

INFORMATION **H**ANDBOOK

ON

ANAPHYLACTIC **S**HOCK

Second Edition

**PRINCE EDWARD ISLAND
DEPARTMENT OF EDUCATION
AND
DEPARTMENT OF HEALTH
AND SOCIAL SERVICES
JULY 1997**

The information presented herein has been adapted from publications of the Allergy/Asthma Information Association, Canadian Society of Allergy and Clinical Immunology and from other sources. Additional information may be obtained from the Allergy/Asthma Information Association, 30 Eglinton Ave. N., Suite 750, Mississauga, Ontario L5R 3E7 or the Allergy/Asthma Information Association Atlantic, 20 South Road, Doaktown, N.B. E0C 1G0 (506-365-4501).

The P.E.I. Chapter of the Allergy/Asthma Information Association provides resources and information sessions for parents and school staff. The telephone contact for the Chapter is 569-3507.

Reference should be made to Minister's Directive, Procedures for Dealing with Life-Threatening Allergies.

TABLE OF CONTENTS

- I. Introduction
 - II. Definition of Anaphylactic Shock
 - III. Symptoms of Anaphylactic Shock
 - IV. Prevention and Management Procedures
 - A. Prevention
 - B. EpiPen® (epinephrine)
 - C. Emergency Action
 - V. Responsibilities
 - A. School Boards
 - B. Parents
 - C. Public Health Nurse
 - D. Principal
 - E. Department of Education
 - VI. Extreme Allergy Management and Prevention Plan
 - VII. Emergency Allergy Alert Form
 - VIII. School Lunch Ideas
 - IX. Consultation with Parents
- Appendix 1 - Letter to Parents Concerning Anaphylactic Shock Program
- Appendix 2 - Extreme Allergy Management and Prevention Plan
- Appendix 3 - Emergency Allergy Alert Form
- Appendix 4 - School Lunch Ideas
- Appendix 5 - Letter to Parents of Students in Attendance at the School
- Appendix 6 - Letter Concerning Annual Review of Extreme Allergy Management and Prevention Plan
- Appendix 7 - Order for Additional EpiPens®

I. INTRODUCTION

As many as one percent of Canadians suffer from an extreme life-threatening allergy to certain foods, medications, or insect stings. For them, exposure to even a minute amount (1/5000 th of a teaspoon) of the substance to which they are allergic can trigger anaphylactic shock.

Anaphylactic shock is an allergic reaction in all the major body-organ systems. Immediate medical intervention is necessary as the victim may suffer a drop in blood pressure, loss of consciousness and death. This can occur at any time up to four hours following exposure to the triggering substance. Even a small amount of the allergen can be fatal.

Although peanuts and peanut products are the most common foods that cause anaphylactic shock, shellfish, fish, eggs, sulphites, milk, or any other food can cause this dangerous condition in allergic individuals. **Each subsequent exposure to the allergen can increase the severity of the reaction.**

The emergency response to this condition is the administration of epinephrine by syringe, usually with an EpiPen®. Epinephrine can be safely administered with these devices by non-medical personnel with minimal training.

The information provided in this Handbook is intended to assist school personnel with strategies for the management of students who have had anaphylactic shock in the past and are at risk of anaphylactic shock.

II. DEFINITION OF ANAPHYLACTIC SHOCK

Anaphylactic shock is an allergic reaction which may be fatal, and it occurs when an allergic individual is exposed to a particular material such as peanut products, nuts, eggs, fish, or is stung by an insect such as a bee, hornet or wasp, or is given medication such as penicillin or aspirin.

III. SYMPTOMS OF ANAPHYLACTIC SHOCK

In the case of a student who has had anaphylactic shock previously and who is exposed to a particular material, the occurrence of any of the following symptoms, in any combination, indicate anaphylactic shock:

- hives and itchiness on any part of the body;
- swelling of any body parts, especially eyelids, lips, face or tongue;
- nausea, vomiting or diarrhea;
- coughing, wheezing or change of voice;
- difficulty breathing or swallowing;
- throat tightness or closing;
- panic or sense of doom;
- fainting or loss of consciousness.

Immediate administration of the EpiPen® (epinephrine) is required in the instance where a student

who has had anaphylactic shock previously exhibits any of the above symptoms following exposure to a particular material.

IV. PREVENTION AND MANAGEMENT PROCEDURES

When a student who is subject to extreme allergic reactions is identified by the parent, the principal will coordinate the development of procedures to enhance the safety of the student. The following elements will be addressed in the plan.

A. Prevention

A prevention plan to minimize the student's exposure to the triggering material, appropriate to the maturity and reliability of the student and the severity of the problem, should be developed.

Prevention measures may include:

- self-supervision;
- education programs for classmates, schoolmates, parents;
- request to parents of students in classroom to assist in management of exposure to the allergen; and
- minimizing the presence of triggering material in school and school-related activities.

The Allergy/Asthma Information Association and the Canadian Society of Allergy and Clinical Immunology recommend that allergies to peanuts and peanut products require more stringent management plans. Reactions to peanuts are generally more severe than reactions to other foods. Therefore, strong initiatives to control exposure to peanut products are warranted.

Younger students are obviously more dependent and require a higher level of care. At the elementary school level, avoidance policies are highly desirable. In any school where a student who is at risk of anaphylactic shock is enrolled, the objective should be the establishment of a classroom or classrooms which are free of the substance which could place the allergic student at risk of anaphylactic shock. All parents of students enrolled in the class should be provided with information and informed that a student in the classroom is at risk of anaphylactic shock. Parents should be asked to exclude the particular food products or substances from lunches and snacks. At the secondary level, the implementation of avoidance policies, although desirable, may be more difficult. However, efforts should be made to limit exposure to the risks.

In a school where a student who is at risk of anaphylactic shock is in attendance, school personnel should plan to control activities which increase risk. Students should be discouraged from eating lunches or snacks on playgrounds, in corridors, or in other facilities shared by students. Students should also be discouraged from sharing lunches. The use of food in art classes and home economics classes may have to be restricted. Parents who send treats to school for particular occasions should be asked to exercise caution. Suppliers of cafeteria services should be informed about the presence of a student who is at risk of anaphylactic shock and asked to institute avoidance policies.

B. EpiPen® (epinephrine)

EpiPens® (epinephrine) supplied by parents or the Department of Education must be available,

and all staff who may be required to administer the medication must be trained to do so. A mechanism by which all staff can identify the students at risk should be available. Provision should be made for informing substitute teachers and other temporary staff about the student and their potential responsibilities. The number of locations at which EpiPens[®] (epinephrine) are kept should be determined based upon the severity of the problem as mutually determined by the parent, principal and public health nurse. The preferred approach would be for the student to carry the EpiPen[®] (epinephrine) at all times. The regular EpiPen[®] (epinephrine) is used for persons over 33 pounds.

In situations where it is uncertain that anaphylactic shock is occurring, it is advisable to administer the EpiPen[®] (epinephrine). There is very little chance of reaction to the medication and any reaction is usually very mild, but there can be serious consequences if an anaphylactic reaction is occurring, and the EpiPen[®] (epinephrine) is not given.

C. Emergency Action

As in the case of any potential crisis, advance planning will be helpful in successfully managing the event. In dealing with cases of anaphylactic shock, the emergency action is as follows:

- Get **EpiPen[®] (epinephrine)** and administer immediately.
- **HAVE SOMEONE CALL AN AMBULANCE** and advise of need for an **EpiPen[®] (epinephrine)**.
- Unless student is resisting, lay student down, tilt head back and elevate legs.
- Cover and reassure student.
- Record the time at which **EpiPen[®] (epinephrine)** was administered.
- Have someone call the parent.
- If the ambulance has not arrived in 10-15 minutes, and breathing difficulties are present, administer a second **EpiPen[®] (epinephrine)**.
- Even if symptoms subside, take student to hospital immediately.
- If possible, have a school staff member accompany the student to the hospital.
- Provide ambulance and/or hospital personnel with a copy of the Extreme Allergy Management and Prevention Plan for the student and the time at which the **EpiPen[®] (epinephrine)** was administered.

In the case of a student who has had anaphylactic shock previously, particular attention has to be given to the management of field trips and other school activities off the school property. School personnel should ensure that the required emergency plan can be implemented if the need arises. School personnel should seek the advice and assistance of parents on these matters.

The implementation of prevention plans reduces, but does not eliminate risks. Even with the adoption of avoidance policies, it is unwise to assume that a school is free of a particular allergen.

V. RESPONSIBILITIES

The *School Act* R.S.P.E.I. 1988, Cap. S-2.1, includes specific provisions with regard to the responsibilities of teachers and school staff where a student is injured or there is a medical emergency. The provisions are contained in section 117 of the Act:

117. (1) Where a student is injured or there is a medical emergency, teachers and school staff shall provide assistance to the student and obtain medical treatment where necessary.

(2) Costs of medical treatment, including ambulances, shall be borne by the student or the parent. 1993, c.35, s.117.

In the absence of parental authorization, school staff have a legal obligation to administer the EpiPen® (epinephrine) and follow the emergency procedures when there is reasonable grounds to assume that the student is having an anaphylactic reaction.

The management of students who have severe allergies requires a clear understanding of the roles of the parent and school and health personnel. These responsibilities are described in the following sections.

A. School Boards

The identification of students who are at risk of anaphylactic shock can be accomplished by including questions in the student registration form. School boards are required to include the following questions in the form:

- (a) Does your child have a life-threatening allergy to certain foods, insect venom, medication or other material? YES NO
- (b) If your answer to the above question was yes,
- (i) Please indicate the substance to which your child is allergic. _____
- (ii) Has a medical doctor recommended that your child have an emergency medical kit (EpiPen®) available for use at school? YES NO

NO

B. Parents

Parents are required to assume a number of responsibilities. It is important that parents provide certain information to the principal at the time that the student is registered to attend school. Necessary forms and authorizations should be completed. In addition, parents may be required to delay their student's attendance at school until the necessary management plans are established.

Parents have specific responsibilities for providing

- the school principal with information about the student's allergy;
- assistance to the principal by having the student's medical doctor complete

-
- the Allergy Information section of the Extreme Allergy Management and Prevention Plan and by providing authorization and consent to carry out emergency procedures;
 - a completed copy of the relevant sections of the Emergency Allergy Alert Form;
 - a recent photo of the student;
 - the student with a Medic Alert® bracelet or other suitable identification;
 - the student with a carrying pouch and an unexpired EpiPen® (epinephrine) which will be available for use at school, during field trips and on the bus.

C. Public Health Nurse

Proper planning for the management of students with severe allergies requires support from health care workers. Public health nurses are responsible for a number of support activities.

The specific responsibilities of the public health nurse are to

- assist with the identification of students who have life-threatening allergies;
- conduct education programs for parents and school staffs;
- conduct training for school staff who may be required to administer the EpiPen® (epinephrine);
- assist the school principal and the parent with the development of the Extreme Allergy Management and Prevention Plan for each identified student.

D. Principal

The principal is responsible for planning and coordination with regard to the management of students who have life-threatening allergies. Upon being informed by the parent and/or through the student registration form that a student is at risk of anaphylactic shock, the principal shall

- provide, or forward to the parent, copies of Minister's Directive, No. MD 97-06, Procedures for Dealing with Life-Threatening Allergies, the Extreme Allergy Management and Prevention Plan, and the Emergency Allergy Alert Form;
- provide an opportunity for the parent to attend a meeting with school personnel for the purpose of completing and/or reviewing the Extreme Allergy Management and Prevention Plan and the Emergency Allergy Alert Form when the student registers to attend the school and annually thereafter;
- provide information about the student and the student's allergies to the school staff, cafeteria staff, bus driver and substitute personnel who may be required to assess the

student's need for administration of the EpiPen® (epinephrine) and administer the EpiPen® (epinephrine);

- following parental consent, post, in the staffroom, classroom, school office or other accessible location, a copy of the Emergency Allergy Alert Form along with a photo of the student, if provided by the parent, and locate an EpiPen® (epinephrine) with the Form;
- arrange for the public health nurse to conduct an information and training session for staff who deal with the student including the bus driver;
- ensure that staff who may be required to assess the student's need for administration of the EpiPen® (epinephrine) and administer the EpiPen® (epinephrine) are provided with a completed copy of the Extreme Allergy Management and Prevention Plan and a completed copy of the Emergency Allergy Alert Form;
- order EpiPens® (epinephrine) and replacements for expired or used EpiPens® epinephrine) from the Department of Education in order to maintain the quantity established in the Minister's Directive concerning Procedures for Dealing with Life-Threatening Allergies.

If a principal has information that a student who is registered at the school is at risk of anaphylactic shock and the parent, following notification, has not met the responsibilities set out in the Minister's Directive concerning Procedures for Dealing with Life-Threatening Allergies, the principal is required to:

- provide information about the student and the student's allergies to the school staff, cafeteria staff, bus driver and substitute personnel who may be required to assess the student's need for administration of the EpiPen® (epinephrine) and administer the EpiPen® (epinephrine);
- arrange for the public health nurse to conduct an information and training session for staff who deal with the student including the bus driver;
- order EpiPens®(epinephrine) and replacements for expired or used EpiPens® (epinephrine) from the Department of Education in order to maintain the quantity established in the Minister's Directive concerning Procedures for Dealing with Life-Threatening Allergies.

When a student who is at risk of anaphylactic shock transfers to another school, the principal shall inform the principal of the receiving school that the student is at risk of anaphylactic shock and, if the Extreme Allergy Management and Prevention Plan and the Emergency Allergy Alert Form have been completed by the parent, forward a copy to the principal of the receiving school.

E. Department of Education

The Department of Education shall

- (a) provide additional EpiPens[®] (epinephrine) to schools for use in an emergency according to the following formula:

Number of students registered at the school who are at risk of anaphylactic shock	No. of EpiPens [®] to be provided to schools
1 student	2 EpiPens [®]
2 - 4 students	4 EpiPens [®]
5 or more students	6 EpiPens [®]

- (b) maintain records concerning the distribution of EpiPens[®] (epinephrine) to schools and notify principals at least one month in advance of expiry dates of EpiPens[®] (epinephrine) supplied to schools by the Department of Education.

EpiPens[®] (epinephrine) obtained from the Department of Education are to be stored in an accessible location at the school for use in an emergency. In the case of field trips, the teacher in charge of the trip should take an EpiPen[®] (epinephrine) from the supply at the school even if the student is carrying an EpiPen[®] (epinephrine). The Department will not, given the problems with storage, provide EpiPens[®] (epinephrine) for placement on school buses. The parent is expected to provide their child with one unexpired EpiPen[®] (epinephrine) which will be available for use at school, during field trips and on the bus. The Order for Additional EpiPens[®] is contained in Appendix 7.

VI. EXTREME ALLERGY MANAGEMENT AND PREVENTION PLAN

A copy of a letter to parents concerning the Anaphylactic Shock Program is contained in Appendix 1. This letter should be forwarded to those parents who have indicated that their child is at risk of anaphylactic shock. A copy of the Extreme Allergy Management and Prevention Plan and a copy of the current Minister's Directive concerning Procedures for Dealing with Life-Threatening Allergies should be included with the letter.

The Extreme Allergy Management and Prevention Plan should be completed for each student who is at risk of anaphylactic shock. The Plan requires the provision of information from the parent and the student's medical doctor. It also provides for the documentation of commitments by the public health nurse, the school and parent. Finally, the Plan requires the parent to give

authorization for the public health nurse and the school staff to administer medication and obtain medical assistance. A completed copy of the Plan should be provided to the student's teacher(s), substitutes, bus driver and other staff who deal with the student. A copy of the Extreme Allergy Management and Prevention Plan is included in Appendix 2.

Parents are required to return a completed copy of page 1 of the Extreme Allergy Management and Prevention Plan within 15 days. If a parent does not respond within 15 days and the principal has information that the child is at risk of anaphylactic shock, the principal is required to notify staff who deal with the student, arrange for the public health nurse to conduct an information and training session for staff and order the required number of EpiPens[®] (epinephrine) from the Department of Education.

Parents whose children are at risk of anaphylactic shock should be provided with the opportunity to have the plan for their child reviewed at the beginning of each school year. A letter to parents concerning the annual review of the Extreme Allergy Management and Prevention Plan is contained in Appendix 6.

VII. EMERGENCY ALLERGY ALERT FORM

The Emergency Allergy Alert Form is a short version of the management plan and is designed for posting within the school so that information is readily available in an emergency. The Emergency Allergy Alert Form is to be completed by the parent and the principal. The Form includes sections for recording information about the student's allergy. The Form also contains a description of the symptoms of anaphylactic shock and the action which is appropriate in an emergency. A photo of the student, if supplied by the parent, should be attached to the Form. A completed copy of the Emergency Allergy Alert Form should be posted in the staffroom, school office or other appropriate location within the school. An EpiPen[®] (epinephrine) should be located with the Form. A completed copy of the Emergency Allergy Alert Form should be provided to the student's teacher(s), substitutes, bus driver and other staff who deal with the student. A copy of the Emergency Allergy Alert Form is included in Appendix 3.

In instances where parents do not complete the Form or give permission, posting of the Form will not be possible.

VIII. SCHOOL LUNCH IDEAS

Appendix 4, School Lunch Ideas, contains suggestions for school lunches which do not include peanut butter. It will be necessary to develop a different list of ideas in cases where a student is allergic to any of the foods included in the list. In these instances, consultation with a nutritionist is desirable. This information could be provided to parents through school newsletters, at parent meetings, or attached to correspondence to parents concerning the presence of a child who is at risk of anaphylactic shock.

IX. CONSULTATION WITH PARENTS

The creation of classroom spaces and buses which are free from the substance which could place an allergic student at risk of anaphylactic shock is more likely to be achieved through the use of a consultative process. Efforts should be made to provide parents with information about the risks. A sample letter to parents is included in Appendix 5. This letter is designed to inform parents about the presence of a student who is at risk of anaphylactic shock following exposure to peanuts and peanut products. The letter can be modified for cases where students are at risk of anaphylactic shock following exposure to other substances. An invitation to a school meeting is included in the sample letter. Of course, the letter should be adapted to meet the particular circumstances.

APPENDIX 1

**Letter to Parents Concerning
Anaphylactic Shock Program**

Student's Name _____ Parent's Name _____

Dear Parent:

RE: ANAPHYLACTIC SHOCK PROGRAM

The Department of Education has established a program for the management of students who are at risk of anaphylactic shock. The following are attached for your consideration: (1) Minister's Directive, Procedures for Dealing with Life-Threatening Allergies, (2) Extreme Allergy Management and Prevention Plan, and (3) Emergency Allergy Alert Form.

Anaphylactic shock is an allergic reaction which may be fatal, and it occurs when an allergic individual is exposed to a particular material such as peanut products, nuts, eggs, fish, or is stung by an insect such as a bee, hornet or wasp, or is given medication such as penicillin or aspirin.

If a doctor has advised that your child may require epinephrine, adrenaline, or an EpiPen® for an anaphylactic reaction, you and your doctor are asked to complete **only page 1** of the enclosed form entitled **EXTREME ALLERGY MANAGEMENT AND PREVENTION PLAN** and return it to the school. A meeting will be arranged with you if necessary, and pages 2 and 3 will be completed at that time. Please review the Minister's Directive, Procedures for Dealing with Life-Threatening Allergies, and give particular attention to responsibilities of parents.

It is important that a plan is established as soon as possible for those children who are at risk of anaphylactic shock. If you do not respond within 15 days, it will be assumed that your child is not at risk of anaphylactic shock, and that a management plan is not required for your child.

Thank you for your cooperation.

Principal

Please detach and return to your child's teacher.

Student's Name _____

This student is not at risk of anaphylactic shock and does not require a management plan.

Date

Parent's Signature



APPENDIX 2

Extreme Allergy Management and Prevention Plan

EXTREME ALLERGY MANAGEMENT AND PREVENTION PLAN

Page 1 of 3

School _____ Home Room Teacher _____

Student Information (To be completed by Parent)

Student's Name _____ Date of Birth _____

Medic Alert I.D. _____ Health Card Number (Optional) _____

Parent's Name _____

Address _____

Telephone - Home _____ Work _____

Name of Emergency Contact Person _____

Telephone - Home _____ Work _____

Name of Family Doctor _____ Telephone _____

Allergy Information (To be completed by Student's Medical Doctor)

Anaphylactic shock is an allergic reaction which may be fatal, and it occurs when an allergic individual is exposed to a particular material such as peanut products, nuts, eggs, fish, or is stung by an insect such as a bee, hornet or wasp, or is given medication such as penicillin or aspirin.

History of Anaphylactic Reaction? Yes No

If yes, to what? _____

Any other significant allergies? Yes No

If yes, describe _____

EpiPen[®] (epinephrine) recommended? Yes No

If yes, Junior (under 33 lbs.) Regular (33 lbs. or over)

Department of Education policy requires that all students at risk of anaphylactic shock carry an unexpired EpiPen[®] (epinephrine) which will be available for use at school, during field trips and on the bus.

Date _____ Medical Doctor's Signature _____

<h1 style="text-align: center;">EXTREME ALLERGY MANAGEMENT AND PREVENTION PLAN</h1>

Student's Name _____

(The completion of the following sections is to be coordinated by the principal.)

Public Health Nurse Commitments: _____

School Commitments: _____

Parent Commitments: _____

Date _____ Principal's Signature _____

Date _____ Public Health Nurse's Signature _____

APPENDIX 3
Emergency Allergy Alert Form

EMERGENCY ALLERGY ALERT FORM

TO BE COMPLETED BY PARENT

[TO BE POSTED, FOLLOWING PARENTAL

CONSENT.]

Student's Name _____

• **ALLERGY - DESCRIPTION**

This student has a **DANGEROUS**, life-threatening allergy to the following:

_____.

and all substances containing them in any form or amount, including the following kinds of items:

_____.

Place Student's Photo Here

• **AVOIDANCE**

The key to preventing an emergency is **ABSOLUTE AVOIDANCE** of these foods at all times.

• **EATING RULES** (List eating rules for the student, if any, in this space.)

_____.

• **SYMPTOMS FOLLOWING EXPOSURE TO A PARTICULAR MATERIAL:**

- hives and itchiness on any part of the body;
- nausea, vomiting, diarrhea;
- difficulty breathing or swallowing;
- panic or sense of doom;
- throat tightness or closing.
- swelling of any body parts, especially eyelids, lips, face or tongue;
- coughing, wheezing or change of voice;
- fainting or loss of consciousness;

• **EMERGENCY ACTION**

- Get **EpiPen® (epinephrine)** and administer immediately.
- **HAVE SOMEONE CALL AN AMBULANCE** and advise of need for an **EpiPen® (epinephrine)**.
- Unless student is resisting, lay student down, tilt head back and elevate legs.
- Cover and reassure student.
- Record the time at which **EpiPen® (epinephrine)** was administered.
- Have someone call the parent.
- If the ambulance has not arrived in 10-15 minutes, and breathing difficulties are present, administer a second **EpiPen® (epinephrine)**.
- Even if symptoms subside, take student to hospital immediately.
- If possible, have a school staff member accompany the student to the hospital.
- Provide ambulance and/or hospital personnel with a copy of the Extreme Allergy Management and Prevention Plan for the student and the time at which the **EpiPen® (epinephrine)** was administered.

I agree that this information will be shared, as necessary, with the staff of the school and health care systems.

Date

Parent's Signature

TO BE COMPLETED BY THE PRINCIPAL

The **EMERGENCY ALLERGY ALERT FORM** is posted at the following locations within the school:

_____, _____, and _____, and the **EpiPen® (epinephrine)** is available in the following locations:
_____, _____, _____.

Date

Principal's Signature

POST IN APPROPRIATE LOCATIONS WITHIN THE SCHOOL

Copy to: Parent
Principal
School Secretary
Teacher(s) including specialists
Bus Driver
Substitutes
Public Health Nurse
Custodian
Other staff who deal with the student.

APPENDIX 4
School Lunch Ideas

SCHOOL LUNCH IDEAS

Although no food is universally safe for all food allergic individuals, the following are some interesting suggestions for alternatives to peanut butter sandwiches.

Sandwich Fillings:

- chicken - sliced, smoked or chicken salad;
- turkey - sliced, smoked or turkey salad;
- lean beef or ham - minced or sliced;
- pork - sliced or chopped, try adding applesauce or relish;
- lean luncheon or deli meats;
- cheese spread, or molasses;
- sliced cheddar with jam or mayonnaise;
- processed cheese with sliced apple, pickles, or crumbled bacon;
- cream cheese with chopped maraschino cherries or chopped olives;
- sliced meat loaf.

Tired of plain bread? Try:

- whole wheat, oatmeal, rye, or pumpernickel;
- pita pockets or english muffins;
- bagels, hot dogs or hamburg buns, soft tortilla shells;
- hard rolls, sub buns, biscuits, croissants, crackers or rice cakes.

Ideas for wide-mouth “hot” thermos:

- spaghetti, macaroni, other pasta or rice dishes;
- soups, stews, and casseroles;
- chicken nuggets, or leftovers.

Try these in a wide-mouth “cold” thermos:

- potato salad or pasta salad with cubes of cheese or meat;
- chef salad or vegetable salad with a separate dish of dressing;
- fruit salad with cottage cheese;
- cubes of meat or cheese to accompany crackers, carrot and celery sticks and a small container of dip.

Miscellaneous other favorites:

- pizza;
- whole grain muffins with yogurt or cheese;
- cooked wiener, split and stuffed with cheese;
- whole grain cold cereal - bring in separate covered bowl and add milk from a thermos or the school milk program.

To make sure a lunch is nutritionally balanced, enjoy a variety of foods from the four food groups in Canada’s Food Guide to Healthy Eating. To keep packed lunches cool, chill as much as possible overnight or try packing a small lunch-size ice pack in the lunch box or insulated lunch bag. Some items can even be packed frozen and will thaw in time to be eaten.

Compiled by Jackie Hamm, Allergy/Asthma Information Association
Nutritional Assistance by Jackie Vloet-Koughan, Dietician
Department of Health & Social Services

APPENDIX 5

**Letter to Parents of Students
in Attendance at the School**

Dear Parent:

A student who is registered at our school has a severe life-threatening allergy to peanuts and peanut products. Exposure to even a minute amount of the food substance could cause anaphylactic shock and, without immediate emergency medical assistance, loss of consciousness and death. The school has established an emergency plan for the student.

The school has an obligation to establish a safe environment for all students. Therefore, we are requesting that parents avoid including peanuts and peanut products in lunches or snacks. Information concerning School Lunch Ideas is attached; a number of alternatives to peanut butter sandwiches are suggested.

Our objectives are to establish and maintain, to the extent possible,

- classrooms, attended by the student, which are free of the substance which could place the student at risk of anaphylactic shock;
- school practices which reduce the possibility of exposure to substances which cause anaphylactic shock; and
- buses which are free of substances which could place an allergic student at risk of anaphylactic shock.

A meeting for parents has been scheduled for _____ at the school. The purposes of the meeting are to share information concerning anaphylactic shock and to seek cooperation from parents in order to reduce the risk of exposure to peanuts and peanut products. If you are unable to attend, please telephone the school for additional information.

Thank you for your assistance with this important matter.

Sincerely,

Principal

Attachment

APPENDIX 6

**Letter Concerning Annual Review of
Extreme Allergy Management and Prevention Plan**

Dear Parent:

Department of Education policy concerning the management of students who have a life-threatening allergy and who are at risk of anaphylactic shock includes a provision for an annual review of the management plan.

The Extreme Allergy Management and Prevention Plan for _____ was
student's name
completed and/or reviewed in _____.
month/year

Please complete the attached survey and forward it to your child's teacher.

It is important that the review of the plan for your child is completed as soon as possible. If you do not respond within 15 days, it will be assumed that changes to the Extreme Allergy Management and Prevention Plan are not required.

Principal

Please detach and return to your child's teacher.

Student's Name _____

The Extreme Allergy Management and Prevention Plan for my child
does not require any changes. or

I wish to have the Extreme Allergy Management and Prevention Plan
for my child reviewed, and I request a meeting with school personnel.

Date

Parent's Signature

APPENDIX 7

Order for Additional EpiPens[®]

Department of Education

Order for Additional EpiPens®

The form is to be used to order the initial supply of **EpiPens®** and to order replacements for expired or used **EpiPens®**, or in instances where new students register at the school.

Parents of a student who has a life-threatening allergy shall be responsible for providing the student with a carrying pouch and an unexpired EpiPen® (epinephrine) which will be available for use at school, during field trips and on the bus.

The Department of Education will supply additional **EpiPens®** to schools according to the following formula:

Number of students registered at the school who are at risk of anaphylactic shock	No. of EpiPens® to be provided to schools
1 student	2 EpiPens®
2 - 4 students	4 EpiPens®
5 or more students	6 EpiPens®

School _____

Names of students who are at risk of anaphylactic shock.

Has the Extreme Allergy Management and Prevention Plan been completed by parent and medical doctor?

_____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
_____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
_____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
_____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
_____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
_____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
_____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
_____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
_____	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Number of unexpired **EpiPens®** in school inventory from previous order: Junior (under 33 lbs) _____
Regular (33 lbs or over) _____

Expiry date(s) for **EpiPens®** in school inventory: _____

Number of new **EpiPens®** required : Junior (under 33 lbs) _____
Regular (33 lbs or over) _____

Date Principal

Please forward to :

Policy and Evaluation Division
Department of Education
P.O. Box 2000, Charlottetown, PE CIA 7N8

FOR OFFICE USE

Number of **EpiPens®** shipped to school: Junior _____ Regular _____
Expiry Date _____
Date of Shipment _____