

Protocol for Creating  
Safe and Healthy Schools  
for Anaphylactic  
Students

Ottawa-Carleton  
District School Board

Revised  
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## Table of Contents

General Guidelines .....	1
Guidelines for Intermediate and Secondary Schools .....	6
Responsibilities of Parents and Students .....	9
Transportation Guidelines (Appendix 1) .....	11
Life-Threatening Allergy Protocol (Appendix 2).....	15
Emergency Procedure (Appendix 3).....	16
How to Use the EpiPen® - Visual Instructions (Appendix 4) .....	17
911 Protocol (Appendix 5).....	18
Suggestions for Information Sessions (Appendix 6).....	19
Newsletter Samples (Appendix 7).....	20
Lunch Suggestions from the Ottawa-Carleton Health Department (Appendix 8) .....	21
Sample Letters to Parents of Students in Same Class as Anaphylactic Student (Appendices 9-12).....	22
Sample Letter to Parents of Anaphylactic Student (When Information Has Not Been Provided) (Appendix 13).....	26
Suggestions for Dealing with Non-Compliance (Appendix 14) .....	27
Sample Reminder/Thank You Letter (Appendix 15).....	28
Information From Anaphylaxis Support Group (Appendix 16) .....	29
Newspaper Articles (Appendix 17).....	30

## Acknowledgements

This guideline, which was originally created in February, 1995, had its basis in a check-list developed by the Middlesex-London Health Unit in collaboration with the London Chapter of the Allergy/Asthma Information Association. The original check-list was amended by the Carleton Board of Education (CBE) at that time to reflect CBE policy and procedure and the input of principals (members of a staff sub-committee), parents, and a taxpayer with a personal interest in the issue.

The guideline was updated in June 1997 to include an appendix which covers transportation (adapted from a Carleton Roman Catholic School Board document) and extracts from a Canadian School Boards Association publication, “Anaphylaxis: A Handbook for School Boards”.

Upon the creation of the Ottawa-Carleton District School Board (OCDSB) the guideline was reviewed and updated by a committee of principals with input from the Ottawa-Carleton Health Department and The Ottawa-Carleton Assembly of School Councils.

We wish to thank all concerned for their co-operation.

## General Guidelines for Creating Safe and Healthy Schools for Anaphylactic Students

School staff and parents are responsible for creating a safe and healthy environment for students within the limits created by legislation, school configuration, number of anaphylactic students and available staff. This is an additional challenge for schools attended by students with anaphylaxis. **For some students, severe allergic reactions can be triggered not only by eating foods, but also by their touch and smell. This has implications for the whole school, not just individual classrooms.**

While it is impossible to create a risk-free environment, school staff and parents can take important steps to attempt to minimize potentially fatal allergic reactions. Accurate records, written protocols, staff education, parental support, and classroom and school rules should all be considered. This requires co-operation; please take realistic and practical actions which will be well supported by everyone involved. It is unrealistic and provocative to attempt to “**ban/eliminate**” allergens (e.g., peanuts, nuts, nut oils, fish, milk, eggs, wheat). **The goal is to minimize and control allergens through education.** It is recommended that the word “**ban**” not be used in any communication.

Anaphylaxis may be induced by medications, insect stings, latex products, exercise or foods; in schools, however, the greatest danger is from allergenic foods. It is important that schools review the use of food in school and school-sponsored activities. **Principals and School Councils are encouraged to consider items other than food as the focus of special events. It is recommended that caution be exercised when food is used in fund-raising events.**

It is recognized that these guidelines are subject to change whenever additional information becomes available concerning this condition.

Although the risk to students cannot be eliminated entirely, when a student has been identified as having anaphylaxis, schools/principals should:

A. Create a safer school environment by:

- ensuring (using Appendix 2) that instructions from the student’s physician are received and reviewed annually with the parent of the anaphylactic student so that necessary changes can be made (ensure involvement of current home room teacher)
- working in co-operation with students and parents to ensure that emergency medication, labelled with the student’s name and expiry date, is kept safe and accessible in locations which are known to all staff (**it is highly recommended that each anaphylactic student carry an EpiPen® at all times and that an extra be kept in the office**)
- A completed OCDSB 405, Emergency Use of EpiPen® Auto-Injector, must be obtained for all identified anaphylactic students who may require the possible administration of an EpiPen®.
- discussing, on a need-to-know basis, the individual needs of the anaphylactic student as outlined on Form OCDSB 616: Life-Threatening Allergy Protocol, with parental co-operation, when reviewing Appendix 2

- collecting information, where possible, concerning identified students' anaphylactic allergies at time of student registration, and updating this information annually or more frequently if necessary
- generating annually a list of identified students with anaphylactic allergies and reviewing with school staff, e.g., Staff room, lunch room, classrooms used by the student, etc.
- posting, in accordance with FOI Guidelines, completed Life-threatening Allergy Protocols in locations accessible to staff
- forwarding appropriate information (see Appendix 1 and Appendix 2) pertaining to identified anaphylactic students transported by school bus to the Transportation Department (to be shared with the school bus carrier)
- ensuring, where possible, in consultation with the parent(s) of the anaphylactic student and the Public Health Nurse assigned to the school, that staff (office and custodial staff will be encouraged to participate) receive training in the following:
  - anaphylactic allergies and their potential severity
  - measures to minimize the presence of allergens in classrooms and school areas
  - recognition of the symptoms of anaphylaxis
  - administration of EpiPen® (and the need for a second injection)
  - emergency plan, including mock practices
  - the post-incident review plan

**The training sessions will be held annually, and as early in the school year as possible. In schools where a student has recently been identified as having anaphylaxis, or where training is being given for the first time, it will be given as soon as practicable (see Appendix 6).**

- including pertinent information in the first newsletter (see Appendices 7 and 8)
  - sending, during the first week of class and at appropriate times thereafter, letters (similar to suggestions in Appendices 9, 10, 11, 12) home with the students in the same classes as the anaphylactic students and/or with all students as necessary; the contents of the letter will be discussed with the class
- B. Create safer classrooms where:
- the home-room teacher regularly reminds students to help in minimizing risk by not bringing food allergens to school

- the teacher plan-books provide clear information for occasional teachers
  - anaphylactic students are advised that they must eat only the foods they bring from home
  - no one (including staff) trades or shares food with the anaphylactic student
  - students are reminded not to share cups or straws
  - every effort is made to choose allergen-free crafts or foods for classroom events and activities
  - hand washing is encouraged before and after eating, or after lunch and recess, and the anaphylactic student is encouraged to wash before eating
  - desks or other eating surfaces are kept clean
  - anaphylactic students are allowed, whenever possible, to keep the same desk and/or locker all year
  - attempts are made to minimize and control food allergens in the classroom during snacks, lunches and special occasions (including recess food)
  - controls are in place if food allergens are inadvertently brought into the classroom (see Appendix 14)
  - parents are asked to provide detailed labelling of foods they send into the classrooms for group consumption
  - students with an allergy to insect venom are immediately removed from the room if a bee or wasp enters the room
- In case of insect stings, never slap or brush the insect off and never pinch the stinger if the student is stung. Instead, flick the stinger out with a fingernail or credit card.**
- there is appropriate information/training for older students/volunteers who may assist in supervision of classrooms (i.e., they need to know who is anaphylactic and how to get help)
- C. Create safer conditions outside the classroom where:
- plans are in place to ensure safe field trips or extra-curricular activities, or activities in another classroom or the school yard
  - emergency plans are reviewed with teachers/volunteers before a field trip (parents are strongly urged to accompany the child or to designate a knowledgeable volunteer to assist the child if needed, particularly on extended field trips)

- permission forms for off-site activities include information about food or other allergies
- students are encouraged to bring allergen-free foods for lunch and recess snacks as appropriate
- students in all classrooms frequented by anaphylactic students are encouraged to wash their hands after eating
- the anaphylactic student is provided, whenever possible, with means to wash his or her hands before eating
- a list of ingredients is requested if foods are ordered from commercial sources
- food preparation/handling areas are kept clean
- foods sold in vending machines will, where possible, be free of common allergens (e.g. peanuts); it is recommended that signs be posted inside machines to alert any staff who restock foods
- caution will be exercised when food is used in multi-class events (dances, bake sales, fund-raising, etc.), will be allergen-free
- students who are anaphylactic to insect stings are allowed to remain indoors for recess during bee/wasp season
- garbage is properly covered
- garbage disposal is handled safely to avoid cross-contamination
- additional yard clean-up is conducted to remove candy wrappers following Hallowe'en, Easter, etc.
- anaphylactic students are not allowed to participate in garbage clean-ups
- arrangements are made for a buddy system in the classroom, playground, on the school bus and on field trips

D. General Recommendations:

**School staff should be encouraged to listen to the student.** Anaphylactic students usually know when a reaction is taking place. If the student complains of any symptoms which could signal the onset of a reaction, school staff should not hesitate to implement the emergency response as outlined on completed form OCDSB 616: Life-Threatening Allergy Protocol. There is no danger in reacting too quickly, and grave danger in reacting too slowly.

It should be remembered that each student's needs will be different. Staff should be sensitive to the needs of the student, and should have all the information they need about the student's specific allergies, as well as the severity of the allergies.

- It is recommended that a meeting between parent and teacher occur prior to the first day of school, and that a request be made to parents/guardians in June so that current medical information can be obtained for September.
- It is strongly recommended that the anaphylactic student (as age appropriate) learn to take responsibility for his or her own well-being.
- It is recommended that parents be made aware of, and are urged to comply with, items listed on page 9 and 10 (Responsibilities of Parents and Students)
- It is recommended that a mid-year review of the information/protocol be conducted, and that thank you, or reminder, letters be sent out (see Appendix 15 for example).
- It is recommended that a working relationship be created between the parent, principal and teacher so that concerns can be dealt with as they arise. Any mediation should be the responsibility of the superintendent of schools.
- It is recommended that staff refrain from eating foods containing allergens, but if they do, proper steps should be taken to neutralize the effect (e.g. hand washing, brushing teeth, using mouth wash).
- It is recommended that a cellular phone accompany supervisors on field trips.

## Guidelines for Intermediate and Secondary Schools

## General Recommendations

School staff, parents and students are responsible for creating safe and healthy environments for students within the limits created by legislation, school configuration, and available staff. This is an additional challenge for schools attended by students with anaphylaxis. **For some students, severe allergic reactions can be triggered not only by eating foods but also by their touch and smell. This has implications for the whole school, not just individual classrooms.**

While it is impossible to create a risk-free environment, school staff and parents can take important steps to attempt to minimize potentially fatal allergic reactions. Accurate records, written protocols, staff education, parental support and school rules should be considered. This requires co-operation. Students with anaphylaxis in lower school grades are dependent upon parents and teachers for assistance with everything from label reading to snacks and class parties; however, older students prefer teachers and school staff to have as little involvement as possible. School staff can communicate their willingness to help while respecting the student's privacy. Peer pressure and conformity are key issues for most students, and "thou shalt not be different" is often their motto.

Anaphylaxis may be induced by medications, insect stings, latex products, exercise or foods. The risk of food-allergic reaction in this group of students is particularly high because food is more accessible and students have more freedom at lunch time. Going out for lunch is a major social component of the life of an adolescent; however, eating what everyone else is eating can have serious consequences for a food-allergic student. Most allergic reactions in this age group occur because the student ate food given by a friend which was presumed to be "safe".

The combination of the adolescents' desire to be like everyone else and their belief that they are invincible, or that they can "tough out" an allergic reaction, increases risk. It should be emphasized that speaking up immediately will enable staff to assist the anaphylactic student in not creating a "scene". Staff should recommend that the student select a friend who will be advised if a reaction is occurring and who can get help if necessary. **A student who has been exposed to an allergen should never be left alone.**

**Most reactions which result in death in this group of students can be related to the fact that the student was not carrying an EpiPen® at the time. Even if the student does carry an EpiPen®, the student should be asked to make sure that there is a back-up in the office.**

Most anaphylactic students in middle or upper grades have probably had food allergies all their lives, and although some students may not remember their last reaction, for others the traumatic experience is still clearly remembered. It is vital that anaphylactic students be made aware of the scope and severity of their own allergy and that they know what to do in the event of an emergency. Some symptoms are not clearly visible. The student should be fully aware of the symptoms and understand what to do in the event of a reaction. The student should understand how to use an EpiPen®, and should not be afraid to use it in a supervised environment or to ask an adult to use it.

Anaphylactic students need to know they have the support of school staff if they get into trouble. All complaints should be taken seriously. Even though some adolescents may try every excuse to get out of class, it is best to assume that students with documented food allergies will not tell staff of imagined symptoms. Staff should err on the side of safety. When an anaphylactic student has been identified, it should be ensured that at least one staff member has detailed knowledge of the student's medical needs.

It is recommended that a mutually acceptable plan be developed to alert the staff member in the event of an emergency. The parents of the anaphylactic student should be involved if possible so that insight can be gained about any special concerns.

It is recognized that these guidelines are subject to change whenever additional information becomes available concerning this condition.

Although the risk to students cannot be eliminated entirely, when a student has been identified as having anaphylaxis, schools/principals should:

- Remind students and parents early in the school year about the need to provide the office with information about the specific allergy, etc. If parents do not send in necessary information, use sample letter attached (Appendix 13).
- Ensure, whenever possible (using Appendix 2), that instructions from the student's physician are complete, and review annually with the student and parent so that necessary changes can be made.
- With the co-operation of students and parents, ensure that EpiPens® labelled with the student's name and expiry date are kept in safe and accessible locations which are known to all staff. **(It is highly recommended that each anaphylactic student carry an EpiPen® with them at all times and that an extra be kept in the office.)**
- A completed OCDSB 405, Emergency Use of EpiPen® Auto-Injector, must be obtained for all identified anaphylactic students who may require the possible administration of an EpiPen®.
- Generate annually a list of identified students with anaphylactic allergies and review with school staff and/or parents to ensure the accuracy of all information.
- Forward appropriate information (see Appendices 1 and 2) pertaining to identified anaphylactic students transported by school bus to the Transportation Department (to be shared with the school bus carrier).
- Whenever possible, collect information concerning identified students' anaphylactic allergies at time of student registration, and update this information annually or more frequently if necessary.
- Check registration forms for medical information.
- In consultation with student, parent(s), and the Public Health Nurse, ensure that staff (office and custodial staff will be encouraged to participate) receive training which includes the following:
  - anaphylactic allergies and their potential severity
  - measures to minimize presence of allergens in the school

- recognition of the symptoms of anaphylaxis
- administration of EpiPen® (and the need for a second injection)
- emergency plan, including mock practices
- the post-incident review plan

**The training sessions shall be held annually, and as early in the school year as possible. In schools where a student has recently been identified as having anaphylaxis, or where training is being given for the first time, it shall be given as soon as practicable (see Appendix 6).**

- Recommend that a meeting between parent(s), student and principal/teacher occur prior to the first day of school.
  - Ensure that anaphylactic students are encouraged to adopt a buddy system (for each of the student's classes and in-school and off-site activities, etc.).
  - Include pertinent information in the first newsletter (see Appendix 7 for suggestions).
  - Include, if possible, EpiPen® training in students' health/first aid curriculum.
  - Ensure, where possible, that food used in Family Studies classes is as allergen-free as possible.
  - Allow anaphylactic students to choose, without penalty, not to participate in food preparation or consumption.
  - Ensure that ingredient lists will be available in the cafeteria and the elimination of allergens attempted. A non-peanut table (or tables) will be designated.
  - Ensure, where possible, that foods sold in school vending machines are free of common allergens (e.g. peanuts). (It is recommended that signs be posted inside machines to alert any staff who restock foods.)
  - Exercise caution with respect to the use of food in fund-raising activities. Ensure where possible that food used in dances, bake sales, fund-raisers, etc. is allergen free.
  - Allow a student with an allergy to insect venom to leave the room if a bee or wasp enters the room.
- In case of insect stings, never slap or brush the insect off and never pinch the stinger if the student is stung. Instead, flick the stinger out with a fingernail or credit card.**
- Ensure that plans are in place to ensure safe field trips (e.g. permission forms should include information about allergies, a review of the emergency protocol should be conducted, a buddy system should be established for the anaphylactic student, a cellular phone should accompany supervisors, if possible, etc.).

## Responsibilities of Parents and Students

### Responsibilities of the Parents/Guardians of an Anaphylactic Student:

- Inform the school of student's allergies.
- Provide a Medic Alert bracelet for the student.
- Provide the school with physician's instructions for administering medication.
- Provide the school with up-to-date EpiPen®, and keep them current.
- Provide the school with an EpiPen® trainer.
- Provide support to school and teachers as requested (e.g., accompany student on field trips or designate an informed adult volunteer).
- Provide in-service for staff, if requested.
- Participate in parent advisory/support groups.
- Assist in school communication plans.
- Participate in the review of the Protocol for Creating Safe and Healthy Schools by school personnel.
- Supply information for school publications:
  - recipes;
  - foods to avoid;
  - alternate snack suggestions;
  - resources.
- Provide allergen-free crafts or foods for special occasions.
- Teach the student:
  - to recognize the first symptoms of an anaphylactic reaction;
  - to know where medication is kept, and who can get it;
  - to communicate clearly when the child feels a reaction starting;
  - to carry an auto-injector (in a fanny-pack, for example);
  - not to share snacks, lunches or drinks;
  - to understand the importance of hand-washing;
  - to cope with teasing and being left out;
  - to report bullying and threats to an adult in authority;
  - to take as much responsibility as possible for his or her own safety.
- Welcome other parents' calls with questions about allergen-free foods.

### Responsibilities of Anaphylactic Students:

- Take as much responsibility as possible to avoid allergens.
- Eat only foods brought from home.
- Take responsibility for checking labels and monitoring intake (older students).
- Wash hands before and after eating.
- Learn to recognize the symptoms of an anaphylactic reaction.
- Promptly inform an adult as soon as accidental exposure occurs or symptoms appear.
- Keep an EpiPen® handy at all times.
- Know how to use the EpiPen® auto-injector.
- Wear a Medic Alert bracelet.

Responsibilities of All Parents/Guardians:

- Respond co-operatively to requests from the school to eliminate allergens from packed lunches and snacks.
- Participate in parent information sessions.
- Encourage students to respect the needs of the anaphylactic student and school policies and procedures.

Responsibilities of All Students:

- Learn to recognize the symptoms of an anaphylactic reaction.
- Avoid sharing food, especially with anaphylactic students.
- Follow school guidelines about keeping allergens out of the classroom and washing hands.
- Refrain from “bullying” or “testing” a student with a food allergy.

## Transportation Guidelines Administration of EpiPen® to Anaphylactic Students

The Ottawa-Carleton District School Board recognizes the possible need for administration of an EpiPen® by school bus drivers to identified anaphylactic students experiencing allergic reaction during transportation to and from school. Medication will be administered in the form of EpiPen® auto-injectors under emergency life-threatening conditions in accordance with the procedures noted below.

In using the EpiPen® auto-injector, the school bus driver is acting in accordance with Board policy and in accordance with the principle of “in loco parentis” and not as a health professional.

The terms schools bus driver(s), and school bus contractor(s) used throughout this guideline shall include all school bus drivers and drivers of small vehicles contracted by the Ottawa-Carleton District School Board.

1. When a student has been identified as having anaphylaxis, schools/principals should:
  - (a) whenever possible, collect information concerning identified students’ anaphylactic allergies at the time of student registration, and update this information annually or more frequently if necessary;
  - (b) generate annually lists of identified students with anaphylactic allergies and review with school staff;
  - (c) highlight the need for accurate up-to-date information in cases of anaphylactic allergies/conditions in the first newsletter;
  - (d) at the beginning of each school year (and, if necessary, at registration periods during the school year), provide the Manager of Planning and Transportation with documentation (in the form of OCDSB 616: Life-Threatening Allergy Protocol) for all students identified as having anaphylactic allergies. (The OCDSB 616 should contain a clear photograph of the student, student name, grade, school, bus route numbers, medical condition information and location of EpiPen® on the student.);
  - (e) forward three (3) copies (one original and two photocopies) of the OCDSB 616 to the Manager of Physical Planning and Transportation for distribution to the school bus carrier (the original for the school bus driver and a copy for the dispatch office; a copy will be retained on file in the Transportation Department). (Additional copies will be retained by the school principal for use in the school.);
  - (f) notify the Transportation Department immediately by fax or BEAM if there is a change in the student’s bus route number; the Transportation Department will in turn notify the school bus carrier of the change;
  - (g) obtain a completed OCDSB 405: Emergency Use of EpiPen® Auto-Injector, for all students identified as having anaphylactic allergies who may require the possible administration of an EpiPen®.

2. At the beginning of each school year training sessions will be organized by the Transportation Department and bus contractors for all drivers assigned to a route carrying students with identified anaphylactic allergies who may require the possible administration of an EpiPen®, when the specific health conditions of such students can be reviewed and refresher training provided in the use of the EpiPen®.

School bus contractors and OCDSB Transportation officials shall ensure dispatchers and replacement drivers attend such training sessions annually. If practicable, bus drivers may be provided with EpiPen® training in conjunction with training sessions conducted for school staff.

This training must include instruction in the following:

- (a) recognition of the symptoms of anaphylaxis and the need for an EpiPen® injection;
  - (b) the proper method for administration of an EpiPen® injection;
  - (c) determining the need for a second injection.
  - (d) activation of 911 system (Appendix 5).
3. The Manager of Physical Planning and Transportation will identify annually, by bus route number and school, students with anaphylactic allergies requiring the possible use of an EpiPen®, and provide all necessary information to bus contractors/drivers and appropriate Board Transportation staff.
  4. Designated drivers and transportation dispatchers will be provided (by the Manager of Physical Planning and Transportation) with a copy of form OCDSB 616, Life-Threatening Allergy Protocol, for all identified students eligible for school bus transportation. This documentation will be held in a specified, consistent, and noticeable location in the assigned school vehicle at all times, the inspection of which should form part of the driver's normal circle check procedures, and will also be posted in the office of the transportation dispatcher. All carriers will be provided (by the Manager of Physical Planning and Transportation) with a copy of the Transportation Emergency Dispatch Procedure (see Attachment 1 to Appendix 1).
  5. If a replacement driver operates a route carrying an identified student with anaphylactic allergies, the dispatcher must ensure that the replacement driver has been trained as in 2, above, and is made aware of the student(s) on the route. Similarly, a replacement dispatcher must be made aware of these conditions and of the documentation held on the school bus and posted in the dispatch office.
  6. All identified anaphylactic students shall be assigned priority seating on a daily basis in the first seat opposite the bus driver. Such seating will be considered mandatory for students up to and including grade 6. For grades 7 to OAC students, priority seating will simply be recommended.
  7. The school bus driver will not carry nor be responsible for the storage of EpiPens®. Schools/ principals should confirm with parents that an EpiPen®, when required, is to be carried by the anaphylactic student in an identified location during transport by school bus.
  8. If an identified anaphylactic student passenger appears to be experiencing difficulty:
    - (a) The school bus driver should:
      - (i) secure the vehicle;
      - (ii) secure the passengers;
      - (iii) administer the EpiPen® as indicated on the Life-Threatening Allergy Protocol and advise dispatch office of incident, location and time, and request that emergency response team be contacted;

- (v) help student to remain calm;
  - (vi) monitor student and await arrival of emergency response team;
  - (vii) complete and submit a report to the OCDSB's Transportation Department detailing the particulars of the emergency.
- (b) The dispatcher (see Attachment 1), should:
- (i) confirm with the school bus driver the location and time of incident;
  - (ii) advise Emergency 911, the school principal, and OCDSB Transportation Office of incident;
  - (iii) remain in constant contact with Emergency 911 officials and the school bus driver.
- (c) The school principal/designate should:
- (i) contact the student's parent/guardian/emergency contact.

Transportation Emergency

To be posted in Dispatch Office

Dispatch Office Procedure

Life-Threatening Allergy Protocol

1. Obtain exact location and time of administration of EpiPen®.
2. Call 9-1-1.
3. Call Principal of school.
4. Maintain radio contact with school bus driver.
5. Call Board Transportation Department /Manager at:
  - 596-8257
  - 596-8706

Appendix 2

OCDSB 616 - Life-Threatening Allergy Protocol  
Please see BEAM Conference for form.

## To be Posted with Life-Threatening Allergy Protocol

## Emergency Procedure - Anaphylaxis

## In Case of Emergency!

## 1. Administer the EpiPen®.

Don't hesitate. It can be life saving.

The student should rest quietly. **DO NOT SEND THE CHILD TO THE OFFICE.**

To Inject:

- Remove EpiPen® from case.
- Pull off grey safety cap.
- Jab into OUTER MID-THIGH of child's leg with the black tip end of the needle. (This may be done through light or a single layer of clothing if necessary (no thicker than jeans). A click will be heard.
- Wait for fluid to enter body (10 seconds—an accurate way to count: one-one thousand, two-one thousand, etc.).
- The child should be rushed to the hospital after administration of EpiPen®; any additional EpiPens® should accompany the child in case a second injection (**a maximum of three to be administered**) is required if symptoms persist or recur.
- The time of the first injection should be noted so that the second EpiPen® can be administered in 10 to 20 minutes, if symptoms persist or recur. (The provision of an adequate number of EpiPens® is the responsibility of the parent/guardian.)
- The used EpiPen® should be placed in a strong, puncture-proof plastic container and sent to the hospital with the student. Do not put it back in the original case as the needle will go through the container and you could injure yourself.

## 2. Have someone call 9-1-1.

Tell them that a student has had an anaphylactic reaction.

Give the name and address of the school (use 911 Protocol).

## 3. Help the student to remain calm and to breathe normally. An adult must stay with the student.

## 4. Call the parents/guardians/emergency contact.

## 5. Observe and monitor the student until the ambulance arrives.

## 6. Administer a second EpiPen® - if needed.

Administer approximately 10 to 15 minutes after the first, (a maximum of 3 doses to be administered).

## 7. Send any additional EpiPens® with student in the ambulance (maximum 3 doses).

Appendix 4

**How to Use the EpiPen® Auto-Injector (insert graphic)**

## To be Posted by Telephone

## 911 Protocol - Anaphylaxis

1. Emergency Phone Number
2. Hello, my name is \_\_\_\_\_
3. We are located at:  
Address: \_\_\_\_\_  
Nearest major intersection: \_\_\_\_\_
4. Tell them:  
“We need an ambulance immediately. We have a child going into anaphylactic shock. An EpiPen® is being given now.”
5. Give the following information about the child:
  - level of consciousness
  - breathing
  - bleeding
  - age
6. My phone number is \_\_\_\_\_
7. The closest entrance for the ambulance is on:  
\_\_\_\_\_
8. Do you need any more information?
9. How long will it take you to get here?
10. Tell them: “A staff member will meet you at the entrance to provide further information.”
11. Call the parents/guardians/emergency contact.

## Suggestions for Information Sessions

Information sessions should be provided by medical personnel to school staff or to interested parents in the school. A good opportunity for this kind of discussion is at the Meet the Teacher Night. Presentations might be videotaped for future use.

Available resources for presentation or information booths on anaphylaxis:

### 1. Videos

- Food Allergies Can Kill. Targets teenage group. Available from AAIA (416) 244-8586/9312. Fax (416) 234-0777. Cost: \$30.00 Canadian.
- It Only Takes One Bite. Available from the Food Allergy Network (703) 691-3179. Fax (703) 691-2713. Cost: \$18.00 U.S.
- Alexander, The Elephant Who Couldn't Eat Peanuts. Available from the Food Allergy Network (703) 691-3179. Fax (703) 691-2073. Cost: \$12.00 U.S.

These videos may sometimes be borrowed from the Public Library or through the Anaphylaxis Support Group - (613) 591-0573.

2. No Nuts for Me! by Aaron Zevy. Available from Tumbleweed Pres. 401 Majestic Drive, Unit 11, Downsview, Ontario. M3J 3H9
3. Anaphylaxis: A Handbook for School Boards. Available from the Canadian School Boards Association (CSBA), (613) 235-3724. Fax (613) 238-8434.
4. The Parent Package. Cost: \$25.00

A complete information package of written material, overhead transparencies, EpiPen® trainer, reading list, and more. Available through AAIA. Call the Anaphylaxis Information Line, (416) 785-4684.

### 5. Pamphlets/Written Materials

Several newsletters and written materials are available through AAIA. Ottawa area - call Lois King, (613) 526-3583.

For more information call the Anaphylaxis Support Group: Mary Pat Dubois, (613) 591-0573.

### Newsletter Samples

1. We feel that all parents would like to be aware that there is a student (or several students) 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 inform you so that you may choose to send foods to school that are free from peanuts or nut products. There will be more information about anaphylaxis at our Meet the Teacher Night. Thank you for your understanding and co-operation.
2. We request that parents of anaphylactic students (or the student, if he or she is 18 years of age) submit accurate, up-to-date information to the school office about the student's life-threatening allergy by completing Form OCDSB 616: Life-Threatening Allergy Protocol and Form OCDSB 405: Emergency Use of an EpiPen® Auto Injector which are available at the school.

**Suggestions from the Ottawa-Carleton Health Department  
(insert graphic)**

Example

Letter to Parents

Dear Parent:

I am writing to you on behalf of one of our students and his parent(s). The student is (age of student) years 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 he could die 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 this student would be to enlist the support of parents to help make his classroom a peanut- and nut-free environment. This means that each child entering this grade is asked to bring snacks and lunches free of any peanuts or nuts. Though it sounds simple, it means no peanut butter sandwiches or peanut butter cookies. It means you should read the labels of other foods like muffins, granola bars and cereals before you put them in your child's snack. 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 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.

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**Please return this portion to the home room teacher**

We, the parents/guardians of:

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

have received and read the letter regarding the student with the life-threatening allergy.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

Example

Letter to Parents

Dear Parents:

Re: Attached Article

The attached article (see reverse\*) helped me to understand the possible serious affects of peanut and nut products on those who are allergic.

We do not want to alarm you or anyone, but it is our hope that we can keep our lunch rooms free of peanut products so our allergic students can eat with their friends and peers without the concerns noted on the attached article.

Your help in this matter would be gratefully accepted.

We realize that for some children at this age peanut butter and peanut butter products are almost the 'only' thing they like. We do not want to complicate your 'lunch making' duties. If there are no alternatives for your child, please let us know so we can make appropriate arrangements.

Your continued support is much appreciated.

Yours sincerely,

Principal

\* See Appendix 17 for selection of articles

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**Please return this portion to the home room teacher**

We, the parents/guardians of:

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

have received and read the letter regarding the student with the life-threatening allergy.

\_\_\_\_\_ Signature of Parent/Guardian

\_\_\_\_\_ Date

### Example

#### Letter to Parents

Dear Parents:

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 peanuts.

From her 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) could occur;
- after eating peanut butter at home, students and parents 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.

Precautions already being taken are as follows: 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 their 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 school that will be free from peanut butter. 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 requesting that you label the particular food so that appropriate precautions can be taken.

If you wish further information, please come to the meeting or phone the school and copies of articles will be provided. Please find attached some relevant newspaper articles.\*

Yours sincerely,

Principal

\* See Appendix 17 for selection of articles.

Example

Letter to Parents

Dear Parents:

Re: Medical Danger

One of our (state grade level) students has a life-threatening allergy to all nuts. The only way to ensure a safe environment for this child is to try to make our classroom *nut-free*. To do this we need everyone's co-operation.

Please check the ingredients of all foods your children bring to school. Coconut is not a risk for nut allergies only for students with specific coconut allergies.

In a classroom setting, cross-contamination is the greatest risk from this type of allergy. Cross-contamination is when a few crumbs from one child's snack are dropped and then picked up by an allergic child. *Even a small amount can kill.*

It is difficult at the best of times to get children to eat healthy snacks; however, I hope you will appreciate the seriousness of this condition and that you will assist us at the school in our efforts to create as safe an environment as possible. With your co-operation we can minimize the risk of an allergic reaction.

Anyone wishing further information about this type of allergy may contact the child's parents. There is also an information package available at the school.

Yours sincerely,

Teacher

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**Please return this portion to the home room teacher**

We, the parents/guardians of:

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

have received and read the letter regarding the student with the life-threatening allergy.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**When Health Records Indicate Food Allergies  
but Parents Have not Supplied Necessary Information:**

Dear (parent/guardian):

The forms you submitted for **(student's name)** indicate that he/she has an allergy to **(state allergy)**.

We would therefore appreciate the following:

1. A completed Life-Threatening Allergy Protocol and an Emergency Use of EpiPen® Auto-Injector form (attached).

With your permission, the protocol will be displayed in the office, the staff room, the home-room, and (if student is transported) shared, through our Transportation Department, with the school bus contractor and driver so that appropriate personnel can learn to recognize the student. A photograph of **(student's name)** will be attached to the protocol; please supply **(state number)** small photographs.

With your permission, other parents and concerned individuals will be advised of your child's condition.

2. Two epinephrine kits, if prescribed (EpiPen®), or other medication to be used if an anaphylactic reaction occurs.

Your prompt attention to the above is appreciated. We would welcome an opportunity to meet with you to discuss your child's allergy. It would be appreciated if this information could be provided by **(date)**.

Yours sincerely,

Principal

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**Please return this portion to the home room teacher**

We, the parents/guardians of:

\_\_\_\_\_

Name of Student

give permission for the allergy protocol to be displayed in the school office, staff room, home-room, school bus, and dispatch office, and for other parents and concerned individuals to be advised of our child's condition.

\_\_\_\_\_

Signature of Parent/Guardian

\_\_\_\_\_

Date

## Suggestions for Dealing with Non-Co-Operation

### General Statement

**It is our goal to have no allergens in the classrooms used by anaphylactic students. We do NOT support the concept of segregating either the anaphylactic students or students who bring in foods which are not allergen-free.**

### Suggestions

- Remind students who bring allergens (e.g., peanut butter sandwiches) into the classroom of the dangers involved for the anaphylactic student.
- Send a letter home with the student who brings allergens into the classroom (e.g., Appendix 9).
- Ask for consideration from the parent or guardian of the student bringing allergens (i.e., the home-room teacher telephones the parent/guardian and asks for consideration).
- Ask again for consideration from the parent or guardian of the student bringing allergens (i.e., the principal telephones the parent/guardian and asks for consideration).
- A student who has brought allergens into the classroom should eat away from the anaphylactic student. After eating, the location should be carefully cleaned and the student should wash his/her hands.

### Example

#### Sample Reminder/Thank You Letter

Dear Parents:

Re: Peanut and Nut Product Allergies

The children in our school with severe peanut and nut product allergies, and their families, would like to join me in thanking you for your understanding and co-operation 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 thank you for continuing not to send 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 let the teacher know.

Thank you again for your co-operation in this important issue.

Yours sincerely,

Principal

**Information from Anaphylaxis Support Group (insert graphic)**

**Newspaper Articles (insert graphic)**

**Newspaper Articles (insert graphic)**