

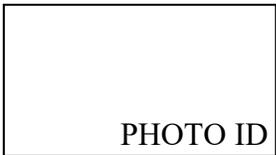
MEDICAL ALERT AND ANAPHYLAXIS DOCUMENTS

SEIZURE ACTION PLAN DOCUMENTS

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RETIRE

MEDICAL ALERT PLANNING FORM



School Year		School Attended	
B.C. Care Card #			

INFORMATION AND PLAN WHILE IN THE CARE OF THE SCHOOL

Student Name:		Birth Date (YMD)			
Parent/Guardian:		Day Phone:		Cell Phone:	
Emergency Contact Name:		Day Phone:		Cell Phone:	
Physician:		Day Phone:			

Potential life-threatening medical condition diagnosed as:

1. New Condition: Yes No Date condition identified: _____

2. Describe the potential problem:

PLAN WHILE IN THE CARE OF THE SCHOOL

The information for the school plan must be updated annually and when the child's condition changes. The plan is updated by the student/parent, in consultation with the family physician, and reviewed as needed with the appropriate school staff in consultation with the Public Health Nurse.

NOTE: any changes to current plan must be initiated by the parent.

- Symptoms to watch for are:

- Precautions in the classroom are:

- **Emergency Plan** school staff need to follow (step by step):

1.

2.

3.

4.

Medication needed:

Yes No Name of medication: _____

Where medication is located:

On student Located in school Location : _____

- Please check this box if the student is a registered rider on a school bus (eligible or courtesy).** A copy of this plan will be needed by the Transportation Department after each update if the student rides a school bus.

If Yes “Request for Administration of Medication at School” (Form 436.1) Parts A, B, & C must be filled out and provided to the school. **Note:** Medical Alert training is recommended annually/biannually to school personnel.

INFORMATION REVIEW by PARENT OR GUARDIAN (*minimum annually*)

Review Dates:	There has been no change to this plan:
1. Date & Sign	1. Date & Sign
2. Date & Sign	2. Date & Sign
3. Date & Sign	3. Date & Sign

The information on this form is collected under the authority of the School Act. The information will be used for educational program purposes and when required, may be provided to health services, social services or other support services as outlined in sections 88 and 91 of the School Act. The information collected on this form will be protected under the Freedom of Information and Privacy Coordinator, School District #23 (Central Okanagan), 1040 Hollywood Road South, Kelowna, B.C., V1X 4N2, (250) 860-8888.

Date Agreed: October 2007
 Date Amended: February 10, 2016
 Date Reviewed:
 Related Documents:

REQUEST FOR ADMINISTRATION OF MEDICATION AT SCHOOL FORM

A. TO BE COMPLETED BY PARENT OR GUARDIAN

NAME	BIRTHDATE (Y/M/D)		
PARENT OR GUARDIAN	HOME PHONE:		BUSINESS PHONE:
PHYSICIAN	PHONE:		

**B. ATTACH A DUPLICATE PHARMACY LABEL OF PRESCRIBED MEDICATION
OR
REQUEST THAT THE PRESCRIBING PHYSICIAN COMPLETE THE FOLLOWING:**

Conditions Which Make Medication Necessary

Name of Medication	Dosage	Directions for Use

Additional Comments (possible Reactions, Consequences of Missing Medication, etc.)

RETIRE

<p>If prescribing epinephrine emergency medication, it must be a single dose, single-use auto-injector for school setting with a second injector, if parents have provided a second injector, which can be given 5-15 minutes if symptoms do not improve. An oral antihistamine will not be administered by school personnel.</p>	
	Physician's Signature
	Date

Additional information can be provided on reverse side.

C. TO BE COMPLETED BY PARENT OR GUARDIAN

I request the school to give medication as prescribed to my child whose name is recorded below

Name of Child	Date
----------------------	-------------

I Will Notify the School Promptly of Any Changes in Medications Ordered

Signature of Parent or Guardian

Additional information can be provided on reverse side.

D. EACH SCHOOL STAFF MEMBER WHO IS RESPONSIBLE FOR THE ADMINISTRATION OR SUPERVISION OF THE MEDICATION MUST REVIEW THE INFORMATION ON THIS CARD THEN DATE AND SIGN BELOW

Date	Signature	Comments, If Any

The information on this form is collected under the authority of the School Act. The information will be used for educational program purposes and when required, may be provided to health services, social services or other support services as outlined in sections 88 and 91 of the School Act. The information collected on this form will be protected under the Freedom of Information and Protection of Privacy Act. Questions about the collection and use of this information should be directed to the principal of your school or to the Information and Privacy Coordinator, School District #23 (Central Okanagan), 1040 Hollywood Road South, Kelowna, B.C., V1X 4N2 (250) 860-8888.

Additional Information:

RETIRE

Date Agreed: October 2007
 Date Amended: February 10, 2016; May 2020
 Date Reviewed:
 Related Documents:

Medical Alert



Name: _____

Grade: _____
Div./Rm # _____

Medical Alert Condition: _____

Action Required: _____

CONFIDENTIAL

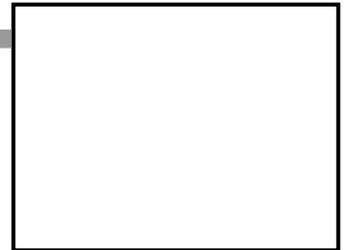
Where medication is located:

On student Located in school Location: _____

Note: If medication is in student's locker please see Secretary or Administrator for further info.

RETIRE

Medical Alert



Name: _____

Grade: _____
Div./Rm # _____

Medical Alert Condition: _____

Action Required: _____

CONFIDENTIAL

Where medication is located:

On student Located in school Location: _____

Note: If medication is in student's locker please see Secretary or Administrator for further info.

Medical Alert/Anaphylaxis Medication Administration Record

*****STAFF MEMBER ADMINISTERING MEDICATION MUST BE TRAINED BY A PUBLIC HEALTH NURSE*****

STUDENT NAME (PRINT)	
PEN #	
GRADE	
SCHOOL	
DATE OF BIRTH (DMY)	

RETIRE

NAME OF MEDICATION	DATE D/M/Y	TIME	DOSE	PRINT NAME OF TRAINED STAFF ADMINISTERING MEDICATION	INITIALS

NAME OF MEDICATION	DATE D/M/Y	TIME	DOSE	PRINT NAME OF TRAINED STAFF ADMINISTERING MEDICATION	INITIALS

ANAPHYLACTIC STUDENT EMERGENCY PROCEDURE PLAN

Parent/Guardian please complete:

Student's Name _____ Date of Birth (Y/M/D) _____

Sex: Male Female

Parent/Guardian _____ Daytime Phone _____

Emergency Contact _____ Daytime Phone _____

Physician _____ Daytime Phone _____

Physician please complete:

Physician's Name _____

Daytime Phone _____ Fax _____

Allergen (Do not include antibiotics or other drugs. Please be as specific as possible.)

Peanuts Nuts Dairy Other food _____

Spiders Insects Latex Any other allergens _____

Symptoms:

- Skin – hives, swelling, itching, warmth, redness, rash
- Respiratory (breathing) – wheezing, shortness of breath, throat tightness, cough, hoarse voice, chest pain/tightness, nasal congestion or hay fever-like symptoms (runny itchy nose and watery eyes, sneezing), trouble swallowing
- Gastrointestinal (stomach): nausea, pain/cramps, vomiting, diarrhea
- Cardiovascular (heart): pale/blue colour, weak pulse, passing out, dizzy/lightheaded, shock
- Other: anxiety, feeling of “impending doom”, headache, uterine cramps in females

Additional symptoms _____

Steps for Treating a Severe Allergic Reaction

1. Use the epinephrine auto-injector right away. Give the epinephrine into the muscle of the outer-mid thigh, through clothing if necessary.
2. Call **9-1-1** or the local emergency number.
3. Lie your child down with their legs raised slightly. If they are nauseated or vomiting, lay them on their side. Do not make them sit or stand up. If they are having difficulty breathing, let them sit up.
4. Do not leave your child alone.
5. If your child's symptoms do not get better or get worse, give a second dose of epinephrine as soon as 5 minutes after the first dose.
6. Ensure your child gets to a hospital.

Emergency Medication

NOTE: Emergency medication must be a single dose auto-injector for school setting. Oral antihistamines will not be administered by school personnel.

Name of emergency medication _____

Dosage _____

Physician Signature

Date (Y/M/D)

Parent/Guardian please complete

- Discussed and reviewed Anaphylaxis Responsibility Checklist with principal?..... yes no
Two auto-injectors provided to school?..... yes no
Student aware of how to administer?..... yes no

Auto-injector locations _____

Your child’s personal information is collected under the authority of the *School Act* and the *Freedom of Information and Protection of Privacy Act*. The Board of Education may use your child’s personal information for the purposes of:

- Health, safety, treatment and protection
- Emergency care and response

If you have any questions about the collection of your child’s personal information, please contact the school Principal directly. By signing this form, you give your consent to the Board of Education to disclose your child’s personal information to school staff and persons reasonably expected to have supervisory responsibility of school-age students and preschool age children participating in early learning programs (as outlined in the *BC Anaphylactic and Child Safety Framework 2007*) for the above purposes. This consent is valid and in effect until it is revoked in writing by you.

RETIRE

Parent/Guardian Signature Date (Y/M/D)

Date Agreed: February 10, 2016
Date Amended:
Date Reviewed:
Related Documents:

COMMUNICATION LOG

BETWEEN SCHOOL AND PARENTS/GUARDIANS OF STUDENTS DIAGNOSED WITH A MEDICAL ALERT/ANAPHYLAXIS

DEMOGRAPHICS

STUDENT NAME (PRINT)	
PEN #	
GRADE	
SCHOOL	
DATE OF BIRTH (DMY)	

PARENT/GUARDIAN (1) (PRINT)	
HOME PHONE NUMBER	
CELL NUMBER	
WORK NUMBER	
EMAIL	

RETIRE

PARENT/GUARDIAN (2) (PRINT)	
HOME PHONE NUMBER	
CELL NUMBER	
WORK NUMBER	
EMAIL	

OTHER (3) (PRINT) MUST HAVE LEGAL GUARDIANSHIP	
HOME PHONE NUMBER	
CELL NUMBER	
WORK NUMBER	
EMAIL	

COMMUNICATION ATTEMPTS

Date (D/M/Y)	Staff Personnel	<input checked="" type="checkbox"/> Method(s) Tried	<input checked="" type="checkbox"/> Made Contact With P/G (1) or (2) or Other (3)	No Contact Made	Notes
		Call	P/G (1)		
		Email	P/G (2)		
		Note Home	Other (3)		
		Spoke in Person			

Date (D/M/Y)	Staff Personnel	<input checked="" type="checkbox"/> Method(s) Tried	<input checked="" type="checkbox"/> Made Contact With P/G (1) or (2) or Other (3)	No Contact Made	Notes
		Call	P/G (1)		
		Email	P/G (2)		
		Note Home	Other (3)		
		Spoke in Person			

RETIRED

Date (D/M/Y)	Staff Personnel	<input checked="" type="checkbox"/> Method(s) Tried	<input checked="" type="checkbox"/> Made Contact With P/G (1) or (2) or Other (3)	No Contact Made	Notes
		Call	P/G (1)		
		Email	P/G (2)		
		Note Home	Other (3)		
		Spoke in Person			

Date (D/M/Y)	Staff Personnel	<input checked="" type="checkbox"/> Method(s) Tried	<input checked="" type="checkbox"/> Made Contact With P/G (1) or (2) or Other (3)	No Contact Made	Notes
		Call	P/G (1)		
		Email	P/G (2)		
		Note Home	Other (3)		
		Spoke in Person			

Forms	Date Form Sent Home (D/M/Y)	Date Received (D/M/Y)
Seizure Action Plan & Medical Alert Information		
Anaphylactic Student Emergency Procedure Plan		
SD 23 Medical Alert Planning		
Request to Administer Medication at School		

RETIRE

Anaphylaxis / Life-threatening Allergies Support Document



Reference Material

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SCHOOL DISTRICT NO. 23 (CENTRAL OKANAGAN) POLICIES

Board Policy 436 – Managing Students with Medical Alert/Anaphylaxis Conditions

Board Policy 436R – Managing Students with Medical Alert/Anaphylaxis Conditions (Regulations)

Note: The above documents may be viewed and downloaded from:

[http://www.sd23.bc.ca/Board/Policies/Pages/default.aspx#/="](http://www.sd23.bc.ca/Board/Policies/Pages/default.aspx#/=)

ADDITIONAL INFORMATION AND WEBSITES

- BC Ministry of Education – Anaphylaxis
<https://www2.gov.bc.ca/gov/content/education-training/k-12/administration/program-management/safe-caring-and-orderly-schools/anaphylaxis?keyword=anaphylaxis>
- British Columbia Anaphylaxis and Child Safety Framework (*revised 2013*)
https://www2.gov.bc.ca/assets/gov/education/administration/kindergarten-to-grade-12/healthyschools/anaphylaxis/bc_anaphylactic_child_safety.pdf
- Canadian Society of Allergy and Clinical Immunology "Anaphylaxis in Schools and Other Settings" (*Copyright 2005-2016*)
<https://csaci.ca/flip/en/mobile/index.html#p=10>
- Anaphylaxis Protection Order
https://www2.gov.bc.ca/assets/gov/education/administration/legislation-policy/legislation/schoollaw/e/m232_07.pdf
- HealthLinkBC: Allergy Safe Child Care Facilities
<https://www.healthlinkbc.ca/healthlinkbc-files/allergy-safe-child-care-facilities>
- HealthLinkBC: Severe Allergic Reactions to Food: Children and Teens
<https://www.healthlinkbc.ca/healthlinkbc-files/food-allergy-child-teenager>
- Food Allergy Canada
<http://foodallergycanada.ca/tools-and-downloads/downloads/information-sheets/>
- Anaphylaxis in Schools: What Educators Need to Know
<https://www.allergyaware.ca/>
- Interior Health : Allergies and Anaphylaxis
<https://www.interiorhealth.ca/YourHealth/SchoolHealth/SchoolMedicalConditions/Pages/AllergiesAnaphylaxis.aspx>
- MedicAlert Canada "No Child Without"
<https://www.medicalert.ca/no-child-without>
- Food Allergy Canada School Programs
<https://foodallergycanada.ca/our-impact-advocacy-and-services/programs-and-services/school-programs/>

1.0 INTRODUCTION

The Anaphylaxis / Life-threatening Allergies Support Document has been created based on School District 23 (Central Okanagan) Policies and Procedures 436 and Regulations 436R, Managing Students with Medical Alert/Anaphylactic Condition(s) to support the safety, health and well being of students diagnosed with serious medical condition(s) that are potentially life threatening [http://www.sd23.bc.ca/Board/Policies/Pages/default.aspx#/="](http://www.sd23.bc.ca/Board/Policies/Pages/default.aspx#/=).

This document contains the following: School District 23 (Central Okanagan) Policy and Procedures 436 Introduction, Anaphylaxis Definition, Symptoms, Emergency Treatment, Identification, School Prevention and Management Plan, Meal and Snack Time Guidelines, and Reference Documents to reduce preventable, serious reactions and possible life-threatening allergies in schools.

Policies and Procedures 436 Introduction

For treatment of students diagnosed with serious medical condition(s) that are potentially life threatening.

The Board of Education is committed to the well being of students who may require emergency medical care while at school or during school-sanctioned events. Students who have been physician-diagnosed with serious medical condition(s) that are potentially life threatening require planned care and support as outlined in the BC Ministry of Education in accordance with the Anaphylactic Protection Order (2009) and the BC Anaphylactic and Child Safety Framework (2007, Revised 2013).

To support the safety, health and well being of students diagnosed with serious medical condition(s) that are potentially life threatening, the Board believes that the care of students is a joint responsibility of parents/guardians, school personnel, students, and Public Health Nurses.

RETIRE

2.0 DEFINITION, SYMPTOMS, AND EMERGENCY TREATMENT

DEFINITION

Anaphylaxis is a serious allergic reaction that is rapid in onset and can possibly be fatal. Food or insect stings are the most common allergens to trigger a reaction. The highest incidence of anaphylaxis occurs in school-aged children making it essential that schools have an anaphylactic safety plan. (BC Ministry of Education, 2020)

While the exact prevalence is unknown, it has been estimated that more than 600,000 or 1% to 2% of Canadians are at risk of anaphylaxis (from food and insect allergy). (British Columbia Anaphylactic and Child Safety Framework, Ministry of Education September 2007, revised 2013)

SYMPTOMS

Symptoms may include any of the following, which may appear alone or in any combination, regardless of the triggering allergen:

- **Skin:** hives, swelling (*face, lips, tongue*), itching, warmth, redness
- **Respiratory (breathing):** coughing, wheezing, shortness of breath, chest pain or tightness, hoarse voice, nasal congestion or hay fever-like *symptoms (running itchy nose and watery eyes, sneezing)*, trouble swallowing
- **Gastrointestinal (stomach):** nausea, pain or cramps, vomiting, diarrhea
- **Cardiovascular (health):** 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

The most dangerous symptoms of an allergic reaction involve:

- **breathing difficulties caused by swelling of the airways** (*including a severe asthma attack*) **or**
- **a drop in blood pressure indicated by dizziness** (*indicated by dizziness, lightheadedness, feeling faint or weak, or passing out.*)

If untreated, both could be potentially life threatening

(HealthLink BC Severe Allergic Reactions to Food: Children and Teens 2020)

HOW IS A SEVERE ALLERGIC REACTION TREATED?

When a severe allergic reaction begins, it is important to respond right away. Do not wait. Treat it right with the medication called epinephrine. Epinephrine will not cause harm to a child if it is given unnecessarily.

Epinephrine comes in a pre-loaded syringe called an auto-injector. Epinephrine helps reverse the symptoms of the allergic reaction and can save your child's life.

STEPS FOR TREATING A SEVERE ALLERGIC REACTION

1. Use the epinephrine auto-injector right away. Give the epinephrine into the muscle of the outer-mid thigh, through clothing if necessary.
2. Call **9-1-1** or the local emergency number.
3. Lie your child down with their legs raised slightly. If they are nauseated or vomiting, lay them on their side. Do not make them sit or stand up. If they are having difficulty breathing, let them sit up.
4. Do not leave your child alone.
5. If your child's symptoms do not get better or get worse, give a second dose of epinephrine as soon as 5 minutes after the first dose.
6. Ensure your child gets to a hospital.

(Anaphylaxis in Schools and Other Settings, Copyright 2005-2016, Canadian Society of Allergy and Clinical Immunology)

3.0 IDENTIFICATION OF INDIVIDUALS AT RISK

Family doctors and emergency physicians are most often the first healthcare professionals to identify a person who has experienced an allergic reaction. They play an important role in discussing anaphylaxis management with individuals (e.g. allergen avoidance strategies), prescribing, an epinephrine auto-injector, and referring them to an allergist for evaluation. People thought to be at risk of life-threatening allergic reactions should be evaluated by an allergist.

An individual is diagnosed as being at risk by obtaining a detailed personal history and confirmation of an allergy through appropriate investigations such as skin and/or blood tests.

(Anaphylaxis in Schools and Other Settings, 3rd Edition Revised, Canadian Society of Allergy and Clinical Immunology, August 2016)

(Refer to Appendix A - Triggers)

4.0 SCHOOL PREVENTION AND MANAGEMENT PLAN

To support the safety, health and well being of students diagnosed with serious medical conditions that are potentially life threatening, the Board believes that the care of students is a joint responsibility of parents/guardians, school personnel, students, and Public Health Nurses.

For further information, please reference School District 23 (Central Okanagan) Policies and Procedures 436 and 436R

<http://www.sd23.bc.ca/Board/Policies/Section%204%20%20Students/436.pdf>

<http://www.sd23.bc.ca/Board/Policies/Section%204%20%20Students/436R.pdf>

(Refer to Appendix B - Medical Forms)

MEAL AND SNACK TIME GUIDELINES

Even tiny amounts of a food allergen can cause an allergic reaction.

- Have all children and staff wash their hands with soap and water before and after eating. This helps prevent food from getting on toys, clothing, and other surfaces.
- Clean all tables and surfaces well before and after eating.
- Place dishes and utensils on a napkin, not directly on the table.
- Supervise children while they are eating.
- Do not allow children to trade or share food, utensils, napkins, or food containers.
- Ask parents of children with food allergy to approve all foods offered to their child.
- Do not offer a food to a child with food allergy if you are not sure it is safe. Ask parents to provide a substitute.
- Store food out of reach of young children.
- Talk to parents about activities that involve food.

(BC Ministry of Education, Anaphylaxis 2020)

5.0 Considerations

1. The choice to place a student diagnosed with serious medical condition(s) that are potentially life threatening in a portable classroom should be avoided unless there are no other options. Access to medical support is easily accessible when students are in close proximity to the school's medical room.
2. It is important to consider the proximity of hand-washing facilities for students with serious medical condition(s) that are potentially life threatening. *Note: Hand sanitizers do not remove allergen(s).*
3. As recommended by Food Allergy Canada, school staff should monitor primary grade students diagnosed with serious medical condition(s) that are potentially life threatening during classroom mealtimes as appropriate.
4. It would be helpful if parents/guardians of all classmates where there is a student diagnosed with serious medical condition(s) that are potentially life threatening could be notified as soon as possible. *Parent Letter, page 22.*
5. Allergen(s) can easily be present in everyday school activities such as playdough, crafting supplies, science project supplies, counting materials (*e.g. beans, peas, seeds*) and other high contact items.
6. Allergen(s) associated with special celebrations are areas of great concern for students diagnosed with serious medical condition(s) that are potentially life threatening as the possible triggers may be unsafe for these students.
7. Students diagnosed with serious medical condition(s) that are potentially life threatening may be subject to insensitive remarks or actions. Please direct parents/guardians to the school's Code of Conduct if there are concerns.
8. Students and school staff should wash their hands when entering the classroom in the morning to remove any allergen(s) potentially carried from the home/community.
9. Note: The AUVI-Q® "How to Administer Epinephrine in 3 Steps" poster, shown on page 18 and provided by Interior Health, is one brand name for an epinephrine auto-injector. There are other epinephrine auto-injectors available in *Canada* (*e.g. Allerject® and EpiPen®*).

APPENDICES

APPENDIX A

ANAPHYLAXIS TRIGGERS

Although many substances have the potential to cause anaphylaxis, the most common triggers are food and insect stings (*eg. yellow jackets, hornets, wasps, and honey bees*).

In Canada, the most common food allergens that cause anaphylaxis are:

- peanuts
- tree nuts (*almonds, Brazil nuts, cashews, hazel nuts, macadamia nuts, pecans, pine nuts, pistachios, walnuts*)
- milk
- egg
- sesame
- soy
- wheat
- seafood
 - fish (*e.g. trout, salmon*)
 - shellfish
 - crustaceans (*e.g. lobster, shrimp, crab*)
 - molluscs (*e.g. scallops, clams, oysters, mussels*)
- mustard

Medications and exposure to natural rubber latex can also cause potentially life-threatening allergic reactions. A less common cause of anaphylaxis is exercise, which in some individuals can be triggered by the prior ingestion of a specific food which is not normally a problem.

In some cases of anaphylaxis, the cause is unknown (*'idiopathic'*)

If an allergic student expresses any concern that a reaction might be starting, the student should always be taken seriously.

When a reaction begins, it is important to respond immediately, following instructions in the Anaphylaxis Student Emergency Procedure Plan / 911 Protocol.

(Anaphylaxis in Schools & Other Settings © 2005-2016 Canadian Society of Allergy and Clinical Immunology)

APPENDIX B

REFERENCE DOCUMENTS

FORMS

- BC Ministry of Education Anaphylactic Student Emergency Procedure Plan
- SD 23 Medical Alert Photo ID
- SD 23 Medical Alert Planning Form
- SD 23 Request for Administration of Medication at School Form

Note: The above documents are available at your child's school. Please contact School Principal.

POSTERS

- How to Use EpiPen® and EpiPen Jr®
- AUVI-Q® (Epinephrine Injection, USP) Administers Epinephrine in 3 Steps
- Allergic Reactions – Could You Save A Life?
- Preventing Anaphylaxis – Follow the 3 "A's"

PARENT LETTER

RETIRE

SCHOOL DISTRICT 23 (CENTRAL OKANAGAN) INFORMATION AND CONTACT

- Board Policy No. 435 – Medical Treatment of Students
- Board Policy No. 436 – Managing Students with Medical Alert/Anaphylaxis Conditions
- District Health & Safety Manager, Central Okanagan Public Schools, Phone: 250-470-3209

ANAPHYLACTIC STUDENT EMERGENCY PROCEDURE PLAN

Parent/Guardian please complete:

Student's Name _____ Date of Birth (Y/M/D) _____

Sex: Male Female

Parent/Guardian _____ Daytime Phone _____

Emergency Contact _____ Daytime Phone _____

Physician _____ Daytime Phone _____

Physician please complete:

Physician's Name _____

Daytime Phone _____ Fax _____

Allergen (Do not include antibiotics or other drugs. Please be as specific as possible.)

Peanuts Nuts Dairy Other food _____

Spiders Insects Latex Any other allergens _____

Symptoms

- Skin – hives, swelling, itching, warmth, redness, rash
- Respiratory (breathing) – wheezing, shortness of breath, throat tightness, cough, hoarse voice, chest pain/tightness, nasal congestion or hay fever-like symptoms (runny itchy nose and watery eyes, sneezing), trouble swallowing
- Gastrointestinal (stomach): nausea, pain/cramps, vomiting, diarrhea
- Cardiovascular (heart): pale/blue colour, weak pulse, passing out, dizzy/lightheaded, shock
- Other: anxiety, feeling of "impending doom", headache, uterine cramps in females

Additional symptoms _____

Steps for Treating a Severe Allergic Reaction

1. Use the epinephrine auto-injector right away. Give the epinephrine into the muscle of the outer-mid thigh, through clothing if necessary.
2. Call **9-1-1** or the local emergency number.
3. Lie your child down with their legs raised slightly. If they are nauseated or vomiting, lay them on their side. Do not make them sit or stand up. If they are having difficulty breathing, let them sit up.
4. Do not leave your child alone.
5. If your child's symptoms do not get better or get worse, give a second dose of epinephrine as soon as 5 minutes after the first dose.
6. Ensure your child gets to a hospital.

Emergency Medication

NOTE: Emergency medication must be a single-dose auto-injector for school setting.

Oral antihistamines will not be administered by school personnel.

Name of emergency medication _____

Dosage _____

Physician Signature

Date (Y/M/D)

Parent/Guardian please complete:

Discussed and reviewed Anaphylaxis Responsibility Checklist with principal?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Two auto-injectors provided to school?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Student aware of how to administer?	<input type="checkbox"/> yes	<input type="checkbox"/> no

Auto-injector locations: _____

Your child’s personal information is collected under the authority of the *School Act* and the *Freedom of Information and Protection of Privacy Act*. The Board of Education may use your child’s personal information for the purposes of:

- Health, safety, treatment and protection
- Emergency care and response

If you have any questions about the collection of your child’s personal information, please contact the school Principal directly. By signing this form, you give your consent to the Board of Education to disclose your child’s personal information to school staff and persons reasonably expected to have supervisory responsibility of school-age students and preschool age children participating in early learning programs (as outlined in the *BC Anaphylactic and Child Safety Framework 2007*) for the above purposes. This consent is valid and in effect until it is revoked in writing by you.

RETIRED

Parent/Guardian Signature

Date (Y/M/D)

Date Agreed: February 10, 2016

Date Amended:

Date Reviewed:

Related Documents:

Form 436.5 – Anaphylactic Student Emergency Procedure Plan

Page 2 of 2

Medical Alert

Name: _____ Grade: _____
 Div./Rm # _____

Medical Alert Condition: _____

Action Required: _____

CONFIDENTIAL

Where medication is located:
 On student Located in school Location: _____

Note: If medication is in student's locker please see Secretary or Administrator for further info.

Medical Alert

Name: _____ Grade: _____
 Div./Rm # _____

Medical Alert Condition: _____

Action Required: _____

CONFIDENTIAL

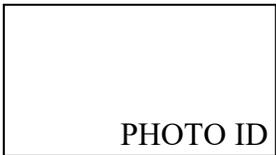
Where medication is located:
 On student Located in school Location: _____

Note: If medication is in student's locker please see Secretary or Administrator for further info.

Date Agreed: October 2007
 Date Amended/Reviewed: March 2008
 Date Reviewed/Amended: November 13, 2002
 Date Amended: February 10, 2016
 Date Reviewed:
 Related Documents:

Form 436.3 – Managing Students With Medical Alert
 Photo ID Form
 Page 1 of 1

MEDICAL ALERT PLANNING FORM



School Year		School Attended	
B.C. Care Card #			

INFORMATION AND PLAN WHILE IN THE CARE OF THE SCHOOL

Student Name:		Birth Date (YMD)	
---------------	--	------------------	--

Parent/Guardian:		Day Phone:		Cell Phone:	
Emergency Contact Name:		Day Phone:		Cell Phone:	
Physician:		Day Phone:			

Potential life-threatening medical condition diagnosed as:

1. New Condition: Yes No Date condition identified: _____

2. Describe the potential problem:

PLAN WHILE IN THE CARE OF THE SCHOOL

The information for the school plan must be updated annually and when the child's condition changes. The plan is updated by the student/parent, in consultation with the family physician, and reviewed as needed with the appropriate school staff in consultation with the Public Health Nurse.

NOTE: any changes to current plan must be initiated by the parent.

- Symptoms to watch for are:

- Precautions in the classroom are:

- **Emergency Plan** school staff need to follow (step by step):

1.

2.

3.

4.

Medication needed:

Yes No Name of medication: _____

Where medication is located:

On student Located in school Location : _____

- Please check this box if the student is a registered rider on a school bus (eligible or courtesy).** A copy of this plan will be needed by the Transportation Department after each update if the student rides a school bus.

If Yes “Request for Administration of Medication at School” (Form 436.1) Parts A, B, & C must be filled out and provided to the school. **Note:** Medical Alert training is recommended annually/biannually to school personnel.

INFORMATION REVIEW by PARENT OR GUARDIAN (minimum annually)

Review Dates:	There has been no change to this plan:
1. Date & Sign	1. Date & Sign
2. Date & Sign	2. Date & Sign
3. Date & Sign	3. Date & Sign

The information on this form is collected under the authority of the School Act. The information will be used for educational program purposes and when required, may be provided to health services, social services or other support services as outlined in sections 88 and 91 of the School Act. The information collected on this form will be protected under the Freedom of Information and Privacy Coordinator, School District #23 (Central Okanagan), 1040 Hollywood Road South, Kelowna, B.C., V1X 4N2, (250) 860-8888.

Date Agreed: October 2007
 Date Amended: February 10, 2016
 Date Reviewed:
 Related Documents:

REQUEST FOR ADMINISTRATION OF MEDICATION AT SCHOOL FORM

A. TO BE COMPLETED BY PARENT OR GUARDIAN

NAME	BIRTHDATE (Y/M/D)		
PARENT OR GUARDIAN	HOME PHONE:		BUSINESS PHONE:
PHYSICIAN	PHONE:		

**B. ATTACH A DUPLICATE PHARMACY LABEL OF PRESCRIBED MEDICATION
OR
REQUEST THAT THE PRESCRIBING PHYSICIAN COMPLETE THE FOLLOWING:**

Conditions Which Make Medication Necessary

Name of Medication	Dosage	Directions for Use

Additional Comments (possible Reactions, Consequences of Missing Medication, etc.)

RETIRE

<p>If prescribing epinephrine emergency medication, it must be a single dose, single-use auto-injector for school setting with a second injector, if parents have provided a second injector, which can be given 5-15 minutes if symptoms do not improve. An oral antihistamine will not be administered by school personnel.</p>	
	Physician's Signature
	Date

Additional information can be provided on reverse side.

C. TO BE COMPLETED BY PARENT OR GUARDIAN

I request the school to give medication as prescribed to my child whose name is recorded below

Name of Child	Date
----------------------	-------------

I Will Notify the School Promptly of Any Changes in Medications Ordered

Signature of Parent or Guardian

Additional information can be provided on reverse side.

D. EACH SCHOOL STAFF MEMBER WHO IS RESPONSIBLE FOR THE ADMINISTRATION OR SUPERVISION OF THE MEDICATION MUST REVIEW THE INFORMATION ON THIS CARD THEN DATE AND SIGN BELOW

Date	Signature	Comments, If Any

The information on this form is collected under the authority of the School Act. The information will be used for educational program purposes and when required, may be provided to health services, social services or other support services as outlined in sections 88 and 91 of the School Act. The information collected on this form will be protected under the Freedom of Information and Protection of Privacy Act. Questions about the collection and use of this information should be directed to the principal of your school or to the Information and Privacy Coordinator, School District #23 (Central Okanagan), 1040 Hollywood Road South, Kelowna, B.C., V1X 4N2 (250) 860-8888.

Additional Information:

RETIRE

Date Agreed: October 2007
 Date Amended: February 10, 2016; May 2020
 Date Reviewed:
 Related Documents:

Form 436.1 – Request for Administration of
 Medication at School Form
 Page 2 of 2

Blue to the sky. Orange to the thigh.

How to use EpiPen® and EpiPen Jr® (epinephrine) Auto-Injectors.

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



- Grasp with orange tip pointing downward
- Remove blue safety cap by pulling straight up – do not bend or twist



- Place the orange tip against the middle of the outer thigh
- Swing and push the auto-injector firmly into the thigh until it “clicks”
- Hold in place for 3 full seconds



Built-in needle protection

- After injection, the orange cover automatically extends to ensure the needle is never exposed.



After using EpiPen®, you must seek immediate medical attention or go to the emergency room. For the next 48 hours, you must stay close to a healthcare facility or be able to call 911.

For more information visit the consumer site EpiPen.ca.

EpiPen® and EpiPen Jr® (epinephrine) 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. Selection of the appropriate dosage strength is determined according to patient body weight.

EpiPen® and EpiPen Jr® Auto-Injectors are designed as emergency supportive therapy only. They are not a replacement for subsequent medical or hospital care. After administration, patients should seek medical attention immediately or go to the emergency room. For the next 48 hours, patients must stay within close proximity to a healthcare facility or where they can call 911. To ensure this product is right for you, always read and follow the label. Please consult the Consumer Information leaflet in your product package for warnings and precautions, side effects, and complete dosing and administration instructions.

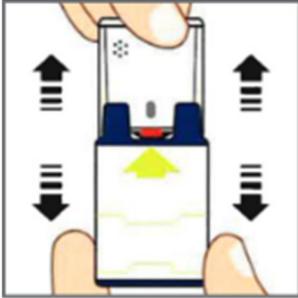


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EpiPen®, EpiPen Jr® are registered trademarks of Mylan, Inc. licensed exclusively to the Multiple-Wholly-Owned Affiliates,
Mylan Specialty U.S. and Mylan, Pfizer Canada Inc., Kitchener, Ontario N3J 2M6
00000184 PF-05-CMA0203-04



Trusted for over 25 years.

AUVI-Q® (epinephrine injection, USP) administers epinephrine in 3 steps.

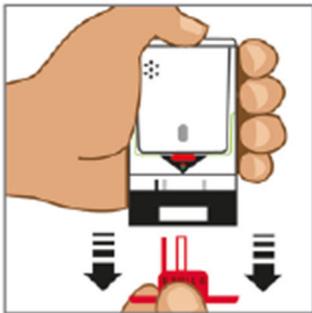


STEP 1

Pull AUVI-Q up from the outer case.

Do not go to step 2 until you are ready to use AUVI-Q. If you are not ready to use AUVI-Q, put it back in the outer case.

RETIRE

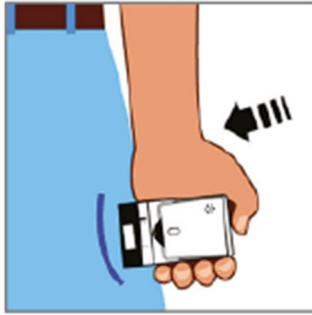


STEP 2

Pull red safety guard down and off of AUVI-Q.

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 right away.

Note: The red safety guard is made to fit tightly. Pull firmly to remove.



STEP 3

Place black end of AUVI-Q against the middle of the outer thigh, then push firmly until you hear a click and hiss sound, and hold in place for 2 seconds.

AUVI-Q can inject through clothing if necessary. ONLY inject into the middle of the outer thigh. To minimize the risk of injection-related injury, instruct caregiver to hold a young child's or infant's leg firmly in place when administering AUVI-Q.

After use, instruct patient to get emergency help right away.

To minimize the risk of injection-related injury, instruct caregiver to hold a young child's or infant's leg firmly in place when administering AUVI-Q.

<https://www.auvi-q.com/about-auvi-q#voice-instructions>



Food Allergy Canada

ALLERGIC REACTIONS

Could YOU save a life?

After eating or being stung by an insect, a person at risk for anaphylaxis might have any of these symptoms.

Think F.A.S.T...



Face

Hives, itching, redness, swelling of face, lips or tongue

Airway

Trouble breathing, swallowing or speaking, nasal congestion, sneezing

Stomach

Stomach pain, vomiting, diarrhea

Total Body

Hives, itching, swelling, weakness, dizziness, sense of doom, loss of consciousness

Give Epinephrine

- Give epinephrine (e.g. EpiPen®) at the first sign of a reaction.
- The first signs may be mild, but symptoms can get worse quickly.
- Repeat as early as 5 minutes if symptoms do not improve.

Call 9-1-1

- Have person transported to hospital, even if symptoms are mild or have stopped.

then ACT...

Visit foodallergycanada.ca or call 1 866 785-5660 for more information and support.

Think F.A.S.T. concept developed by Food Allergy Canada and supported by: © 2000-2018 Food Allergy Canada



PREVENTING ANAPHYLAXIS

FOLLOW the 3 “A’s”

AWARENESS

- Know the students affected by allergy
- Know the steps of the emergency plan
- Know the location of the epinephrine auto-injectors
- Know how to use the epinephrine auto injector

AVOIDANCE

- Communication
- Avoid contact with allergens
- Make your classroom allergy “safe” to reduce the risk of exposure. Do not allow trading or sharing food, food utensils or food containers, use of food for crafts and cooking classes may need to be modified, no eating rule if traveling on buses. All children should wash their hands with soap and water before and after eating. Clean surfaces on a regular basis
- Take extra precautions on field trips, ensuring auto injectors are taken

Picture: www.epipen.ca

ACTION

- **DON'T DELAY – GIVE AUTO INJECTOR**
- Call 9-1-1
- Call parent or guardian
- Bring second auto injector for field trips.

(Interior Health Anaphylaxis Teaching Manual, August 2016)



Date:

Dear Parent/Guardian:

This year, we have a Grade ___ student with a life-threatening allergy to _____ at our school. We are trying to make our school environment safe for this student by making sure that he/she is not accidentally exposed to any products containing _____.

Even the smallest amount of _____ on a desk, book, or even someone's clothing could cause a life-threatening allergic reaction. If this should happen, we have an emergency plan and will take action immediately.

However, we ask for your cooperation in reducing the risk for this student. Please do not send any food made with or containing _____ to school with your child. Please ask your child to eat only the food that you send from home, rather than trading or sharing lunch items with the other students.

Thank you for your understanding and cooperation in this very serious matter. If you have any questions or concerns, please call me at (000-0000).

School Principal

Seizure Action Plan & Medical Alert Information

Instructions: This form is a communication tool for use by parents to share information with the school. Update form yearly or if any changes in condition and/or treatment.

School Year: _____ **Date of Plan:** _____

Name of Student:		Date of Birth:	Care Card Number:
School:	Grade:	Teacher/Div:	Date of Plan:
CONTACT INFORMATION			
Parent/Guardian 1:	Name:		<input type="checkbox"/> Call First
	Cell Number:	Work Number:	Home Number:
Parent/Guardian 2:	Name:		<input type="checkbox"/> Call First
	Cell Number:	Work Number:	Home Number:
Other/Emergency:	Name:		Relationship:
	Able to advise on seizure care: <input type="checkbox"/> Yes <input type="checkbox"/> No		Home Number:
Neurologist:	Phone Number:	Family Physician:	Phone Number:

GENERAL COMMUNICATION:

What is the best way for us to communicate with you about your child's seizure(s)?

Significant medical history or condition:

SEIZURE INFORMATION:

1. When was your child diagnosed with seizures or epilepsy?

2. Seizure type(s):

3. What time of day do seizures occur?

4. How long do the seizures last?

5. How often do seizures occur?

6. Description of seizure:

7. Does your child have cluster seizures?

8. Are there any warnings and/or behavior changes before the seizure occurs?
 YES NO If yes, please explain:

9. When was your child's last seizure?

10. How does your child react after a seizure is over?

11. How do other illnesses affect your child's seizure control?

BASIC FIRST AID: Care and comfort Measures:

12. What basic first aid procedures should be taken when your child has a seizure in school?

13. Will your child need to leave the classroom after a seizure?
 YES NO

14. Does your child need to lie down after a seizure?
 YES NO What process would you recommend for returning your child to classroom?

Basic Seizure First Aid:

- ✓ Stay calm & track time
- ✓ Keep child safe
- ✓ Do not restrain
- ✓ Do not put anything in mouth
- ✓ Stay with child until fully conscious
- ✓ Record seizure
- ✓ inform parent
- ✓ For tonic-clonic (grand mal) seizure:
- ✓ Protect head
- ✓ Keep airway open/watch breathing
- ✓ Turn child on side if ambulatory
OR if in wheelchair/stander/walker child may remain in mobility device.

Note: They may need to be taken out of a mobility device at the end of the seizure if airway is blocked or they want to sleep.

SEIZURE EMERGENCIES

15. When does the school call 911?

16. When does the school call the parent?

17. Has your child ever been hospitalized for continuous seizures?
 YES NO If YES, please explain:

A Seizure is considered an Emergency.

CALL 911 WHEN:

- ✓ A convulsive (tonic-clonic) seizure lasts longer than 5 minutes
 - ✓ Student has repeated seizures without regaining consciousness
 - ✓ Student has a first time seizure
 - ✓ Student is injured or diabetic
 - ✓ Student has breathing difficulties after the seizure
 - ✓ Student has a seizure under water
- Serious injury occurs

SEIZURE MEDICATION AND TREATMENT INFORMATION (Physician to Complete)

18. Scheduled medication(s)

Medication	Dosage	Date Started	Frequency and time of day taken	Possible side effects

19. Emergency medications

Medication	Dosage	Administration Instructions (timing & method)	What to do after administration

Have emergency supplies been provided in the event of a natural disaster?

YES NO If YES, location of supplies?

20. Does your child have a Vagus Nerve Stimulator?

YES NO If YES, please describe instructions for appropriate magnet use:

Physician Signature: _____

Date: _____

SPECIAL CONSIDERATION & PRECAUTIONS

Check all that apply and describe any considerations or precautions that should be taken

- | | |
|--|---|
| <input type="checkbox"/> General health: _____ | <input type="checkbox"/> Physical education (gym)/sports: _____ |
| <input type="checkbox"/> Physical functioning: _____ | <input type="checkbox"/> Recess: _____ |
| <input type="checkbox"/> Learning: _____ | <input type="checkbox"/> Field trips: _____ |
| <input type="checkbox"/> Behavior: _____ | <input type="checkbox"/> Bus transportation: _____ |
| <input type="checkbox"/> Mood/coping: _____ | <input type="checkbox"/> Playground Equipment: _____ |
| <input type="checkbox"/> Stairs: _____ | <input type="checkbox"/> Other: _____ |

21. Can this information be shared with classroom teacher(s) and other appropriate school personnel?

YES NO

Parent/Guardian Signature: _____

School Administrator _____

Signature: _____

Date: _____