

NORTHEASTERN CATHOLIC DISTRICT SCHOOL BOARD

Policy
G-1

Authority
99-106/05-233/06-52

ANAPHYLAXIS

POLICY STATEMENT

Anaphylaxis is a severe allergic reaction that can lead to death; it may occur suddenly without any warning signs. A concerted effort from parents or guardians, school staff and other people involved is required in order to control anaphylaxis. The anaphylactic child must be able to count on the support of the school staff in ensuring his or her safety and avoidance of anaphylactic shock, or in reacting appropriately if necessary.

It is clear the school has the moral and legal obligation to offer a healthy and safe environment to students and staff members of the general public entering the building.

We know allergic reactions from which the students may suffer, to food or other allergens, could be fatal if no action is taken in a crisis situation.

Since the school staff and parents or guardians can take steps to minimize life-threatening allergic reactions; and,

Since the anaphylactic student must be able to count on the support of the school staff in ensuring his or her safety and avoidance of anaphylactic shock, or in reacting appropriately if necessary;

The Northeastern Catholic District School Board will be diligent in ensuring a safe environment in relation to allergies and will make all attempts to reduce the risks of anaphylactic shock as much as is possible to do so.

POLICY REGULATIONS

1. Board Responsibilities

- 1.1 The Board shall ensure regular training on intervention techniques in emergency situations including on dealing with life-threatening allergies for all staff members and others who are in direct contact with pupils on a regular basis;
- 1.2 The Board shall subscribe to the appropriate liability insurance in order to protect its representatives and staff members from all legal actions resulting from the administration of first aid to persons known to be prone to allergic reactions.

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2. School Responsibilities

- 2.1 Upon registration, the principal will present this policy to parents or guardians of anaphylactic students and ensure that they become familiar with it. He/she will discuss with them the severity of the student's allergies and ask that they provide, in writing, a request for those elements of the policy that they wish the school to implement. The parents or guardians will have to do this each time the student changes school. He/she will also ask the parents or guardians, as well as the student, to provide, in writing, the necessary information on specific allergies using the forms in the support document to this policy.
- 2.2 The principal shall prepare an intervention plan for each anaphylactic student in order to ensure that the school is a safe environment for the anaphylactic student. The individual intervention plan shall be consistent with Board policy and include:
 - 2.2.1 details informing employees and others who are in direct contact with the student on a regular basis of the type of allergy, monitoring and avoidance strategies and appropriate treatment;
 - 2.2.2 a readily accessible emergency procedure for the pupil, including emergency contact information; and
 - 2.2.3 storage for epinephrine auto-injectors, where necessary.
- 2.3 The principal shall maintain a file for each anaphylactic student of current treatment and other information, including a copy of any prescriptions and instructions from the pupil's physician or nurse and a current emergency contact list.

3. Parent/Guardian Responsibilities

- 3.1 At the beginning of each year, parents or guardians of those students identified as being at risk of anaphylactic reactions shall complete the following forms: Emergency Intervention for Allergic Reactions - Student Information Sheet and Life Threatening Situation for High Risk Students - Parental Consent Form in a clear and precise manner. Forms are available in the support document for this policy.

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- 3.2 It is the responsibility of the parent or guardian to advise the school in writing of any changes occurring in the student's medical condition during the school year.
- 3.3 It is imperative that every anaphylactic student provide his or her own properly identified and dated EpiPen Auto-Injector to the school to be stored in an appropriate location in the school. Also, anaphylactic students should carry a second EpiPen on their persons at all times. When it is necessary to proceed with a self-injection, a staff member will be available to provide assistance.
- 3.4 Each anaphylactic student should wear a MEDIC-ALERT bracelet.

4. Communication Plan

- 4.1 In accordance to the individual case, the teacher will explain the situation to the other students in a anaphylactic student's class and ask for their cooperation.
- 4.2 School principals, with the assistance of parents or guardians, shall make all members of the school staff aware of the information supplied by the parents upon registration.
- 4.3 The form Emergency Intervention for Allergic Reactions - Student Information Sheet and the information sheet How to Use the EpiPen Epinephrine Auto-Injector are to be posted in easily accessible areas of the school (such as: the administration office, staff lounge, classrooms) and, with the consent of parents or guardians, shared with all persons having to interact with the student. Copies of the documentation shall be brought along on field trips.
- 4.4 The school principal shall work with the parents or guardians of an anaphylactic student and the public health nurse in informing the school staff, including the custodian, the supply teachers, the persons providing supervision at lunch and in the school yard, the bus drivers, the parents or guardians of classmates, the members of the Catholic school council, volunteers, other students, and other individuals who are in direct contact with the student on a regular basis about the following:
 - 4.4.1 any food allergies and their severity;

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4.4.2 how to recognize the symptoms of an allergic reaction;

4.4.3 how to administer the appropriate medications in emergencies.

5. Strategies for the School

When an anaphylactic child is in attendance in the school, the school shall

5.1 discourage the exchange or sharing of food, utensils or food containers;

5.2 suggest that anaphylactic children eat only those foods prepared at home;

5.3 ensure that, according to each case, no identified allergens be used in family studies, arts, special events, etc.;

5.4 forbid identified children from participating in the removal of garbage.

6. Strategies for the Classroom

When an anaphylactic child is in attendance in a classroom, the teacher shall ensure:

6.1 that the students wash their hands before and after eating;

6.2 that the desks and other surfaces used for eating are cleaned before and after the meal;

6.3 that those students have access to an area where the risk of contact with allergens is at a minimum for snacks and meals.

7. Strategies - Allergies to Insect Stings

When an anaphylactic child, allergic to insect stings, is in attendance, the principal shall:

7.1 take precautions to ensure that insect nests and/or hives in the vicinity of the school are removed periodically;

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7.2 ensure that garbage and garbage cans are stored in closed containers.

8. Strategies - Extracurricular Activities

For extracurricular activities and/or field trips, the field trip supervisor shall:

8.1 ensure that the pertinent information included in the support document accompany the student during the activity in question;

8.2 ensure that all monitors, staff members, parents, etc... are aware, of the identity of the anaphylactic student as well as the forbidden food items or other anaphylactic triggers, of the symptoms and the emergency steps to take;

8.3 ensure that the person responsible for the anaphylactic student is informed about the procedure to follow in using the EpiPen Auto-Injector;

8.4 if possible, bring a cellular phone;

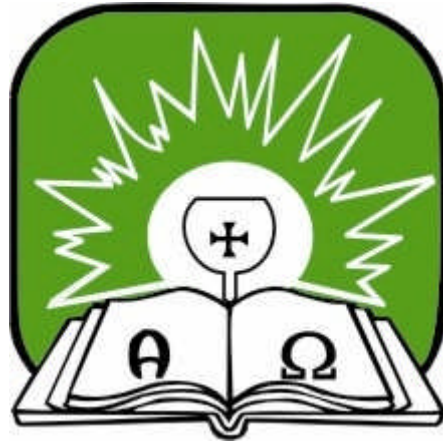
8.5 suggest that the parent or guardian supply several EpiPen Auto-Injectors;

8.6 disallow the student from partaking in the activity if the risks are too great. This decision is to be made in consultation with the parents or guardians.

9. Transportation

The Supervisor of Transportation Services, in collaboration with the school, the parents or guardians and the Health Unit, shall ensure the training of bus drivers about the use of the EpiPen Auto-Injector for those drivers having anaphylactic children on their routes. With the authorization of the parents or guardians, the school shall identify the anaphylactic students and shall submit to the Supervisor of Transportation and to the appropriate school bus companies (via bus drivers) the following forms: Emergency Intervention for Allergic Reactions - Student Information Sheet and Life Threatening Situation for High Risk Students - Parent Consent Form. A copy of the Emergency Intervention for Allergic Reactions - Student Information Form shall remain on the school bus at all times.

Northeastern Catholic District School Board



"Lord, make us instruments of your peace..."

Support Document

ANAPHYLAXIS POLICY

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Introduction

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 begins to close, choking off breathing and leading to unconsciousness and death.

The policy (Anaphylaxis) and Support Document for the Anaphylaxis Policy have been developed to help principals, teachers, and the school community protect anaphylactic children.



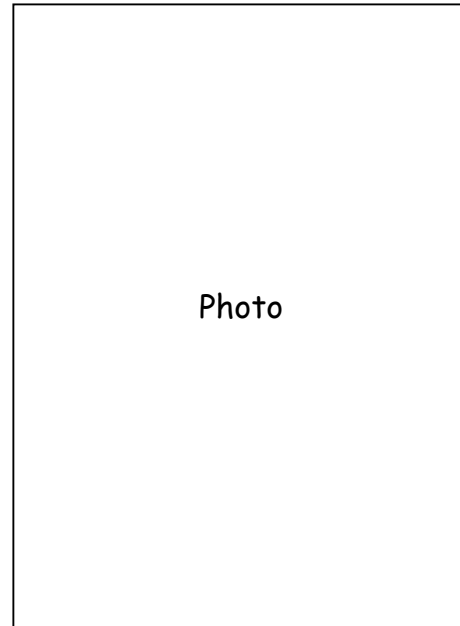
EMERGENCY INTERVENTION FOR ALLERGIC REACTIONS

Student Information Sheet

Name of student: _____
Name of school: _____
Class/Homeroom #: _____
Teacher: _____
Health Card Number: _____

Mother or Guardian: _____
Telephone (home): _____
Telephone (work): _____

Father or Guardian: _____
Telephone (home): _____
Telephone (work): _____



Family Doctor: _____ Telephone : _____
Care Giver: _____ Telephone: _____
Emergency Contact: _____ Telephone: _____

School Bus: a.m. Route # _____ Driver: _____
p.m. Route # _____ Driver: _____

Allergies: Anaphylactic reactions (that could be fatal) to:

Symptoms: Difficulty swallowing, swollen tongue, cough (as in trying to clear one's throat), burning or irritated throat, hives, general swelling, rashes, itchiness, vomiting, difficulty breathing.

(Continued on back)

EMERGENCY INTERVENTION FOR ALLERGIC REACTIONS

Student Information Sheet - page 2

PROCEDURES: Should you have the **slightest** doubt that the student may have ingested food to which he or she is allergic:

- Do not wait until the onset of vomiting or difficulty in breathing.
- Immediately send someone to advise the teacher of the student, the principal, or the designated person of the situation.
- Have the student lie down.
- Retrieve the EpiPen from _____
(location)
- Proceed with EpiPen injection.
- Immediately bring child to hospital: _____

INJECTION:

- Remove the EpiPen from its case.
- Remove the grey safety cap.
- Jab black tip of the needle into the mid outer thigh (this may be done through the student's clothing if necessary).
- Wait for the liquid to penetrate the body (10 seconds- a good way to count: one thousand one, one thousand two, etc.)
- Remove the EpiPen.
- Massage the injection site for 10 seconds.
- Drive the student to the hospital immediately and bring along the second EpiPen in case another injection proves necessary.
- Should the student once again have difficulty in breathing, inject the second EpiPen.

TELEPHONE:

- Call 911 (ambulance) or have the student driven to the hospital.
- Call the parents or the person listed for contact in an emergency.

Do not hesitate in administering the medication or calling the ambulance even if you do not reach the parents or guardians.

ONCE COMPLETED, THE ORIGINAL OF THIS FORM MUST KEPT ON FILE AT THE SCHOOL. COPIES MUST BE PROVIDED TO THE SCHOOL BUS COMPANY (VIA SCHOOL BUS DRIVER) AND NORTH EAST TRI-BOARD STUDENT TRANSPORTATION. ONE COPY MUST REMAIN ON THE SCHOOL BUS AT ALL TIMES.

In accordance with the Freedom of Information Act, it is desirable that you grant us written authorization to divulge this information when necessary. For further explanation on the gathering of information, please contact the Freedom of Information Coordinator at (705) 268-7443.

Signature of parent/guardian

Date



LIFE THREATENING SITUATION FOR HIGH RISK STUDENTS
Parental Consent Form

Authorization for the collection of this information is in the Education Act. Users will be the Principal, Teacher, School Bus Operator, School Bus Driver, School Bus Attendant and appropriate school support staff for the purpose of obtaining parental consent and direction for life-threatening situations. This form will be retained in the school office for as long as is deemed necessary. Contact person for queries concerning this information is the Principal of the school.

I hereby acknowledge that at my request, the school staff, the school bus driver and/or the school bus attendant have been authorized to administer, in a life-threatening situation, the following medication/procedure to my son/daughter.

Name of Student: _____ D.O.B. _____

School: _____ Grade: _____

Reason for Administration: _____

Name of Medication/Procedure: _____

Method of Administration: _____

Name of Physician: _____ Phone: _____

And, I hereby release the school staff, the school bus operator, the school bus driver, the school bus attendant and the North East Tri-Board Student Transportation group (District School Board Ontario North East, Northeastern Catholic District School Board and Conseil scolaire public du Nord-Est de l'Ontario) and each of their respective employees, officers and agents from any liability in the same manner as provided in Section 3, subparagraph (4) of *Sabrina's Law, 2005, S.O. 2005, Chap. 7* which provides "*No action for damages shall be instituted respecting any act done in good faith or for any neglect or default in good judgment in response to an anaphylactic reaction in accordance with this Act, unless the damages are the result of an employee's gross negligence*", it being specifically agreed by me that any act done or not in furtherance of the instruction given herein should have the same protection as extended to school board employees by *Sabrina's Law*.

Parent/Guardian Signature

Date

COPIES TO: PARENT, SCHOOL, SCHOOL BUS COMPANY (VIA SCHOOL BUS DRIVER) AND NORTH EAST TRI-BOARD STUDENT TRANSPORTATION

The legal authority for the collection of this information is the Education Act. The Board uses the information for the purpose of carrying out its responsibilities under the Act. If you require clarification about the collection of information, contact the Freedom of Information Coordinator, at (705) 268-7443.

HOW TO ADMINISTER AN EPIPEN



Remove the grey safety tip



Remove the EpiPen from its case



Jab the black tip of the needle into the mid outer thigh (this may be done through the student's clothing if necessary)

Wait for the liquid to penetrate the body (10 seconds - a good way to count: one thousand one, one thousand two, etc.)

Remove the EpiPen
(put grey cap back on)

Massage the injection site for 10 seconds



Intervention Plans

1. Identification:

An intervention plan, for the anaphylactic student, must be developed in each school in order to ensure that the school is a safe environment for the anaphylactic student. The staff must be made aware of the existence of the plan which is to be revised each year.

The intervention plan shall include all requirements outlined in the Board's Anaphylaxis Policy. In addition, the principal shall consider the recommendations contained in this support document when developing each intervention plan.

2. Recommendations for Establishment of Intervention Plan Within a Classroom

With the collaboration and participation of the classroom teacher, consider the following suggestions in ensuring the safety of the student in the classroom:

- 2.1 Ensure that the student suffering from allergies ingests only those foods brought from home.
- 2.2 Forbid the sharing and exchanging of food items.
- 2.3 Forbid the students from using the eating implements of another student (ex.: cup, straw, etc.).
- 2.4 Obtain a list of ingredients from the cafeteria and make an effort to eliminate the allergens.
- 2.5 Designate areas where risk of contact with allergen(s) is at a minimum.
- 2.6 Ensure, according to the individual case, that none of the identified allergens be used in family studies classes, arts, etc.
- 2.7 Encourage all students to wash their hands before and after eating, whether it be the meal at lunch or a snack at recess.
- 2.8 Clean, after each use, the desks and other surfaces used for meals.
- 2.9 Make an effort to eliminate the presence of allergens during snacks, lunch and special occasions in the classroom.
- 2.10 Ensure procedures for the monitoring of situations where food allergens are inadvertently brought into the classroom.
- 2.11 Offer appropriate training to older students who might be responsible for supervision in the classrooms (for example, they must know to identify those suffering from allergies and how to obtain assistance in emergencies).
- 2.12 Organize a system of mutual supervision in the classroom, the school yard and the school bus.
- 2.13 Discuss with the student a method of approaching an adult (for example, a supply teacher in the school yard) in situations of allergic reactions.

3. Recommendations for the Development of an Intervention Plan Outside the Classroom

- 3.1 Establish plans ensuring the safety of the student during field trips, extra-curricular activities or other activities held in another classroom.
- 3.2 Review emergency procedures with the teachers and volunteers prior to each field trip.
- 3.3 Ensure that the student or the teacher responsible for supervision has in his or her possession, at all times, an EpiPen auto-injector.
- 3.4 Ensure that the parent consent forms for extra-curricular activities contain information on allergies.
- 3.5 Discourage students from bringing food outside during recess.
- 3.6 Treat a situation in which other students threaten the anaphylactic student with allergens, with due seriousness.
- 3.7 Encourage all students to wash their hands before and after a meal.
- 3.8 Obtain a list of ingredients for all food orders from a commercial supplier.
- 3.9 Maintain cleanliness in those areas used for food preparation.
- 3.10 Ensure that the allergic student ingests only those food items brought from home.
- 3.11 Take steps to avoid cross-contamination (ex.: washing hands, putting garbage in the can).
- 3.12 Undertake an additional cleaning of the school yard to remove candy wrappers after Halloween, Easter, etc.
- 3.13 Forbid the anaphylactic student from helping with the removal of garbage.
- 3.14 Organize a system of mutual supervision in the classroom, the school yard, and the school bus.
- 3.15 Discuss with the student a method of approaching an adult (for example, a supply teacher in the school year) in situations of allergic reactions.

4. Suggestions for Developing an Intervention Plan During Transport

With the collaboration and participation of the school principal, the parent or guardian of the anaphylactic student, and the school bus driver, the following suggestions could be considered in establishing an intervention plan:

- 4.1 Provide copies of the Emergency Intervention for Allergic Reactions Student Information Sheet and Life Threatening Situation for High Risk Students Parental Consent Form to the school bus driver and to the Supervisor of Transportation Services.

- 4.2 Avoid, as much as is possible, alternating the drivers of those buses involved.
- 4.3 At the beginning of each school year, offer training sessions for the drivers of those buses involved.
- 4.4 Assign the first seats across from the driver to the anaphylactic students.
- 4.5 Prepare for the following procedures:

The school bus driver shall:

- stop and secure the vehicle;
- secure the passengers;
- assess the situation and determine if administration of an EpiPen is necessary;
- administer the EpiPen;
- advise dispatch of incident, location, and time, and request emergency services;
- monitor student and await arrival of emergency response team;
- ensure the used EpiPen is secure and delivered to the response team personnel.

The dispatcher shall:

- confirm with the school bus driver the location and time of incident;
- advise 911, school principal and the North East Tri-Board Student Transportation of the incident;
- remain in constant contact with 911 officials and the school bus driver.

The school principal or designate shall:

- inform the parent or guardian of the incident.
- attend at the hospital until the parent or guardian arrives.

The Supervisor of Transportation Services shall:

- confirm that the parent or guardian has been advised of the incident;

- 4.6 The school bus driver shall complete, in collaboration with the school principal, the Incident Report Form of the Ontario School Boards' Insurance Exchange (OSBIE).

5. Monitoring Procedures:

The following chart is a guideline for schools having anaphylactic students. It offers a summary of the most important steps to take in order to ensure a safe environment for the anaphylactic student.

PROCEDURES	DESIGNATE	TIMELINE	✓
Request that the parents, guardians provide a detailed description of all allergens, preferably in order of severity.		September	

Obtain a statement on prior medical history and related health problems, if any. For example, asthma could represent an associated health issue.		September	
Note the level of maturity, and awareness of the student.		September	
Note the required medications and indicate whether the student is able to self-administer them.		September	
Describe previous experiences and measures taken, if applicable.		September	
Complete appropriate forms.		September	
Encourage the parent, guardian to obtain a <i>Medic Alert</i> bracelet.		September	
Establish a storage location for the initial supply of medication as well as for the back-up or replacement supply.		September	
Request a photograph of the student from the parents, guardians.		September	
Organize an interview between the parents, guardians and teacher.		September	
Prepare a letter for the school community and determine to whom it shall be distributed.		September	
Provide answers to questions from the staff, help them in recognizing signs of anaphylactic shock and in knowing what to do when such a situation arises.		September	
Establish with the parents, guardians, a routine for the consumption of food within the classroom; ex.: - washing hands - cleaning desk - ventilation - removing garbage and cleaning		September	
Inform the public health nurse.		September	
Review with the staff, the appropriate articles of the collective agreement, if applicable.		September	
Present the policy to the parents, guardians.		September	
Post Student Sheet and <i>How to Use Epipen Poster</i> in accessible areas.		September	
With the consent of parents, guardians, distribute Student Information Sheet and <i>How to Use Epipen Poster</i> .		September	
Establish an individualized intervention plan for the anaphylactic student		September	
Establish an intervention plan in collaboration with the parents, guardians and the school bus drivers.		September	

In calling meetings with the staff, include on the agenda the issue of procedures to follow when dealing with an allergy, or call a staff meeting to discuss this issue specifically. Use training kit provided by the Ministry of Education. Training should occur twice yearly and should coincide with Fire and Emergency Safety Plan reviews.		September/ January	
Check expiry date on EpiPen auto-injector and other medications.		September/ January	
Establish procedures for when food (ex.: birthday cake) is unexpectedly brought into the classroom.		September/ January	
Remind the secretary to immediately respond to any messages transmitted over the sound system.		September/ January	
Explain the situation to the students in the class of the anaphylactic student and ask for their cooperation.		September/ January	
Review the procedures with those persons involved at least twice a year.		September/ January	
Establish procedures for field trips.		September/ January/April	
Provide necessary information to supply teaching staff.		September/ June	
Include the information in the O.S.R.		September/ June	
Include reminders in the information bulletins.		September to June	
Ensure that, if necessary, none of the allergens are used for family studies classes, arts, etc.		September to June	

IN-SERVICE PACKAGE
ANAPHYLAXIS AWARENESS PRESENTATION

Source: Anaphylaxis Project
Group AA1A 1993

WHAT IS AN ALLERGY?

- **OVER-ACTIVE IMMUNE SYSTEM**
- **IMMUNE SYSTEM OF AN ALLERGIC PERSON REACTS TO NORMALLY HARMLESS SUBSTANCES**
 - **Peanut**
 - **Pollen**
 - **Animal Dander**
- **MILD ALLERGY**
 - **ONE BODY SYSTEM**
 - **Runny Nose**
- **SERIOUS ALLERGIC REACTION**
 - **TWO OR MORE BODY SYSTEMS**
 - **Hives, Vomiting**

WHAT IS ANAPHYLAXIS?

- **LIFE-THREATENING ALLERGIC REACTION**
- **WITHOUT ADRENALINE RESULT MAY BE DEATH**

WHAT ARE THE CAUSES OF ANAPHYLAXIS?

- **FOODS**
or
- **INSECT STING**
or
- **MEDICATIONS**
or
- **EXERCISE**

**ANAPHYLAXIS IS AN
ALLERGIC DISEASE**

AND IT HAS BEEN DIAGNOSED BY THE CHILD'S DOCTOR

WHAT ARE POSSIBLE SYMPTOMS?

- **TINGLING IN MOUTH**
- **FEELING OF FOREBODING, FEAR, APPREHENSION**
- **HIVES, ITCHING**
- **FLUSHED FACE, BODY**
- **SWELLING - EYES, LIPS, FACE, TONGUE**
- **TIGHTNESS IN THROAT, MOUTH, CHEST**
- **DIFFICULTY BREATHING, SWALLOWING**
- **WHEEZING**
- **COUGHING, CHOKING**
- **VOMITING, STOMACH UPSET**
- **DIZZINESS, UNSTEADINESS**
- **LOSS OF CONSCIOUSNESS**
- **COMA AND DEATH**

**If a child displays any of the above symptoms,
proceed with EMERGENCY TREATMENT PLAN.**

**EMERGENCY TREATMENT PLAN
Protocol**

**GIVE EPIPEN IMMEDIATELY
THEN TRANSPORT TO HOSPITAL (Emergency Entrance)**

**HOW CAN YOU PREVENT DEATH
DUE TO ANAPHYLAXIS**

3 A'S

AWARENESS

- of causes
- of EMERGENCY PLAN

AVOIDANCE

- avoid all contact with allergen
- check ingredients carefully
- no sharing(even straws)
- no cross-contamination (food can't even touch offending allergen)
- no bulk buying
- allergen aware classrooms
- modify food related programs (eg., cooking lesson/crafts)
- extra precautions/modifications for field trips

ACTION (with adrenaline)

- EPIPEN
- HOSPITAL

IMPORTANT TO KNOW AND REMEMBER

- DEATH CAN OCCUR WITHIN MINUTES.
- TRACE AMOUNTS CAN CAUSE A REACTION.
- SOME ACTUAL EXAMPLES:
 - sharing a straw to drink
 - peanut butter knife used to cut cheese sandwich
 - breathing aroma of roasted nuts
- LIFE-LONG ALLERGY
 - they won't outgrow it
 - a little bit can hurt....it can KILL
- EMOTIONAL STRESS OF LIVING WITH LIFE-THREATENING ALLERGIES
 - always being different
 - knowing they can die
 - peer pressure to conform
 - bearing constant high level of responsibility

MEMO

TO: Parents/Guardians of school students
FROM: The Principals
DATE: (Date)
SUBJECT: **ANAPHYLACTIC STUDENT**

It is important that all parents be aware that there is a child (or several children) in our school with a severe life threatening food allergy to peanuts and nuts (anaphylaxis). This is a medical condition that causes a severe reaction to specific foods and can result in death within minutes. Although this may or may not affect your child's class directly, we want to encourage you to choose to send foods with your child to school that are free from peanuts or nut products.

Further information on Anaphylaxis will be:

- sent to you in near future
- presented to parents/guardians at an information evening on (date) at (time) at the school.

Thank you for your understanding and cooperation.

Sample Letter Parents/Guardians

Dear Parent(s)/Guardian(s):

I am writing to you on behalf of our student, (name of student), and his parent(s). (Name of student) is (age of student) old in (name of teacher) grade (level) class. He has a life-threatening allergy to peanuts and all types of nuts. If peanut butter, or even the tiniest amount of peanut or any type of nut, enters his body (through his eyes, nose or mouth), he experiences very strong reactions. His face swells and breaks out in hives, his throat swells and tightens. Without immediate medical treatment his condition could be fatal within minutes.

After discussions with school staff and other knowledgeable parties in the medical community, it has been suggested that the best way to provide a safe environment for (name of student) would be to enlist the support of the parents to help prevent [identify allergens(s)] from being brought into his classroom. This means that each child entering this grade is asked to bring snacks and lunches free of any peanuts or nuts. For example, no peanut butter sandwiches or peanut butter cookies shall be brought to school. Accordingly parents are asked to read the labels of other foods like muffins, granola bars and cereals before putting them in child's lunches or snacks. Our concern is for foods where peanuts or nuts might be a "hidden" ingredient, and where cross-contamination may occur.

I realize this request poses an inconvenience for you when packing your child's snack and lunch; however, I wish to express my sincere appreciation for your support and understanding of this potentially life-threatening allergy. In the very near future the school will announce a parent meeting for you to become acquainted with this situation. Literature will be provided suggesting healthy and nutritional alternatives to peanuts, nuts and their by-products.

Sincerely,

Principal

This letter may only be sent with the written consent of the parents concerned.

Sample Letter to Parents/Guardians

Dear Parent(s)/Guardian(s):

Earlier this week we had the pleasure of having our school's Public Health Nurse speak to our grade (level) students regarding allergies, including one of the most deadly, an allergy to peanut butter.

From the nurse's presentation we learned that:

- the deaths that occur are generally caused by cross-contamination, i.e., a trace of peanut butter that is left on a hand, a knife, a desk or another object. The student who is allergic could inadvertently touch this trace and a reaction (or even death) can occur;
- after eating peanut butter at home, students and parents/guardians should wash thoroughly with soap and water before coming to school;
- we have just a few minutes to administer the EpiPen (an injection used for severe allergic reactions such as hives, swelling, difficulty breathing, wheezing);
- children with severe allergies should be able to feel as confident and safe as possible knowing that all precautions have been taken.

The number of students allergic to peanut butter and nut products in our school is growing, and this year we have a student in grade (level) at the very highest risk level.

The following precautions have already been taken: the desk tops are washed with soap and water at noon hour, staff is receiving information from the Public Health Nurse, and the parent/teacher group is planning an allergy information session at its forthcoming meeting.

Since it is our goal to ensure that we have as safe an environment as possible when a child's life is at stake, we are asking for your help and understanding in having an area in our schools where peanut butter and other foods with nuts are forbidden. The area is (state area). If it is necessary for your child to have peanut butter in his or her lunch or snack, we wish to be informed by having you label the particular food so that appropriate precautions can be taken.

If you wish further information, please come to the information meeting scheduled for (date, time), or phone the school and copies of related articles will be provided.

Yours sincerely,

Principal

Sample Letter Parents/Guardians

Dear Parent(s)/Guardian(s):

Re: Peanut Allergies

The children in our school with severe peanut allergies, and their families, would like to join me in thanking you for your understanding and cooperation as a result of the request to avoid sending peanut and nut products to school. There has been a reduction in the number of peanut and nut products brought to school in snacks and lunches, and we would like to express our appreciation to you for continuing to avoid sending these products to school with your child.

Since even a minute amount of the allergic substance can cause a life-threatening reaction, keeping it out of the classroom is our best method of preventing a serious reaction at school.

If your child does bring a food to school containing peanut or nut products, please ask the child to advise the teacher.

Thank you again for your cooperation in this important issue.

Yours sincerely,

Principal

RESOURCES

1. Allergy Asthma Information Association
National Office
Box 100
Toronto, ON M9W 5K9
Telephone: (416) 679-9521
Fax: (416) 679-9524
Web: www.aaia.ca

2. Canadian Medic Alert Foundation
2005 Sheppard Avenue East, Suite 800
Toronto, ON M2J 5B4
Telephone: (416) 696-0267
Fax: (416) 696-0156
Web: www.medicalert.ca
Email: medinfo@medicalert.ca

3. Allergy Asthma and Immunology Society of Ontario
2 Demaris Avenue
Downsview, ON M3N 1M1
Telephone: (416) 633-2215
Web: www.allergyasthma.on.ca

4. Porcupine Health Unit
PO Box 2012
169 Pine Street South
Timmins, ON P4N 8B7
Telephone: (705) 267-1181