



## **ALLERGIC/ANAPHYLACTIC REACTION POLICY**

MLCP endeavours to offer an environment supportive of allergic and or anaphylactic students. The school promotes a nut aware policy which is communicated to parents via initial interview and the MLCP Parent Handbook. Foods sent from home (birthday's, etc.) are carefully monitored by staff.

As per Sabrina's Law-January 2006, it is the responsibility of the parent or guardian to inform the school of any allergies their child may have and keep MLCP abreast of any changes to them as they occur. For students with anaphylaxis additional forms must be submitted.

### **Reduction of Risk**

MLCP endeavours to maintain an environment free of common allergens, especially nuts, by providing nut aware meals and monitoring the contents of lunches provided from home. Products containing nuts are not served by the school and lunch boxes are carefully monitored. Students with life threatening allergies are seated away from the possibility of contact or cross contamination via lunches brought from home.

### **Communication**

It is the responsibility of the administration to inform staff of allergies and ensure up-to-date epinephrine administration and store epinephrine in easily accessible safe location. Staff must familiarize themselves with EpiPen students and the plans for each child. Specific information is posted in the medicine cupboard in the Kitchen. These students are also highlighted on the allergy lists posted in each classroom. MLCP endeavours to maintain emergency contact information on hand for emergency response use.

In certain circumstances, parents may make special dietary arrangements. The **Special Food Arrangement** form must be completed. A record of additional or special instructions should be included where needed. Please note that foods should be nut free and follow the nutritional requirements of Canada's Food Guide. The school should be notified of any changes to the instructions.

### **Development of the Plan**

Each child's plan is developed in conjunction with the parent on their Anaphylaxis Emergency Plan Individual Student Allergy Management Plan form.

### **Training**



The First Aid CPR training will cover EpiPen usage and Senior Staff will introduce or refamiliarize new or replacement staff with medication administration annually or as needed. Training can also be made available by a physician or the child's parent on the individual procedures to follow in the event the child has an anaphylactic reaction. Staff is to familiarize themselves with the posted "Signs And Symptoms Of An Anaphylactic Reaction - Think F.A.S.T. - A.C.T. Quickly".

Signs, symptoms and triggers will be reviewed at least annually to ensure that staff is aware of:

- ❖ Triggers
- ❖ Symptoms
- ❖ Emergency procedures for each child
- ❖ Administration of EpiPen/auto injector
- ❖ Confirm the reaction
- ❖ Provide medical attention -EPIPEN
- ❖ Call 911
- ❖ Call parents
- ❖ Make a note of replacements
- ❖ Document incident as required

Should there be an allergic reaction the incident shall be reviewed with all involved parties. There should be identification of the exposure, evaluation of responses and plans for moving forward. All staff, students and volunteers must sign the MLCP Allergic/Anaphylactic Reaction Policy.



**SPECIAL FOOD ARRANGEMENT FORM**

Student Name:

Date:

Please note that for \_\_\_\_\_ reason(s) my child will be provided with:

Lunch

Snack

from home

I understand that foods must be nut free and meet the nutritional requirements of Canada's Food guide.

I  would  would not like the school to provide drinks.

My child can only eat food from home.

My child may have food from school if still hungry or if food from home is forgotten.

Instructions:

\_\_\_\_\_  
Parent(s)/Guardians(s) Signature

\_\_\_\_\_  
Date



**ANAPHYLAXIS EMERGENCY PLAN  
INDIVIDUAL STUDENT ALLERGY MANAGEMENT PLAN**

<b>Student Name:</b>	<b>Birth Date:</b>	<b>Address:</b>	<b>Telephone #:</b>
<b>Parent 1:</b>	<b>Contact #:</b>	<b>Parent 2:</b>	<b>Contact #:</b>
<b>Emergency Contact:</b>	<b>Contact #:</b>	<b>Physician's Name:</b>	<b>Contact #:</b>

**MEDICAL**

**THIS CHILD HAS A LIFE-THREATENING ALLERGY TO: \_\_\_\_\_**

**STRICT AVOIDANCE** of the allergen(s) by the student is critical to their well-being.  
An anaphylactic reaction can proceed quickly and prove fatal within minutes.

Reduction of exposure is managed through posted allergy lists in the classrooms and the kitchen

**Reactions/Symptoms Indicating Emergency:**

**PROCEDURE TO FOLLOW IF CHILD HAS AN ALLERGIC REACTION OR OTHER MEDICAL EMERGENCY:**

*[Include steps (e.g. Administer 2 puffs of corticosteroids; wait and observe the child's condition; contact emergency services/parent or guardian, parent/guardian/emergency contact information; etc.)]*

**Name of Medication:**

**Expiry Date:**

**Dosage:**

(incl. total doses or times to be given per event)

**Method of Administration:**

**Additional Instructions:**

**Epinephrine Auto-injector(s) MedicAlert® Identification?**

Yes

No

**Expiry Date:**

EpiPen Jr® 0.15mg     EpiPen® 0.30mg     Allerject™ 0.15mg     Allerject™ 0.3

**Location of Medication:**

**Antihistamine:**

\_\_\_\_\_ (name & dose)

**Inhaler:**

\_\_\_\_\_ (name & dose)

**Asthmatic:**

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

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



**PRE-AUTHORIZATION FOR THE ADMINISTRATION OF MEDICATION**

You may request to have prescribed medication administered by an assigned staff member to your child by school personnel during school hours. You must agree, by signature below, that the Montessori Learning Centre of Pickering (“MLCP”), its employees, including school administration, staff and volunteers, will not be held responsible for any illness or injury to your child relating to or resulting from the administration of the medication. You will assume all responsibility in this regard. You are aware that the school does not have health care professionals to administer the medication, and school staff are not medically trained for this purpose. I hereby pre-authorize and give permission for The Montessori Learning Centre of Pickering to administer medication to my child in the event of an anaphylactic reaction, according to MLCP’s policies and procedures and the physician’s prescription and instructions as described within this individual student plan. I understand that I will be called for transport to the nearest hospital and I will be notified as soon as possible

\_\_\_\_\_  
Parent(s)/Guardians(s) Signature & Date

\_\_\_\_\_  
Student’s Signature & Date

**A person having an anaphylactic reaction might have ANY of these signs and symptoms:**

**Think F.A.S.T.**

**Face:** itchiness, redness, rash, hives, swelling of face and tongue

**Airway:** trouble breathing, swallowing or speaking

**Stomach:** stomach pain, vomiting, diarrhea

**Total Body:** rash, itchiness, swelling, weakness, paleness, sense of doom, loss of consciousness

**Call the parent(s)/guardian(s)/emergency contact**

**The first signs of a reaction can be mild, but symptoms can get worse very quickly:**

**A.C.T. quickly**

**Administer:** **epinephrine** auto-injector at the first sign of a reaction occurring in conjunction with a known or suspected contact with an allergen. Give second dose in 10-15 minutes or sooner **IF** the reaction continues or worsens

**Call:** **9-1-1.** Tell them someone is having a serious allergic reaction/anaphylactic

**Transport:** **to hospital** by ambulance even if symptoms are mild or have stopped

**Call the parent(s)/guardian(s)/emergency contact**



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

then ACT...

### Give Epinephrine

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

### Call 9-1-1

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



## SIGNS AND SYMPTOMS OF AN ANAPHYLACTIC REACTION

### HOW A CHILD MIGHT DESCRIBE A REACTION

Children have unique ways of describing their experiences and perceptions, including allergic reactions. Precious time is lost when adults do not immediately recognize that a reaction is occurring or do not understand what the children might be telling them. How a child might describe a reaction:

- ❖ This food's too spicy
- ❖ My tongue is hot
- ❖ It feels like something's poking my tongue
- ❖ My tongue (or mouth) is tingling (or burning)
- ❖ My tongue feels like there is hair on it
- ❖ My mouth feels funny
- ❖ There's a frog in my throat
- ❖ There's something stuck in my throat
- ❖ My tongue feels full (or heavy)
- ❖ My lips feel tight
- ❖ It feels like there are bugs in my ears (itchy ears)
- ❖ My throat feels thick
- ❖ It feels like a bump is on the back of my tongue /throat

**A person having an anaphylactic reaction might have ANY of these signs and symptoms:**

**\* \* \* Think F.A.S.T. \* \* \***

- Face:** itchiness, redness, rash, swelling of face and tongue
- Airway:** trouble breathing, swallowing or speaking
- Stomach:** stomach pain, vomiting, diarrhea
- Total Body:** rash, itchiness, swelling, weakness, paleness, sense of doom, loss of consciousness

**Call the parent(s)/guardian(s)/emergency contact**

**The first signs of a reaction can be mild, but symptoms can get worse very quickly:**

**A.C.T. quickly**

- Administer:** **epinephrine** auto-injector at the first sign of a reaction occurring in conjunction with a known or suspected contact with an allergen. Give second dose in 10-15 minutes or sooner **IF** the reaction continues or worsens
- Call:** **9-1-1**. Tell them someone is having a serious allergic reaction/anaphylactic
- Transport:** **to hospital** by ambulance even if symptoms are mild or have stopped

**Call the parent(s)/guardian(s)/emergency contact**