Appendix 1: ANAPHYLAXIS PLAN of CARE

The collection, use, disclosure and retention of personal information including personal health information is pursuant to the *Municipal Freedom of Information and Protection of Privacy Act*, RS) 1990, c.M.56, and *Personal Health Information Protection Act, 2004*, S.O. 2004, c. 3, Sched. A and shall be used for the purpose of implementing a Plan of Care in accordance with the *Education Act* RSO, 1990, c.E.2 and PPM 161 Prevalent Medical Conditions.

Please ensure that this form is filled out legibly and kept up-to-date

School Name: _____

Student Name: _____

Student Number: _____ **Grade:**_____

Parent(s)/Guardians: _____ _____

Civic Address: _____

_____

Home Phone Number: _____ **Cell Phone Number:**_____

I/we authorize this ANAPHYLAXIS PLAN OF CARE to be shared with school staff, occasional staff, volunteers, and disclosed to bus contractors, bus drivers and Student Transportation of Eastern Ontario (STEO), for the purpose of implementing my child's Plan of Care. I agree that the school may post my child's picture and implement emergency measures as outlined.

Parent's/Guardian's Signature:_____ **Date:**_____

☐ **I consent to information about my child's prevalent medical condition being shared with students to assist in the education and monitoring of my child's condition.**

Parent's/Guardian's Signature:_____ **Date:**_____

☐ **I do NOT consent to information about my child's prevalent medical condition being shared with students to assist in the education and monitoring of my child's condition.**

Parent's/Guardian's Signature:_____ **Date:**_____

Implementation of Plan of Care:

A copy of the Plan of Care can be located in the School Office. Emergency Protocols for the Plan of Care will also be posted as indicated below:

- ☐ school office
- ☐ staff room
- ☐ gymnasium hallway
- ☐ classroom/homeroom
- ☐ cafeteria

Consultation and a review of the Plan of Care took place with the parent/guardian and student (as appropriate) on:
Date:_____

Review of the Plan of Care took place with the homeroom/classroom teacher school, staff, and volunteers:
Date:_____

Review of the Plan of Care took place with and transportation provider on:
Date: _____

Plan of Care must be reviewed on or before:
Date:_____

Principal's Signature: _____ Date:_____

Appendix 1: ANAPHYLAXIS PLAN of CARE

STUDENT: _____ CLASSROOM/HOMEROOM TEACHER: _____

Possible triggers and inducers for Anaphylaxis:

Circle those that apply:

• Bee/Wasp	• Milk Protein	• Egg Protein	• Gluten	• Soy
• Sesame	• Peanuts	• Tree Nuts	• Fish	• Shell Fish
• Latex (gloves balloons gym equipment)	• Other	• Other	• Other	• Other

FOOD TRIGGERS	MANAGEMENT
1.Trigger Avoidance Protocol ☐ **My child can independently take steps to avoid triggers** ☐ **My child needs supervision to make good decisions to avoid triggers**	The management of food triggers is through avoidance. The following steps should be identified in accordance with the setting, and developmental level of the student. • Letters encouraging parents not to bring or send food with peanuts • Signs near entrance to school requesting that parents not enter with peanut products • Letters for student's class identifying foods to be avoided in class • Newsletter article identifying the various foods that pose an anaphylactic risk to students in the school, request that parents not bring or use food in school for celebratory purposes • Where latex is also a concern, notice that parents should refrain from bringing balloons or toys containing latex • Sign on the student's classroom door identifying food(s) that should be avoided in the classroom • During lunch time, strict protocol to wash hands before and after eating • Student to eat with a buddy apart from other students • Students not to share food • Students are to eat off parchment placemat that is discarded immediately following lunch • When students are on a field trip, the vendor providing food must be able to accommodate the food allergies • If staying overnight, the accommodation provider must be able to accommodate the food allergies during meals and sleeping quarters • If traveling in commercial space, (train, bus, streetcar, subway, student should wear latex gloves (if possible) • All food consumption is prohibited in common spaces of the school such as the library, gymnasium (where a student requires to eat to accommodate diabetes or other disability, a separate space shall be designated and promptly washed) Triggers such as wasp/bee/latex will require custodial staff to take measures such as: • Ensuring garbage and food is not left in a space that can attract insects during the warmer months • Perimeter check routinely to search for insect nests • Priority extermination services for insects • No cleaning with latex gloves

Appendix 1: ANAPHYLAXIS PLAN of CARE CONTINUED…

2. EpiPen ☐ **My child can independently carry a fanny pack containing 2 EpiPens** ☐ **My child cannot be relied upon to carry a fanny pack with an EpiPEN**	• Student can independently carry EpiPen • All students in anaphylaxic reaction require assistance to inject themselves with EpiPen • An adult should monitor the student to see if 2nd dosage is required and to ensure that Emergency Services have been contacted Where student is independent, EpiPens shall be stored: • 2 EpiPens in backpack/fanny pack • 2 EpiPens in classroom/teacher pouch • 1 Epipen stored at office Where student is NOT independent: 2 EpiPens shall be stored: • 2 EpiPens Teacher Desk/Fannypack • 2 EpiPens at School Office • Other _____
3. ADMINISTRATION OF EpiPen	If the student is experiencing any of the following symptoms, administration of the EpiPen is required: • Trouble breathing • Coughing • Wheezing • Shortness of Breath • Chest Tightness/ Chest Pain • Throat tightness • Hoarse voice • Nasal congestion, runny itchy nose, watery eyes, sneezing • Trouble swallowing • Hives • Itchy and warm skin • Swelling of the face, lips or tongue, • Nausea, stomach pain/cramps, uterine cramps, vomiting, diarrhea • Pale or blue skin colour • Weak pulse • Passing out • Dizziness / lightheadedness • Shock • Sense of doom • Metallic taste
4. LOCATION OF POSTING	Plan of Care in classroom(s):_____ EMERGENCY PROTOCOL shall be posted: _____
5. STUDENT FILE	Location of student's Anaphylaxis Plan of Care and supporting documents shall be located in the office area and accessible to the principal/designated. Once student is no longer attending the school, the file shall be confidentially disposed.

Appendix 1: **ANAPHYLAXIS PLAN of CARE CONTINUED…**

Parent/Guardian/Emergency Contacts (Prioritize calls #1, #2, #3, …)

	First Name	Last Name	Relationship	Home	Work	Cell #
1						
2						
3						

Insert Student Photo here

EMERGENCY PROTOCOL ANAPHYLAXIS PLAN OF CARE **ANAPHYLAXIS EMERGENCY**

Student Name: _____ _____
Last Name First Name

Classroom/Homeroom Teacher(s) _____

Child Wears Medical Bracelet: ☐ YES ☐ NO

Possible Triggers and Inducers for Anaphylaxis **Circle those below that apply:**

Bee/Wasp	**Milk Protein**	**Egg Protein**	**Gluten**	**Soy**
Sesame	**Peanuts**	**Tree Nuts**	**Fish**	**Shell Fish**
Latex (gloves, balloons, gym equipment)			**Other**	**Other**

Epipen Information (circle or highlight area that applies)

Student can independently carry Epipen

Student does NOT independently carry Epipen

Epipen is stored in student's backpack/fanny pack Desk Coat Locker

Epipen is stored in classroom Teacher's desk Other (specify): _____

SIGNS AND SYMPTOMS ANAPHLAXIS EMERGENCY:

WHEN TO CALL 911

If the student exhibits any of these symptoms

➢ trouble breathing ➢ coughing ➢ wheezing ➢ shortness of breath ➢ chest tightness/ chest pain	➢ throat tightness ➢ hoarse voice	➢ nasal congestion, runny itchy nose, watery eyes, sneezing ➢ trouble swallowing ➢ hives ➢ itchy and warm skin ➢ swelling of the face, lips or tongue,
➢ nausea, stomach pain/cramps, uterine cramps, vomiting, diarrhea ➢ pale or blue skin colour ➢ weak pulse ➢ passing out ➢ dizziness / lightheadedness ➢ shock	➢ sense of doom	➢ metallic taste **Other (Please specify):**

Immediately inject EpiPen

Call 911

If symptoms continue after 5 minutes use a second EpiPen if systems persist after 10 minutes use another EpiPen injection and continue every 10-20 minutes if systems return or persist until Emergency Services Personnel Arrive

Date: _____ **Parent/Guardian Signature:** _____

Appendix 2: TRANSPORTATION GUIDELINES FOR ANAPHYLAXIS PLAN of CARE

The Upper Canada District School Board (UCDSB) and the Student Transportation of Eastern Ontario (STEO) recognizes the possible need for assistance by school bus drivers to identified students living with anaphylaxis:

1. When a student has been identified as having anaphylaxis, schools/principals shall:
    a. Submit three (3) copies of STEO Life Threatening Emergency Medical Form, for those students being transported by the Student Transportation of Eastern Ontario (STEO), to the Student Transportation of Eastern Ontario within ten school days from the start of each school year; and
    b. Resubmit three (3) copies of STEO Life Threatening Emergency Medical Form if there is a change in the student's bus route number.

2. At the beginning of each school year, bus drivers will be invited and encouraged to attend the staff training sessions on anaphylaxis.

3. The General Manager (or designate) of the Student Transportation of Eastern Ontario (STEO) will annually identify, by bus route number and school, students with anaphylaxis.

4. If a replacement driver operates a route carrying an identified student with anaphylaxis, or any other life-threatening medical condition that has been documented on a STEO Life-Threatening Emergency Medical Form, the dispatcher must ensure that the replacement driver is aware of the student.

5. Students should be advised not to consume food on the bus, unless pursuant to an accommodation plan.

6. Students should be advised to wash their hands thoroughly after the bus ride.

If an identified student living with anaphylaxis appears to be experiencing symptoms of an anaphylactic attack:

a) The school bus driver should:
    a. Secure the vehicle.
    b. Secure the passengers.
    c. Assist the student living with anaphylaxis to administer an EpiPen.
    d. Notify the dispatcher of the need for additional assistance;
    e. Monitor student and await the arrival of emergency response personnel;
    f. Complete and submit a report to Student Transportation of Eastern Ontario detailing the incident.

b) The dispatcher should:
    a. Confirm with the school bus driver the location and time of the incident.
    b. Advise Emergency 911, the school principal and the General Manager (or designate) of Student Transportation of Eastern Ontario (STEO) of the incident;
    c. Remain in constant contact with Emergency 911 personnel and the school bus driver.

c) The school principal/designate should:
    a. Contact the student's parent/guardian/emergency contact.

Appendix 3: CREATING SAFE & HEALTHY SCHOOLS FOR STUDENTS LIVING WITH ANAPHYLAXIS

While it is impossible to create a risk-free environment, school staff, students and parents/guardians can take important steps to assist in creating a safer learning environment. Accurate and up-to-date information, protocols, staff education and parental support are essential. This would necessitate co-operation for taking realistic and practical actions supported by everyone involved.

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

It is recommended that in-school procedures be flexible enough to allow schools and classrooms to adapt to the needs of individual children and the allergen reactions, as well as the organizational and physical environment in different schools.

It should be noted that precautions may vary depending on the properties of the allergen. The viscosity of peanut butter, for example, presents particular challenges in terms of cross-contamination and cleaning; and while it may be possible to eliminate peanut products from school cafeterias, it would be impossible to do so with milk or wheat products.
All of the following recommendations should be considered in the context of the anaphylactic child's age and maturity. As children mature, they should be expected to take increasing personal responsibility for avoidance of their specific allergens - schools are encouraged to find innovative ways to minimize the risk of exposure without depriving the anaphylactic child of normal peer interactions or placing unreasonable restrictions on the activities of other children in the school.

Providing allergen-safe areas
Eliminating allergens from areas within the school, where the anaphylactic child is likely to come into contact with food, may be the only way to reduce risk to an acceptable level. If possible, avoid using the classroom of an anaphylactic child as a lunch room. If the classroom must be used as a lunch room, establish it as an "allergic-safe" area, using a co-operative approach with students and parents. Establish at least one common eating area, or a section of the single common eating area, as "allergen-safe". Develop strategies for monitoring allergen-free areas and for identifying high-risk areas for anaphylactic students. As a last resort, if allergen-safe eating areas cannot be established, provide a safe eating area for the anaphylactic child.

Establishing safe lunchroom and eating area procedures
The minutest quantities of allergen can trigger a deadly reaction. Peanut butter on a friend's hand could be transferred to volleyball or a skipping rope. Therefore, protection of the anaphylactic child requires the school to exercise control over all food products, not only those directly consumed by the anaphylactic student.
Require anaphylactic students to eat only food prepared at home.

- Discourage the sharing of food, utensils and containers.
- Encourage the anaphylactic child to take mealtime precautions like:
    - placing food on wax paper or a paper napkin rather than directly on the desk or table
    - taking only one item at a time from the lunch bag to prevent other children from
    - touching the food; and
    - packing up their lunch and leaving it with the lunch supervisor, if it is necessary to leave the room during lunch time.

Establish a hand-washing routine before and after eating. Success will depend on the availability of hand-washing facilities. If the school has a cafeteria, keep the allergen, including all products with the allergen as an ingredient, off the menu. Provide in-service for cafeteria staff, with special emphasis on cross-contamination and labelling issues.

Ensure that tables and other eating surfaces are washed clean after eating, using a cleansing agent approved for school use. This is particularly important for peanut allergic students because of the adhesive nature of peanut butter.

Allergies hidden in school activities
Not all allergic reactions to food are a result of exposure at meal times.
Teachers and Designated Early Childhood Educators, particularly in the primary grades, should be aware of the possible allergens present in curricular materials like:

- play dough;
- bean-bags, stuffed toys (peanut shells are sometimes used);
- counting aids (beans, peas);
- toys, books and other items which may have become contaminated in the course
- of normal use;
- science projects; and
- special seasonal activities, like Easter eggs and garden projects.

Appendix 3: CREATING SAFE & HEALTHY SCHOOLS FOR STUDENTS LIVING WITH ANAPHYLAXIS

Clean up
Anaphylactic children should not be involved in garbage disposal, yard clean-ups, or other activities which could bring them into contact with food wrappers, containers or debris.

Food Storage
Foods are often stored in lockers and desks. Allowing the anaphylactic child to keep the same locker and desk all year may help prevent accidental contamination.

Holidays and special celebrations
Food is usually associated with special occasions and events. The following procedures will help to protect the anaphylactic child:

- Establish a class fund for special events, and have the classroom teacher or the parent of the anaphylactic child provide only safe food.
- If foods are to come into the classroom from home, remind parents of the anaphylactic child's allergens, and insist on ingredients lists.
- Limit the anaphylactic child to food brought from his or her own home.
- Focus on activities rather than food to mark special occasions.

Field Trips
In addition to the usual school safety precautions applied to field trips, the following procedures should be in place to protect the anaphylactic child:

- A copy of the Anaphylaxis Alert Poster should be accessible during the field trip. A copy of the poster should be available on site at any time during the field trip.
- Require all supervisors, staff and parents, to be aware of the identity of the anaphylactic child, the allergens, symptoms and treatment.
- Ensure that a supervisor with training in the use of the auto-injector is assigned responsibility for the anaphylactic child.
- If practical, consider providing a cell phone for buses used on field trips.
- Require the parent of the anaphylactic child to provide several auto-injectors to be administered every 10 to 15 minutes en route to the nearest hospital, if breathing problems persist or if symptoms reoccur.
- If the risk factors are too great to control, the anaphylactic child may be unable to participate in the field trip. Parents should be involved in this decision.

Occasional staff, parent volunteers and others with occasional contact
All schools involve adults in their classrooms who are unfamiliar with individual students and school procedures. The following suggestions would help to prepare them to handle an anaphylactic emergency.

- Require the regular classroom teacher to keep the Anaphylaxis Alert poster and
- Emergency procedures in the teacher's day book.
- Ensure that procedures are in place for informing occasional staff and volunteers about
- Anaphylactic students.
- Involve occasional staff and volunteers in regular in-service programs, or provide separate in-service for them.

Anaphylaxis to insect venom
Food is the most common trigger of an anaphylactic reaction is school children and the only allergen which schools can reasonably be expected to monitor. The school cannot take responsibility for possible exposure to bees, hornets, wasps and yellow-jackets, but certain precautions can be taken by the student and the school to reduce the risk of exposure. It should also be noted that desensitization treatment for allergies to insect venom is available, and has a 95 percent success rate (Ontario Allergy Society, "Information Notes: Allergic Reactions to insect Stings").

- Avoid wearing loose, hanging clothes, floral patterns, blue and yellow clothing and fragrances.
- Check for the presence of bees and wasps, especially nesting areas, and arrange for their removal.
- If soft drinks are being consumed outdoors, pour them into a cup and dispose of cans in a covered container.
- Ensure that garbage is properly covered.
- Caution children not to throw sticks or stones at insect nests.
- Allow students who are anaphylactic to insect stings to remain indoors for recess during bee/wasp season.
- Immediately remove a child with an allergy to insect venom from the room, if a bee or wasp gets in.
- In case of insect stings, never slap or brush the insect off, and never pinch the stinger, if the child is stung. Instead, flick the stinger out with a fingernail or credit card.

Appendix 4

UPPER CANADA DISTRICT SCHOOL BOARD

Consent to Obtain and/or Release Information

The collection, use and disclosure and retention of personal information including personal health information is pursuant to the *Municipal Freedom of Information and Protection of Privacy Act*, RS) 1990, c.M.56, and *Personal Health Information Protection Act, 2004*, S.O. 2004, c. 3, Sched. A and shall be used for the purpose of implementing a Plan of Care in accordance with the *Education Act* RSO, 1990, c.E.2 and PPM 161 Prevalent Medical Conditions.

Student Name: _____	D.O.B. (mm/dd/yy): _____/_____/_____
School: _____	Student ID: _____

I, _____, give my consent for the following person/agency:

Name of Person/Agency: _____

Street Address: _____

City/Prov./Postal Code: _____

Phone Number: _____

To obtain (specify information) _____

FROM:

Name of Person/Agency: _____

Street Address: _____

City/Prov./Postal Code: _____

Phone Number: _____

To release (specify information) _____

TO:

Name of Person/Agency: _____

Street Address: _____

City/Prov./Postal Code: _____

Phone Number: _____

I understand:

a. the period of consent will terminate one year from the date it was granted as indicated below;
b. the nature and purpose for which this information is being obtained/released/exchanged;
c. this information will be used for the planning and provision of educational services;
d. that I may revoke my consent at any time;
e. this information will be treated confidentiality;
f. that a copy of all information will be made for the confidential files at the UCDSB regional office.
g. this information will be placed in the OSR. My initials here _____ indicate that consent for this is NOT given.

Signature: _____ Relationship to Student: _____

Phone #: _____ Date:_____