

***Information Handbook***  
***on***  
***Anaphylaxis***

**Sixth Edition**

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**Department of Education and Lifelong Learning  
and  
Health PEI**

**August 19, 2020**

**Health PEI**  
One Island Health System



‘The information presented herein has been adapted from  
Anaphylaxis in Schools & Other Settings, 3<sup>rd</sup> Edition Revised  
2005-2016 Canadian Society of Allergy and Clinical Immunology.  
<http://resources.allergyaware.ca/download/anaphylaxis-3rd-edition-revised.pdf>

Reference should be made to Minister’s Directive, No. 2018-08 Procedures for Dealing with Life-Threatening Allergies (Appendix 8)

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## Foreword

Anaphylaxis is the most serious type of allergic reaction, and when students show signs of food allergy it is important to act quickly to prevent illness and even death in rare cases. A coordinated Anaphylaxis Emergency Plan will protect students from contact with known allergens as a first step, then enable rapid and consistent response if unintended exposure has led to potential anaphylaxis. When children, parents, school personnel and community members cooperate to keep our schools safe for *all* students with food allergies, harmful consequences can be avoided.

The topic of severe allergies provokes a lot of anxiety for everyone involved, so it is important to establish a strategy to minimize the risk to students, as anaphylaxis can, and does, take place in school settings. Parents should have confidence that teachers and other school staff possess the knowledge and ability to deal with life-threatening emergencies should they occur. Becoming familiar with typical symptoms, prevention measures and treatments can help decrease apprehension and improve everyone's ability to enact emergency protocols when indicated. **Most importantly, it is important to 'Think F.A.S.T' (recognizing symptoms can be involve the Face, Airway, Stomach and Total body) and ACT quickly by giving epinephrine at the first signs of reaction.** Further information is available for your review at <https://foodallergycanada.ca/professional-resources/educators/school-k-to-12/> .

Undoubtedly situations will exist which necessitate adjustments to this protocol or whereby children receive instructions differing from the algorithm outlined in this document. Discussion between parents and administrators in order to sort out emergency care plans is crucial. Where there are circumstances, which need to be sorted out, the Medical Director of the Asthma Education Centre should be called upon to arbitrate the protocol in as timely a fashion as practical.

I wish to thank all those who helped develop and disseminate this handbook, and I commend the Department of Education and Lifelong Learning and Health PEI for its proactive approach in helping to create a safe environment for our children.

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Medical Director, P.A. Gill Asthma Education Centre

## Introduction

In Canada, it has been estimated that up to 2% of people are at risk of anaphylaxis from food and insect allergy. (This currently represents about 700,000 Canadians.)

Epinephrine (adrenalin) is the primary treatment and it must be administered promptly. Prompt injection of epinephrine is nearly always effective in the treatment of Anaphylaxis, and delayed injection of Epinephrine is associated with poor outcomes including fatality.

Epinephrine auto-injectors (EpiPen®) can be safely administered 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 severe allergic reactions and are at risk of further anaphylactic reactions.

## Definition of Anaphylaxis

Anaphylaxis is a severe, potentially fatal, systemic allergic reaction that is rapid in onset and may cause death. Usual triggers (allergens) are foods, insect stings, medication or latex. Exercise is a rare trigger.

## Symptoms of Anaphylaxis

Signs and symptoms of a severe allergic reaction can occur within minutes of exposure to allergen, the occurrence of any of the following symptoms, in any combination can indicate the onset of anaphylaxis.

### Symptoms May Include:

- **Skin:** hives, swelling (face, lips, tongue), itching, warmth, redness
- **Respiratory** (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, choking
- **Gastrointestinal** (stomach): nausea, pain or cramps, vomiting, diarrhea
- **Cardiovascular** (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, trouble speaking

Immediate administration of the epinephrine auto-injector (EpiPen®) is required in the instance where a student who has had anaphylaxis previously exhibits any of the above symptoms following exposure to a particular allergic material.

Because of the unpredictability of reactions, early symptoms should never be ignored, especially if the person has suffered an anaphylactic reaction in the past. 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, lightheadedness, feeling faint or weak or passing out.

## Prevention and Management Procedures

When a child who is at risk for extreme allergic reactions is identified by a parent and this is verified by the physician, the principal will coordinate the development of procedures to enhance the safety of the student. A prevention plan to minimize the student's exposure to the triggering agent, appropriate to the maturity and reliability of the student should be developed.

The following prevention measures are recommended to reduce the risk of exposure for students with food allergy:

1. Adult supervision of young children who are eating is strongly recommended, and where possible children should eat in a designated area to minimize the risk of cross contamination.
2. School administrators, parents and food service staff should work closely together to ensure that food being served during lunch and snack programs is appropriate according to their policies around food.
3. Organize education programs for classmates, parents and staff on important points for allergen avoidance – such as washing hands before and after eating, not sending peanut products to school functions, etc.
4. Students should be encouraged to comply with a “no eating” rule on school buses during daily travel.
5. Children at risk should wash their hands with soap and water before and after meals.
6. Implement a “No Sharing Policy”. Individuals with food allergy should not trade or share food, utensils or food containers, and should be encouraged to place meals on a napkin, wax paper or placemat.
7. All children at risk should wear medical identification, such as a MedicAlert® bracelet which clearly identifies their allergy. The No Child Without program through the Medic Alert Foundation Canada offers a free MedicAlert ID and service plan to eligible children between the ages of 4 and 14.
8. Encourage the child to carry an epinephrine auto-injector (EpiPen®) themselves, usually by the age of 6 or 7, as well as the availability of one epinephrine auto-injector (EpiPen®) at the school.
9. Designate Elementary & Consolidated schools with children at risk as an allergy-safe school.
10. Designate Junior High Schools and High Schools with a food anaphylaxis student – an allergy-safe zone.
11. Avoid use of high risk food in art class or home economics classes in schools with children at risk.
12. Ensure proper cleaning of benches, floors, and especially tables. The entire cafeteria should be thoroughly cleaned at the end of the day and after any evening or weekend activity.
13. Request parents not send peanuts, peanut butter, or any products containing peanuts or peanut oil to an Elementary and Consolidated school that has a student with anaphylaxis.

14. Discourage students from eating lunches or snacks on playgrounds, in corridors, on school buses or in other facilities shared by students who have a food allergy.
15. School administrators, parents and food service staff should work closely together to ensure that they are aware of the presence of children who are at risk of anaphylaxis.
16. Consideration of placement of an epinephrine auto-injector (EpiPen®) in the cafeteria in Junior High Schools and High Schools.
17. Have a cell phone available to teachers during activities off school property.
18. All school staff who are present in the school during hours where children at risk may be present in the school should be aware of the children who are at risk for an anaphylactic reaction and be prepared to treat them in accordance with the emergency protocol. Information about children with life-threatening allergies should be readily available.
19. Teachers should review the Child's Extreme Allergy Management and Prevention Plan before field trips.
20. Identification of students at risk should be readily available. Provision should be made for informing substitute teachers and other temporary staff about the student and their potential responsibilities.
21. Display posters describing signs and symptoms of anaphylaxis with instructions on how to use an epinephrine auto-injector (EpiPen®) in relevant areas, e.g. classroom of a child with anaphylaxis, staff rooms, and cafeteria. (These can be obtained through Epi-Pen website).
22. Two epinephrine auto-injectors (EpiPen®[s]) should be available on trips off school property as a second dose may be required.
23. Antibacterial hand sanitizers are not as effective as soap and water at removing peanut butter residue from hands.

## **Epinephrine Auto-injector (EpiPen®) – Administration, Storage, Location**

### **Administration**

Epinephrine rapidly reverses the effects of a severe reaction by reducing throat swelling, opening airways and maintaining blood pressure. Signs of improvement should be seen rapidly usually within minutes. If no improvement, or symptoms worsen, a second dose of Epinephrine should be administered as early as 5 minutes after the 1st dose if symptoms are worsening or not improving (preferably in the opposite thigh).

Epinephrine auto-injectors (EpiPen®[s]) are available in the following doses:

- EpiPen Jr (0.15mg) for those weighing between 10 kg – 25 kg, and
- EpiPen (0.3mg.) for those weighing more than 25 kg.

**Antihistamines (e.g. Benadryl, Aerius, Reactine) cannot replace the epinephrine auto-injector in the treatment of anaphylaxis.**

No person experiencing anaphylaxis should be expected to be fully responsible for self-administration. As such, all office, educational, and administrative staff (including bus drivers and cafeteria staff) should receive workshops in recognizing possible life-threatening symptoms and in administering this medication.

### **Storage of Epinephrine auto-injectors at school:**

- Store in cool dark place at room temperature, between 15-25 degrees C.
- Do not refrigerate
- Must be easily accessible, in a secure but unlocked location
- Expiry dates are clearly marked and checked at regular intervals
- Children should carry their own epinephrine auto-injector (EpiPen®)

### **Location:**

Epinephrine auto-injectors (EpiPen®[s]) obtained from Department of Education and Lifelong Learning are to be stored in an accessible location at the school for use in an emergency. The location should be known to all staff members and caregivers. In the case of field trips, the teacher in charge of the trip should take an epinephrine auto-injector (EpiPen®) from the supply at the school even if the student is carrying an epinephrine auto-injector(EpiPen®) . The Department will not, given the problems with storage, provide epinephrine auto-injectors (EpiPen®[s]) for placement on school buses. The parent is expected to provide their child with one unexpired epinephrine auto-injector (EpiPen®) which will be available for use at school and on the bus. It is recommended that the parent provide their child with two unexpired epinephrine auto-injector (EpiPen®) for school field trips. Children who have demonstrated maturity (usually by the age of 6 or 7 years) should carry their own epinephrine auto-injector (EpiPen®)

**Refer to the following instruction sheets for EpiPen® instructions.**



# 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](http://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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## Allergy to Peanuts/Peanut Butter

Children with allergies to peanuts and peanut products require very stringent prevention and 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.

It is important that the school implement **a peanut and peanut product safe school** policy for the safety of those students who are allergic to these products. It is also important to inform all parents, students, and school staff why this policy is being put into place. Unless everyone is aware of the seriousness and reason for the policy, the cooperation needed may be difficult to obtain. A peanut safe policy should not be implemented when it is not necessary. Clarification from the student's doctor or the Medical Director of the Dr. Patrick Gill Asthma Education Centre is recommended when the diagnosis is unclear.

All parents should be offered a session on the dangers of an anaphylactic reaction and asked to cooperate in preventing a life-threatening reaction. Small residues of peanut products, such as peanut butter, can contaminate surfaces, door knobs, water fountains, etc. without anyone realizing they are there. The safest approach for elementary school aged students is to have a peanut safe policy for the school. Where needed, a school may designate itself as safe from other foods that triggers anaphylaxis reaction. Such foods could include, but are not limited to, bananas, egg, kiwi and seafood. This is done on a school-by-school basis where a student who is at risk of anaphylaxis is enrolled. The principal of the school is responsible for communicating any food restriction to the student body and parents/guardians.

When the Medical Director, The Dr. Patrick Gill Asthma Education Centre has reasonable evidence to determine that a student is allergic to peanuts, and the school is not peanut safe, the Medical Director of The Dr. Patrick Gill Asthma Education Centre can recommend to the Minister of Education and Lifelong Learning and appropriate education authority that the school be designated peanut safe.

In some situations, a zonal (or limited) peanut safe policy involving a portion of a school can be implemented by the principal. This would include such situations as when the diagnosis is unclear, the student is undergoing further testing, or the child is not in contact with all areas of the school.

## Allergy to Insect Stings

The risk of insect stings is higher in the warmer months. General guidelines to reduce the risk of exposure to insect stings include:

1. Keep garbage cans covered with tightly fitted lids in outdoor play areas.
2. Consider restricting eating areas to designated locations inside the school building during daily routines. This allows closer supervision, avoids school yard cleanup, and helps reduce the prevalence of stinging insects.
3. Have insect nests professionally relocated, or destroyed, as appropriate.
4. People who are allergic to stinging insects should:
  - Always carry an epinephrine auto-injector with them during insect season.
  - Stay away from areas where stinging insects gather such as gardens, hedges, fruit trees, and garbage cans.
  - Wear light colours (insects are attracted to bright ones) and avoid loose flowing garments or hair that could entrap an insect (tie hair back).
  - Wear shoes instead of sandals during the warm weather; do not go barefoot.
  - Avoid substances that attract insects, e.g. perfumes, colognes and highly scented suntan lotions, cosmetics, hair sprays and deodorants.
  - Drink from cups rather than beverage cans or bottles where insects can hide. Use a straw if drinking beverages outdoors.
  - Consult with an allergist to determine if they are appropriate candidates for venom immunotherapy, a de-sensitization program, which is highly effective.

## Other Allergens

Reactions to medication, exercise, latex and unknown causes (i.e. idiopathic) are rare in school settings. Care of children with these allergies should be individualized based on discussions amongst the parents, physicians, and school personnel. The same emergency management of anaphylaxis as located on page 12.

## Responding to an Anaphylactic Reaction - Emergency Management of Anaphylaxis

Symptoms of anaphylaxis generally include two or more of the following body systems: skin, respiratory, gastrointestinal and/or cardiovascular. However, low blood pressure alone (i.e. cardiovascular system), in the absence of other symptoms, can also represent anaphylaxis. Breathing difficulties and low blood pressure are the most dangerous symptoms and both can lead to death if untreated.

- **Skin:** hives, swelling (face, lips, tongue), itching, warmth, redness
- **Respiratory** (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** (stomach): nausea, pain or cramps, vomiting, diarrhea
- **Cardiovascular** (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

Individual displays signs/symptoms of a potentially life-threatening allergic reaction (anaphylaxis).

Immediately proceed with five steps of the Emergency Protocol:

1. Give epinephrine auto-injector (e.g. EpiPen®) at the first sign of a known or suspected anaphylactic reaction.
2. Call 9-1-1 or local emergency medical services. Tell them someone is having a life threatening allergic reaction.
3. Give a second dose of epinephrine as early as 5 minutes after the first dose if there is no improvement in symptoms
4. Go to the nearest hospital immediately (ideally by ambulance), even if symptoms are mild or have stopped. The reaction could worsen or come back, even after proper 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, guardian).

Upon discharge from hospital, the patient should:

- Obtain an epinephrine auto-injector prescription and immediately fill it.
- Schedule a follow up appointment with his or her physician/primary care provider. If not already under the care of an allergist, the patient should obtain a referral.

**Note:** Adults must be encouraged to listen to the concerns of the child who usually knows when a reaction is occurring, even before signs appear. It cannot be assumed that children will be able to properly self-administer their auto-injector. (Children may be fearful of getting a needle, they may be in denial that they are having a reaction, or they may not be able to self-administer due to the severity of the reaction.)

## RESPONSIBILITIES

The *Education Act* R.S.P.E.I. 1988, Cap. E-.02 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 83 of the Act:

83. (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 student's parent.

Assistance from others, especially in the case of children, may be necessary. In the absence of parental authorization, school staff have an obligation to administer the epinephrine auto-injector (EpiPen®) and to 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.

### Schools

The identification of students who are at risk of anaphylactic shock can be accomplished by including questions in the student registration form. Schools 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 allergen?       YES     NO
- (b) If your answer to the above question was yes, please indicate the trigger to which your child is allergic:
- \_\_\_\_\_
- \_\_\_\_\_
- (c) Has a medical doctor recommended that your child have an epinephrine auto-injector (EpiPen®) available for use at school?     YES     NO
- (d) Do you consent to the sharing of your child's personal information, as provided in the Extreme Allergy Management and Prevention Plan (Appendix 2), relevant to their life-threatening allergy to certain foods, with those school staff who must know in order to provide the service?       YES     NO

## Parent

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:

- education to their children in the management of their allergies (e.g. to wear an allergy alert bracelet, to carry an epinephrine auto-injector (EpiPen®), to know their food limitations, not to share food utensils or containers, to tell an adult if they experience the onset of reaction
- information about the student's allergy to the school principal
- assistance to the principal by having the student's medical doctor complete the physician's statement section of the Extreme Allergy Management and Prevention Plan (Appendix 2)
- authorization and consent to carry out emergency procedures (Appendix 2)
- a completed copy of the relevant sections of the Emergency Allergy Alert Form (Appendix 3)
- a recent photo of the student
- an allergy alert bracelet or other suitable identification to the student
- an epinephrine auto-injector (EpiPen®) for the child to carry on their person.

Encourage parents/child to remind staff of their Anaphylaxis before activities off school property.

## 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 anaphylaxis, the principal shall:

- provide, or forward to the parent copies of each form:
  - Extreme Allergy Management and Prevention Plan- part 1 and part 2 (Appendix 2)
  - Emergency Allergy Alert Form (Appendix 3); and
  - Minister's Directive, No. MD 2018-08 Procedures for Dealing with Life-Threatening Allergies (Appendix 8)
- 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 epinephrine auto-injector (EpiPen®) and to administer the epinephrine auto-injector (EpiPen®)
- 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 epinephrine auto-injector (EpiPen®) with the form
- arrange for school staff who deal with the student, including the bus driver, to complete either (a) the training module on Anaphylaxis in Schools at [www.allergyaware.ca](http://www.allergyaware.ca) or (b) for the Public Health Nurse to conduct an information session for staff who deal with the student,
- arrange for Public Health Nurse to conduct a training session on the proper administration of epinephrine injectors for staff who deal with the student, including bus driver,
- where possible, arrange that a Comprehensive School Health Nurse is available to support students, parents and teachers with their questions and concerns relating to anaphylaxis and epinephrine injectors; however, it shall not be expected that Comprehensive School Health Nurses are available and/or on-site at each school to deliver epinephrine injections, as their role has them delivering many health services to students across PEI schools,
- ensure that staff who may be required to assess the student's need for administration of the epinephrine auto-injector and to administer epinephrine auto-injector (EpiPen®) are provided with a completed copy of the Extreme Allergy Management

and Prevention Plan and a completed copy of the Emergency Allergy Alert Form on the student

- order Epinephrine auto-injectors (EpiPen®[s]) and replacements for expired or used Epinephrine auto-injectors (EpiPen®[s]) from the Department of Education and Lifelong Learning in order to maintain the quantity established in the Minister's Directive concerning Procedures for Dealing with Life-Threatening Allergies. (See Appendix 8)
- notify all parents by letter of the management of food allergies policy for the school,
- the entire student population should be educated regarding the seriousness of anaphylaxis and be taught how to help their peers,
- inform all school staff of the video resources available at [www.epipen.ca](http://www.epipen.ca),
- arrange consultation/meeting after an incident to review in collaboration with Public Health Nurse, and
- ensure that the office store cupboard where epinephrine auto-injectors (EpiPen®[s]) are kept is well marked, accessible, and all staff know its location.

When a child who is at risk of anaphylaxis **transfers to another school**, the principal shall inform the principal of the receiving school that the student is at risk of anaphylaxis. If the Extreme Allergy Management and Prevention Plan and the Emergency Allergy Alert Form have been completed by the parent, the principal shall forward a copy to the principal of the receiving school along with other school records.

## Public Health Nurse

Proper planning for the management of students with severe allergies requires support from health care workers. Public Health Nurse 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 staff
- conduct workshops for office, educational, administrative and cafeteria staff, and bus drivers in:
  - recognition of possible life-threatening symptoms
  - training in emergency procedures to manage anaphylaxis, administration of medication, and
  - other anaphylaxis related health issues



- assist the school principal and the parent with the development of the Extreme Allergy Management and Prevention Plan for each identified student.

## Department of Education and Lifelong Learning

The Department of Education and Lifelong Learning shall:

- (a) Provide epinephrine auto-injectors (EpiPen®[s]) 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	Number of additional Epinephrine auto-injectors (EpiPen®[s]) to be provided to schools
1 student	2 Epinephrine auto-injectors (EpiPen®[s])
2 - 4 students	4 Epinephrine auto-injectors (EpiPen®[s])
5 or more students	6 Epinephrine auto-injectors (EpiPen®[s])

**EpiPen® Jr. (epinephrine) is to be substituted for students who weigh under 25kg.**

- (b) Maintain records concerning the distribution of Epinephrine auto-injectors (EpiPen®[s]) to schools and notify principals at least one month in advance of expiry dates of Epinephrine auto-injectors (EpiPen®[s]) supplied to schools by the Department of Education and Lifelong Learning.

The order form for additional Epinephrine auto-injectors (EpiPen®[s]) is contained in Appendix 7.

## **Extreme Allergy Management and Prevention Plan (Appendix 2)**

A copy of a letter to parents concerning the Anaphylaxis 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 - part 1 and part 2 (Appendix 2) along with a copy of the current Minister's Directive concerning Procedures for Dealing with Life-Threatening Allergies (Appendix 8) should be included with the letter.

The Extreme Allergy Management and Prevention Plan - part 1 and part 2 (Appendix 2) should be completed for each child who is at risk of anaphylactic shock. The plan requires the provision of information by the parent and the student's medical doctor as well as authorization by the parent for the school staff to administer medication and obtain medical assistance. It also provides for the documentation of commitments by the parent, the school, and the Public Health Nurse. 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.

Parents are required to return a completed copy of the Extreme Allergy Management and Prevention Plan - part 1 and part 2 (Appendix 2) within 15 days.

In brief, the steps to take include:

1. Parent advises school of their child's risk of anaphylaxis.
2. School provides parent with Extreme Allergy Management and Prevention Plan forms - part 1 and 2 (Appendix 2).
3. Parent completes appropriate portions of forms and returns them to school.
4. Meeting is held to review the Plan and complete the Emergency Allergy Alert Form.
5. Emergency Allergy Alert Form is posted in appropriate locations.
6. If anaphylaxis risk is related to peanuts, notice is sent to all parents at the Elementary & Consolidated levels with children at risk - regarding a peanut safe school.

## **Emergency Allergy Alert Form (Appendix 3)**

The Emergency Allergy Alert Form (Appendix 3) is a short version of the management plan and is designed for posting within the school so 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, a description of the student's typical symptoms of anaphylaxis and the appropriate action 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 appropriate locations within the school as determined by parent and principal such as the staff room and school office. A copy should be

given to the parent(s), teacher, school secretary, bus driver, custodian, substitutes, and Public Health Nurse, and other staff dealing with the student.

An epinephrine auto-injector (EpiPen®) should be located with the Emergency Allergy Alert Form.

### **Letter to Parents Regarding a Peanut Safe School (Appendix 4)**

The creation of schools classroom spaces and buses which are safe from the substance which could place an allergic child 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 4. This letter is designed to inform parents about the presence of a child who is at risk of an anaphylactic reaction 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.

### **School Lunch Ideas (Appendix 5)**

Appendix 5, School Lunch Ideas, contains suggestions for school lunches which do not include peanut butter. 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.

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 dietitian is desirable.

### **Non-adherent Parents of Student with Anaphylaxis**

In situations where the parent(s) are not adherent with the recommendations of the anaphylaxis program, the principal or home room teacher is requested to telephone the parent(s) and remind them of the requirements which are not being met. A written record of the call and discussion should be made by the school teacher or principal who makes the call. If within a further 15 days the obligations of the parent(s) are still not met, the principal is to write a letter to the parent(s) noting the recommendations and requesting that the parent(s) sign the letter and return it to the school. The signed letter is then to be kept at the school. In the event the letter is not returned, a copy of the letter sent is to be maintained in the school along with a note signed by the principal indicating that the parent(s) did not respond. Follow up with Public Health Nurse is warranted.

### **Annual Review of Extreme Allergy Management and Prevention Plan (Appendix 6)**

Parents whose children are at risk of anaphylaxis 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.



## Appendix 2

### Extreme Allergy Management and Prevention Plan –

**Student's Name** \_\_\_\_\_

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

Parent Commitments:

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School Commitments:

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Public Health Nurse Commitments:

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Date \_\_\_\_\_ Principal's Signature \_\_\_\_\_

Date \_\_\_\_\_ Public Health Nurse Signature \_\_\_\_\_

Date \_\_\_\_\_ Parent's Signature \_\_\_\_\_

**This plan is to be reviewed annually and revised, where appropriate.**

Copy to:

Parent	Classroom Teacher	Bus Driver
Principal	School Secretary	Public Health Nurse
Custodian	Substitutes	Other staff who deal with the student

Please see on next page the **Request for School Assistance** which is to be completed by the parent(s) and physician as part of the plan.

**Extreme Allergy Management and Prevention Plan - part 2**  
**REQUEST FOR SCHOOL ASSISTANCE IN**  
**ADMINISTERING MEDICATION OR MEDICAL/PHYSICAL PROCEDURES TO STUDENTS**

**1. Student Information**

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Health Care Number (optional) \_\_\_\_\_  
 Address \_\_\_\_\_ Telephone \_\_\_\_\_ AllergyAlert I.D. \_\_\_\_\_  
 School \_\_\_\_\_ Teacher \_\_\_\_\_ Person administering medication/procedure \_\_\_\_\_  
**Parent(s):** Mother's Name \_\_\_\_\_ Address \_\_\_\_\_  
 Phone Number (W) \_\_\_\_\_ Phone Number (H) \_\_\_\_\_  
 Father's Name \_\_\_\_\_ Address \_\_\_\_\_  
 Phone Number (W) \_\_\_\_\_ Phone Number (H) \_\_\_\_\_  
**Emergency Contact:** Name \_\_\_\_\_ Address: \_\_\_\_\_  
 Phone Number (W) \_\_\_\_\_ Phone Number (H) \_\_\_\_\_

**2. Physician's Statement for Staff Assistance During School Hours** (attach additional page, if necessary)

Physician's Name (please print) \_\_\_\_\_ Phone Number \_\_\_\_\_

In my opinion, the following procedures are medically appropriate for the above-named student and must be administered during school hours in order to permit the student to attend school.

(a) Name of medication / procedure \_\_\_\_\_ Prescribed dosage \_\_\_\_\_  
 If child has an allergy, does he/she have history of anaphylaxis?  YES  NO If yes, to what? \_\_\_\_\_  
 Any other significant allergies?  YES  NO If yes, describe \_\_\_\_\_  
 Epinephrine recommended?  YES  NO If yes, is it  Junior EpiPen® (less than 25kg) **OR**  Regular EpiPen® ??

Other \_\_\_\_\_

(b) Administration frequency:  As required, **OR**  Other (please specify) \_\_\_\_\_

(c) Physician's instructions/information on the medication / procedure:  
 (i) Duration of medication/procedure:  Remainder of school year, **OR**  Other (please specify) \_\_\_\_\_  
 (ii) Reason for the medication / procedure: \_\_\_\_\_  
 (iii) Method of administration: \_\_\_\_\_  
 (iv) Limitations on student activity: \_\_\_\_\_  
 (v) Has the student/parent been taught the procedure? \_\_\_\_\_

(d) Cautions/notable side effects (if any): \_\_\_\_\_

(e) Expected response to side effects: \_\_\_\_\_

Date \_\_\_\_\_ Physician's Signature \_\_\_\_\_

**3. Parent/Guardian Authorization and Release**

Name of Procedure (if medication administration, please indicate prescription number \_\_\_\_\_)  
 I hereby request that the medication or procedure specified above to be administered to my child. I understand that (1) it is neither the objective nor the purpose of the school, or school personnel (except those whose job description specifies the provision of these services), to administer medication or medical/physical procedures to students and that they undertake this activity as a last resort to assist my child in continuing to attend school; (2) the person who will be administering the medication/procedure is not a health care professional but I have satisfied myself that he/she can carry out this responsibility; (3) it is my responsibility to ensure that the school is given up-to-date, accurate and complete information regarding the medication/procedure; (4) it is my responsibility to supply any equipment required to administer any procedure with clear instructions regarding its use, or any medication in containers clearly labeled by a pharmacist with instructions regarding its storage; and (5) it is my responsibility to immediately advise the school of any changes in the physician's instructions or in any other information provided to the school in relation to this matter.

I, for myself, my heirs, executors, administrators and assigns also hereby release the education authority, its trustees/directors, employees and agents, of any claims or liability for loss, damage or injury to my child or to any of my property arising out of the administration or failure to administer the medication/procedure as described herein, except for such loss, damage or injury as may arise by reason of the negligence or misconduct of the education authority, trustees/directors, employees or agents.

Date \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

**Note: The administration of this procedure will cease when the procedure is no longer required, as specified above, or upon appropriate notice to the parent(s), whichever comes first. This form should be completed upon registration and reviewed annually thereafter. The physician statement should be updated at least every three years and when the health circumstances of the student have changed.**

**4. Person Administering Medication, Medical or Physical Procedures**

I agree to carry out the procedure as herein requested by the parent/guardian and as explained by the physician.

Date \_\_\_\_\_ Signature \_\_\_\_\_

Personal information on this form is collected under Section 58 of the Education Act R.S.P.E.I 1988, Cap. E-.02 and will be used for the purpose of supporting medical emergencies. If you have any questions about this collection of personal information, please contact the Administration and Corporate Services Branch, Holman Building, Summerside PE, Telephone:902-438-4819

Place Student's Photo Here

### Emergency Allergy Alert Form for Posting

To Be Completed by Parent and School and POSTED Following Parent 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: \_\_\_\_\_

#### AVOIDANCE

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

#### Symptoms May Include:

- Skin: hives, swelling (face, lips, tongue), itching, warmth, redness
- Respiratory (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, trouble speaking, choking
- Gastrointestinal (stomach): nausea, pain or cramps, vomiting, diarrhea
- Cardiovascular (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

Immediate administration of the epinephrine auto-injector is required in the instance where a student who has anaphylaxis exhibits any of the above symptoms following exposure to a particular allergic material

#### EMERGENCY ACTION

1. Assess student.
2. Get **EpiPen**<sup>®</sup> (epinephrine) and administer immediately.
3. **HAVE SOMEONE CALL AN AMBULANCE** and advise that student has received an **EpiPen**<sup>®</sup> (epinephrine).
4. Unless student is resisting, lay student down, tilt head back and elevate legs.
5. Cover and reassure student.
6. Record the time at which **EpiPen**<sup>®</sup> (epinephrine) was administered.
7. Have someone call the parent.
8. If the ambulance has not arrived give a second dose of epinephrine as early as 5 minutes after the first dose if there is no improvement in symptoms.
9. Even if symptoms subside, take student to hospital immediately.
10. If possible, have a school staff member accompany the student to the hospital.
11. 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**<sup>®</sup> (epinephrine) was administered.
12. Where possible, take the used **EpiPen**<sup>®</sup> to a hospital for proper disposal and to demonstrate what 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 Alert Form** is posted at the following locations within the school: Gym, Classroom, Staff Room, Office/Secretary's Desk, and \_\_\_\_\_.

The **EpiPen**<sup>®</sup> (epinephrine) is available in the following locations: Gym, Classroom, Staff Room, Office/Secretary's Desk, and \_\_\_\_\_.

Date \_\_\_\_\_ Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_ Principal's Signature \_\_\_\_\_

Personal information on this form is collected under Section 83 of the Education Act R.S.P.E.I 1988, Cap. E-.02 and will be used for the purpose of supporting medical emergencies. If you have any questions about this collection of personal information, please contact the Education Services Division, Holman Centre, Summerside PE, Telephone:902-438-4987.



## Appendix 4

### Letter to Parents Regarding a Peanut Safe School

#### Letter to Parents of Students in Attendance at

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Name of School

Date:

Dear Parent:

#### **RE: PEANUT AND PEANUT PRODUCTS SAFE SCHOOL**

A student who is registered at our school has a severe life-threatening allergy (anaphylaxis) to peanuts and peanut products. Exposure to even a minute amount of the food substance could cause anaphylaxis and, without immediate emergency medical assistance, loss of consciousness and death. The school has established an emergency plan for the student. A small amount of peanut products such as peanut butter on the hands of a student or teacher who then touches a door knob, computer, water faucet, water fountain or other article and then is touched by a student severely allergic to peanuts could be enough to cause a severe reaction or the death of a student.

The school has an obligation to establish a safe environment for all students. Therefore, we are requesting that our school be **PEANUT AND PEANUT PRODUCT SAFE** and that parents and teachers avoid including peanuts and peanut products in lunches or snacks or to the school. 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:

- a school, school environment, and buses which are safe of peanuts and peanut products;
- classrooms, attended by the student, which are safe of peanuts and peanut products; and
- school practices which reduce the possibility of exposure to peanuts and peanut products.

A meeting for parents has been scheduled for \_\_\_\_\_ at the school. The purposes of the meeting are to share information concerning anaphylaxis 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,

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Principal

**Attachment:** School Lunch Ideas

## Appendix 5

### NUT-FREE SCHOOL LUNCH IDEAS

#### Nut-Free School Lunch Ideas

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Listed below are some simple, nut-free lunch ideas. Please keep in mind, no food is universally safe for all children and adults with food allergies and the options listed below contain other potential allergens. Also, always check the labels of packaged foods to ensure they are safe for your child.

#### LUNCH BASICS

Aim to include foods from at least 4 of the following food groups and always include a protein choice, found in foods from the Meat and Alternatives and Milk and Alternatives groups, to help keep your child feeling full throughout the day. Healthy fats are also good to include and help keep your child full. Ways to include healthy fats is to add avocado to sandwiches or salads, and use oil-based dressings. Desserts are optional. Try to keep portions small when they are offered (for example, an oatmeal-raisin cookie).

1. Meat and Alternatives (meat, beans, tofu, egg, fish)
2. Fruit and Vegetables (banana, apple, grapes, blueberries, 100% fruit juice, dried fruit, carrots, cucumbers, celery, sweet red pepper, snow peas)
3. Grains (whole wheat bread, bagel, pita, crackers, dry cereal, rice, whole wheat pasta, quinoa)
4. Milk and Alternatives (milk, yogurt, cheese, soymilk, fortified rice/almond milk)

When choosing a grain, look for whole grain items by checking the ingredient list. Whole wheat or the grain itself should be listed as the first ingredient. Grains include, but are not limited to, whole wheat bread for a sandwich, whole wheat pita paired with a dip, rice mixed with beans, or rice/quinoa/whole wheat pasta served 'on the side' for added variety in school lunches.

#### SANDWICHES

Sandwich fillings can be sliced or chopped and mixed or topped with mayonnaise, mustard, hummus, apple slices, sweet chili sauce, etc.

- Chicken
- Turkey
- Beef
- Pork
- Ham
- Egg
- Cheese
- Tuna
- Salmon
- Lean deli meat (try to make this a less-frequent choice)
- Peanut-free butters such as Sesame or Soy Butter
- Hummus

Sandwiches can be made on a variety of things such as bread, tortilla wrap, pita pocket, bagel, flat bread, roll, English muffin, to name a few. Instead of a typical sandwich prepare the filling (for example, tuna, salmon, chicken or egg salad) and have your child eat it by scooping out of the dish using whole grain crackers or whole wheat pita that has been toasted. Whole wheat or whole grain versions are best!

## **BRING BACK THE WIDE-MOUTH THERMOS!**

### **Hot Foods in the Thermos**

When serving hot foods in a thermos, make sure the food is well heated before putting it in the thermos. Try these options:

- Spaghetti, macaroni, other pasta or rice dishes made with whole wheat or whole grain pasta or brown rice
- Beans or lentils
- Soups and stews
- Leftovers (re-heated)

### **Cold Foods in the Thermos**

You can serve cold foods in a thermos too, ensuring that the food and thermos are both as cold as possible before putting the food in the thermos. Chill overnight in the fridge and include a cold-pack in the lunch box. Try these options:

- Potato or pasta salad made with cubes of cheese or egg or meat
- Green salad with veggies (tomatoes, cucumbers, peppers, carrots); include salad dressing in a separate container
- Quinoa salad (add diced vegetables and some oil-based dressing to cooked, cooled quinoa)
- Greek yogurt or cottage cheese with fruit
- Cooked oatmeal served with fruit in a separate container

### **OTHER FAVOURITES**

- Homemade pizza
- Whole grain muffin with yogurt or cheese
- Whole grain cold cereal (dry) in a sealed container and a separate thermos of milk. Served with fruit is a great meal!

### **QUICK FOOD SAFETY TIP**

To keep packed lunches cool, chill as much as possible, maybe over-night in the fridge. Also include a small ice-pack in the lunch box or insulated lunch bag. Some items could even be packed frozen and will thaw in time to be eaten, for example, muffins, 100% fruit juice boxes and yogurt tubes.



## Appendix 7

### Department of Education and Lifelong Learning - Order for Additional EpiPen®(s) epinephrine)

This form is to be used to order replacements for expired or used epinephrine auto-injectors (EpiPen®[s]), 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 epinephrine auto-injectors (EpiPen®[s]) which will be available for use at school, during field trips and on the bus.

The Department of Education and Lifelong Learning provides epinephrine auto-injectors (EpiPen®[s]) based on the understanding that the Extreme Allergy Management and Prevention Plan – part 1 and part 2 (Appendix 2) have been completed for each child.

The Department of Education and Lifelong Learning will supply additional Epinephrine auto-injectors (EpiPen®[s]) to schools according to the following formula:

Number of students registered at the school who are at risk of anaphylactic shock	Number of Epinephrine auto-injectors (EpiPen®[s]) to be provided to schools
1 student	2 Epinephrine auto-injectors (EpiPen®[s])
2 - 4 students	4 Epinephrine auto-injectors (EpiPen®[s])
5 or more students	6 Epinephrine auto-injectors (EpiPen®[s])

School \_\_\_\_\_

Number of students who are at risk \_\_\_\_\_

Number of unexpired Epinephrine auto-injectors (EpiPen®[s]) in school inventory from previous order and expiry dates:

Junior: (under 25kg) \_\_\_\_\_

Regular \_\_\_\_\_

Number of new Epinephrine auto-injectors (EpiPen®[s]) required:

Junior (under 25kg) \_\_\_\_\_

Regular: \_\_\_\_\_

Date \_\_\_\_\_ Principal \_\_\_\_\_

Please forward to: Department Of Education and Lifelong Learning  
Learning and Early Child Development Branch

<p><b>FOR OFFICE USE</b></p> <p>Number of Epinephrine auto-injectors (EpiPen®[s]) shipped to school:</p> <p>Junior _____ Regular _____</p> <p>Expiry Date _____</p> <p>Date of Shipment _____</p>
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Holman Centre, 250 Water Street, Summerside PE C1N 1B6

## Appendix 8

### MINISTER'S DIRECTIVE No. MD 2020-07 Procedures for Dealing with Life Threatening Allergies

Pursuant to clause 3(2)(e) and subsection 4(1) of the *Education Act* R.S.P.E.I. 1988, Cap. E-.02, I hereby issue the following Minister's Directive respecting procedures for dealing with life threatening allergies:

1. In this Minister's Directive,
  - (a) "allergen-safe policy" means a school-specific policy developed in consultation with Health PEI and the Department of Education and Lifelong Learning in which one or more specific allergens are prohibited from the school premises;
  - (b) "anaphylaxis" means a severe life-threatening allergic reaction generally involving two or more organ systems that occurs when an allergic individual is exposed to a particular protein material (antigen) including but not limited to exposure to peanut, nuts, eggs, insect sting or medication;
  - (c) "Emergency Allergy Alert Form" means the emergency allergy alert form included in the Information Handbook on Anaphylaxis;
  - (d) "epinephrine auto-injector (EpiPen® or EpiPen Jr®)" means a disposable spring-loaded and self-injectable syringe with a concealed needle that contains the drug epinephrine;
  - (e) "Extreme Allergy Management and Prevention Plan" means the Extreme Allergy Management and Prevention Plan included in the Information Handbook on Anaphylaxis;
  - (f) "Information Handbook on Anaphylaxis" means the most recent edition of the *Information Handbook on Anaphylaxis* published by Health PEI and the Department of Education and Lifelong Learning, as amended from time to time;
  - (g) "school staff" includes instructional and non-instructional personnel employed at a school, school bus drivers who may be required to transport a student, and persons who prepare or serve food to students at a school.
2. An education authority shall include the following requests for information in the student registration form:
  - (a) Does your child have a life-threatening allergy to certain foods, insect venom, medication or other material?
  - (b) If your answer to the above question is yes, please indicate the substance to which your child is allergic.
  - (c) Has a medical doctor recommended that your child have an emergency epinephrine auto-injector (EpiPen® or EpiPen Jr®) available for use at school?
  - (d) Do you consent to the sharing of your child's personal information, as provided in the Extreme Allergy Management and Prevention Plan (Appendix 2), relevant to their life-threatening allergy to certain foods, with those school staff who must know in order to provide the service? Y/N
3. An education authority shall advise the parent of a child who is at risk of anaphylaxis that the parent is responsible for providing the following to the principal of the school or his or her designate:
  - (a) information about the student's allergy;

- (b) information from the student's medical doctor, which can be provided through completion of Part 2 of the Extreme Allergy Management and Prevention Plan;
  - (c) authorization to school staff to carry out emergency procedures in response to anaphylaxis;
  - (d) consent to disclose the allergen-related health information of the student with school staff for the purposes of allergy management and prevention, and emergency administration of epinephrine to the student;
  - (e) a completed copy of the relevant sections of the Emergency Allergy Alert Form;
  - (f) a recent photo of the student.
4. An education authority shall advise the parent that he or she is responsible for providing their child with:
- (a) an allergy alert bracelet or other identification respecting the student's allergy; and
  - (b) a carrying pouch and an unexpired epinephrine auto-injector (EpiPen® or EpiPen Jr®) for use at the school and on school-sponsored activities.
5. (1) A principal of a school shall, upon being advised that a student enrolled in the school is at risk of anaphylaxis,
- (a) provide the parent of the student with copies of this Minister's Directive, the Extreme Allergy Management and Prevention Plan (Parts 1 and 2) and the Emergency Allergy Alert Form;
  - (b) provide an opportunity to the parent of the student to attend a meeting with the principal or his or her designate for the purposes of completing and reviewing the Extreme Allergy Management and Prevention Plan (Parts 1 and 2) and the Emergency Allergy Alert Form when the student is registered to attend the school and annually thereafter;
  - (c) provide information, including a copy of the Extreme Allergy Management and Prevention Plan (Parts 1 and 2) and the Emergency Allergy Alert Form, to school staff who may be required to assess the student's need for administration of epinephrine or to administer epinephrine.
  - (d) post in the staff room of the school, the student's classroom(s), school office or other school location easily accessible to school staff, a photo of the student and copy of the Emergency Allergy Alert Form, including the location of an epinephrine auto-injector (EpiPen® or EpiPen Jr®);
  - (e) arrange for a Public Health Nurse to conduct an information and training session for all school staff on an annual basis;
  - (f) order epinephrine auto-injectors (EpiPen® or EpiPen Jr®) and replacements for used or expired epinephrine auto-injectors (EpiPen® or EpiPen Jr®) as required from the Department of Education and Lifelong Learning in order to maintain the quantity required in section 6 of this Directive; and
  - (g) implement an allergen-safe policy in the school specific to the student's risk of anaphylaxis unless advised by Health PEI that an allergen-safe policy is not necessary, and follow the prevention and management procedures as described in the Information Handbook on Anaphylaxis.
- (2) The principal of a school shall, where a student enrolled in the school is at risk of anaphylaxis and is transferring to another school,
- (a) inform the principal of the receiving school in writing that the student is at risk of anaphylaxis; and

(b) forward a copy of the Extreme Allergy Management and Prevention Plan (Parts 1 and 2) and the Emergency Allergy Alert Form to the principal of the receiving school.

6. (1) The Department of Education and Lifelong Learning shall provide epinephrine to the principal of a school as follows:

(a) where there is one child at risk of anaphylaxis, 2 epinephrine auto-injectors (EpiPen® or EpiPen Jr®);

(b) where there are two, three or four students at risk of anaphylaxis, 4 epinephrine auto-injectors (EpiPen® or EpiPen Jr®); and

(c) where there are five or more students at risk of anaphylaxis, 6 epinephrine auto-injectors (EpiPen® or EpiPen Jr®).

(2) Where epinephrine is being provided with respect to students who weigh between 10 kg (22 lb) and 25 kg (55 lb), an EpiPen Jr® shall be provided. Those weighing more than 25 kg will be provided an EpiPen® (0.3 mg).

(3) The Department of Education and Lifelong Learning shall maintain records respecting the distribution of epinephrine auto-injectors (EpiPen® or EpiPen Jr®) to the principals of schools, and notify the principals at least one month in advance of the expiry date of the epinephrine auto-injectors (Epi Pen®)”.’

This Minister’s Directive is effective September 1, 2020.

Dated at the City of Charlottetown, this \_\_\_ day of August, 2020.

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Brad Trivers  
Minister of Education and Lifelong Learning



## Useful Sites

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[www.asthmacentre.pe.ca](http://www.asthmacentre.pe.ca)

[www.epipen.ca](http://www.epipen.ca)

[www.foodallergy.org](http://www.foodallergy.org)

<http://csaci.ca>

<https://www.allergyaware.ca>

[www.cps.ca](http://www.cps.ca)

<https://www.aaaai.org/>