a pharmacist with instructions regarding its storage; and (5) it is my responsibility to immediately advise the school of any changes in the physician's instructions or in any other information provided to the school in relation to this matter.

I, for myself, my heirs, executors, administrators and assigns also hereby release the school board, its trustees, employees and agents, of any claims or liability for loss, damage or injury, howsoever caused, to my child or to any of my property arising out of the administration or failure to administer the medication/procedure as described herein, except for such loss, damage or injury as may arise by reason of the gross negligence or wilful misconduct of the school board, its trustees, employees or agents.

Date: _____ Parent/Guardian: _____

Note: The administration of this procedure will cease June 30 of each school year and must be renewed yearly.

4. Person Administering Medication, Medical or Physical Procedures

I agree to carry out the procedure as herein requested by the parent/guardian and as explained by the physician.

Date: _____ Signature: _____

Emergency Allergy Alert Form

To Be Completed by Parent

[To Be Posted Following Parental Consent]

Student's Name _____

Place Student's Photo Here

Personal information on this form is collected under section 117 of the School Act R.S.P.E.I. 1988, Cap. S-2.1 and will be used for the purpose of supporting medical emergencies. If you have any questions about this collection of personal information, you may contact the Public Education office, PO Box 2000, Charlottetown, PE C1A 7N8 Telephone: 368-4690.

ALLERGY - DESCRIPTION

This student has a **DANGEROUS**, life-threatening allergy to the following

and all substances containing them in any form or amount, including the following kinds of items:

AVOIDANCE

The key to preventing an emergency is **ABSOLUTE AVOIDANCE** of these foods at all times.

EATING RULES (List eating rules for the student, if any, in this space.)

SYMPTOMS FOLLOWING EXPOSURE TO A PARTICULAR MATERIAL:

- hives and itchiness on any part of the body;
- swelling of any body parts, especially eyelids, lips, face or tongue;
- nausea, vomiting, diarrhea;
- coughing, wheezing or change of voice;
- difficulty breathing or swallowing;
- panic or sense of doom;
- fainting or loss of consciousness;
- throat tightness or closing.

EMERGENCY ACTION

- Get EpiPen® (epinephrine)** and administer immediately.
- HAVE SOMEONE CALL AN AMBULANCE** and advise of need for an **EpiPen® (epinephrine)**.
- Unless student is resisting, lay student down, tilt head back and elevate legs.
- Cover and reassure student.
- Record the time at which **EpiPen® (epinephrine)** was administered.
- Have someone call the parent.
- If the ambulance has not arrived in 10-15 minutes, and breathing difficulties are present,
- administer a second **EpiPen® (epinephrine)**.
- Even if symptoms subside, take student to hospital immediately.
- If possible, have a school staff member accompany the student to the hospital.
- Provide ambulance and/or hospital personnel with a copy of the Extreme Allergy Management and Prevention Plan for the student and the time at which the **EpiPen® (epinephrine)** was administered.

I agree that this information will be shared, as necessary, with the staff of the school and health care systems.

_____ Date _____ Parent's Signature

TO BE COMPLETED BY THE PRINCIPAL

The **EMERGENCY ALLERGY ALERT FORM** is posted at the following locations within the school: _____, _____, and _____, and the **EpiPen® (epinephrine)** is available in the following locations: _____, _____, and _____.

_____ Date _____ Principal's Signature

POST IN APPROPRIATE LOCATIONS WITHIN THE SCHOOL

- | | | |
|------------------|--|---------------------|
| Copy to: Parent | Teacher(s) including specialists | Public Health Nurse |
| Principal | Bus Driver | Custodian |
| School Secretary | Other staff who deal with the student. | Substitutes |

Letter to Parents of Students in Attendance at _____ School
 Name of School

Dear Parent:

RE: PEANUT AND PEANUT PRODUCTS FREE SCHOOL

A student who is registered at our school has a severe life-threatening allergy (anaphylaxis) to peanuts and peanut products. Exposure to even a minute amount of the food substance could cause anaphylaxis and, without immediate emergency medical assistance, loss of consciousness and death. The school has established an emergency plan for the student. A small amount of peanut product such as peanut butter on the hands of a student or teacher who then touches a door knob, computer, water faucet, water fountain or other article and then is touched by a student severely allergic to peanuts could be enough to cause a severe reaction or the death of the student.

The school has an obligation to establish a safe environment for all students. Therefore, we are requesting that our school be **PEANUT AND PEANUT CONTAINING PRODUCT FREE** and that parents and teachers avoid including peanuts and peanut products in lunches or snacks or to the school. Information concerning School Lunch Ideas is attached; a number of alternatives to peanut butter sandwiches are suggested.

Our objectives are to establish and maintain, to the extent possible:

- a school, school environment, and buses which are free of peanuts and peanut products
- classrooms, attended by the student, which are free of the substance which could place the student at risk of anaphylaxis;
- school practices which reduce the possibility of exposure to substances which cause anaphylaxis; and
- buses which are free of substances which could place an allergic student at risk of anaphylaxis.

A meeting for parents has been scheduled for _____ at the school. The purposes of the meeting are to share information concerning anaphylaxis and to seek cooperation from parents in order to reduce the risk of exposure to peanuts and peanut products. If you are unable to attend, please telephone the school for additional information.

Thank you for your assistance with this important matter.

Sincerely,

 Principal

Attachment: School Lunch Ideas

SCHOOL LUNCH IDEAS

Although no food is universally safe for all food allergic individuals, the following are some interesting suggestions for alternatives to peanut butter sandwiches.

Sandwich Fillings:

- chicken - sliced, smoked or chicken salad;
- turkey - sliced, smoked or turkey salad;
- lean beef or ham - minced or sliced;
- pork - sliced or chopped, try adding applesauce or relish;
- lean luncheon or deli meats;
- cheese spread or molasses;
- sliced cheddar with jam or mayonnaise;
- processed cheese with sliced apple, pickles, or crumbled bacon;
- cream cheese with chopped maraschino cherries or chopped olives;
- sliced meat loaf.

Tired of plain bread? Try:

- whole wheat, oatmeal, rye, or pumpernickel;
- pita pockets or english muffins;
- bagels, hot dogs or hamburg buns, soft tortilla shells;
- hard rolls, sub buns, biscuits, croissants, crackers or rice cakes.

Ideas for wide-mouth “hot” thermos:

- spaghetti, macaroni, other pasta or rice dishes;
- soups, stews, and casseroles;
- chicken nuggets, or leftovers.

Try these in a wide-mouth “cold” thermos:

- potato salad or pasta salad with cubes of cheese or meat;
- chef salad or vegetable salad with a separate dish of dressing;
- fruit salad with cottage cheese;
- cubes of meat or cheese to accompany crackers, carrot and celery sticks and a small container of dip.

Miscellaneous other favorites:

- pizza;
- whole grain muffins with yogurt or cheese;
- cooked wiener, split and stuffed with cheese;
- whole grain cold cereal - bring in separate covered bowl and add milk from a thermos or the school milk program.

To make sure a lunch is nutritionally balanced, enjoy a variety of foods from the four food groups in Canada’s Food Guide to Healthy Eating. To keep packed lunches cool, chill as much as possible overnight or try packing a small lunch-size ice pack in the lunch box or insulated lunch bag. Some items can even be packed frozen and will thaw in time to be eaten.

Compiled by Jackie Hamm, Allergy/Asthma Information Association
Nutritional Assistance by Jackie Vloet-Koughan, Dietician, Department of Health

Letter Concerning Annual Review of Extreme Allergy Management and Prevention Plan

Dear Parent:

Department of Education policy concerning the management of students who have a life-threatening allergy and who are at risk of anaphylaxis includes a provision for an annual review of the management plan.

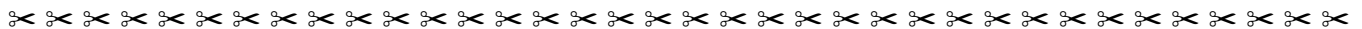
The Extreme Allergy Management and Prevention Plan for _____ was
student's name
completed and/or reviewed in _____.
month/year

Please complete the attached survey and forward it to your child's teacher.

It is important that the review of the plan for your child is completed as soon as possible. If you do not respond within 15 days, it will be assumed that changes to the Extreme Allergy Management and Prevention Plan are not required.

Principal

Please detach and return to your child's teacher.



Student's Name: _____

The Extreme Allergy Management and Prevention Plan for my child does not require any changes. or

I wish to have the Extreme Allergy Management and Prevention Plan for my child reviewed, and I request a meeting with school personnel.

Date Parent's Signature

Department of Education - Order for Additional EpiPens®

The form is to be used to order the initial supply of **EpiPens®** and to order replacements for expired or used **EpiPens®**, or in instances where new students register at the school.

Parents of a student who has a life-threatening allergy shall be responsible for providing the student with a carrying pouch and an unexpired EpiPen® (epinephrine) which will be available for use at school, during field trips and on the bus.

The Department of Education will supply additional **EpiPens®** to schools according to the following formula:

Number of students registered at the school who are at risk of anaphylactic shock	No. of EpiPens® to be provided to schools
1 student	2 EpiPens®
2 - 4 students	4 EpiPens®
5 or more students	6 EpiPens®

School _____

Names of students who are at risk	Has the Extreme Allergy Management and Prevention Plan of anaphylactic shock been completed by parent and medical doctor?
_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	<input type="checkbox"/> YES <input type="checkbox"/> NO

Number of unexpired EpiPens® in school inventory from previous order:	Junior (under 33 lbs) _____	Expiry date(s) _____
	Regular (33 lbs or over) _____	Expiry date(s) _____

Number of new **EpiPens®** required : Junior (under 33 lbs) _____
 Regular (33 lbs or over) _____

_____ Date _____ Principal

Please forward to : Public Education , Department of Education
 P.O. Box 2000, Charlottetown, PE C1A 7N8

FOR OFFICE USE

Number of **EpiPen^{s®}** shipped to school: Junior _____ Regular _____

Expiry Date _____

Date of Shipment _____

Personal information on this form is collected under section 117 of the School Act R.S.P.E.I. 1988, Cap. S-2.1 and will be used for the purpose of supporting medical emergencies. If you have any questions about this collection of personal information, you may contact the Public Education office, PO Box 2000, Charlottetown, PE C1A 7N8, Telephone: 368-4690.

**MINISTER'S DIRECTIVE
NO. MD 2006-02**

Procedures for Dealing with Life-Threatening Allergies

Supersedes Minister's Directive No. 97-06

Pursuant to sections 8 and 117 of the *School Act* R.S.P.E.I. 1988, Cap. S-2.1, I hereby issue the following Minister's Directive concerning Procedures for Dealing with Life-Threatening Allergies.

The purpose of this directive is to provide guidance to parents and school personnel concerning procedures for managing students who have life-threatening allergies and are at risk of anaphylaxis.

Reference should be made to the *Information Handbook on Anaphylaxis*, Third Edition, February, 2006, published by the Department of Education and the Department of Health. Copies of the Extreme Allergy Management and Prevention Plan and the Emergency Allergy Alert Form are included in the handbook.

1. In this directive
 - a. "anaphylaxis" means a severe life-threatening allergic reaction involving two or more organ systems. The reaction occurs when an allergic individual is exposed to a particular protein material (antigen) such as peanut, nuts, eggs, fish, or is stung by an insect such as a bee, hornet or wasp, or is given medication such as penicillin or aspirin;
 - b. "EpiPen[®] (epinephrine)" means a disposable spring-loaded self-injectable syringe with a concealed needle that contains the drug epinephrine; and
 - c. "peanut free policy" means a zonal or full school policy as advised by the Department of Health or the Department of Education.
2. The procedures set out in this directive are intended to assist school personnel with strategies for the management of students who have had anaphylaxis in the past or are at risk of anaphylaxis. These procedures are designed to provide guidance for the establishment, to the extent possible, of
 - a. schools, attended by elementary students, which are free of the substance which could place an allergic student at risk of anaphylactic shock;
 - b. classrooms and common areas attended by intermediate and high school students, which are free of the substance which could place an allergic student at risk of anaphylactic shock;
 - c. school practices which reduce the possibility of exposure to substances which cause anaphylaxis;
 - d. plans for the management of a student who is at risk of anaphylaxis and
 - e. buses which are free of substances which could place an allergic student at risk of anaphylaxis

3. School boards shall include the following in the student registration form:

Does your child have a life-threatening allergy to certain foods, insect venom, medication or other material? YES NO

If your answer to the above question was yes, please indicate the substance to which your child is allergic.

Has a medical doctor recommended that your child have an emergency medical kit (EpiPen®) available for use at school? YES NO

4. The parent of a student who is at risk of anaphylaxis is responsible for providing
- a. the school principal with information about the student's allergy;
 - b. assistance to the principal by having the student's medical doctor complete the Allergy Information section of the Extreme Allergy Management and Prevention Plan and by providing authorization and consent to carry out emergency procedures;
 - c. a completed copy of the relevant sections of the Emergency Allergy Alert Form;
 - d. a recent photo of the student;
 - e. the student with a Medic Alert® bracelet or other suitable identification; and
 - f. the student with a carrying pouch and an unexpired EpiPen® (epinephrine) which will be available for use at school, during field trips and on the bus.
5. Upon being informed by the parent and/or through the student registration form that a student is at risk of anaphylaxis, the principal shall
- a. provide, or forward to the parent, copies of Minister's Directive, No. MD 06-02, Procedures for Dealing with Life-Threatening Allergies, the Extreme Allergy Management and Prevention Plan and the Emergency Allergy Alert Form;
 - b. provide an opportunity for the parent to attend a meeting with school personnel for the purpose of completing and/or reviewing the Extreme Allergy Management and Prevention Plan and the Emergency Allergy Alert Form when the student registers to attend the school and annually thereafter;
 - c. provide information about the student and the student's allergies to the school staff, cafeteria staff, bus driver and substitute personnel who may be required to assess the student's need for administration of the EpiPen® (epinephrine) and administer the EpiPen® (epinephrine);

- d. post, following parental consent, in the staff room, classroom, school office or other accessible location, a copy of the Emergency Allergy Alert Form along with a photo of the student, if provided by the parent, and locate an EpiPen[®] (epinephrine) with the form;
 - e. arrange for the public health nurse to conduct an information and training session for all school staff including the bus driver;
 - f. ensure that staff who may be required to assess the student's need for administration of the EpiPen[®] (epinephrine) and administer the EpiPen[®] (epinephrine) are provided with a completed copy of the Extreme Allergy Management and Prevention Plan and a completed copy of the Emergency Allergy Alert Form;
 - g. order EpiPens[®] (epinephrine) and replacements for expired or used EpiPens[®] (epinephrine) from the Department of Education in order to maintain the quantity established in section 8 of this directive; and
 - h. implement a peanut free policy in schools where there is an elementary student with a diagnosed peanut allergy or history of anaphylaxis to peanuts unless advised by the Department of Health that a peanut free policy is not necessary. If necessary, follow the prevention and management procedures as prescribed in the Information Handbook on Anaphylaxis.
6. If a principal has information that a student who is registered at the school is at risk of anaphylaxis and the parent, following notification, has not met the responsibilities set out in section 4, the principal shall
- a. provide information about the student and the student's allergies to the school staff, cafeteria staff, bus driver and substitute personnel who may be required to assess the student's need for administration of the EpiPen[®] (epinephrine) and administer the EpiPen[®] (epinephrine);
 - b. arrange for the public health nurse to conduct an information and training session for all school staff including the bus driver; and
 - c. order EpiPens[®] (epinephrine) and replacements for expired or used EpiPens[®] (epinephrine) from the Department of Education in order to maintain the quantity established in section 8 of this directive.
7. When a student who is at risk of anaphylaxis transfers to another school, the principal shall inform the principal of the receiving school in writing along with the transfer of other records that the student is at risk of anaphylaxis. If the Extreme Allergy Management and Prevention Plan and the Emergency Allergy Alert Form have been completed by the parent, the principal shall forward a copy to the principal of the receiving school.

8. The Department of Education shall:

- a. provide additional EpiPens[®] (epinephrine) to schools for use in an emergency according to the following formula:

Number of students registered at the school who are at risk of anaphylaxis	No. of EpiPens [®] to be provided to schools
1 student	2 EpiPens [®]
2 - 4 students	4 EpiPens [®]
5 or more students	6 EpiPens [®]

EpiPens[®] Jr. shall replace EpiPens[®] for students who weigh less than 15 Kg (33 pounds).

- b. maintain records concerning the distribution of EpiPens[®] (epinephrine) to schools and notify principals at least one month in advance of expiry dates of EpiPens[®] (epinephrine) supplied to schools by the Department of Education.

DATED at Charlottetown, February 27, 2006.



Mildred A. Dover
Minister of Education