UPPER GRAND DISTRICT SCHOOL BOARD

ANAPHYLAXIS Plan of Care

518-1

STUDENT INFORMATION

Insert Photo

Name _____ Date of Birth _____

Ontario Ed #(OEN)_____ Age _____

Grade _____ Teacher(s)_____

Any other medical condition or allergy?

_____

_____

_____

_____

_____

MedicAlert® ID ☐ Yes ☐ No

EMERGENCY CONTACTS (LIST IN PRIORITY)

NAME	RELATIONSHIP	DAYTIME PHONE	ALTERNATE PHONE
1.			
2.			
3.			

KNOWN LIFE-THREATENING TRIGGERS

CHECK (✓) THE APPROPRIATE BOXES

☐ Food(s): _____ ☐ Insect Stings: _____

☐ Other: _____

Epinephrine auto-injector(s) expiry date(s): _____

Dosage: ☐ EpiPen Jr® 0.15 mg ☐ EpiPen® 0.3 mg

☐ Previous anaphylactic reaction: **Student is at greater risk.**

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

Any other medical condition or allergy? _____

DAILY/ROUTINE ANAPHYLAXIS MANAGEMENT

SYMPTOMS
A STUDENT HAVING AN ANAPHYLACTIC REACTION MIGHT HAVE ANY OF THESE SIGNS AND SYMPTOMS:

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

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

Avoidance of an allergen is the main way to prevent an allergic reaction.

Food Allergen(s): (The amount required to cause a reaction varies by person and in some people, it can be triggered by a small amount.)

Food(s) to be avoided: _____

Safety measures: _____

_____

Insect Stings: (Risk of insect stings is higher in warmer months. Avoid areas where stinging insects nest or congregate. Destroy or remove nests, cover or move trash cans, keep food indoors.)

Designated eating area inside school building _____

_____

Safety measures: _____

_____

Other information: _____

_____

MEDICATION (Epinephrine auto-injectors):

Access to epinephrine auto-injector:
Student requires assistance to **access** their auto-injector? ☐ Yes ☐ No
If yes, auto-injector is kept:

Location: _____ With: _____

Other: _____

If no, student will carry their auto-injector at all times: in the classroom, outside the classroom (e.g., library, cafeteria/lunchroom, gym) and off-site (e.g., field trips/ excursions).

Auto-injector in student's:
☐ Backpack/fanny pack
☐ Other (specify) _____

Additional auto-injector:
The student has an additional auto-injector at school? ☐ Yes ☐ No
If yes, the additional auto-injector is kept:

Location: _____ With: _____

Other: _____

EMERGENCY PROCEDURES
(DEALING WITH AN ANAPHYLACTIC REACTION)

ACT QUICKLY. THE FIRST SIGNS OF A REACTION CAN BE MILD. BUT SYMPTOMS CAN GET WORSE QUICKLY.

STEPS

1. Give epinephrine auto-injector (e.g. EpiPen®) at the first sign of a known or suspected anaphylactic reaction.
2. Call 9-1-1. Tell them someone is having a life-threatening allergic reaction.
3. Give a second dose of epinephrine as early as five (5) minutes after the first dose if there is no improvement in symptoms.
4. Follow direction of emergency personnel, including transport to hospital (ideally by ambulance), even if symptoms are mild or have stopped. The reaction could worsen or come back, even after treatment. Stay in the hospital for an appropriate period of observation as decided by the emergency department physician (generally about 4 - 6 hours).
5. Call emergency contact person, e.g. Parent(s)/Guardian(s).

HEALTHCARE PROVIDER INFORMATION (OPTIONAL)

Healthcare provider may include: Physician, Nurse Practitioner, Registered Nurse, Pharmacist, Respiratory Therapist, Certified Respiratory Educator, or Certified Asthma Educator.

Healthcare Provider's Name: _____

Profession/Role: _____

Signature: _____ Date: _____

Special Instructions/Notes/Prescription Labels:

If medication is prescribed, please include dosage, frequency and method of administration, dates for which the authorization to administer applies, and possible side effects.
✸This information may remain on file if there are no changes to the student's medical condition.

AUTHORIZATION/PLAN REVIEW

INDIVIDUALS WITH WHOM THIS PLAN OF CARE IS TO BE SHARED

1. _____ 2. _____ 3. _____

4. _____ 5. _____ 6. _____

INSTRUCTIONS FOR TRANSPORTATION PROVIDER

Is the student a bus student? ☐ No ☐ Yes* **NOTE**: Bus drivers do not have access to the Plan of Care and provide limited care.

***SEE NEXT PAGE FOR BUS PROCEDURES**

_____

This plan remains in effect for the 20___— 20___ school year without change and will be reviewed on or before: _____ (It is the parent(s)/ guardian(s) responsibility to notify the principal if there is a need to change the plan of care during the school year.)

Parent(s)/Guardian(s): _____ Date: _____
Signature

Student: _____ Date: _____
Signature

Principal: _____ Date: _____
Signature

ANAPHYLAXIS – Instructions for Transportation Provider

1. Call dispatch, who will call 9-1-1.
   a. Dispatch will tell the operator that the student is having a life-threatening allergic reaction and an ambulance is required.
   b. After calling 9-1-1, dispatch will then contact the school/principal to notify them, so that they can call the student's parent(s)/guardian(s) or emergency contact.
2. EpiPen/Autoinjector administered at the first sign of a reaction occurring in conjunction with a known or suspected contact with allergen.
3. Follow direction of emergency personal. EMS will transport the student to the hospital by ambulance.

Student-specific instructions for bus driver must include:

1. What is the student's level of independence using the EpiPen/autoinjector?
   - Independent ☐
   - With assistance ☐
   - Requires full support ☐
2. Where will the EpiPen/autoinjector be kept with the student while on the bus (e.g., specific pocket in backpack?)

   _____
3. Known allergens that can cause a reaction and possible anaphylaxis:

   _____

Transportation Services Acknowledgement by Parent/Guardian of Bus Student

I understand that student transportation is a service provided by the board to eligible students and is not a right or entitlement.

I acknowledge that the school bus driver's primary responsibility is the safe operation of the vehicle and the safety of all passengers. I understand that drivers are not medical professionals and cannot provide ongoing medical supervision while driving.

In the event of a medical concern or emergency, I understand that the driver will follow established procedures, which may include safely stopping the bus and contacting emergency services. I acknowledge that while every effort will be made to respond to my child's medical needs, the level of response may be limited by the driver's responsibility to maintain the safety of all passengers.

I confirm that I have provided all relevant medical information and supports required for my child's safe transportation, as outlined in this Plan of Care.

Parent/Guardian Initials: _____ **Date:** _____