



# Health Management Plan

## Anaphylaxis

September 2016

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## 1.0 Anaphylaxis – What is It?

Anaphylaxis -- sometimes called “allergic shock” or “generalized allergic reaction” -- is a severe allergic reaction that can lead to rapid death, if untreated. Like less severe allergic reactions, anaphylaxis occurs when the body’s immune system reacts to harmless substances as though they were harmful invaders. However, instead of developing the familiar runny nose or rash, sufferers of anaphylaxis respond with an extreme body reaction. The reaction may begin with itching, hives, vomiting, diarrhea, or swelling of the lips or face; within moments, the throat may begin to close, choking off breathing and leading to unconsciousness and death.

Anaphylactic reactions to peanuts have attracted considerable public attention for several reasons:

- Peanuts are one of the most common triggers of anaphylaxis, and the most likely of all food allergens to trigger a full-blown anaphylactic reaction.
- Peanut butter is a staple food for many children
- Peanuts have been the cause of a number of tragic incidents involving school children.
- Peanuts are difficult to avoid because they are used so widely as an ingredient in foods.

Although peanuts may be the most common allergen causing anaphylaxis in school children, school systems must be aware that anaphylaxis is a life-threatening condition regardless of the substance which triggers it.

In addition to peanuts, the foods most frequently implicated in anaphylaxis are:

- tree nuts (e.g. hazelnuts, walnuts, almonds, cashews),
- cow’s milk
- eggs
- fish and shellfish
- wheat
- soy

Anaphylaxis may also be induced by:

- fruits
- other foods

Non-food triggers of anaphylactic reactions include:

- insect venom (bee stings)
- medications
- latex
- vigorous exercise (rarely).

The onset of anaphylaxis may be signalled by severe, but non-life-threatening reactions, which become increasingly dangerous with subsequent exposure to the allergen. However, anaphylaxis may occur even if previous allergic reactions have been mild. While the condition often appears in early childhood, it can develop at any age.

## 2.0 Sabrina's Law – An Act to Protect Anaphylactic Pupils

In accordance with Sabrina's Law – An Act to Protect Anaphylactic Pupils, the Grand Erie District School Board is required to establish and maintain a policy for students diagnosed with anaphylaxis, as well as provide training for all staff on dealing with life-threatening allergies. The safety of students with a medical condition such as anaphylaxis is a shared responsibility of the board, school, family, health care provider and community partners.

With respect to the administration of emergency medication at the time of an anaphylactic emergency, "*Sabrina's Law*" is very clear:

- "If an employee has reason to believe that a pupil is experiencing an anaphylactic reaction, the employee may administer an epinephrine auto-injector or other medication prescribed to the pupil, even if there is no preauthorization to do so under subsection (1): 2005, s. 3 (3)
- "No action for damages shall be instituted respecting any act done in good faith or for any neglect or default in good faith in response to an anaphylactic reaction in accordance with this Act, unless the damages are the result of an employee's gross negligence" 2005, s. 3 (4).

## 3.0 What Does an Anaphylactic Reaction Look Like?

An anaphylactic reaction can begin within seconds of exposure or after several hours. Any combination of the following symptoms may signal the onset of a reaction:

- hives
- itching (on any part of the body)
- swelling (of any body parts, especially eyes, lips, face, tongue)
- red, watery eyes
- runny nose
- vomiting, diarrhea and/or stomach cramps
- change of voice
- coughing
- wheezing
- throat tightness or closing
- difficulty swallowing
- difficulty breathing
- sense of doom
- dizziness
- fainting or loss of consciousness
- change of colour

Symptoms do not always occur in the same order, even in the same individuals. Time from onset of first symptoms to death can be as little as a few minutes if the reaction is not treated. Even when symptoms have subsided after initial treatment, they can return as much as 8 hours after exposure.

### 3.1 When is it Likely to Occur?

The greatest risk of exposure is in new situations, or when normal, daily routines are interrupted, such as birthday parties, camping or school trips. Young children are at greatest risk of accidental exposure, but many allergists believe that more deaths occur among teenagers due to their increased independence, peer pressure and reluctance to carry medication.

### 3.2 Emergency Treatment

Anaphylaxis is life-threatening, but it can be treated. Students suffering anaphylaxis must be diagnosed by their physician, who is responsible for prescribing the appropriate treatment protocol for their individual conditions. The first plan of action calls for the administration of epinephrine *immediately*, at the first indication of a reaction, followed by immediate transportation to hospital.

It is anticipated that most, if not all, children who have experienced previous anaphylaxis, will follow this plan. Some physicians recommend a second treatment protocol for certain patients.

Additional epinephrine must be available to be administered after 10 to 15 minutes if the allergic response recurs or severe symptoms, such as breathing difficulties, persist before medical help is available. A third dose should not be administered without medical direction.

Epinephrine must be administered by injection. The most common method is the auto-injector.

Although these devices are designed for self-injection, it is dangerous to assume that any person, of any age, will be able to self-inject if the reaction is proceeding rapidly.

It is essential that a person suffering an anaphylactic reaction be taken to a hospital to receive immediate medical attention, even if epinephrine has been injected and symptoms disappear. (see Appendix A "Guideline for School Emergency Response").

School personnel should note that there are not contraindications to the use of epinephrine for a life-threatening allergic reaction. Accidental administration of the medication, if a reaction is not actually taking place, is not a significant cause for concern, according to the Canadian Paediatric Society.

**If there is any reason to suspect an anaphylactic reaction is taking place, and if epinephrine has been prescribed as the treatment protocol, caregivers should not hesitate to administer the medication.**

## 4.0 Information and Awareness

### A. Identification of Anaphylactic Students to School Authorities

- Every school principal must ensure that, upon registration, parents, guardians and pupils are asked to supply information on life-threatening allergies.
- It is the responsibility of parents with anaphylactic children to identify their children to the school principal and provide information regarding:
  - the foods or other allergens which trigger an anaphylactic reaction;
  - a treatment protocol, signed by the child's physician ( SO102 – Request for School Assistance in Health Care <http://bit.ly/2bEmUMz> );

- any changes in the child's condition from previous years or since last reported; and
- their permission to post photographs and medical information in key locations like the classroom, school bus, staffroom, etc.
- Identifying children with life-threatening allergens is more difficult in a secondary school setting. Although parents (and adult children 16 years of age and older) must still bear the burden of responsibility for reporting the condition to the school, school boards may wish to explore ways of encouraging and reminding them to do so, particularly with older students, those who have moved into the system, and those who have been recently diagnosed.

#### **B. Identification of Anaphylactic Students to Staff**

- All staff members (teaching and non-teaching) will be made aware that a child with anaphylaxis is attending their school, and the child should be identified, either individually or at a staff meeting, *before* school begins.
- The board policy on managing anaphylaxis in schools should be provided to *all* staff, along with specific information about each anaphylactic child in attendance.
- The Student Support Plan for School – Anaphylaxis, with photograph, description of the allergy, treatment and action plan should be placed in key locations, such as the office, the classroom and the staff room. If the child does not carry the auto-injector, a Student Support Plan should be placed where the child's epinephrine auto-injector is stored.
- The Student Support Plan for Transportation – Anaphylaxis must be completed and placed on the child's school bus.
- Parents (or adult student) must be included in a decision about whether posters with the child's photo should also be placed in the child's classroom and other public places, like school buses. Issues of personal privacy must be considered.
- Instructions on the use of the auto-injector, along with a list of symptoms and emergency procedures must be posted in a clearly visible location in the child's classroom, whether or not the child's picture is posted.
- The child's classroom teacher must ensure that information is kept in a place where it will be highly visible and readily understood by supply teachers. It must also be kept with the teacher's day book.
- The student should wear a Medic-Alert™ bracelet or necklace which identifies specific allergens.

### C. In-Service for Teachers and Other School Staff

- The school board or the principal must ensure that in-service is provided to school personnel, substitute teachers and volunteers on how to recognize and treat an anaphylactic reaction; on the school procedures to minimize the risk of exposure to the allergen for anaphylactic children; and on school protocol for responding to emergencies.
- All teachers and staff who may be in a position of responsibility for children with anaphylaxis (including bus drivers, noon-hour supervisors and cafeteria staff) will receive personal training in the use of the auto-injector.
- Parents of the anaphylactic child should ensure that the specific information about their child is made available to school personnel to be included in in-service programs.
- Where possible, parents should be encouraged to participate directly in part of formal in-service, in brief, one-on-one sessions with individual staff.
- Local Public Health Units and school nurses, where they are available, should play a role in developing and delivering in-service.
- Representatives of allergy groups or local medical professionals should be invited to share their expertise with school staff.
- Information about the potential sources of specific allergens should be widely distributed and incorporated into the health curriculum. In addition to the usual, visible food sources of allergens, the school community should be made aware of:
  - the possible hidden sources in prepared foods, like cookies, cakes, cereals, granola bars and candies;
  - the importance of reading labels;
  - “component ingredients” (i.e. unlabeled ingredients within labelled ingredients);
  - the danger of cross-contamination through shared utensils, papers, towels, etc.;
  - ingredients of pet foods and litters for classroom pets; and
  - non-food sources of food allergens, like play-dough, scented crayons and cosmetics, peanut-shell stuffing in “bean-bags” and stuffed toys.

#### **D. Sharing Information with Other Students and Parents**

- The school should identify students with life-threatening allergies to all students in the school, and enlist their co-operation. This should be done in a way that is appropriate to the student's age and maturity, without creating fear and anxiety, maintaining the student's dignity, and in consultation with the parents of individual anaphylactic children.
  - The risk of teasing anaphylactic children is reduced if classmates are introduced to the situation at a young age. In any case, the risk of ignorance is generally judged to be greater than the risks associated with sharing information.
  - A number of books and online resources are available to help young children understand life-threatening allergies without frightening them.
  - Information may be included in health classes.
  - Parents of anaphylactic children, and other anaphylactic children themselves, may be excellent resources in sharing information with students.
- Identification of anaphylactic students to their peers in the secondary school setting should not take place without consultation with the anaphylactic student.

#### **E. Sharing Information with Parents and Parent Organizations** (see Appendices for support documents)

- The school should develop a communication strategy to inform parents of the presence of a student with life-threatening allergies in the child's school and the measures being taken to protect the student.
- Letters should be sent home at the beginning of the year asking parents to avoid including the allergen in school lunches and snacks.
- When the allergen is a common item in school lunches, like peanut butter, provide parents with suggestions for alternate foods.
- Follow up with reminders around special holidays, or other occasions, when food is being brought from home to school.
- Ingredient lists should be required if foods prepared at home are to be brought into the classroom.
- A letter to all parents from the parents of the anaphylactic child is an effective reminder, and an opportunity for them to express their appreciation of support and co-operation.
- Parent organizations should be encouraged to plan an information night on life-threatening allergies in school children.
- Reminders or information articles in school newsletters are a way of reaching most parents.
- Parents and other members of the school community should be encouraged to bring any concerns about controlling the contents of school lunches and snacks to the principal, NOT to the parents of the anaphylactic student.



#### F. **Maintaining Open Communication between Parents and the School**

- The school should maintain open lines of communication with the parents of anaphylactic students.
- Parents should be involved in establishing specific programs for their own children, and in training staff in emergency procedures.
- Parents should be invited to review and provide input into school policies to reduce the risk of exposure to allergens.

#### 4.1 **Avoidance**

The goal of the Board's Policy is to provide a safe environment for children with life-threatening allergies, **but it is not possible to reduce the risk to zero.** However, the following list of precautions offers schools suggestions of ways to minimize the risk and allow the anaphylactic child to attend school with relative confidence.

This policy and the procedures are designed to be flexible enough to allow schools and classrooms to adapt to the needs of individual children and the allergens which trigger reactions, as well as the organizational and physical environment in different schools. It should also be noted that precautions may vary depending on the properties of the allergen. The viscosity of peanut butter, for example, presents particular challenges in terms of cross-contamination and cleaning; and while it may be possible to eliminate peanut products from school cafeterias, it would be virtually impossible to do so with milk, wheat or other products.

All of the following recommendations should be considered in the context of the anaphylactic child's age and developmental and cognitive maturity. As children mature, they should be expected to take increasing personal responsibility for avoidance of their specific allergens.

Schools are encouraged to find innovative ways to minimize the risk of exposure without depriving the anaphylactic child of normal peer interactions or placing unreasonable restrictions on the activities of other children in the school. For example, develop methods to identify "high-risk" areas for the anaphylactic student(s) so that they may avoid these areas.

#### 4.2 Steps to Prevention

The school principal/designate shall take steps to protect students with potentially life-threatening allergies from exposure to allergenic substances, which may include the following, depending on the nature of the allergic/anaphylactic condition:

- Informing the students, parents/guardians and school community about the nature of allergies and anaphylactic reactions as well as the nature of the life-threatening foods/substances to which students are allergic through a letter home to all parents at the beginning of the school year, the School Newsletter, the School Website and/or workshop presentations for parents/guardians/school community members;
- Providing a comprehensive awareness workshop for students in the class of the student who is at risk of anaphylaxis;
- Requesting the cooperation of the school community in implementing the school's Anaphylaxis Management Plan and the student's Student Support Plan for School – Anaphylaxis, where appropriate;
- Not permitting the consumption of food or drinks on school buses;
- Posting signs at the door of the classroom to which the at risk child is assigned;
- Posting signs at school entrances indicating Allergen Aware Environment
- Establishing safe lunchroom and eating area procedures, including cleaning and hand washing;
- Avoiding allergens hidden in materials used within the school (e.g. pet foods, play dough, stuffed toys, etc);
- Taking special precautions with respect to the food provided for school celebrations and extra-curricular activities;
- Providing the parents/guardians of the school community with a list of appropriate food substitutes which do not induce reactions and posting this information on the school website;
- Discussing with food services providers food to which students may be allergic along with appropriate substitutes;
- Communicating general information about allergies and anaphylactic reactions to student/staff and parents/guardians on a yearly basis;
- Sharing the schools Anaphylaxis Management Plan with all persons who may be in regular contact with students at risk to have anaphylactic reactions;
- Ensuring that when an at-risk student is involved in an out-of-school learning experience the student has an epinephrine auto-injector on her/his person and that the supervising teacher has a second epinephrine auto-injector kept in a readily accessible location as well as a cell phone to be used in emergency situations;
- Ensuring that school maintenance staff routinely check for active bee/hornet/wasp hives/nests around school property and cover/remove garbage containers to reduce the risk of anaphylaxis for insect allergic students; and
- The strategies which are adopted by the school to prevent an anaphylactic reaction from occurring shall be document in the Student Support Plan for School and Transportation – Anaphylaxis.

### A. Safe Lunchroom and Eating-Area Procedures

- **Require anaphylactic students to eat only foods prepared at home.**
- Discourage the sharing of food, utensils and containers.
- If possible, increase lunch-hour supervision in classrooms with an anaphylactic child.
- Encourage the anaphylactic child to take mealtime precautions like:
  - placing food on wax paper or a paper napkin rather than directly on the desk or table;
  - taking only one item at a time from the lunch bag to prevent other children from touching the food; and
  - packing up their lunch and leaving it with the lunch supervisor, if it is necessary to leave the room during lunchtime.
- Establish a hand-washing routine before and after eating.
- If the school has a cafeteria, keep the allergen, including all products with the allergen as an ingredient, off the menu. Provide in-service for cafeteria staff, with special emphasis on cross-contamination and labelling issues.
- If the school has a vending machine, ensure that products containing the allergen are not available.
- Ensure that tables and other eating surfaces are washed clean after eating, using a cleansing agent approved for school use.

### B. Allergens Hidden in School Activities

Not all allergic reactions to food are a result of exposure at meal times.

- Teachers, particularly in the primary grades, should be aware of the possible allergens present in curricular materials like:
  - playdough;
  - bean-bags, stuffed toys (peanut shells are sometimes used);
  - counting aids (beans, peas);
  - toys, books and other items which may have become contaminated in the course of normal use; science projects; and
  - special seasonal activities, like Easter eggs and garden projects.
- Computer keyboards and musical instruments should be wiped before and after use.
- Anaphylactic children should not be involved in garbage disposal, yard clean-ups, or other activities which could bring them into contact with food wrappers, containers or debris.
- Foods are often stored in lockers and desks. Allowing the anaphylactic child to keep the same locker and desk all year may help prevent accidental contamination.

### C. Field Trips

In addition to the usual school safety precautions applying to field trips, the following procedures should be in place to protect the anaphylactic child.

- Carry the Student Support Plan for School and Transportation – Anaphylaxis on the trip.
- Require all supervisors, staff and parents, to be aware of the identity of the anaphylactic child, the allergens, symptoms and treatment, and that a mobile phone be available for use in an emergency situation.
- If the risk factors are too great to control, the anaphylactic child may be unable to participate in the field trip. Parents should be involved in this decision.

#### D. **Substitute Teachers, Parent Volunteers and Others with Occasional Contact**

All schools involve adults in their classrooms who are unfamiliar with individual students and school procedures. The following suggestions would help to prepare them to handle an anaphylactic emergency.

- Require the regular classroom teacher to keep information about the anaphylactic student's allergies and emergency procedures in a visible location.
- Ensure that procedures are in place for informing substitute teachers and volunteers about anaphylactic students.
- Involve substitute teachers and volunteers in regular in-service programs, or provide separate in-service for them.

#### E. **Anaphylaxis to Insect Venom**

Food is the most common trigger of an anaphylactic reaction in school children, and the only allergen which schools can reasonably be expected to monitor. The school cannot take responsibility for possible exposure to bees, hornets, wasps and yellow-jackets, but certain precautions can be taken by the student and the school to reduce the risk of exposure.

- Avoid wearing loose, hanging clothes, floral patterns, blue and yellow clothing, and fragrances.
- Check for the presence of bees and wasps, especially nesting areas, and arrange for their removal. If soft drinks are being consumed outdoors, pour them into a cup and dispose of cans in a covered container.
- Ensure that garbage is properly covered.
- Caution children not to throw sticks or stones at insect nests.
- Allow students who are anaphylactic to insect stings to remain indoors for recess during bee/wasp season.
- Immediately remove a child with an allergy to insect venom from the room, if a bee or wasp gets in.

### 5.0 **Emergency Response Protocol**

Even when precautions are taken, an anaphylactic student may come into contact with an allergen while at school. It is essential that the school develop a response protocol, and that all staff are aware of how to implement it. A Student Support Plan for School and Transportation – Anaphylaxis will be developed for each anaphylactic child, in conjunction with the child's parents and physician, and kept in a readily accessible location.

Anaphylactic children usually know when a reaction is taking place. **School personnel should be encouraged to listen to the child.** If he or she complains of any symptoms, which could signal the onset of a reaction, they should not hesitate to implement the emergency response. There is no danger in reacting too quickly, and grave danger in reacting too slowly.

## A. Emergency Plans

Every emergency plan should include procedures to:

- administer the auto-injector (NOTE: Although most anaphylactic children learn to administer their own medication by about age 8, individuals of any age may require help during a reaction because of the rapid progression of symptoms, or because of the stress of the situation. **Adult supervision is required.**);
- telephone 911 (inform the emergency operator that a child is having an anaphylactic reaction;
- contact parents/guardians
- transport the child to hospital at once, if no ambulance service is available; telephone the hospital to inform them that a child having an anaphylactic reaction is en route; notify the police and provide them with a description of the vehicle and licence

## B. Location of Auto-Injectors

- As soon as they are old enough, students should carry their own auto-injectors. Many young children carry an auto-injector in a fanny pack around their waist at all times.
- If students are unable to carry their own auto-injectors, auto-injectors should be kept in a covered and secure area, but unlocked for quick access. Although epinephrine is not a dangerous drug, the sharp needle of the self-injector can cause injury, especially if injected into the fingertip.
- An up-to-date auto-injector (and, in some instances, a spare) provided by the parents, must be available in an easily accessible, unlocked area of the child's classroom and/or in a central area of the school (office or staff room).

## RESPONSIBILITY CHECKLISTS

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

### Responsibilities of the PARENTS of an Anaphylactic Child

- inform the school of their child's allergies and complete SO102 Request for School Assistance in Health Care (<http://bit.ly/2bEmUMz> )
- provide a MedicAlert™ bracelet or necklace for their child
- Provide the school with up-to-date emergency contact names and telephone numbers
- provide the school with physician's instructions for administering medication
- provide the school with up-to-date injection kits (at least one (1), preferably two (2), and keep them current
- provide support to school and teachers as requested
- provide in-service for staff, if requested
- participate in parent advisory/support groups
- assist in school communication plans
- review the Student Support Plan for School and Transportation - Anaphylaxis with school personnel
- supply information for school publications:
  - recipes
  - foods to avoid
  - alternate snack suggestions
  - resources
- be willing to provide safe foods for special occasions
- teach their child:
  - to recognize the first symptoms of an anaphylactic reaction
  - to carry his/her own auto-injector OR to know where medication is kept and how to get it
  - to communicate clearly when he or she feels a reaction starting
  - not to share snacks, lunches or drinks
  - to understand the importance of hand-washing
  - to interact positively with other students
  - to report bullying and threats to an adult
  - to take as much responsibility as possible for his/her own safety
- welcome other parents' calls with questions about safe foods

### Responsibilities of ANAPHYLACTIC STUDENTS

- take as much responsibility as possible for avoiding allergens
- **eat only foods brought from home**
- take responsibility for checking labels and monitoring intake (older students)
- wash hands before eating
- learn to recognize symptoms of an anaphylactic reaction
- promptly inform an adult, as soon as accidental exposure occurs or symptoms appear
- keep an auto-injector handy at all times
- know how to use the auto-injector
- remind field trip supervisors/volunteers/coaches

### **Responsibilities of the SCHOOL PRINCIPAL**

- work as closely as possible with the parents of an anaphylactic child
- ensure that the parents have completed SO102 Request for School Assistance in Health Care (<http://bit.ly/2bEmUMz> )
- ensure that instruction from the child's physician are on file
- notify the school community of the anaphylactic child, the allergens and the treatment
- develop a Student Support Plan for School and Transportation - Anaphylaxis for each anaphylactic child
- post Student Support Plan for School - Anaphylaxis forms in the staffroom, classroom and office
- maintain up-to-date emergency contacts and telephone numbers
- ensure that all staff, supply teachers and volunteers have received instruction with the auto-injector
- ensure that all substitute teachers are informed of the presence of an anaphylactic child, and have been adequately trained to deal with an emergency
- inform changing administration of medical information
- inform all parents that a child with life-threatening allergies is attending the school, and ask for their support
- arrange for annual in-service
- store auto-injectors in easily accessible locations if the child does not carry his/her auto-injector
- establish safe procedures for field trips and extra-curricular activities
- implement the Board Administrative Procedure for reducing risk in classrooms and
- establish a disciplinary procedure for dealing with bullying and threats

### **Responsibilities of the CLASSROOM TEACHER**

- assign a buddy
- display a photo/poster in the classroom, with parental approval
- discuss anaphylaxis with the class, in age-appropriate terms
- encourage students not to share lunches or trade snacks
- choose allergy-free foods for classroom events
- establish procedures to ensure that the anaphylactic child eats only what he/she brings from home
- reinforce hand-washing before and after eating
- facilitate communication with other parents
- follow the school policies for reducing risk in classrooms and common areas
- enforce school rules about bullying and threats
- leave information in an organized, prominent and accessible format for substitute teachers
- follow safe procedures that have been established for field trips and extra-curricular activities

### **Responsibilities of PUBLIC HEALTH/SCHOOL NURSE**

- consult with and provide information to parents, students and school personnel
- participate in planning school procedures
- participate in in-service and auto-injector training
- assist in developing emergency response plans
- refer known cases of anaphylaxis to the school principal

**Responsibilities of ALL STUDENTS**

- learn to recognize symptoms of anaphylactic reaction
- avoid sharing food, especially with anaphylactic children
- follow school rules about keeping allergens out of the classroom and washing hands
- refrain from “bullying” or “testing” (i.e. waving an allergen in front of the child’s face) a child with a food allergy

**Responsibilities of ALL PARENTS**


- respond co-operatively to requests from school to eliminate allergens from packed lunches and snacks
- participate in parent information sessions
- encourage children to respect anaphylactic child and school policies



SCHOOL ANAPHYLAXIS EMERGENCY RESPONSE PLAN

1. Administer auto-injector immediately.
2. Record time auto-injector is administered.
3. Call 911
4. Notify school administration immediately of the emergency situation and, if possible, bring the child to the school office.
5. Notify Parent/Guardian
6. Obtain second auto-injector if required.
7. Get estimated time of ambulance arrival.
8. Enlist a staff member to accompany child in ambulance to the hospital if parent not available.

STUDENT SUPPORT PLAN –TEMPLATE (PAGE 1 OF 2)



**Grand Erie District School Board**  
349 Erie Avenue, Brantford, Ontario N3T 5V3

**Student Support Plan - School**

Name	OEN	Board Id #	Grade
School	Family		Gender
Principal			DOB

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<b>Student Information</b>	<b>Parent/Guardian Information</b>
<b>Address</b>	<b>Name &amp; Address</b>
<b>Home Telephone</b>	<b>Home Telephone</b>

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**Date Of Development**

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<b>Other Support Staff:</b>	<b>Agency Involvement:</b>
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<b>Primary Medical Concern:</b>	<div style="border: 1px solid black; padding: 5px; min-height: 150px;">                     Insert Student Picture                 </div>
<b>Triggers:</b>	
<b>Other Relevant Information (e.g. signs, precursors, etc.)</b>	

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<b>Immediate Communication</b>
<b>Immediate Actions:</b>


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**SUMMARY OF INTERVENTION**

Action To Be Taken	Taken By	Time Line



STUDENT SUPPORT PLAN –FOR SCHOOL  
- ANAPHYLAXIS EXAMPLE (PAGE 1 OF 2)



**Grand Erie District School Board**  
349 Erie Avenue, Brantford, Ontario N3T 5V3

**Student Support Plan - School**

<b>Name</b>	Last Name, First Name	<b>OEN</b>	111222333	<b>Board Id #</b>	111222333	<b>Grade</b>	G
<b>School</b>	School Name	<b>Family</b>	Spec Ed TC Name	<b>Gender</b>	M/F	<b>DOB</b>	dd-mmm-yyyy
<b>Principal</b>	Principal Name						

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Student Information		Parent/Guardian Information	
<b>Address</b>	Street Address City	<b>Name &amp; Address</b>	Parent/Guardian Name Street Address City, Postal Code
<b>Home Telephone</b>	5195555555	<b>Home Telephone</b>	(519) 555-5555

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Date Of Development 16-Nov-2015

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<b>Other Support Staff:</b>	<b>Agency Involvement:</b>
	CAS

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<p><b>Primary Medical Concern:</b> Anaphylaxis This student has a Dangerous, life-threatening allergy.</p> <p><b>Triggers:</b> foods, all foods containing these ingredients, bee/insect stings, medications, latex, etc. AVOIDANCE - The key to preventing an emergency is ABSOLUTE AVOIDANCE of any of the above allergens at all times.</p> <p><b>Other Relevant Information (e.g. signs, precursors, etc.)</b> Possible Symptoms: flushed face, hives, swelling or itchy lips/tongue/eyes - tightness in throat, mouth, chest - Difficulty breathing or swallowing, wheezing, coughing, choking - vomiting, nausea, diarrhea, stomach pains - dizziness, unsteadiness, sudden fatigue, rapid heartbeat - loss of consciousness LOCATION OF AUTO-INJECTOR: .....</p> <p><b>Immediate Communication:</b> Call 911</p> <p><b>Immediate Actions:</b> Administer auto-injector immediately</p>	<div style="border: 1px solid black; height: 150px; width: 100%; text-align: center; font-size: small;">Insert Student Picture</div>
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**SUMMARY OF INTERVENTION**


Action To Be Taken	Taken By	Time Line
Remain Calm	All Staff, All Students	
Administer auto-injector immediately	Staff Responding	Immediately
Record time auto-injector is administered	Staff Responding	Immediately

SO 30 Health Management Plan – Anaphylaxis

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September 2016

STUDENT SUPPORT PLAN –FOR SCHOOL  
- ANAPHYLAXIS EXAMPLE (PAGE 2 OF 2)

 <p style="text-align: center;"><b>Grand Erie District School Board</b> 349 Erie Avenue, Brantford, Ontario N3T 5V3</p>		
Call 911, get estimated time of ambulance arrival, advise dispatcher that a child is having an anaphylactic reaction	Staff Responding	Immediately
Communication with Principal or Principal's Designate	Staff Responding	Immediately
Notify Parent/Guardian	Principal or Principal's Designate	As soon as possible
Have additional auto-injector available (if applicable)	Staff Responding	
Transport to Hospital, one staff member will travel with Student in the Ambulance	Staff member who have been with him/her since the outset of the anaphylaxis attack	
Signing this form indicates we have read and agree to this Student Support Plan		
Date:	Date:	
Principal's Signature	Parent/Guardian Signature	

Anaphylaxis Sample Only

STUDENT SUPPORT PLAN –FOR TRANSPORTATION  
- ANAPHYLAXIS EXAMPLE



**Grand Erie District School Board**  
349 Erie Avenue, Brantford, Ontario N3T 5V3

**Student Support Plan - Transportation**

<b>Name</b>	Last Name, First Name	<b>OEN</b>	111222333	<b>Board Id #</b>	1111222333	<b>Grade</b>	G
<b>School</b>	School Name	<b>Family</b>	Spec Ed TC Name	<b>Gender</b>	F/M	<b>DOB</b>	dd-mmm-yyyy
<b>Principal</b>	Principal Name						

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Student Information		Parent/Guardian Information	
<b>Address</b>	Street Address City	<b>Name &amp; Address</b>	Parent/Guardian Name Street Address City, Postal Code
<b>Home Telephone</b>	5195555555	<b>Home Telephone</b>	(519) 555-5555

**Date Of Development** 11-Feb-2016

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<b>Other Support Staff:</b>	<b>Agency Involvement:</b>

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**Primary Medical Concern:**  
All information entered in this field on the Student Support Plan School will appear here on the Student Support Plan Transportation.

**Triggers:**  
All information entered in this field on the Student Support Plan School will appear here on the Student Support Plan Transportation.

**Other Relevant Information (e.g. signs, precursors, etc.)**  
Enter all other relevant information.

---

**Immediate Communication:**  
Bus Driver contacts the Bus Line dispatch immediately to indicate the location of the incident and to request that emergency services be dispatched immediately.

**Immediate Actions:**  
In the event of a problem during his/her travel on a school bus the bus driver will stop the vehicle and ensure that it is completely immobilized. Driver will assess the situation. Bus Driver will be attentive to student while awaiting the emergency services.

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**SUMMARY OF INTERVENTION**

Action To Be Taken	Taken By	Time Line
The student's parent or guardian must have completed and signed SO102 - Request for School Assistance in Health Care, which must be signed by a doctor and given to the school.	Parent	
Bus Driver, Dispatcher and School Principal will follow STSBHN Emergency Procedure guidelines.	Bus Driver, Bus Operator, School Principal	Immediately

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Signing this form indicates we have read and agree to this Student Support Plan

<b>Date:</b>	<b>Date:</b>
<b>Principal's Signature</b>	<b>Parent/Guardian Signature</b>

## APPENDIX F

### LITE STUDENT SUPPORT & TRANSPORTATION PLANS (1 of 4)

1. Select *SSTP* (Student Support & Transportation Plans) from the tabs across the top of the screen. From the *SSTP* tab menu select Support Plan – School.



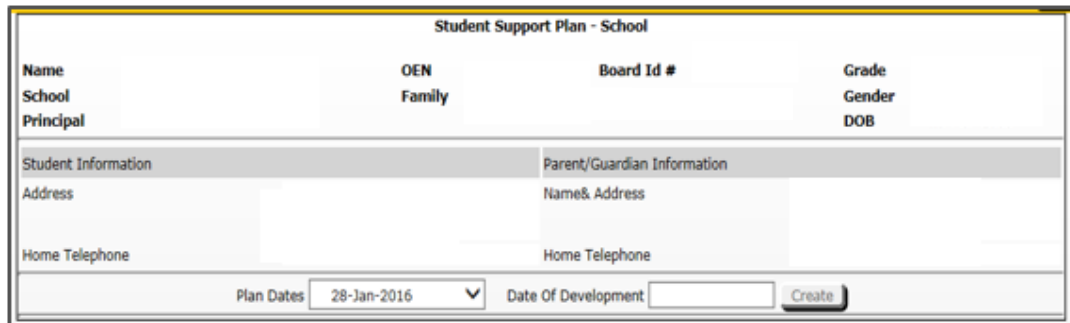
2. Select your *School*; enter the first couple of letters of the student's last name and then select *Find*. Choose the student from the drop down list.

The image shows a search bar with a yellow background. It contains a dropdown menu for 'School' with the text '\*\* Select School \*\*', a text input field for 'Id #', another text input field for 'Last Name', and a 'Find' button on the right.

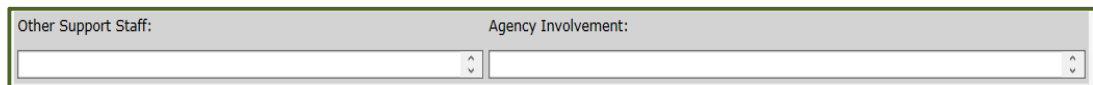
3. In the Plan Dates field select Create New Plan. A *Calendar* box adjacent to Date of Development will be accessible. Once a date is selected the *Create* button is accessible. That date will now appear in your Plan Dates box.



A new Support Plan should be created yearly, an existing plan can be modified during the school year by selecting the date of the plan.

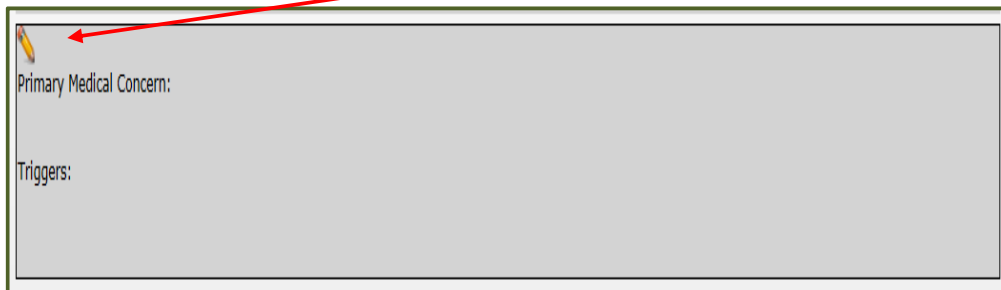
The image shows a form titled 'Student Support Plan - School'. It has several sections: 'Name' with fields for 'School', 'Principal', 'OEN', 'Family', 'Board Id #', 'Grade', 'Gender', and 'DOB'; 'Student Information' with fields for 'Address' and 'Home Telephone'; 'Parent/Guardian Information' with fields for 'Name & Address' and 'Home Telephone'; and 'Plan Dates' with a dropdown menu showing '28-Jan-2016' and a 'Date Of Development' field with a 'Create' button.

4. Enter the support staff that is available for the student and enter any agencies that are involved with the student, if applicable.

The image shows two text input fields. The first is labeled 'Other Support Staff:' and the second is labeled 'Agency Involvement:'. Both fields have a small dropdown arrow on the right side.

## LITE STUDENT SUPPORT & TRANSPORTATION PLANS (2 of 4)

- To record information in the *Primary Medical Concern* and *Triggers* field select the Pencil icon. All information entered in this field will also appear on the Student Support Plan – Transportation if transportation plan is also required. This eliminates the need to re-enter the same information on both forms. If during the school year the information entered in Primary Medical Concern and Triggers needs to be updated, entering the data on either the School or Transportation Support Plan automatically updates the other plan with the entered information.



Primary Medical Concern:

Triggers:

- Record Other Relevant Information (e.g. signs, precursors, etc.), Immediate Communication and Immediate Actions.

Other Relevant Information (e.g. signs, precursors, etc.)	Insert Student Picture
Immediate Communication:	
Immediate Actions:	

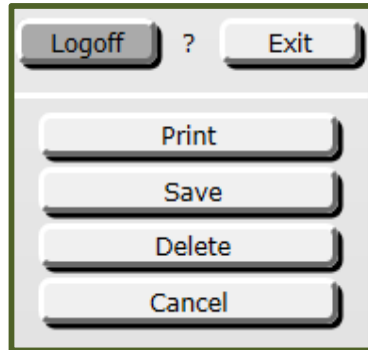
SUMMARY OF INTERVENTION		
Action To Be Taken	Taken By	Time Line

- Enter a summary of the actions that need to be taken, in sequence, during an episode. If additional lines to your SUMMARY OF INTERVENTION are required select the save button, and a new line will be inserted.



## LITE STUDENT SUPPORT & TRANSPORTATION PLANS (3 of 4)

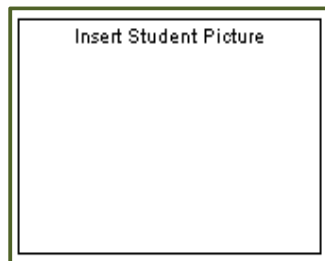
8. Select Save from the left navigation bar.



9. Print a copy of this form and have the parent/guardian sign.

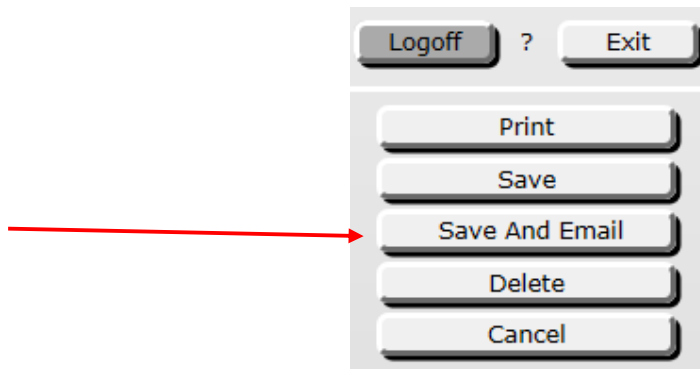
Signing this form indicates we have read and agree to this Student Support Plan	
Date:	Date:
Principal's Signature	Parent/Guardian Signature

10. Once saved (as a PDF), an area is provided for insertion of the student's picture if required.



## LITE STUDENT SUPPORT & TRANSPORTATION PLANS (4 of 4)

11. Access and generation of the Student Support Plan – Transportation is the same as above with the exception that there is a Save and Email button. Select Save if the form is only partially completed; once completed select Save and Email. A copy of this form is automatically sent to the Transportation Department so that they may inform the Transportation Provider.



12. The Student Support Plans (Transportation and School) follow the student if they change schools and is therefore accessible to their new school within our Board.

**CONSENT - SO 102 REQUEST FOR  
SCHOOL ASSISTANCE IN HEALTH CARE**

Please refer to Procedure SO102 – Request for School Assistance in Health Care which shall be implemented to document physician directives and parental consent in regards to administration of prescribed medications.

<http://bit.ly/2bEmUMz>

File completed SO102 in the “CONSENT FORMS” (dark green) file in the Ontario Student Record (OSR).

9-1-1 Anaphylaxis Script Protocol  
TO BE POSTED BY TELEPHONE

1. This is \_\_\_\_\_ School.  
Address is: \_\_\_\_\_  
Nearest Major Intersection is: \_\_\_\_\_  
Telephone Number is: \_\_\_\_\_
2. We have a student who is having an anaphylactic emergency. We have administered an auto-injector. There has been no improvement in their condition. We need an ambulance IMMEDIATELY.
3. The closest entrance for the ambulance is on:  
\_\_\_\_\_ Ave. / Road / Street.
4. A staff member will be outside the school entrance to provide direction.
5. Do you need any more information?
6. How long will it take you to get here?
7. Call parent / guardian / emergency contact.

**APPENDIX I**

**IMPORTANT MEDICAL INFORMATION REQUIRED FOR ALL STUDENTS:**

For the safety of your child, it is imperative that we are aware of all students in the building that have serious medical conditions. We need to be able to let each teacher know if any of their students have conditions that could be life-threatening.

Please complete the following form so that we can ensure that our records are up to date.

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

<b>MEDICAL CONDITION</b>	<b><i>This student HAS experienced an attack/reaction in the past</i></b>	<b><i>This student carries medication for this condition</i></b>	<b><i>Notes/Other: (type of medication, where stored)</i></b>
<b>Anaphylaxis (Sabrina's Law)</b>	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>Yes</b>	
<b>Asthma (Ryan's Law)</b>	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>Yes</b>	
<b>Diabetes</b>	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>Yes</b>	
<b>Epilepsy</b>	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>Yes</b>	
<b>Heart Condition</b>	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>Yes</b>	
<b>Concussion</b>	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>Yes</b>	
<b>Other:</b>			

Any other medical notes should be included on the registration form (i.e. non-anaphylactic allergies) in the appropriate section. Please keep us informed of any changes in your child's critical medical conditions by contacting the school at (\_\_\_\_\_).

\_\_\_\_\_  
Signature of Parent/Guardian or Student 18+ years

\_\_\_\_\_  
Date

**NOTICE:** Authorization for the collection and maintenance of the personal information recorded on this form is the Education act, R.S.O. 1980, S.265(d) and S.266 and Municipal Freedom of Information and Protection of Privacy Act. Users of this information are supervisory officers, principals, and teachers at the school. Any questions regarding the collection of personal information should be directed to the principal of the school.

School Letterhead

## Sample Letter to School Parents/Guardians From The Principal

Date:

Dear Parents:

We felt that all parents would like to be aware that there is a child in our school with a severe life-threatening food allergy (anaphylaxis). This includes any food that has (insert allergen here) in it. This is a medical condition that causes a severe reaction to specific foods and can result in death within minutes.

All our staff have been made aware of this situation and have been instructed in the correct procedures regarding anaphylactic shock.

Prevention, of course, is the best approach. Although this may or may not affect your child's class directly, we want to inform you so that you may choose to send foods with your child to school that are free from (insert allergen here). In a classroom setting, cross-contamination is the greatest risk for this type of allergy.

We endeavour to make the school a safe environment for all students.

Attached is a **FOOD ALLERGY FACT SHEET** regarding Anaphylaxis in the hopes that you take a few minutes to read it over. Anyone wishing further information about this type of allergy may contact the school.

Sincerely,

\_\_\_\_\_

\_\_\_\_\_, School Principal.

## FOOD ALLERGY FACT SHEET

### WHAT IS A FOOD ALLERGY?

An allergy-specific reaction or sensitivity by the body to a particular food protein. A food allergy occurs when the food that causes a reaction is eaten, inhaled or touched.

### WHAT IS ANAPHYLAXIS?

Anaphylaxis is a severe allergic reaction that can cause unconsciousness, coma and even death.

### SYMPTOMS

Symptoms can be roughly divided by the area of the body where they take place:

SKIN: hives (red, itchy welts)  
 EYES: swollen, itchy, runny, blood-shot and mucous  
 UPPER RESPIRATORY: runny, itchy, stuffy nose; sneezing; post-nasal drip; sore throat and swelling of the throat or larynx  
 LOWER RESPIRATORY: asthma (coughing, wheezing, difficulty breathing)  
 GASTROINTESTINAL: vomiting, diarrhea, bloating, cramps

### PREVENTION

Reactions to food allergens can be life-threatening, but allergic reactions can be prevented by avoiding contact with the allergic food. Unfortunately contact is often caused by cross-contamination.

### WHAT IS CROSS-CONTAMINATION OF FOOD?

When the protein from one food comes in contact with another food, their proteins mix. While we may not see traces of the food, there may be enough protein present to cause a serious reaction if you are allergic to that food.

### HOW CAN CROSS-CONTAMINATION OCCUR?

Cross-contamination occurs any time one food protein comes in contact with another food or surface. This can occur by direct contact during processing and when using utensils that have not been properly cleaned.

### THINGS TO CONSIDER.....

- Always read the ingredients listed.
- Always use clean utensils for each type of food you are preparing and serving. Traces of food may be left on cutting boards, counters, knives, serving spoons, dish cloths, towels and even hands and may unknowingly be spread to other foods.
- Wash hands frequently when preparing and serving food.

## Sample Items for School Newsletters

We would like all families to be aware that there is a child (or several children) in our school with a severe life-threatening allergy (anaphylaxis). This is a medical condition that causes a severe reaction to specific triggers and can result in death within minutes. Often the trigger is a type of food, such as peanuts or other nuts, eggs, milk, etc. Although this may or may not affect your child's class directly, we want to inform you that our school is "Nut Aware". At our school we refrain from bringing nut products into the school. There will be more information about anaphylaxis at our "Meet the Teacher Night". Thank you for your understanding and co-operation.

### Anaphylactic Shock

Watch out for life-threatening allergies.

Many children have allergies. A few, however, are life-threatening. Some children, for example, are severely allergic to peanut butter. Even a tiny bit can be fatal within minutes. Nuts, shellfish, fish, eggs and milk are also known to cause severe reactions. Knowing that your child has allergies and knowing how to deal with them is your best defence.

If your child is allergic to peanuts or peanut products, please tell us. With your help, we will do our best to prevent mishaps and to make sure that all of our students are safe, healthy, and able to concentrate on learning.

If you would like further information about our policy, please call the school or visit our website: [www.granderie.ca](http://www.granderie.ca) / Board / Bylaws, Policies, Procedures / SO 30 – Management of Potentially Life-Threatening Health Conditions in School, Health Management Plan – Anaphylaxis.





## STEPS TO IDENTIFYING AN ANAPHYLACTIC STUDENT IN THE STUDENT INFORMATION SYSTEM

### Setting the Critical Medical Condition Symbol in Power School

1. Start Page
2. Select Student
3. Select either Registration Form OR Emergency Contact / Medical

<b>Anaphylactic Shock Condition Alert</b>	( )
<b>Critical Medical Condition Alert</b>	( )
<b>Student has suffered a concussion and is on a Return to Learn/Return to Physical Activity plan</b>	( )
<b>Critical Medical Notes</b>	
<b>Other Medical Notes</b>	

4. Check “Anaphylactic Shock Condition Alert”
5. Check “Critical Medical Condition Alert”
6. Check “Student has suffered a concussion...”, if applicable.
7. Enter student’s medical / health information in the “Critical Medical Notes” field (Note: information **must** be in this field to generate the alert symbol).
8. Click Submit.
9. A Critical Medical Alert symbol  will appear next to student’s name.
10. A Concussion Alert symbol  will appear next to the student’s name if this field was indicated as applicable.

Entering information in the “Other Medical Notes” field for non-life-threatening conditions will not generate the Critical Medical Condition Alert.

For more information, refer to Section 6.09 of the Power School OnSIS Instruction Manual:

<http://geportal.granderie.ca/linksandresources/powerschoolmanual/Pages/default.aspx>