



Durham Catholic District School

Board "The Board"

## Administrative Procedure

Title: <b>Anaphylactic Students (Protection of)</b>	Procedure #: <b>AP608-1</b>
Administrative Area:	Student Conduct and Safety
Policy Reference:	Anaphylactic Students (Protection of) (PO608)
Date Approved:	February 27, 2006
Dates of Amendment:	May 12, 2014 (Interim); December 8, 2014

### 1.0 **Purpose**

The purpose of this administrative procedure is to support the implementation of the Protection of Anaphylactic Students Policy (PO608) and provide a framework for the prevention of anaphylactic reactions and an emergency response to life-threatening allergic reactions.

### 2.0 **Definitions**

An **adult student** is a student who is eighteen years of age or over. An **anaphylactic student** is a student who is living with anaphylaxis.

**Anaphylaxis (pronounced anna-fill-axis)** is a serious and possibly life-threatening allergic reaction that requires immediate recognition and intervention. Symptoms can vary from person to person and may include:

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

## 2.0 **Definitions** (cont'd)

**Anaphylaxis Plan of Care** – a form that contains individualized information on a student with a prevalent medical condition.

An **employee** is anyone who is on the Board payroll, except for a Trustee of the Board.

An **EpiPen® and Allerject™ Auto-Injector** is a disposable drug delivery system with a spring-activated, concealed needle. It is designed for emergency self-administration or for administration by an adult to a child to provide rapid, temporary, convenient first-aid to individuals sensitive to a potentially fatal allergic reaction. The EpiPen® is available in two forms, EpiPen® Jr. (0.15 mg) and EpiPen® (0.30 mg), and is prescribed depending on the weight of the individual. EpiPen® Jr. is meant for individuals weighing 15 kg (33 lbs) or less, while any student over 15 kg uses the regular EpiPen®. The Allerject™ is available in two forms, Allerject™ (0.15 mg) and Allerject™ (0.30 mg)

**Epinephrine** or adrenaline is the drug used in an EpiPen® and Allerject™ Auto-Injector to counteract an anaphylactic reaction.

**Immunity** – in relation to the Act to protect students diagnosed with Anaphylaxis (Sabrina's Law), immunity means "*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*".

**Plan of Care** – is a multi-page form that contains individualized information about a student with a prevalent medical condition.

## 3.0 **Procedures**

3.1 The Director shall ensure the development of a communication plan for the dissemination of information with respect to life-threatening allergic reactions, strategies for preventing them and suitable emergency responses includes the availability of critical information on the Board's website.

3.2 Principals shall:

3.2.1 identify all anaphylactic students and make them known to staff as necessary while giving due consideration to the issue of privacy;

3.2.2 collect up-to-date information collected under the Anaphylactic Students (Protection of) Policy (PO608) using the forms supporting this administrative procedure;

### 3.0 **Procedures** (cont'd)

- 3.2.3 maintain an individual plan (Appendix A) for each student known to have an anaphylactic allergy and ensure that the plan contains:
  - 3.2.3.1 a current emergency contact list;
  - 3.2.3.2 up-to-date medical information including a list of current required medication and appropriate EpiPen® and Allerject™ Auto-Injectors;
  - 3.2.3.3 pre-authorization to administer medications;
  - 3.2.3.4 physician's instructions and a signed reciprocal consent to disclose information with the attending physician;
  - 3.2.3.5 an emergency response plan that includes contingencies for school excursions and activities;
  - 3.2.3.6 parent/guardian or adult student consent to disclose;
  - 3.2.3.7 log of interventions and/or administration of medication;
  - 3.2.3.8 a current photograph of the student
- 3.2.4 complete the allergy alert information on the student management system;
- 3.2.5 review the individual student plan at least yearly prior to the commencement of classes and periodically thereafter as needed;
- 3.2.6 arrange training for the school staff;
- 3.2.7 identify consistent, safe accessible unlocked storage place known to all applicable staff for the EpiPen® and Allerject™ Auto-Injectors;
- 3.2.8 send home a note with all students in class in case of anaphylaxis from food or other agents;
- 3.2.9 ensure all school staff are made aware of and have access to the individual Plans of Care developed under the Anaphylactic Students (Protection of) Policy (PO608) and attendant administrative procedures.
- 3.2.10 inform the school community, all students and all parents/guardians, of the precautions being taken to protect anaphylactic students at the start of each school year and periodically thereafter, and maintain a file of such notification.
- 3.3 Parents/Guardians and adult students shall provide:
  - 3.3.1 specific and detailed information concerning their child's anaphylaxis;
  - 3.3.2 a medic-alert bracelet for their child;
  - 3.3.3 the information required under the Anaphylactic Students (Protection of) Policy (PO608) and its attendant administrative procedures and notify the school of any changes to the student information provided for the individual student plan;

### 3.0 **Procedures** (cont'd)

- 3.3.4 specific information from a physician regarding the anaphylaxis;
- 3.3.5 physician's instructions for administering medication by EpiPen® or Allerject™ Auto-Injector.
- 3.3.6 up-to-date EpiPen® or Allerject™ Auto-Injectors consisting of a minimum of 2 to address the need to repeat the injection should symptoms not improve or an EpiPen® or Allerject™ Auto-Injector malfunction.
- 3.3.7 the appropriate signed consents to disclose as required under this administrative procedure.
- 3.4 All staff in a school with anaphylactic students shall be in-serviced at the beginning of each school year, on the needs of students with allergic reactions and the use of the EpiPen® or Allerject™ Auto-Injector.
- 3.5 Employees shall attend annually, upon request, the training provided with respect to life-threatening allergic reactions, strategies for preventing them and the appropriate emergency responses.
- 3.6 EpiPen® or Allerject™ Auto-Injectors need to be available in unlocked accessible and secure locations known to all staff including custodians, teachers, educational assistants, secretaries, lunchroom supervisors and others as applicable.
- 3.7 Used EpiPen® or Allerject™ Auto-Injectors shall be disposed in accordance with Board endorsed safety practices.
- 3.8 Where a life-threatening food allergy exists, all attempts must be made to create a safe classroom and lunch area environment. All attempts should be made to keep the allergen(s) out of the student's classroom. Alternate lunch-eating arrangements may be made for students in order to create the safest environment for all.
- 3.9 To ensure a controlled environment, all students should remain in the classroom to eat their snacks and allergens kept out of the classrooms of anaphylactic students.
- 3.10 Staff must ensure that an EpiPen® or Allerject™ Auto-Injector is available to them when any anaphylactic student is on a class trip.
- 3.11 Information about anaphylactic students must be included as part of a teacher's day plan including lesson plans and emergency plans left for supply teachers and/or internal coverage.

#### 4.0 **Sources**

- Education Act, R.S.O. 1990, Chapter E.2
- An Act to Protect Anaphylactic Students, 2005
- Anaphylaxis Canada [info@anaphylaxis.ca](mailto:info@anaphylaxis.ca) Resource Information at [www.anaphylaxis.ca](http://www.anaphylaxis.ca)

#### 5.0 **References**

- Anaphylactic Students (Protection of) (PO608)
- Supporting Children and Students with Prevalent Medical Conditions (Anaphylaxis, Asthma, Diabetes, and/or Epilepsy) in Schools (PO601)

#### 6.0 **Related Forms/Appendices**

- Protection of Anaphylactic Students Individual Student Plan (Form 001)
- Appendix 1 – Anaphylaxis Plan of Care
- Appendix 2 – How to Use EpiPen® and EpiPen Jr.® Auto-Injectors
- Appendix 3 – How to Use Allerject™



# I. PREVALENT MEDICAL CONDITION — ANAPHYLAXIS

## Plan of Care

### STUDENT INFORMATION

Student Name \_\_\_\_\_ Date Of Birth \_\_\_\_\_

Ontario Ed. # \_\_\_\_\_ Age \_\_\_\_\_

Grade \_\_\_\_\_ Teacher(s) \_\_\_\_\_

Student Photo (optional)

### EMERGENCY CONTACTS (LIST IN PRIORITY)

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

### KNOWN LIFE-THREATENING TRIGGERS

CHECK (✓) THE APPROPRIATE BOXES

☐ Food(s): \_\_\_\_\_ ☐ Insect Stings: \_\_\_\_\_

☐ Other: \_\_\_\_\_

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

Dosage: ☐ EpiPen® Jr. 0.15 mg ☐ EpiPen® 0.30 mg Location Of Auto-Injector(s): \_\_\_\_\_

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

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

☐ Any other medical condition or allergy? \_\_\_\_\_

## DAILY/ROUTINE ANAPHYLAXIS MANAGEMENT

### SYMPTOMS

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

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

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

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

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

Food(s) to be avoided: \_\_\_\_\_

Safety measures: \_\_\_\_\_

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

Designated eating area inside school building \_\_\_\_\_

Safety measures: \_\_\_\_\_

Other information: \_\_\_\_\_

## **EMERGENCY PROCEDURES (DEALING WITH AN ANAPHYLACTIC REACTION)**

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

### **STEPS**

1. Give epinephrine auto-injector (e.g. EpiPen®) at the first sign of a known or suspected anaphylactic reaction.
2. Call 9-1-1. Tell them someone is having a life-threatening allergic reaction.
3. Give a second dose of epinephrine as early as five (5) minutes after the first dose if there is no improvement in symptoms.
4. Follow direction of emergency personnel, including transport to hospital (ideally by ambulance), even if symptoms are mild or have stopped. The reaction could worsen or come back, even after treatment. Stay in the hospital for an appropriate period of observation as decided by the emergency department physician (generally about 4 - 6 hours).
5. Call emergency contact person; e.g. Parent(s)/Guardian(s).



## HEALTHCARE PROVIDER INFORMATION (OPTIONAL)

**Healthcare provider may include:** Physician, Nurse Practitioner, Registered Nurse, Pharmacist, Respiratory Therapist, Certified Respiratory Educator, or Certified Asthma Educator.

Healthcare Provider's Name: \_\_\_\_\_

Profession/Role: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Special Instructions/Notes/Prescription Labels:

If medication is prescribed, please include dosage, frequency and method of administration, dates for which the authorization to administer applies, and possible side effects.

★ This information may remain on file if there are no changes to the student's medical condition.

## AUTHORIZATION/PLAN REVIEW

### INDIVIDUALS WITH WHOM THIS PLAN OF CARE IS TO BE SHARED

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

4. \_\_\_\_\_ 5. \_\_\_\_\_ 6. \_\_\_\_\_

Other individuals to be contacted regarding Plan Of Care:

Before-School Program ☐ Yes ☐ No \_\_\_\_\_

After-School Program ☐ Yes ☐ No \_\_\_\_\_

School Bus Driver/Route # (If Applicable) \_\_\_\_\_

Other: \_\_\_\_\_

**This plan remains in effect for the 20\_\_ — 20\_\_ school year without change and will be reviewed on or before:** \_\_\_\_\_. (It is the parent(s)/guardian(s) responsibility to notify the principal if there is a need to change the plan of care during the school year.)

Parent(s)/Guardian(s): \_\_\_\_\_ Date: \_\_\_\_\_  
Signature

Student: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature

Principal: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature

# How to use EpiPen® and EpiPen® Jr Auto-injectors.

Remove the EpiPen® Auto-Injector from the carrier tube and follow these 2 simple steps:



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



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



## Built-in needle protection

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



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

For more information visit [EpiPen.ca](http://EpiPen.ca).

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

The product may not be right for you. Always read and follow the product label.



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## EPIPEN.

(EpiPen®) Auto-Injector 0.110.15mg

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Trusted for over 25 years.

# HOW TO USE ALLERJECT™

Practice With Allerject™ Trainer First

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



**1**

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

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



**2**

**Pull off RED safety guard.**

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

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

**Pull firmly to remove.**



**3**

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

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

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

## **A** **Seek immediate medical or hospital care.**

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

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

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

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

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



### **How to store Allerject™**

Keep your Allerject™ at room temperature. Do not refrigerate. Do not drop. Occasionally inspect your Allerject™ solution through the viewing window. Replace your Allerject™ if it is discolored or contains solid particles (precipitate) or if there are any signs of leakage. The solution should be clear.

For more information go to:

**www.allerject.ca**

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