



RÉGIE RÉGIONALE  
DE LA SANTÉ ET DES  
SERVICES SOCIAUX

DE MONTRÉAL-CENTRE

Direction de la santé publique

# Intervention Guide for Students at Risk of Anaphylactic Reaction in Schools



July 2001

The Intervention Guide for Students at Risk of Anaphylactic Reaction in Schools was written in collaboration with several individuals. We thank them.

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## Guide d'intervention pour les élèves à risque de réaction anaphylactique en milieu scolaire

# AVIS DE MISE À JOUR

Le Guide d'intervention pour les élèves à risque de réaction anaphylactique en milieu scolaire recommande aux parents, aux directions d'école, aux infirmières scolaires, aux enseignants, aux personnes qui portent secours et aux élèves à risque de réaction anaphylactique certaines responsabilités et conduites lorsque des élèves présentent ces risques en milieu scolaire.

Au quotidien, il s'avère souvent difficile pour les infirmières scolaires et le personnel scolaire d'obtenir les avis et ordonnances médicales tels que recommandés dans le Guide.

Comme l'ordonnance médicale n'est pas obligatoire, et que nous souhaitons maximiser le travail des infirmières auprès des élèves concernés, nous proposons la mise à jour suivante :

Page 8 – Remplacer l'encadré ombragé par : « Étant donné que la prescription médicale n'est pas nécessaire pour l'obtention de ce produit en pharmacie, UNE ORDONNANCE MÉDICALE n'est pas obligatoire sauf si l'infirmière en milieu scolaire juge qu'il y a ambiguïté sur le diagnostic d'allergie à risque de réaction anaphylactique. »

Page 15 – Remplacer la fiche-santé par la **Fiche Urgence-Santé**.

Page 17 – Note 7 : Enlever «**Signé par le médecin** »

Page 19 – Supprimer la note 6.

Annexe A – Supprimer cette annexe qui sera remplacée par la **Fiche Urgence-Santé**.

Annexe B – Cette annexe est facultative étant donné qu'une ordonnance médicale n'est pas obligatoire.

Annexe C – La signature du médecin est facultative. L'infirmière peut compléter ce formulaire avec les parents.

Annexe D – Remplacer cette fiche par la **Fiche Urgence-Santé**.

N.B. La collecte de données faite par l'infirmière relève de cette dernière et de son établissement.





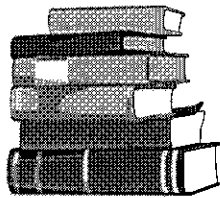
When it resumed its work in the fall of 1996, the Comité régional de coordination des services de santé et des services sociaux en milieu scolaire was made aware of the problems related to multiple intervention protocols for students at risk of anaphylactic reaction. No consensus was reached on these intervention protocols, especially regarding the method of

intervention, and the roles and responsibilities of schools and of health and social services. The Comité régional decided to complete the working document on standard health and social services guidelines for youth in schools, and the standard professional services contract between CLSCs and school boards. When it met in September 1997, the Comité régional asked that a working group be set up; the group's mandate would be to review existing intervention protocols and propose a standardised intervention guide for the Montreal-Centre region. The working group got underway in October 1997. In June 1998, the group submitted a working paper to the Comité régional for approval. The intervention guide has been at the disposal of school personnel since February 2000.

# Foreword



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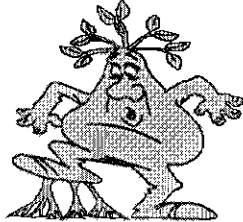
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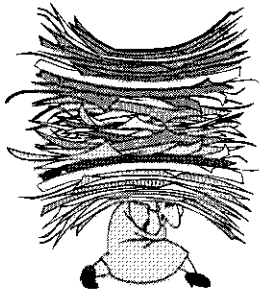
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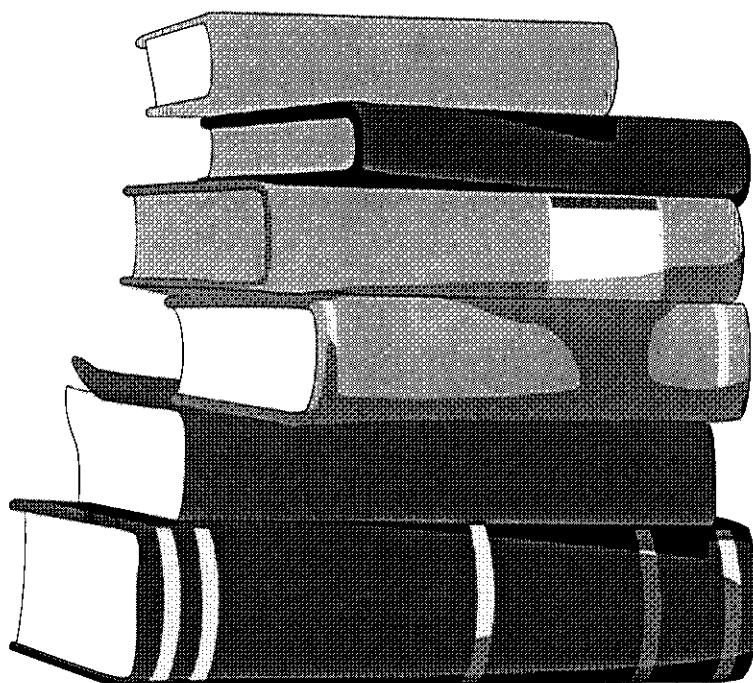


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1

# General Information





## 1.1 - Definition

Anaphylaxis is a group of symptoms that affect several systems in the body; the most severe symptoms are breathing difficulties, a drop in blood pressure, and anaphylactic shock, which can be fatal.



### The immune system and allergies

Our bodies have a very sophisticated defence mechanism: the immune system. It allows our bodies to accept good substances and neutralise or eliminate bad ones.

Allergies are the **abnormal** response of an allergic person's immune system when he or she comes into contact with certain substances. These substances, called allergens, are normally harmless and trigger reactions if they are inhaled (perfume, pollen, etc.), eaten (foods, medications, etc.), touched (plants, dyes, etc.), or introduced directly into the body (insect stings, etc.).

The best way of preventing an allergic reaction is, of course, to avoid coming into contact with the substance that causes the allergy. However, it can sometimes be difficult to detect its presence in foods or the environment, and even more difficult to ask a bee not to sting.

Allergies should not be confused with a **difficulty in digesting** certain foods that some people suffer from. This problem is called "food intolerance"; an example is an intolerance to lactose (a component of milk).

**Food poisoning** can also occur either because of germs in food or because of a substance like histamine, which is found in certain foods and can cause reactions that may seem like an allergy. Strawberries, tomatoes, tuna, and certain wines can cause this type of reaction.



## 1.2 - Signs and symptoms of allergy

For most people with allergies, the signs and symptoms will not be very severe: sneezing, runny nose, eczema, hives, etc.

Most allergies are caused by food. Here is a description of these allergies.

### **MILD food allergy:**

When someone has a mild food allergy, reactions after eating the food can be a slight tingling or feeling of swelling of the lips, mouth, or throat; these symptoms generally last about 15 to 30 minutes.

### **MODERATE food allergy:**

When someone has a moderate food allergy, reactions can be more severe and can appear either rapidly or in the first few hours after eating the food: nausea, vomiting, cramps, hives, asthma attack, etc.

### **SEVERE food allergy:**

An even more severe reaction can occur called “**anaphylaxis**” or “**anaphylactic shock**”.

## 1.3 - Progression of an anaphylactic reaction

An anaphylactic reaction can occur a few seconds to a few hours after exposure to the allergen.

Generally, an anaphylactic reaction first causes a person to feel sick, weak, itchy, or have an upset stomach.



### 1.3 - continued

These vague signs and symptoms may then set off an allergic "chain" reaction:

- itching, hives,
- sneezing, hoarseness, cough,
- red watery eyes
- nausea and vomiting, abdominal cramps, diarrhoea
- swelling of lips, face or tongue, tightness in the throat that hinders breathing;

followed by:

- wheezing, weakness,
- change of skin colour,
- loss of consciousness and, finally, death.

#### IMPORTANT

These symptoms do not always occur in the same order, are not necessarily all present, and can appear in several combinations. If the reaction is not treated, death can occur only a few minutes after the first symptoms appear. Moreover, although symptoms disappear after a first treatment, repeat attacks may occur up to 8 hours after exposure to the allergen.



### 1.4 - Incidence of anaphylaxis: current situation

The estimated risk of anaphylaxis in the general population is 1% to 2% (\*) for insect stings and foods. The risk of anaphylactic reaction is confirmed by tests carried out by specialists.



\* The Canadian Society for Allergy and Clinical Immunology, "Anaphylaxis in Schools and Other Child Care Settings". August 1995.  
Health Canada, Canadian School Boards Association. "Anaphylaxis: A Handbook for School Boards". Supply and Services Canada, 1996.





## 1.4 – continued

In the United States, about 100 people die each year from an anaphylactic reaction to food. Wasps and bees result in about 50 deaths per year. These deaths generally occur away from home and are associated with lack of or delayed treatment (\*).

In Canada, the estimated number of deaths each year varies from 12 to 50, but these numbers are difficult to confirm (\*).

Data from Quebec are also incomplete and difficult to interpret. However, the number of deaths attributable to anaphylaxis, especially related to food, is increasing every year.

Although anaphylactic reactions are rare, they are, nonetheless, very serious. Teaching and non-teaching staff as well as child care service personnel should be very aware of this problem and be ready to act.

## 1.5 - Allergenic substances

Although **peanuts** are the most common cause of anaphylaxis in children, other foods are also frequently associated with anaphylactic reactions: nuts, fish, seafood, milk, eggs, soya, and even wheat. However, any food may cause an allergic reaction. Several allergies, such as allergies to milk, soya, and eggs, tend to disappear spontaneously when a child reaches school age. Reactions to **peanuts, nuts, fish, and shellfish** tend to continue to be a **problem for life**.

Among non-food allergens, we find insect venom, medications, latex and, less often, intense physical exercise.

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\* The Canadian Society for Allergy and Clinical Immunology, "Anaphylaxis in Schools and Other Child Care Settings". August 1995.

Health Canada, Canadian School Boards Association. "Anaphylaxis: A Handbook for School Boards". Supply and Services Canada, 1996.



## 1.6 - Emergency treatment

An **epinephrine injection** is the only effective immediate treatment for anaphylaxis and must be administered quickly, as soon as the first symptoms of an anaphylactic reaction appear (**section 1.3**).

### Epinephrine = adrenalin

Epinephrine, also called “adrenalin”, is a drug that acts as a powerful **bronchial (airway) muscle relaxant**, among other things. It increases the diameter of bronchi, making it easier for air to get to the lungs. This capacity to dilate the respiratory tract is clearly evident when someone is having an allergic asthma attack.

Adrenalin also slows down the **immune system’s** cells that set off the allergic reaction. When anaphylaxis occurs, speedy administration of this medication can literally save a person’s life by reducing the effects of the attack; it also allows the person to continue breathing until he or she arrives at the hospital.

### Adrenalin: side effects

Adrenalin is a powerful, fast-acting drug; young people tolerate it well, even when they are in distress. It is **not abnormal** to observe pallor, tremors, and an increased heart rate, in short the opposite of the onset of shock that we are trying to reverse. Nausea and vomiting can also occur. The intense effect of the drug lasts about 10 minutes and does not exceed 30 minutes. Usually, this is enough time to get to the emergency room.

➤ **If an anaphylactic reaction is even slightly suspected, the person who comes to someone else’s help must not hesitate to administer the medication.**



## Adrenalin: description

Currently, adrenalin comes in two forms, available to the general public for auto-injection:

**1) EpiPen® (for children weighing more than 15 kg)**  
**EpiPen® junior (for children weighing less than 15 kg)**  
A small plastic tube with an automatic injection device and one pre-measured dose of adrenalin. The needle is not visible; it pierces the skin only when the tube is pressed into the thigh. No prior disinfection is required; it can be used directly through a pant leg as thick as a pair of jeans. It is the simplest and quickest device to use.

**2) Ana-kit**  
Small plastic kit containing:

- a syringe with two 0.3 ml doses of adrenalin,
- 4 antihistamine tablets,
- 2 alcohol swabs to disinfect the skin,
- 1 tourniquet.

This product requires handling that may seem complex for some people. The dose must be calculated according to the child's age. Moreover, the needle is visible, causing some people to be reluctant to use it. On the other hand, since it is inexpensive when compared with the other product, some people will recommend it as a home kit.

The doctor will recommend and prescribe one of these forms of auto-injectable adrenalin to someone at risk of anaphylaxis. Note that in either form, the drug is effective only for a year or two and therefore must be replaced regularly. **For schools, we recommend EpiPen®. It is easier to use and requires less handling.**

➤ **Although a medical prescription is not required to obtain these products in a pharmacy, the medication must be accompanied by a prescription when brought into school.**

Adults and children are encouraged to recognise their symptoms and administer the medication themselves. In schools, adults must take control of the intervention.



## 1.7 - Legal context and aspects

The advisory committee asked for legal advice (**Appendix I**) that could serve as a guideline to people working in schools; in this way ambiguous situations can be avoided, especially when it comes to administering or not the EpiPen® auto-injector to students who have not been identified as being at risk of anaphylactic reaction. Since it is a legal opinion, schools and school boards are free to implement it or not.

### Identified cases

Schools where there are students at risk of anaphylactic shock should have a procedure to:

- identify, through health records, students who suffer from food allergies;
- ask parents to provide the school with two EpiPen® kits(\*) and to replace them in due course;
- provide the school with a prescription for EpiPen® from the attending physician;
- train staff to recognise anaphylactic shock;
- train staff to use the EpiPen® auto-injector;
- keep auto-injectors in a cool, dark place (unlocked) that is known to staff.

These measures are justified by the fact that anaphylactic shock is usually a foreseeable event and that it strikes instantly, making the 9-1-1 emergency service ineffective without the immediate administration of adrenaline since the child could be dead before ambulance technicians arrive on the scene.

**Recommendation**  
Since an adrenalin injection is very easy to administer and presents no risk to children, it is reasonable that when there are students at risk of anaphylactic reaction in the school, an EpiPen® auto-injector be included in the first-aid kit; in this manner, the school can meet its obligation of providing assistance, as indicated in section 2 of the Quebec Charter of Human Rights and Freedoms.



\* Parents should provide at least one EpiPen® kit to the school.



## Unidentified cases

The incidence of people suffering from severe allergies to food or insect stings is 1% to 2% in the general population. We can assume that the incidence in unknown cases is even lower.

Given the potentially very low number of unidentified students at risk of anaphylactic reaction, the relatively high cost of the EpiPen® auto-injector, and the need to train all staff to recognise anaphylactic reaction and administer adrenalin, we can conclude that:

**it would be unreasonable to insist that all schools that do not have students who have been identified as being “at risk” train their staff and have EpiPen® in reserve.**

## Legal responsibility of a school employee who administers an EpiPen® to an unidentified student without parental or medical consent

In principle, no treatment can be administered to a child without the consent of the person having parental authority (Civil Code of Québec, sections 11 and 14).

However, section 13 of the Civil Code of Québec states that:

*“Consent to medical care is not required in case of emergency if the life of the person is in danger or his integrity is threatened and his consent cannot be obtained in due time.*

*It is required, however, where the care is unusual or has become useless or where its consequences could be intolerable for the person.”*





### **Recommendation**

In case of emergency, an employee is not making a mistake and or breaking medical law by administering adrenalin to a child since he or she is attempting to save the child's life. Therefore, the employee can administer the injection without fear of making a mistake or harming the child.

### **Legal responsibility of an employee who decides not to administer an EpiPen® to an unidentified student at risk of anaphylactic reaction**

An employee who decides not to administer an adrenalin injection when the equipment is easily accessible will not necessarily be found guilty of failing to provide assistance to a person in trouble since several factors must be taken into consideration. These factors include the person's awareness of what is taking place, his or her knowing that the injection is easily accessible and that it does not present a risk to the child, whether he or she is able to remain calm in an emergency situation, etc.

**The judge will consider all the circumstances and decide how a reasonable person would react under similar emergency circumstances.**



2

# Shared Responsibilities





To ensure the safety of children at risk of anaphylactic reaction in schools, it is important that parents, school staff, and students be informed of and assume their responsibilities.



## 2.1 - Responsibilities of parents

Parents of anaphylactic children should:

- 1) complete all necessary forms:
  - the *Consent Form for Administration of EpiPen® /Ana-Kit®* (**Appendix A**),
  - the *Medical Release Form – Medication Form* (**Appendix B**),
  - the *Emergency Allergy Alert Form* (**Appendix C**),
  - *Health Record* (**Appendix D**);
- 2) provide **two** EpiPen® auto-injectors to the school (\*);
- 3) replace auto-injectors before the expiration date;
- 4) discuss with their family doctor what precautions to take during school trips (e.g.: proximity of hospital or medical clinic, seriousness of the allergy, etc.);
- 5) get a Medic-Alert bracelet for the child, clearly stating allergies;
- 6) be available to prepare non-allergenic food for special occasions;
- 7) cooperate in developing emergency procedures to follow in the case of anaphylactic reaction in the school or during a school trip;
- 8) inform the school of any changes regarding the child's health;



\* Parents should provide at least one EpiPen® kit to the school.



## 2.1 - continued

- 9) teach their child:
- to recognise the early symptoms of an anaphylactic reaction;
  - to clearly explain when he or she feels an allergic reaction is coming on;
  - to bring the auto-injector in a waist pack;
  - to eat only food that comes from home;
  - not to share snacks, lunches, or drinks;
  - not to trade or share food, utensils, or containers that have come in contact with food;
  - the importance of hand washing before and after meals;
  - to accept his or her responsibility to ensure his or her own safety.

## 2.2 - Responsibilities of school administrators

- 1) Develop written emergency procedures (including one regarding school trips and after-school activities), which include steps to take when anaphylactic reaction occurs and to take into account:
  - the size of the school,
  - the children's ages,
  - the number of people trained to respond to emergencies,
  - the school schedule,
  - the location of EpiPen® auto-injectors.These procedures should be handed out every year to all school staff.
- 2) Make sure that the medication, labelled with the student's name, is easily accessible at all times, even during school trips.
- 3) Ensure that all pertinent medical information (*Health Record, Emergency Allergy Alert Form*) is accessible during school trips.
- 4) Insofar as is possible, ensure that all staff members and lunchtime supervisors are trained every year by the school nurse to:
  - recognise the symptoms of an anaphylactic reaction
  - use the EpiPen® auto-injector.



## 2.2 - continued



- 5) Inform all staff members and volunteers of those at risk of an anaphylactic reaction, names of the individuals who have been trained to administer the medication, location of auto-injectors, and prevention and emergency measures listed in this guide.
- 6) Ensure, insofar as is possible, that there is always someone at school who has been trained to administer EpiPen®, even during school trips.
- 7) Post the *Emergency Allergy Alert Form* signed by the doctor (**Appendix C**) so that all staff know which children in the school have allergies. A copy of this form must be included with EpiPen® auto-injectors.
- 8) Post the EpiPen® auto-injector directions for use in the allergic child's classroom, a list of symptoms of an anaphylactic reaction, emergency procedures and photo of the child at risk of anaphylactic reaction (**Appendices C and J**).
- 9) With the parents' consent, give staff members working in the school a list of the children at risk of anaphylactic reaction, their specific allergies and treatment (**Appendix A**).
- 10) Establish safety procedures for school trips and after-school activities.
- 11) Inform all parents, in writing, that a child with potentially life-threatening allergies is attending school and ask them to please avoid putting allergen-containing foods such as peanuts or nuts into their own child's lunches or snacks. Indicate in the letter that even the smell can set off an allergic reaction in a child at risk of anaphylactic reaction (**Appendix H**).
- 12) Encourage the implementation of prevention measures set forth in **section 4**.
- 13) After consulting the designated authorities, take the necessary measures, if a parent does not assume his or her responsibilities, as outlined in this guide.



## 2.2 - continued

- 14) Ensure that all pertinent information is filed in school records.
- 15) Provide an information update to staff working in schools by reviewing the contents of the intervention guide every year.

## 2.3 - Responsibilities of the school nurse

- 1) Every year, train staff working in schools to recognize the symptoms of an anaphylactic reaction and use the EpiPen® auto-injector.
- 2) Inform the classmates of a student at high risk of an anaphylactic reaction of the seriousness of food allergies and the reactions that they cause, as well as the importance of not trading or sharing food with this student.
- 3) Organise training sessions, workshops, and discussion groups on first aid, anaphylaxis, food allergies and their potentially life-threatening consequences. School staff, parents, and students should participate in these sessions.
- 4) Cooperate in developing emergency intervention procedures.
- 5) Report known anaphylaxis cases to the school principal.
- 6) Verify that the medication given corresponds to the prescription.
- 7) Inform the child at risk of an anaphylactic reaction and his or her parents of their respective responsibilities, as outlined in this guide.
- 8) Promote and support the application of prevention measures in the school.
- 9) Keep all pertinent documents in the child's health file.

## 2.4 - Responsibilities of the teacher



- 1) Know the names of the children at risk of an anaphylactic reaction and those of school staff members who have been trained to administer the EpiPen®, the location of the auto-injector, prevention measures, and emergency treatment.
- 2) Inform the classmates of a student at high risk of an anaphylactic reaction of the seriousness of food allergies and the reactions that they cause, as well as about the importance of not trading or sharing food with this student.
- 3) Report any change in the allergic student's health to the school administration and school nurse.
- 4) Remind the child at risk of an anaphylactic reaction to eat only the lunch or snack that he or she brought from home.
- 5) Ensure that all pertinent medical information (*Health Record, Emergency Allergy Alert Form*) is available during a school trip, if necessary.
- 6) Ensure that parents have checked with their doctor that the child at risk of anaphylactic reaction can safely participate in school trips.
- 7) Make sure to bring auto-injectors during school trips.
- 8) Remind the allergic child not to trade or share food, utensils, or containers which have been in contact with food that does not come from their home.
- 9) Inform the allergic child about the importance of hand washing before and after meals.
- 10) Ensure that the information concerning students at risk of anaphylactic reaction is visible, accessible, and easy to understand for substitute teachers.
- 11) Cooperate in applying school prevention measures.



## 2.5 - Responsibilities of the person giving help

- 1) Regularly review procedures to follow during an anaphylactic reaction (**section 3**).
- 2) Know the names of the children at school at risk of an anaphylactic reaction.
- 3) Cooperate in applying emergency measures (**section 3**).

## 2.6 - Responsibilities of the child at risk of anaphylactic reaction

- 1) Be responsible to ensure his or her own safety by:
  - avoiding contact with allergens as much as possible,
  - knowing how to use the auto-injector,
  - knowing how to recognise the symptoms of anaphylactic reaction,
  - informing adults and peers of his or her allergies.
- 2) Keep an auto-injector close at hand at all times (depending on the child's age).
- 3) Inform an adult of accidental exposure to an allergen immediately or as soon as a symptom appears.
- 4) Explain clearly to another adult that he or she feels an allergic reaction coming on.
- 5) Know where auto-injectors are located.
- 6) Wear a Medic-Alert bracelet at all times.
- 7) Eat only food that comes from home.
- 8) Never trade or share snacks, meals, beverages, utensils, or containers that have been in contact with food that does not come from home.
- 9) Be responsible for always checking labels and identifying allergenic foods (depending on the child's age).
- 10) Wash hands before and after meals.

3

# Emergency Procedures





### 3.1 - Recognising signs and symptoms

The following signs and symptoms of anaphylaxis can occur either alone or in combination:

- itching, hives,
- sneezing, change of voice, coughing,
- red watery eyes,
- nausea and vomiting, stomach cramps, diarrhoea,
- swelling of lips, face, and tongue, tightness in the throat that may impede breathing.

These symptoms can result in:

- wheezing, weakness,
- change of skin colour,
- loss of consciousness.

People who are susceptible to anaphylaxis and who need epinephrine do not always have clearly predictable reactions. **Symptoms can sometimes progress very quickly.** Therefore, it is important that epinephrine be given at the start of any reaction occurring in conjunction with known or suspected allergy contact.

An allergist could recommend that epinephrine be administered immediately after an insect sting or after eating a dangerous food, even before any reaction has begun. Therefore, it is important that the intervention plan **be reviewed regularly** with parents and the attending physician, if required.

### 3.2 - Five rules to remember

- 1) If there is any reason to suspect the onset of an anaphylactic reaction, people providing help should not hesitate to administer the medication.
- 2) There are **no contraindications** to epinephrine when there is a major allergic reaction.
- 3) Epinephrine should be administered **as soon as possible** after onset of symptoms of an allergic reaction.
- 4) Anyone who is given epinephrine must be rushed to the hospital **immediately**.
- 5) If the ambulance has not arrived within 10-15 minutes and the child has difficulty breathing, administer a second dose of EpiPen®.





### When the first signs appear

- 1) Ask the child if he or she ate a food item or any other substance to which he or she is allergic, or if he or she was stung by an insect.
- 2) Never leave the child alone.
- 3) Ask for help to get the EpiPen® auto-injector and have someone call 911 to request an ambulance.
- 4) Administer EpiPen® and continue watching and reassuring the child.
- 5) Tell the ambulance technicians that the child has received EpiPen®.
- 6) Notify the parents that EpiPen® was given to the child and that he or she has been brought to the hospital.

The child should **always** be taken to hospital **immediately**, within 15-20 minutes. Although epinephrine is effective after the first injection in the vast majority of cases, other treatments may be required subsequently; in addition, an observation period in hospital is required since symptoms can reappear in the following hours.

After consulting the attending physician, a clear protocol must be defined if the school is far from a hospital since epinephrine may have to be administered at an interval of 10 to 15 minutes if the allergic reaction is not controlled during transportation to the hospital (difficulty breathing, loss of consciousness, etc.). For this reason, EpiPen® kits **must** be available at school.

The person responsible for the child must accompany him or her and ensure constant surveillance until medical staff take over.

**Even though symptoms disappear completely after an injection of epinephrine, the child must be transported to the nearest hospital and put under observation for 24 hours if possible; a recurrence is possible and can occur up to 8 hours after a period of calm.**

### 3.3 - Technique for administering epinephrine

The technique for administering epinephrine is very simple, especially when using the EpiPen® auto-injector, which is fitted with a safety cap.

- 1) Take the EpiPen® auto-injector out of its case.
- 2) Pull off grey safety cap.
- 3) Locate the injection site: the thigh muscle, if possible; if not, the arm muscle.
- 4) Jab the black tip into the thigh at a right angle and push hard until the auto-injector is activated.
- 5) Hold in place for about 10 seconds.
- 6) Remove and discard unit.
- 7) Rub injection site for about 10 seconds.





4

# Prevention Measures







## 4.1 - Identification of the child

- Identify students at risk of an anaphylactic reaction to school authorities.
- All staff members working in the school must be informed that there are children with allergies attending school.
- Allergy alert **forms** and a **photograph** of each child, as well as descriptions of the allergy, treatment and action plans should be placed in key locations such as the administration **office** and staffroom, and wherever the child's epinephrine auto-injector (EpiPen®) is kept (**appendix C**).
- **Instructions on using the auto-injector**, as well as a list of symptoms and emergency procedures must be **posted** in a place that is clearly visible in the child's classroom (**appendix J**).
- It is important that the student wear a **Medic-Alert bracelet** indicating allergies.

## 4.2 - Prevention at school

**Training sessions:** (given annually by the school nurse)

- providing staff working in schools with information on:
  - the symptoms and treatment of an anaphylactic reaction;
  - emergency procedures;
  - prevention measures.

**Information:** (given by the school nurse, teacher, or principal)

- for students and parents, including:
  - symptoms, prevention measures, and treatment of an anaphylactic reaction.

**Safety procedures:**

- If possible, there should always be someone at school who has been trained in emergency procedures.
- All staff members working in schools should be aware of emergency procedures (**appendices C and J**).



### 4.3 - Peanut and nut allergies

Although **peanuts** are the most common cause of anaphylaxis among children, other foods are also often implicated: **nuts, fish, seafood, milk, eggs, soya**, and even **wheat**. It should be noted that any food may cause an allergic reaction. Many allergies, including milk, soya, and egg allergies, tend to disappear spontaneously by the time children are of school age. However, reactions to **peanuts, nuts, fish, and shellfish** tend to **persist for life**.

Non-food allergies can be caused by insect venom, medications, latex, and rarely, vigorous exercise.

Complete avoidance of all allergens cannot be guaranteed; however, the **parents** of an allergic child should be **encouraged** to **eliminate** all products containing **peanuts** (by giving them suggestions for foods to include in lunchboxes).

Every year, the school principal should send a letter to parents of students who share a class or group with allergic children, asking them not to give their child snacks or lunches that contain peanuts since the odour can trigger an allergic reaction (**appendix H**).

Soap used at school should not contain coconut oil.

If there are vending machines at school, ensure that no products containing allergens are offered.

- Recommend that children wash their hands before and after eating.
- Ensure that all surfaces (work, eating) are clean.
- Ask students at risk of an anaphylactic reaction to eat only foods prepared at home.
- Discourage sharing of food, utensils, and containers.
- Ensure mealtime supervision.
- If there is a cafeteria in the school, do not serve foods that contain allergens and inform staff about cross-contamination; in addition, teach them about food labelling.
- Allow the anaphylactic child to keep the same locker and desk throughout the year.



#### 4.4 - "Hidden" allergens in products used for school activities

- Allergic reactions to foods are not always the result of exposure to allergens at mealtime.
- Allergens can be found in educational materials such as:
  - modelling clay,
  - bean bags, stuffed animals that are sometimes filled with peanut shells,
  - teaching aids used for counting (beans, peas),
  - toys, books that could have been contaminated during use,
  - science projects,
  - seasonal activities (Easter eggs, gardening projects).
- Moreover, allergic children should not participate in clean-up activities or campaigns as they risk being exposed to food wrappers, containers, or other leftovers.

#### 4.5 - Allergies to insect stings

##### Allergy to insect venom:

- check for insects and take the measures required to remove them;
- recommend to allergic children to avoid clothes with floral motifs or that are blue or yellow, and to avoid perfume;
- allow students who are allergic to insect stings to stay inside at recess during bee and wasp season;
- ensure that bee and wasp nests on the building and in the yard are destroyed;
- ensure that outdoor garbage cans are closed.

##### In case of insect stings:

- never hit the insect or try to remove it;
- never pinch the insect's sting;
- **remove the sting with a fingernail or plastic card.**

##### In case of an anaphylactic reaction:

- administer epinephrine (EpiPen®) immediately;
- transport the child to the nearest hospital.



## 4.6 - Special events

### Special celebrations and events

Food prepared for special events should contain non-allergenic ingredients only. When food is brought into the classroom, remind parents what allergens should be avoided and ask them to include a list of ingredients. Ask the anaphylactic child to eat only food that he or she has brought from home.

Emphasize **activities** rather than **food** to highlight these special events.

### Educational outings

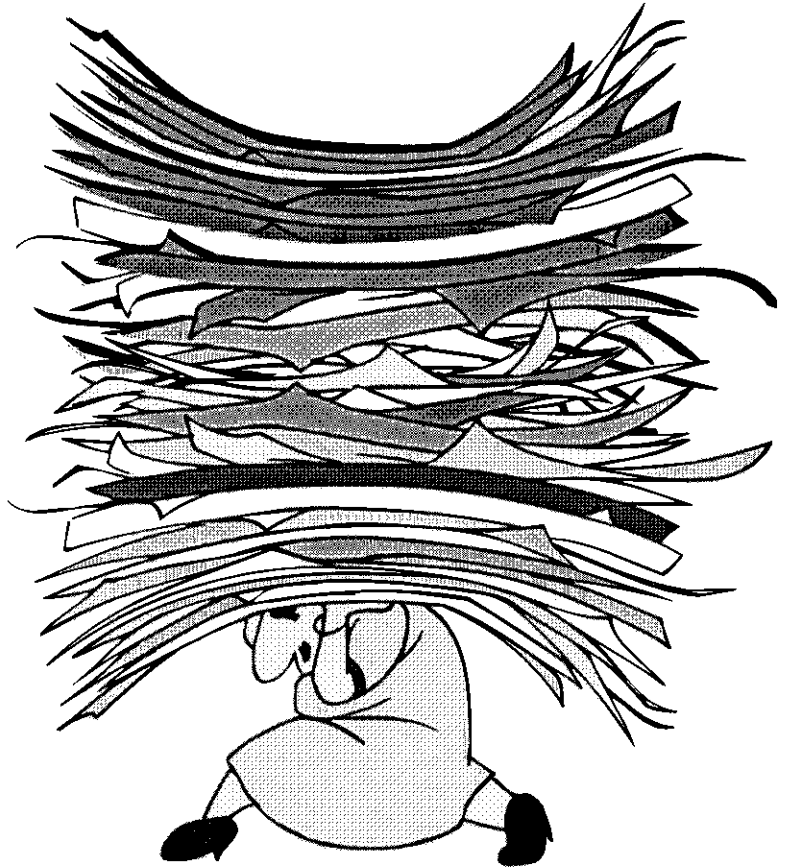
During school trips, it is important to plan the following procedures to protect the child at risk of an anaphylactic reaction:

- have a specific section for “serious medical problems”, including allergies, on the authorisation form;
- insist that all supervisors and staff members, teachers, and non-teaching staff know the child, his or her specific allergies, the symptoms, and emergency procedures;
- ask parents to check with their attending physician which safety measures to take during school trips;
- ask the parents of a student at risk of anaphylactic reaction to include enough auto-injectors to administer every 10 to 15 minutes during transport to the nearest hospital (e.g. if the outing is an hour from the nearest hospital, include four auto-injectors).

If possible, have a **cell phone** in the bus.

5

# Appendices





# Appendix A

## Consent form for administration of EpiPen® / Ana-Kit® to a student



### Sample

I, the undersigned, \_\_\_\_\_  
Name

- parent  
 guardian of

\_\_\_\_\_ authorise the school administration \_\_\_\_\_  
Student's name School

or its representative (staff member or volunteer) to administer an EpiPen® to my child in the event of an allergic reaction:

- to peanuts or other nuts, food containing nuts or peanuts;  
 to insect bites;  
 others ➔ specify: \_\_\_\_\_  
\_\_\_\_\_

You will find enclosed completed Medical Release and Emergency Allergy Alert Forms.

I authorise the school administration or its representative to pass on any pertinent information about my child's allergies to ensure his or her safety.

I agree to provide the school with the required medication and to replace it before its expiry date.

Signed in \_\_\_\_\_ on \_\_\_\_\_  
Address Day Month Year

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Parent/Guardian



## Annexe A

# Formulaire de consentement parental pour l'administration d'EpiPen® à un élève

A  
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## Exemple-type

Je soussigné \_\_\_\_\_  parent  
Nom  autorité parentale, de

\_\_\_\_\_ autorise la direction de l'école \_\_\_\_\_  
Nom de l'étudiant Nom de l'école

ou son représentant (membre du personnel ou bénévole) à administrer EpiPen® à mon enfant advenant une réaction allergique :

- aux arachides et autres noix, aliments contenant des noix ou arachides ;
- aux piqûres d'insectes ;
- autres ➔ **spécifiez** : \_\_\_\_\_

Vous trouverez ci-joints les formulaires de prescription médicale et d'avis d'allergie complétés.

Je donne la permission à la direction de l'école ou à son représentant de transmettre toute information pertinente, concernant la condition allergique de mon enfant, afin d'assurer sa sécurité.

Je consens à fournir à l'école la médication requise et à la remplacer avant la date d'expiration.

Signé à \_\_\_\_\_ le \_\_\_\_\_  
Adresse Jour Mois Année

\_\_\_\_\_  
Témoïn

\_\_\_\_\_  
Parent / Autorité parentale

**Appendix B**  
**Medical Release Form - Medication Form**



**Sample**

\_\_\_\_\_  
**Administrator**

\_\_\_\_\_  
**School**

Dear \_\_\_\_\_ (principal)

Re: \_\_\_\_\_ (student's name)

By this letter, I authorise that epinephrine, in the form of an EpiPen® auto-injector, be administered to: \_\_\_\_\_  
(student's name)

in the event of an anaphylactic reaction to:

\_\_\_\_\_  
(known allergies)

Any contact with these allergens must be avoided. Ingestion of or physical contact with these allergens can be fatal for this child. You will find the emergency procedures to follow on the Emergency Allergy Alert Form.

I thank you for your cooperation.

Sincerely,

**Physician's name:** \_\_\_\_\_

**Telephone number:** \_\_\_\_\_

**Physician's signature:** \_\_\_\_\_

**Date :** \_\_\_\_\_



**Annexe B**  
**Prescription médicale pour l'administration**  
**d'Epipen®**

A  
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P  
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S

**Exemple-type**

\_\_\_\_\_  
**Nom de la direction**

\_\_\_\_\_  
**Nom de l'école**

Cher \_\_\_\_\_ (nom de la direction)

Objet : \_\_\_\_\_ (nom de l'élève)

Par la présente, j'autorise que l'épinéphrine, se présentant sous le mode d'auto-injecteur EpiPen®, soit administrée à : \_\_\_\_\_  
(nom de l'élève)

advenant une réaction anaphylactique à :

\_\_\_\_\_  
(allergies connues)

Tout contact avec ces allergènes doit être évité. L'ingestion ou un contact physique avec ces allergènes pourraient être fatal pour l'enfant. Vous trouverez les procédures d'urgence dans le formulaire d'avis d'allergie.

Merci de votre collaboration.

Bien à vous.

**Nom du médecin :** \_\_\_\_\_

**No. de téléphone :** \_\_\_\_\_

**Signature du médecin :** \_\_\_\_\_

**Date :** \_\_\_\_\_

# Appendix C Emergency Allergy Alert Form



## Sample

Last name: \_\_\_\_\_

First name: \_\_\_\_\_

Year: \_\_\_\_\_ Class: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Recent photo  
of the child

Father:

Telephone (work) \_\_\_\_\_ (home) \_\_\_\_\_

Mother:

Telephone (work) \_\_\_\_\_ (home) \_\_\_\_\_

Date of birth:

--	--	--	--	--	--	--	--

Year

Month

Day

Health insurance number: \_\_\_\_\_ (optional)

Person to contact in case of emergency:

Name: \_\_\_\_\_ Telephone no.: \_\_\_\_\_

### 1 - Known allergies

This child has an allergy to:

\_\_\_\_\_,  
which could put his or her life in danger

### 2 - Prevention

Avoid all contact with the above-mentioned products.

Children with food allergies must only eat food that they bring from home.

### 3 - Symptoms

- itching, hives,
- sneezing, hoarseness, cough,
- red watery eyes,
- nausea and vomiting, abdominal cramps, diarrhoea,
- swelling of lips, face or tongue, tightness in the throat that hinders breathing.



**Symptoms continued:**

- wheezing, weakness,
- change of skin colour,
- loss of consciousness.

**4 - Emergency procedures**

- As soon as allergic reaction appears, ask for help. Don't leave the student alone.
- Ensure that someone has gone to get the medication.
- Make sure that someone is calling 911 and requests an ambulance and a physician; make sure that he or she mentions that it is a case of anaphylactic shock.
- Ask the child what he or she ate or if he or she was stung by an insect.
- Administer EpiPen® immediately.
- If the ambulance has not arrived within 10-15 minutes and that child has difficulty breathing, administer a second dose of EpiPen®.
- Transport the child to hospital even if the symptoms have completely disappeared.
- Write down the student's name and age, the parents' names and telephone numbers, the medication given, and the time it was administered. Give this sheet of paper to the person who is going to the hospital with the student.
- Accompany the child to the hospital.
- Notify the parents immediately.

**5 - Technique for administering EpiPen®**

- Remove the EpiPen® auto-injector from its case.
- Pull off the grey safety cap.
- Locate injection site: thigh muscle if possible; if not, the arm muscle,.
- Jab the black tip into the thigh at a right angle and push hard until the auto-injector is activated.
- Hold in place for about 10 seconds.
- Remove and discard unit.
- Rub the injection site for 10 seconds.

**6 - Additional information**

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Physician's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Annexe C

## Formulaire d'avis d'allergie



### Exemple-type

Nom de famille : \_\_\_\_\_

Prénom : \_\_\_\_\_

Année : \_\_\_\_\_ Classe : \_\_\_\_\_

Adresse : \_\_\_\_\_

No. de téléphone : \_\_\_\_\_



Père :

No. de téléphone (travail) \_\_\_\_\_ (maison) \_\_\_\_\_

Mère :

No. de téléphone (travail) \_\_\_\_\_ (maison) \_\_\_\_\_

Date de naissance : 

--	--	--	--	--	--	--	--

Année

Mois

Jour

No. d'assurance maladie : \_\_\_\_\_ (facultatif)

Personne à rejoindre en cas d'urgence :

Nom : \_\_\_\_\_ No. de téléphone : \_\_\_\_\_

#### 1 - Allergies connues

Cet enfant a une allergie à :

\_\_\_\_\_ pouvant mettre sa vie en danger

#### 2 - Prévention

Éviter tout contact avec les produits ci-haut mentionnés.

Les enfants ayant des allergies alimentaires ne doivent manger que des aliments qui proviennent de la maison.

#### 3 - Symptômes

- démangeaison, urticaire,
- éternuement, changement de la voix, toux,
- rougeur des yeux, larmoiement,
- nausées et vomissements, crampes abdominales, diarrhée,
- enflure des lèvres, du visage, de la langue, serrement de la gorge qui entrave la respiration.



On note alors :

- une respiration sifflante, de la faiblesse,
- un changement de la couleur de la peau,
- une perte de conscience.

#### 4 - Procédures d'urgence

- Dès l'apparition de la réaction allergique, demander de l'aide, ne pas laisser l'élève seul.
- S'assurer qu'une personne est allée chercher la médication.
- S'assurer qu'une personne appelle 911 et demande une ambulance et un médecin en mentionnant qu'il s'agit d'un choc anaphylactique.
- Questionner l'élève sur ce qu'il a mangé ou touché, ou s'il a été piqué par un insecte.
- Administrer EpiPen® immédiatement.
- Si dans les 10-15 minutes l'ambulance n'est pas arrivée et que l'enfant a de la difficulté à respirer, administrer une deuxième dose d'EpiPen®.
- Même si les symptômes ont complètement disparu, transporter l'enfant à l'hôpital.
- Inscrire le nom de l'élève, l'âge, le nom et numéro de téléphone des parents, la médication donnée et l'heure de son administration. Remettre cette feuille à la personne qui accompagne l'élève vers l'hôpital.
- Accompagner l'enfant à l'hôpital.
- Aviser les parents immédiatement.

#### 5 - Technique d'administration de l'EpiPen®

- Retirer l'auto-injecteur EpiPen® de son étui.
- Enlever le couvercle gris de sécurité.
- Repérer le site d'injection, si possible le muscle de la cuisse, sinon le muscle du bras.
- D'un coup sec, placer le bout noir sur la cuisse, à angle droit et enfoncer fortement jusqu'au déclenchement du mécanisme d'auto-injection.
- Laisser en place pour environ 10 secondes.
- Retirer et jeter.
- Masser le site d'injection pendant 10 secondes.

#### 6 - Informations supplémentaires

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Signature du médecin : \_\_\_\_\_ Date : \_\_\_\_\_

Signature du parent : \_\_\_\_\_ Date : \_\_\_\_\_





Identify your child's health problems with a check mark (✓). Specify the follow-up by a physician or specialist, the corrected problem(s) and medication.

4. INFORMATION ON THE STUDENT'S HEALTH				
HEALTH PROBLEM(S)		FOLLOW-UP BY A PHYSICIAN OR SPECIALIST (indicate the name)	CORRECTED PROBLEM(S) (specify)	MEDICATION (specify)
PHYSICAL OR PSYCHOSOCIAL	<input checked="" type="checkbox"/>			
VISION	<input type="checkbox"/>			
HEARING	<input type="checkbox"/>			
LANGUAGE	<input type="checkbox"/>			
DENTAL	<input type="checkbox"/>			
ASTHMA	<input type="checkbox"/>			
DIABETES	<input type="checkbox"/>			
EPILEPSY	<input type="checkbox"/>			
CARDIAC	<input type="checkbox"/>			
EMOTIONAL/SOCIAL DIMENSION	<input type="checkbox"/>			
OTHER(S) (neurological, digestive problem, physical handicap)	<input type="checkbox"/>			

ALLERGIES : PEANUTS FEATHERS EGGS ANTIBIOTICS INSECT STINGS  
OTHER(S) (specify) \_\_\_\_\_

TYPE OF REACTION : \_\_\_\_\_

USE OF THE EpiPen® AUTO-INJECTOR MEDICATION : USE OF CORTISONE  
OTHER(S) (specify) \_\_\_\_\_

◆NOTE◆ : IF YOUR CHILD SUFFERS FROM AN ALLERGY THAT COULD PLACE HIS/HER LIFE IN DANGER, PLEASE INFORM THE SCHOOL ADMINISTRATION. FOR ANY CHANGE IN YOUR CHILD'S HEALTH DURING THE YEAR, CONTACT THE SCHOOL IMMEDIATELY.

ADDITIONAL RECOMMENDATIONS OR INFORMATION :

\_\_\_\_\_

5. PHYSICAL EDUCATION

FOR ANY EXEMPTION FROM THE PHYSICAL EDUCATION COURSE RELATED TO A HEALTH PROBLEM, A RECENT MEDICAL CERTIFICATE IS REQUIRED.

6. AUTHORIZATION

I AUTHORIZE THE NURSE AND ANY OTHER MEMBER OF THE SCHOOL STAFF TO EXAMINE THE INFORMATION CONTAINED IN THIS HEALTH RECORD.

SIGNATURE OF THE PARENTS OR GUARDIANS : \_\_\_\_\_ DATE : \_\_\_\_\_

7. INFORMATION FOR USE BY THE SCHOOL

\_\_\_\_\_

# Annexe D

## Fiche-santé de l'enfant



EXEMPLE-TYPE



### FICHE-SANTÉ

Cette fiche fournit de l'information de base sur l'état de santé de votre enfant. Ces renseignements nous sont nécessaires afin de favoriser les meilleures conditions possibles d'apprentissage et aussi nous permettre une intervention rapide et adéquate en cas d'urgence.

La fiche sera gardée au dossier de l'élève. Elle est à la disposition du personnel du CLSC (infirmière, travailleur social), du personnel enseignant et du responsable des premiers soins, au besoin. Cette fiche est valable pour un an, elle doit être complétée au début de chaque année scolaire, et sera détruite à la fin de l'année scolaire.

ANNÉE SCOLAIRE : \_\_\_\_\_ - \_\_\_\_\_

1. RENSEIGNEMENTS PERSONNELS	
ÉLÈVE (NOM) : _____	(PRÉNOM) : _____
ADRESSE PRINCIPALE : _____	APP. : _____
VILLE : _____	CODE POSTAL : _____
TÉLÉPHONE : _____	DATE DE NAISSANCE : A ____/M ____/J ____
NUMÉRO D'ASSURANCE MALADIE : _____	SEXE : F M
	DATE D'EXPIRATION : A ____/M ____
LIEU DE NAISSANCE : _____	
DATE D'ARRIVÉE AU QUÉBEC (si l'élève est né ailleurs) : _____	
LANGUE(S) : MATERNELLE _____	PARLÉE À LA MAISON : _____
CLASSE SCOLAIRE ACTUELLE : _____	FOYER (secondaire) : _____
NOM DE L'ÉCOLE : _____	
ÉCOLE FRÉQUENTÉE L'AN DERNIER : _____	
VILLE OU LOCALITÉ : _____	
L'ÉLÈVE DEMEURE AVEC : PÈRE ET MÈRE    PÈRE SEULEMENT    MÈRE SEULEMENT    GARDE PARTAGÉE	
TUTEUR	
PÈRE (NOM ET PRÉNOM) : _____	
ADRESSE : _____	TÉL. AU TRAVAIL : _____
	TÉL. AU DOMICILE : _____
MÈRE (NOM ET PRÉNOM) : _____	
ADRESSE : _____	TÉL. AU TRAVAIL : _____
	TÉL. AU DOMICILE : _____
TUTEUR, s'il y a lieu (NOM ET PRÉNOM) : _____	
LIEN AVEC L'ÉLÈVE : _____	
ADRESSE : _____	TÉL. AU TRAVAIL : _____
	TÉL. AU DOMICILE : _____
2. URGENCE (SI LES PARENTS NE PEUVENT ÊTRE REJOINTS)	
NOM : _____	PRÉNOM : _____
LIEN AVEC L'ÉLÈVE : _____	TÉL. MAISON : _____
	TÉL. TRAVAIL : _____
EN CAS DE SITUATION DE MALAISE, J'AUTORISE LE PERSONNEL DE L'ÉCOLE À DISPENSER LES PREMIERS SOINS À MON ENFANT. EN CAS D'URGENCE, J'AUTORISE L'INFIRMIÈRE ET LE MÉDECIN À S'ASSURER QUE MON ENFANT REÇOIVE LES SOINS D'URGENCE REQUIS, S'IL EST IMPOSSIBLE DE REJOINDRE LES PARENTS OU TUTEURS. LES FRAIS DE TRANSPORT AMBULANCIER, EN CAS D'URGENCE, SONT À LA CHARGE DES PARENTS OU TUTEURS.	
SIGNATURE DES PARENTS OU TUTEURS : _____	DATE : _____



IMPORTANT : COMPLÉTER LE VERSO





Identifier par un crochet (✓) le(s) problème(s) de santé de votre enfant. Précisez le suivi par un médecin ou un spécialiste, le(s) problème(s) corrigé(s) et la médication.

A p p e n d i c e s

4. INFORMATIONS SUR LA SANTÉ DE L'ÉLÈVE			
PROBLÈME(S) DE SANTÉ PHYSIQUE OU PSYCHOSOCIALE	<input checked="" type="checkbox"/>	SUIVI PAR UN MÉDECIN OU SPÉCIALISTE (précisez le nom)	PROBLÈME(S) CORRIGÉ(S) (précisez)
VISION			
AUDITION			
LANGAGE			
DENTITION			
ASTHME			
DIABÈTE			
ÉPILEPSIE			
CARDIAQUE			
DIMENSION PSYCHOSOCIALE			
AUTRE(S) (problème neurologique, digestif, handicap physique)			

ALLERGIES : ARACHIDES PLUMES OEUFS ANTIBIOTIQUES PIQÛRES D'INSECTES  
AUTRE(S) (précisez) \_\_\_\_\_

TYPE DE RÉACTION : \_\_\_\_\_

USAGE DE L'AUTO-INJECTEUR EpiPen® MÉDICATION : USAGE DE LA CORTISONE  
AUTRE(S) (précisez) \_\_\_\_\_

♦ATTENTION♦ : SI VOTRE ENFANT SOUFFRE D'UNE ALLERGIE QUI PEUT METTRE SA VIE EN DANGER, S.V.P. INFORMEZ LA DIRECTION DE L'ÉCOLE. POUR TOUT CHANGEMENT DANS L'ÉTAT DE SANTÉ DE VOTRE ENFANT DURANT L'ANNÉE, COMMUNIQUEZ AVEC L'ÉCOLE SANS DÉLAI.

RECOMMANDATIONS OU INFORMATIONS SUPPLÉMENTAIRES :

\_\_\_\_\_

5. ÉDUCATION PHYSIQUE

POUR TOUTE EXEMPTION AU COURS D'ÉDUCATION PHYSIQUE LIÉE À UN PROBLÈME DE SANTÉ, UN CERTIFICAT MÉDICAL RÉCENT EST EXIGÉ.

6. AUTORISATION

J'AUTORISE L'INFIRMIÈRE ET TOUT AUTRE PERSONNEL DE L'ÉCOLE À PRENDRE CONNAISSANCE DE L'INFORMATION CONTENUE DANS LA PRÉSENTE FICHE.

SIGNATURE DES PARENTS OU TUTEURS : \_\_\_\_\_ DATE : \_\_\_\_\_

7. INFORMATION À L'USAGE DE L'ÉCOLE

\_\_\_\_\_

School logo

# Emergency Health Record 2003-2004

## General information

Name (student) : \_\_\_\_\_ School grade : \_\_\_\_\_

First name : \_\_\_\_\_ Class room number : \_\_\_\_\_

Address : \_\_\_\_\_ Language spoken at home : \_\_\_\_\_

Sex : F  M  Date of birth : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Year Month Day

Health insurance No : 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 Expiry date : \_\_\_\_\_ / \_\_\_\_\_  
Year Month

## Where you can be reached in case of emergency :

MOTHER	FATHER
Name : _____	Name : _____
First name : _____	First name : _____
☎ home : _____	☎ home : _____
☎ work : _____	☎ work : _____
☎ other : _____	☎ other : _____
OTHER	OTHER
Name : _____	Name : _____
First name : _____	First name : _____
☎ home : _____	☎ home : _____
☎ work : _____	☎ work : _____
☎ other : _____	☎ other : _____

In order to insure the security of your child, the school must be informed of health problems that **might require immediate intervention** at school (severe allergy to food or insect bites, diabetes...).

Does your child suffer from such a health problem ? Yes  If yes, complete the back of the sheet  
No

Please **inform the school of any change** that might occur during the present school year.

N.B. : The information contained in this sheet will only be transmitted to the school nurse and to the school staff who may be required to assist your child in case of emergency.

\_\_\_\_\_  
Signature of parent, tutor or youth of 14 years or more

Date : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Year Month Day

School logo

# Emergency Health Record

## Additional information

(Fill only if your child has health problems that might require immediate intervention at school)

Has your child's state of health changed since last year :      Yes       No

### Does your child suffer from :

<b>SEVERE ALLERGY :</b>	➤ To food :	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	➤ To insect bites :	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	➤ Other	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If so, specify : _____ _____			
<b>Emergency medication :</b>	Yes <input type="checkbox"/>	Épipen : Yes <input type="checkbox"/>	No <input type="checkbox"/>
	No <input type="checkbox"/>	Other : _____	

<b>DIABETES:</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Emergency medication :</b>	Yes <input type="checkbox"/>	Specify ? : _____
	No <input type="checkbox"/>	
Emergency care required, in case of hypoglycaemia, specify : _____ _____		

<b>OTHERS :</b> Does your child suffer from any other problems that <b>might require immediate assistance</b> at school ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If so, specify : _____ _____		
<b>Medical recommendation in case of emergency :</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Specify : _____		

**I authorize the CLSC nurse to communicate the above information to the school staff that might be required to assist my child in case of emergency.**

\_\_\_\_\_  
Signature of parent, tutor or 14 years or more

Date : \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Year    Month    Day

## Appendix E

### Information on food allergies



#### What is a food allergy?

A food allergy is a specific reaction or sensitivity by the body to a particular food protein. A food allergy occurs when the food that causes a reaction is eaten, inhaled, or touched.

#### What is anaphylaxis?

Anaphylaxis or “anaphylactic shock” is a severe allergic reaction that can cause several symptoms which may lead to coma and death.

#### Signs and symptoms

- Tingling in the mouth.
- Swelling of eyes, lips, face, and tongue.
- Difficulty breathing and swallowing.
- Cough, feeling of choking.
- Loss of consciousness.
- Hives, itching.
- Tightness in throat, mouth, and chest.
- Wheezing.
- Nausea, vomiting.

#### Prevention

Reactions to food allergies can cause death if left untreated. However, reactions can be prevented by avoiding all contact with the allergens. Unfortunately, contact is not always direct but may be caused by cross-contamination.

#### What is cross-contamination?

All foods have proteins. When the protein from one food comes into contact with another food, their proteins mix. While we may not see traces of the food, there may be enough protein present to cause a serious allergic reaction if the person is allergic to that food.



## How can cross-contamination occur?

Cross-contamination occurs every time a food protein comes into contact with another food or surface which the allergen touched. Cross-contamination can occur during food preparation or when using utensils that have not been properly cleaned.

## Be vigilant...



Always check the oil used in food. People who are allergic to nuts must avoid peanut oil. Those allergic to fish must ensure that french fries (or any other food) have not been cooked in the same oil in which fish was cooked.



Ensure that knives and spoons used to spread mayonnaise were not used to spread egg, tuna, or salmon.



Never dip a knife in a jam jar after it was used to spread peanut butter.



Every type of sandwich or cookie should be served in a different serving dish to avoid cross-contamination.



When serving ice cream, use a different spoon for each type of ice cream to ensure that traces of nuts and peanuts are not spread to the ice cream.



Avoid buffet foods in restaurants as it is difficult to know what ingredients are in the food and the same serving spoon could have been used for more than one dish. Also, avoid dishes made with mixed ingredients.



Use caution in cafés that display donuts on racks. Small amounts of coconut or nuts can fall from one donut to another.



Never eat any food that has been touched by a food to which you are allergic. Removing nuts from a sundae does not make it safe to eat for a person allergic to nuts and peanuts.



For certain people, food additives such as nitrates, artificial flavours, preservatives, and colour can trigger an allergic reaction. Always read labels carefully.



People allergic to fish must avoid Caesar salad as it could contain anchovies.



In restaurants, always ask about the ingredients in foods, including toppings, stuffings, sauces, gravies, etc. Stuffing may contain nuts, and sauces are often prepared with eggs.



If you are allergic to strawberries or kiwi fruit, avoid mixed or "exotic" fruit drinks.



Never eat unwrapped candy from coin-operated vending machines. The machine may have contained a food to which you are allergic, such as peanuts, and it may have contaminated the vending machine. Moreover, some foods may not have a list of ingredients.



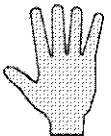
Always use clean utensils for each type of food you are preparing and serving. Traces of food may be left on knives, counters, cutting boards, spoons, towels and even hands, and may unknowingly be spread to other foods.



Ensure that the foods to which you are allergic are not cooked on the same grill as the food you are going to eat. The grill and utensils need to be cleaned before use.



Be careful of kisses. Avoid kissing a child if you have just eaten a food to which the child is allergic.



Wash hands frequently when preparing and serving food.



Bird seed often contain nuts. People who are allergic to nuts should avoid handling the seed.



Always check the contents of sun tanning oils and creams, shampoos, and body lotions. These products may contain coconut oil, or egg or nut extracts.

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**At the grocery store...**



Use caution with bulk food. The scoop may have been used in more than one bin; for example, the chocolate-covered peanut scoop could have been accidentally placed in the chocolate-covered raisin bin.



Be careful with flavoured coffees and coffee grinders. Traces of the food to which you are allergic may end up in your coffee! Amaretto coffee is flavoured either with real almonds or artificial flavouring. The same holds true for mocha hazelnut coffee or any other flavoured coffee.



In the deli section, bread, cheese, or meat slicing machines may contain traces of foods to which you are allergic (e.g. a nut loaf may have been sliced before your bread).



Check to see if fish and meats are stored at the same counter. Fluids may have leaked from the fish and contaminated the meats.



If you have a fish allergy, be aware of "surimi" or any other type of imitation crab or lobster. Surimi is made from a fish muscle that is reshaped and flavoured from actual crab or lobster.



Show your child the food to which he or she is allergic. Your child may know that he or she is allergic to nuts but may not know what nuts look like.

## When travelling...



Always take your food on the train, plane, or boat on which you are travelling. When making an airline reservation, inform the company of your allergies and ask for a special menu.



***Remember... when in doubt, throw it out!***

**Source:** "Food Allergy Facts." The Airway Group. February 1996, St. John's, Newfoundland.



## Annexe E

# Les allergies alimentaires – Information

### Qu'est-ce qu'une allergie alimentaire ?

Une allergie alimentaire est une réaction spécifique du système immunitaire à une protéine alimentaire. L'allergie alimentaire apparaît lorsque la personne allergique touche, inhale ou ingère l'aliment qui cause l'allergie.

### Qu'est-ce que anaphylaxie ?

Anaphylaxie ou « choc anaphylactique » est une réaction allergique grave qui se manifeste par une réaction en chaîne de plusieurs symptômes qui peuvent entraîner le coma et la mort.

### Signes et symptômes

- Picotement dans la bouche.
- Enflure des yeux, des lèvres, de la figure, de la langue.
- Difficulté respiratoire, à avaler.
- Toux, sensation d'étouffer.
- Perte de conscience.
- Urticaire, démangeaison.
- Serrement à la gorge, dans la bouche et les poumons.
- Respiration sifflante.
- Nausée, vomissements.

### Prévention

Une allergie alimentaire peut entraîner la mort en l'absence de traitement. Cependant, on peut les prévenir en évitant tout contact avec les allergènes. Malheureusement, les contacts ne sont pas nécessairement directs mais se font par contamination croisée.

### Qu'est-ce que la contamination croisée ?

Tous les aliments contiennent des protéines. Lorsqu'une protéine en touche une autre, elles se mélangent. La quantité de protéine nécessaire pour provoquer une réaction allergique peut être si minime, qu'elle peut être imperceptible à l'oeil nu.

## Comment se fait la contamination croisée ?

La contamination croisée se produit chaque fois qu'une protéine alimentaire touche un autre aliment ou une surface avec laquelle l'allergène a été en contact. La contamination croisée peut survenir pendant la préparation d'un aliment ou en utilisant des ustensiles qui n'ont pas été correctement nettoyés.



Toujours vérifier l'huile contenue dans les aliments. Les personnes allergiques aux noix doivent éviter l'huile d'arachide. Les personnes allergiques aux poissons doivent s'assurer que les frites (ou tout autre aliment) n'ont pas été cuites dans l'huile qui a frit du poisson.



S'assurer que les couteaux et les cuillères utilisés pour étendre de la mayonnaise n'ont pas servi à tartiner des oeufs, du thon ou du saumon.



Ne jamais plonger dans un pot de confiture un couteau ayant servi à tartiner du beurre d'arachide.



Chaque variété de sandwiches ou de biscuits sera servie dans un plat de service différent afin d'éviter la contamination croisée.



Utiliser une cuillère différente pour chaque variété de crème glacée que vous servez afin de vous assurer qu'aucune trace de noix ou d'arachide ne contamine la crème glacée qui en est exempte.



Éviter les buffets dans les restaurants puisqu'il est difficile de connaître les ingrédients contenus dans les aliments qui les composent et qu'un ustensile peut avoir servi pour plus d'un aliment. Éviter les plats composés de plusieurs ingrédients.



Soyez prudent dans les cafés qui exposent les beignes dans des présentoirs. D'infimes quantités de noix de coco ou de noix peuvent tomber sur les autres beignes.



Ne jamais manger un aliment qui a été touché par l'allergène auquel vous êtes allergique. Enlever les noix sur un sundae ne le rend pas sans danger pour la personne allergique aux noix et aux arachides.



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Pour certaines personnes, des additifs alimentaires tels les nitrates, les saveurs artificielles, les agents de conservation ou certains colorants peuvent déclencher une réaction allergique. Il faut donc toujours lire attentivement les étiquettes.



Les personnes allergiques aux poissons doivent éviter la salade César qui pourrait contenir des anchois.



Au restaurant, toujours s'informer des ingrédients qui composent les aliments y compris les garnitures, les farces, les sauces, ... Les farces peuvent contenir des noix, les sauces sont souvent préparées avec des oeufs.



Si vous êtes allergique aux fraises ou aux kiwis, évitez les jus de fruits mélangés ou les jus de fruits exotiques.



Ne jamais manger de bonbons non emballés provenant d'une machine distributrice. Un aliment contenant un allergène comme l'arachide par exemple, peut avoir contaminé la machine distributrice. De plus, certains aliments peuvent ne pas comporter de liste d'ingrédients.



Toujours utiliser des ustensiles propres pour chaque type d'aliments que vous préparez et servez. D'infimes quantités d'allergène peuvent subsister sur les couteaux, les comptoirs, les planches à découper, les cuillères, les serviettes, même sur les mains, et ainsi contaminer à votre insu les autres aliments.



S'assurer que les aliments que vous mangerez ne sont pas cuits sur la même grille que les aliments auxquels vous êtes allergique. Si c'est le cas, la grille et les ustensiles doivent être nettoyés avant leur usage.



Attention aux baisers. Évitez d'embrasser un enfant si vous venez tout juste de manger un aliment auquel il est allergique.



Laver vos mains fréquemment lorsque vous préparez et servez des aliments.



Les graines pour les oiseaux peuvent contenir des noix. Les personnes allergiques aux noix doivent éviter de les manipuler.



Toujours vérifier le contenu des huiles et des crèmes solaires, des shampoings et des crèmes pour le corps. Ces produits pourraient contenir de l'huile de noix de coco, des extraits d'oeufs ou de noix.



## À l'épicerie...



Soyez prudent avec les aliments en vrac. Les « pelles » utilisées peuvent avoir été plongées dans plus d'un contenant. La pelle utilisée pour les arachides enrobées de chocolat peut avoir été placée par mégarde dans le contenant de raisins enrobés de chocolat.



Soyez prudent avec les cafés aromatisés et avec les moulins à café. Des traces d'aliments auxquels vous êtes allergique peuvent se retrouver dans votre café ! Un café à l'Amaretto peut être aromatisé avec de vraies amandes ou avec une saveur artificielle, de même que les cafés moka noisette ou tout autre café aromatisé.



Dans la section des charcuteries, les machines à trancher le pain, le fromage et les viandes peuvent contenir des traces d'aliments auxquels vous êtes allergique. (Un pain aux noix peut avoir été tranché avant le vôtre.)



Vérifiez si les poissons et les viandes sont présentés dans les mêmes comptoirs. Les liquides des poissons peuvent avoir contaminés les viandes.



Si vous êtes allergique aux poissons, soyez prudent avec la « goberge » ou tout autre imitation de crabe ou de homard. La goberge est faite à partir du muscle d'un poisson qui est refaçonné et aromatisé avec le vrai crabe ou le vrai homard.



Vous devez enseigner à votre enfant les aliments auxquels il est allergique. Il peut savoir qu'il est allergique aux noix, mais ne pas être capable de les reconnaître.



## En voyage...



Emportez toujours votre nourriture à bord du train, de l'avion ou du bateau sur lequel vous voyagerez. Si vous faites une réservation avec une ligne aérienne, informez la compagnie des allergies dont vous souffrez et demandez un menu spécial.

***Rappelez-vous que dans le doute,  
mieux vaut s'abstenir !***

Traduction de : « Food Allergy Facts ». The Airway Group. February 1996, St-John's Newfoundland.

# Appendix F

## List of resources



### Allergy Asthma Information Association

30 Eglinton Avenue West  
Suite 750  
Mississauga (Ontario) L5R 3E7  
Telephone : (905) 712-2242  
Fax : (905) 712-2245

### AAIA Regional Offices

- **AAIA B.C. / Yukon**  
1212 West Broadway  
Suite 305  
Vancouver (B.C.) V6H 3V1  
Telephone : (604) 731-9885  
Fax : (604) 730-1015
- **AAIA Prairies / NWT**  
16531-114 Street  
Edmonton (Alberta) T5X 3V6  
Telephone : (403) 456-6651  
Fax : (403) 456-6651
- **AAIA Ontario**  
27 Griselda Crescent  
Scarborough (Ontario) M1G 3P5  
Telephone : (416) 439-8616  
Fax : (416) 439-5025
- **AAIA Québec**  
172 Andover Road  
Beaconsfield (Québec) H9W 2Z8  
Telephone : (514) 694-0679  
Fax : (514) 694-0679
- **AAIA Atlantic**  
20 South Road  
Doaktown (N.B.) E0C 1G0  
Telephone : (506) 365-4501  
Fax : (506) 365-4501

### Anaphylaxis Project of AAIA Ontario

Telephone : (416) 785-4684

### Allergy / Asthma Association of Alberta

525 11th Avenue S.W., Suite 208  
Calgary (Alberta) T2R 8C9  
Telephone : (403) 263-7561

### Food Allergy Network

4744 Holly Avenue  
Fairfax  
VA 22030-5647 U.S.A.  
Telephone : (703) 691-3179  
(800) 929-4040  
Fax : (703) 691-2713

### Ontario Allergy Society

2 Demaris Avenue  
Downsview (Ontario) M3N 1M1  
Telephone : (416) 633-2215

### Canadian Medic-Alert Foundation

250 Ferrand Drive, Suite 301  
Don Mills (Ontario) M3C 2T9  
Telephone : (416) 696-0267  
Fax : (416) 696-0156

#### To order:

1-800-668-6381 (français)  
1-800-668-1507 (english)

### Association québécoise des allergies alimentaires

2, Complexe Desjardins  
C.P. 216, Succursale Desjardins  
Montréal (Québec) H5B 1G8  
Telephone : (514) 990-2575  
Fax : (514) 990-2575

### Association des allergologues et immunologues du Québec

2, Complexe Desjardins  
C.P. 216, Succursale Desjardins  
Montréal (Québec) H5B 1G8  
Telephone : (514) 350-5101  
Fax : (514) 350-5151



## Appendix G

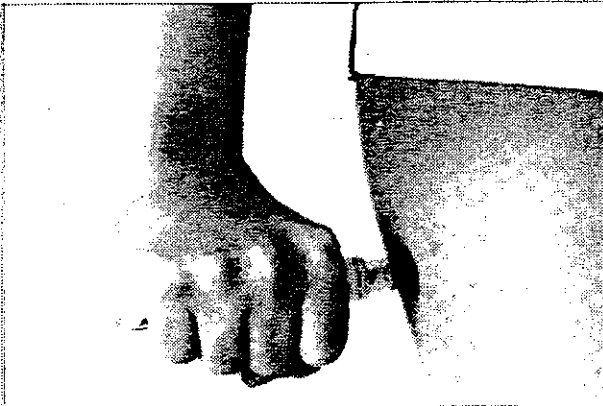
# Three simple steps to using the EpiPen® adrenalin auto-injector

How to use the EpiPen® Auto-Injector... Three simple steps



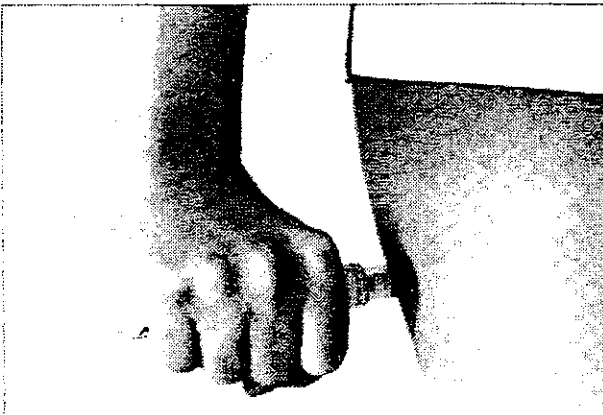
1. Pull off grey safety cap.

1. Enlever le couvercle gris de sécurité.



2. Jab black tip into outer thigh until unit activates.

2. D'un coup sec, placer le bout noir sur la cuisse jusqu'au déclenchement du mécanisme d'auto-injection.



3. Hold EpiPen® in place several seconds. Then discard unit.

3. Laisser en place pour plusieurs secondes. L'unité EpiPen® doit ensuite être enlevée et jetée.

## Appendix H

### Letter to parents with a child in the same class as a student at risk of anaphylactic reaction



#### Example-type 1

Dear parents,

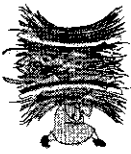
As you may know, one of the students in your child's class has an allergy to nuts and peanuts. This child is allergic to any food that may contain nuts, peanuts or peanut oil. The allergic reaction caused by peanuts is so severe that even the smell can set off a reaction that may threaten this child's life.

For this reason, we are asking you to give your child only snacks and lunches that do not contain nuts or peanuts. All children and school staff have been informed of this situation. Children have been instructed not to share their snacks with another child. Staff members have received training on emergency procedures to follow regarding anaphylactic shock.

We thank you for your cooperation, which makes the school a safe environment for all students.

Sincerely,

Principal



## Annexe H

### Lettre aux parents ayant un enfant dans la même classe qu'un élève à risque de réaction anaphylactique

#### Exemple-type 1

Chers parents,

Comme vous le savez peut-être, il y a un élève dans la classe de votre enfant qui est allergique aux noix et aux arachides. C'est donc dire qu'il est allergique à tout aliment pouvant contenir des noix, des arachides ou de l'huile d'arachide. La réaction allergique engendrée par l'arachide est tellement sévère que même l'odeur pourrait déclencher une réaction et mettre en danger la vie de cet enfant.

C'est pourquoi nous vous demandons de ne pas donner à votre enfant des casse-croûte ou des collations contenant des noix ou des arachides. Tous les enfants et le personnel scolaire ont été informés de la situation. Les enfants ont reçu la consigne de ne pas partager leur collation avec un autre enfant. Les membres du personnel ont, pour leur part, reçu une formation concernant les procédures d'urgence à suivre lors d'un choc anaphylactique.

Je vous remercie de votre collaboration qui fait en sorte que l'école soit un lieu sécuritaire pour tous les enfants qui la fréquente.

Bien à vous.

La direction

## Example-type 2



Dear parents of grade \_\_\_\_\_ students,

As you may know, one of the students in grade \_\_\_\_\_ has a severe allergy to nuts and peanuts. This child is allergic to any food that may contain nuts or peanuts, including oils and flours made from these products. The allergic reaction caused by nuts and peanuts is so severe that even the smell can set off a reaction that may threaten this child's life.

All school staff have been made aware of this situation and have been instructed by the school nurse in the correct emergency procedures regarding anaphylactic shock.

Of course, prevention is the best way to avoid this situation. For this reason, we are asking you to give your child only snacks and lunches that do not contain nuts or peanuts. All children have been instructed not to share their snacks with other children.

We want to make the school a safe environment for all students.

We thank you for your understanding and cooperation.

Sincerely,

Teacher



## Exemple-type 2

Chers parents des élèves de la \_\_\_\_\_ ième année,

Comme vous le savez peut-être, un élève de \_\_\_\_\_ ième année a des allergies alimentaires sévères aux arachides et aux noix. Il est donc allergique à tous les aliments contenant des noix ou des arachides, y compris les huiles et les farines faites à partir de ces produits. La réaction allergique engendrée par les arachides et les noix est tellement sévère que même l'odeur pourrait déclencher une réaction et mettre en danger la vie de l'enfant.

Tous les membres du personnel scolaire ont été informés de la situation. Ils ont reçu une formation de l'infirmière scolaire pour appliquer les procédures d'urgence advenant un choc anaphylactique (réaction allergique sévère) chez un enfant.

La prévention reste bien sûr, la solution la plus efficace pour éviter une telle situation. C'est pourquoi nous vous demandons de ne pas donner à votre enfant de casse-croûte ou de collations contenant des noix ou des arachides. Tous les enfants ont reçu la consigne de ne pas partager leur collation avec un autre enfant.

Nous voulons que l'école soit un lieu sécuritaire pour tous les enfants qui la fréquentent.

Nous vous remercions de votre compréhension et de votre précieuse collaboration

Bien à vous,

Professeur

## Example-type 3



Dear parents,

I am writing to you on behalf of our student (name) \_\_\_\_\_ and his/her parent(s). (Name of student) \_\_\_\_\_ is \_\_\_\_\_ years old and is in grade \_\_\_\_\_. This child has a severe allergy to nuts and peanuts. If a tiny amount of peanut or any type of nut enters his/her body (through his/her eyes, nose, or mouth), he/she has very strong reactions. His/her face swells and breaks out in hives, his/her throat swells and tightens, and he/she has difficulty breathing. Without immediate medical treatment he/she could die within minutes.

After talking with school staff and people in the medical community, it has been suggested that the best way to provide a safe environment for \_\_\_\_\_ would be to ask parents of children in his/her grade to help make the classroom a peanut-and-nut-free environment.

This means that each child in this grade is asked to bring snacks and lunches that do not contain any peanuts or nuts. Though it sounds simple, it means no peanut butter sandwiches or peanut butter cookies. It means you should read the labels of other foods like muffins, granola bars, and cereals before you put them in your child's snack. Our concern is for foods where peanuts or nuts might be a "hidden" ingredient and where cross-contamination may occur.

I realise this request poses an inconvenience for you when packing your child's snack and lunch; however, I wish to express sincere appreciation for your support and understanding of this potentially life-threatening allergy. In the very near future, the school will announce a parent meeting for you to become acquainted with this situation. Healthy and nutritional alternatives to peanuts, nuts and their by-products will also be suggested.

Sincerely,

Principal

This letter may only be sent with the written consent of the parents concerned.



## Exemple-type 3

Chers parents,

Je vous écris au nom d'un de nos étudiants (nom) \_\_\_\_\_ et de ses parents. (Nom de l'étudiant) \_\_\_\_\_ a \_\_\_\_\_ ans et est en \_\_\_\_\_ ième année. Cet enfant a une allergie sévère aux noix et aux arachides. S'il vient en contact avec une quantité infime d'arachides ou de tout autre type de noix que ce soit par le goûter, le toucher ou même l'odorat, une réaction allergique sévère pourrait se déclencher. Cette réaction se manifeste par l'enflure du visage et de la gorge, par de l'urticaire et une grande difficulté respiratoire. Sans traitement médical immédiat, cet enfant pourrait mourir en quelques minutes seulement.

Après consultation auprès du personnel de l'école et de différentes autorités médicales, il nous a été recommandé que les enfants fréquentant la classe de \_\_\_\_\_, ne devraient pas apporter de collation ou de casse-croûte contenant des arachides ou des noix, ce qui contribuera à procurer à \_\_\_\_\_ un environnement sécuritaire, exempt d'arachides et de noix.

Ceci implique que tous les enfants entrant dans cette classe ne devraient pas apporter de sandwiches ou de biscuits au beurre d'arachide. Ceci implique également que vous devez vérifier les ingrédients d'autres aliments comme les muffins, les barres tendres et les céréales avant de les mettre dans la boîte à lunch de votre enfant. Ces mesures doivent être mises en place pour éviter que votre enfant n'apporte des aliments contenant des noix ou des arachides « cachées ».

Je suis conscient des inconvénients que pose cette demande, c'est pourquoi j'aimerais vous remercier de votre grande compréhension et de votre précieuse collaboration. Une réunion de parents sera bientôt convoquée dans laquelle de l'information sur les allergies alimentaires vous sera transmises. Des alternatives aux arachides et aux noix vous seront proposées pour remplacer les collations non recommandées en présence d'enfants allergiques.

Bien à vous,

La direction

PS: Cette lettre doit être envoyée avec l'autorisation des parents concernés.

## Example-type 4



Dear parents,

As you probably know, there are children at school who suffer from severe allergies to peanuts and nuts.

Serious life-threatening reactions can be triggered by tiny amounts of peanut butter left on a table, on toys and gym equipment, or on the hands of a classmate. These reactions can even occur by touching the wrapper of a peanut butter candy.

This situation is alarming but fortunately, it can be prevented. We need your cooperation:

- to avoid any unnecessary risk, we ask that children not bring lunches or snacks containing peanuts or nuts to school. Peanut butter and food cooked in or containing peanut oil should be avoided. Other foods, such as muffins, granola bars, and cereal, can also contain nuts and peanuts. We ask you to read the labels carefully before putting these foods in your child's lunch box;
- if you cook dishes or cakes for a special event in your child's class, do not use nut or peanuts and provide a list of ingredients;
- explain to your child that he or she must not share snacks or lunches with an allergic student. Tell them to wash their hands well before and after meals to reduce the risk of contaminating other surfaces that an allergic child may touch.

The school can provide more information on food allergies, if you so wish. Moreover, a meeting will be called soon to discuss this situation.

We thank you for your understanding and cooperation.

Sincerely,

Principal



## Exemple-type 4

Chers parents,

Comme vous le savez probablement, il y a des élèves à l'école qui ont des allergies alimentaires sévères aux arachides et aux noix.

Des réactions graves et dangereuses pour la vie de ces enfants peuvent être déclenchées par des quantités infimes de beurre d'arachide laissé sur une table, sur des jouets, de l'équipement de gymnastique ou simplement sur les mains des compagnons de classe. Ces réactions peuvent même survenir en touchant l'emballage d'un bonbon aux arachides.

C'est une situation alarmante mais qui peut heureusement être évitée. Pour ce faire, nous avons besoin de votre collaboration :

- afin d'éviter tout risque inutile, nous demandons que les enfants n'apportent pas de casse-croûte ou de collations contenant des arachides ou des noix à l'école. Le beurre d'arachide et les aliments cuits ou contenant de l'huile d'arachide sont à éviter. D'autres aliments peuvent aussi contenir des noix et des arachides comme les muffins, les barres tendres et les céréales. Nous vous demandons de bien lire les étiquettes avant de les mettre dans la boîte à lunch de votre enfant ;
- si vous cuisinez des plats ou des gâteaux pour la classe de votre enfant à l'occasion d'une fête spéciale, veillez à ne pas y mettre des noix ou des arachides et à fournir la liste des ingrédients qui les composent ;
- expliquez à votre enfant qu'il ne doit pas partager sa collation ou son casse-croûte avec un élève allergique. Encouragez-le à bien se laver les mains avant et après les repas afin de diminuer les risques de contaminer d'autres surfaces qu'un enfant allergique pourrait toucher.

Si vous désirez obtenir plus d'information sur les allergies alimentaires, vous pouvez vous procurer cette documentation à l'école. De plus, une réunion sera bientôt convoquée pour discuter de cette situation.

Nous apprécions votre grande compréhension et votre précieuse collaboration.

Bien à vous,

La direction

## Appendix I

### Complete text of legal opinion (translation)



27 November 1997

Ms. Louise Gagné  
Conseillère aux établissements  
Services multicientèles de première ligne  
Régie régionale de la Santé et des  
Services sociaux de Montréal-Centre  
3725 Saint-Denis Street  
Montreal, Quebec  
H2X 3L9

Dear Ms. Gagné,

Further to your letter dated 20 October 1997, our study of the extensive documentation we received from you, and our meeting on 25 November 1997 at the Régie, here is, as agreed, our legal opinion regarding administration of an Epipen injection by a staff member of a school to a child in anaphylactic shock who was never identified as being at risk.

#### GENERAL CONTEXT

We understand that schools have a procedure:

- to identify students suffering from food allergies through their health record;
- to ask parents to provide the school with two Epipen kits and replace them when necessary;
- to obtain a prescription for Epipen from the attending physician (even if this medication is available without prescription);  
and
- to train staff to recognise anaphylactic shock and use the Epipen auto-injector provided by parents and to keep it in a location that is easily accessible and known by staff members.

We understand that these measures were implemented in every school where a child at risk is in attendance.

These measures are justified by the fact that anaphylactic shock is usually a foreseeable event, and that it strikes instantly, making the 9-1-1 emergency service ineffective without the immediate administration of adrenaline since the child would die before ambulance technicians arrive on the scene.

Moreover, an adrenalin injection in these cases is very easy to administer and presents no risk.



Therefore, the first-aid kit should contain Epipen so that the school can fulfil its obligation of providing assistance, as provided in section 2 of the *Quebec Charter of Human Rights and Freedoms*:

*Every human being whose life is in peril has a right to assistance.*

*Every person must come to the aid of anyone whose life is in peril, either personally or by calling for aid, by giving him the necessary and immediate physical assistance, unless it involves danger to himself or a third person, or he has another valid reason.*

## UNIDENTIFIED CASES

It can happen that parents and the school are unaware that a student is allergic to certain foods.

Therefore, even though no student at risk has been identified, should the school acquire an Epipen and train its staff, in the event that a child who has not been identified as allergic should suffer anaphylactic shock?

Our opinion is that the answer to this question should come within the larger scope of first aid services that a school must offer or chooses to offer. Therefore, we deem that the following factors should be considered:

- The overall estimated incidence of people suffering from severe allergies to food and insect bites is 1% to 2% in the population. This rate should be reduced significantly if cases identified upon admission to school are taken into consideration;
- The cost of Epipen is relatively high and the delay in which kits must be replaced is relatively short (one to two years);
- The need to train all staff to recognise the situation and administer the injection quickly establishes a significant constraint on the school organisation. Once again, the foreseeable rate of incidence is very low since no child at the school has been identified as being “at risk”.

These factors lead us to conclude that it would be unreasonable to require all schools that do not have a child identified as being “at risk” to train their staff and keep a supply of Epipen.

The above should answer your first question.

You also asked us what is the legal responsibility of a school staff member who administers Epipen to an unidentified child without parental consent or medical prescription.

In principle, no treatment can be administered to a child without the consent of the person having parental authority (Civil Code of Québec, sections 11 and 14).

However, section 13 of the Civil Code of Québec states the following exception to this principle:

*“ss. 13. Consent to medical care is not required in case of emergency if the life of the person is in danger or his integrity is threatened and his consent cannot be obtained in due time.*

*It is required, however, where the care is unusual or has become useless or where its consequences could be intolerable for the person.”*

Some could contend that the last words of the first paragraph would force the school to first obtain written consent from all parents that an adrenaline injection be given to their child even if he or she is not identified as being “at risk”.

We do not share their opinion. We consider this measure to be out of proportion in view of the very low incidence rate of occurrence and of the fact that there is no medical contraindication to administering the injection.

It is true that in the hypothesis under study, there was no medical prescription in the file. For this reason, the injection should theoretically not be administered to a child not previously identified as being “at risk”.

However, in an emergency, if the employee has quick access to Epipen because another child has a kit or because the school has one for another child, it is our opinion that the staff member is not making a mistake or breaking medical law if he or she administers the injection to try to save the child’s life. Again, an adrenaline injection is very easy to administer and presents no risk to the child.

You also asked us if, on the contrary, in the same circumstances, employee responsibility could be called into question if he or she decides not to administer the injection even though the equipment is easily accessible.

The answer to this question depends on the facts and circumstances applicable to each case. Is the staff member aware that he or she is witnessing anaphylactic shock? Does he or she know that an adrenalin injection can save this child’s life? Does he or she know that this injection is easy to administer and presents no risk? Is he or she capable of giving an injection? Can he or she remain calm in an emergency situation?

A judge will consider all the given circumstances and how a reasonable person would have acted in this type of emergency situation.

We hope that this opinion provides all the answers to the five (5) questions posed.

If you require any additional information, do not hesitate to contact the undersigned.

Sincerely,

MELOCHE, LARIVIÈRE, LAWYERS  
JEAN-MARIE LARIVIÈRE



## Annexe I

### Texte intégral de l'avis juridique



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*Avocats*  
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Le 27 novembre 1997

*"Par télécopieur"*

Madame Louise Gagné  
Conseillère aux établissements  
Services multicientèles de première ligne  
RÉGIE RÉGIONALE DE LA SANTÉ ET DES  
SERVICES SOCIAUX DE MONTRÉAL-CENTRE  
3725, rue Saint-Denis  
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H2X 3L9

Madame la conseillère,

Pour donner suite à votre lettre du 20 octobre 1997, à notre étude de l'abondante documentation que vous nous avez fait parvenir, et à notre réunion du 25 novembre 1997 à la Régie, nous vous livrons tel que convenu notre avis juridique relatif à l'injection par Epipen administré par un membre du personnel d'une école à un enfant en choc anaphylactique qui n'a jamais été identifié comme porteur du risque.

#### CONTEXTE GÉNÉRAL

Nous comprenons que les écoles ont une procédure permettant:

- d'identifier au moyen du carnet de santé les élèves qui souffrent d'allergies alimentaires;

- de demander aux parents de fournir à l'école et de remplacer en temps utile deux troussees d'Epipen;
- de fournir à l'école une prescription d'Epipen du médecin traitant (même s'il s'agit d'un médicament que l'on peut obtenir sans prescription);  
et
- de former le personnel à l'identification du choc anaphylactique et à l'utilisation de l'Epipen fourni par les parents et gardé dans un endroit accessible et connu du personnel.

Nous comprenons que ces mesures ont été mises en place dans chaque école fréquentée par un élève à risque.

Ces mesures sont justifiées par le fait que, dans ces écoles, le choc anaphylactique devient un événement normalement prévisible, et par le caractère foudroyant du choc qui rend le seul recours au service d'urgence 9-1-1 sans administration immédiate d'adrénaline inefficace puisque l'enfant va mourir avant l'arrivée des ambulanciers.

De plus, l'injection d'adrénaline dans ces cas se fait très facilement et sans aucun risque.

La trousse de premiers soins doit donc s'enrichir d'Epipen, de façon à ce que l'école puisse faire face à son obligation de porter secours prévue à l'article 2 de la Charte des droits et libertés de la personne du Québec:

*"Tout être humain dont la vie est en péril a droit au secours.*

*Toute personne doit porter secours à celui dont la vie est en péril, personnellement ou en obtenant du secours, en lui apportant l'aide physique nécessaire et immédiate, à moins d'un risque pour elle ou pour le tiers ou d'un autre motif raisonnable."*

LES CAS NON IDENTIFIÉS

Il peut arriver qu'un élève soit allergique à certains aliments sans que ses parents ne le sachent, et sans que l'école ne le sache.

L'école devrait-elle donc, même en l'absence de tout signalement ou de toute identification de risque précis se munir d'Epipen et former son personnel dans l'éventualité où un enfant non identifié comme allergique se retrouve en état de choc anaphylactique?

Nous sommes d'avis que la réponse à cette question doit s'inscrire dans le cadre plus large des services de premiers soins qu'une école doit offrir ou choisir d'offrir. Dans ce cadre de réflexion, il nous semble que les facteurs suivants doivent être considérés:

- L'incidence générale estimée des personnes souffrant d'allergies sévères aux aliments et aux piqûres d'insectes est de 1% à 2% de la population. Ce taux doit être réduit significativement, si l'on tient compte des cas identifiés lors de l'admission à l'école;
- Le coût de l'Epipen est relativement élevé, et le délai de remplacement est relativement court (une à deux années);
- La nécessité de former tout le personnel à l'identification de la situation et à l'administration rapide de l'injection crée une contrainte importante sur l'organisation de l'école, alors qu'encore une fois l'incidence prévisible est très faible, aucun élève de l'école n'étant identifié «à risque».

Ces facteurs nous amènent à conclure qu'il serait déraisonnable d'exiger de toutes les écoles qui n'ont aucun enfant identifié «à risque» de former leur personnel et de maintenir une réserve d'Epipen.

Cela devrait répondre à votre première question.

Vous nous demandez quelle serait la responsabilité légale d'un employé de l'école qui administrerait l'Epipen à un élève non identifié sans consentement parental et sans prescription médicale.

En principe, aucun traitement ne peut être administré à un enfant sans le consentement de la personne qui détient l'autorité parentale (Code civil du Québec, articles 11 et 14).

L'article 13 du Code civil du Québec prévoit cependant l'exception suivante à ce principe:

*"Art. 13. En cas d'urgence, le consentement aux soins médicaux n'est pas nécessaire lorsque la vie de la personne est en danger ou son intégrité menacée et que son consentement ne peut être obtenu en temps utile.*

*Il est toutefois nécessaire lorsque les soins sont inusités ou devenus inutiles ou que leurs conséquences pourraient être intolérables pour la personne."*

Certains pourraient prétendre que les derniers mots du premier alinéa obligeraient l'école à obtenir d'avance le consentement écrit de tous les parents à ce que leur enfant soit l'objet d'une injection d'adrénaline, même s'il n'est pas identifié «à risque».

Nous ne sommes pas de cet avis. Cette mesure nous apparaît disproportionnée compte tenu de l'incidence très faible de la situation, et compte tenu que l'administration de l'injection n'est assortie d'aucune contre-indication médicale.

Il est vrai que dans l'hypothèse étudiée, il n'y a aucune prescription médicale au dossier. Pour cette raison, on ne devrait pas en principe administrer l'injection à l'enfant non préalablement identifié «à risque».

En cas d'urgence cependant, s'il se trouve que l'employé a rapidement accès à l'Epipen parce qu'un autre enfant l'a avec lui ou parce que l'école en a pour un autre enfant, nous sommes d'avis qu'il ne commet aucune faute et qu'il n'enfreint pas la loi médicale s'il décide d'administrer l'injection pour tenter de sauver la vie de l'enfant. Encore une fois, l'injection est très facile à administrer et elle ne peut aucunement nuire à l'enfant.

Vous nous demandez si, au contraire, dans les mêmes circonstances, la responsabilité de l'employé pourrait être engagée s'il décide de ne pas administrer l'injection alors que le matériel est facilement accessible.

La réponse à cette question dépend des faits et des circonstances propres à chaque cas. L'employé connaît-il le phénomène auquel il assiste (le choc anaphylactique), sait-il qu'une injection d'adrénaline peut sauver la vie de cet enfant, sait-il que cette injection est facile à administrer et qu'elle ne comporte aucun risque, est-il capable lui-même de donner une injection, peut-il garder son calme dans une situation d'urgence?

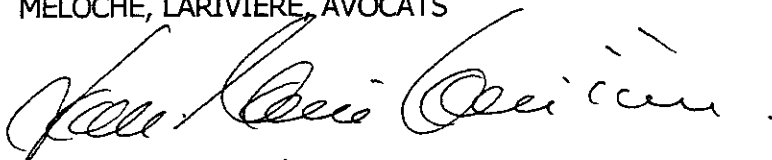
Un juge appréciera toujours l'ensemble des circonstances de faits, et le comportement qu'une personne raisonnable aurait eu dans ces circonstances d'urgence.

Nous espérons que cet avis vous donne tous les éléments de réponse au cinq (5) questions posées.

N'hésitez pas à communiquer avec le soussigné pour tout renseignement additionnel.

Veuillez agréer, Madame la conseillère, l'expression de nos sentiments distingués.

MELOCHE, LARIVIÈRE, AVOCATS



JEAN-MARIE LARIVIÈRE  
JML/ch



## Appendix J

# Anaphylactic shock — Emergency treatment

### Signs and symptoms

The following signs and symptoms of anaphylaxis can occur either alone or in combination:

- itching, hives,
- sneezing change of voice, cough,
- red watery eyes,
- nausea and vomiting, abdominal cramps, diarrhoea,
- swelling of lips, face or tongue, tightness in the throat that hinders breathing.

These symptoms can result in:

- wheezing, weakness,
- change of skin colour,
- loss of consciousness.

### Emergency procedures

- As soon as the allergic reaction appears, ask for help. Don't leave the student alone.
- Ensure that someone has gone to get the medication.
- Make sure that someone is calling 911, and that he or she mentions that it is a case of anaphylactic shock and asks for an ambulance and a doctor.
- Ask the student what he or she ate or if he or she was stung by an insect.
- Administer EpiPen® immediately.
- If the ambulance has not arrived within 10-15 minutes and the child is having difficulty breathing, administer a second dose of EpiPen®.
- Transport the child to hospital even if the symptoms have completely disappeared.
- Write down the name and age of the student, the name and phone number of the parents, the medication given and the time it was administered. Give this sheet of paper to the person who is going to the hospital with the student.
- Accompany the child to the hospital.
- Notify parents immediately.

### Technique for administering EpiPen®

- Remove the EpiPen® auto-injector from its case.
- Pull off grey safety cap.
- Locate injection site: thigh muscle if possible; if not the arm muscle.
- Jab the black tip into the thigh at a right angle and push hard until the auto-injector is activated.
- Hold in place for about 10 seconds.
- Remove and discard unit.
- Rub the injection site for 10 seconds.

## Annexe J

# Choc anaphylactique – Traitement d'urgence



### Signes et symptômes

Les signes et symptômes d'anaphylaxie suivants peuvent survenir seuls ou en combinaison :

- démangeaison, urticaire,
- éternuement, changement de la voix, toux,
- rougeur des yeux, larmolement,
- nausées et vomissements, crampes abdominales, diarrhée,
- enflure des lèvres, du visage, de la langue, serrement de la gorge qui entrave la respiration.

On note alors :

- une respiration sifflante, de la faiblesse,
- un changement de la couleur de la peau,
- une perte de conscience.

### Procédures d'urgence

- Dès l'apparition de la réaction allergique, demander de l'aide. Ne pas laisser l'élève seul.
- S'assurer qu'une personne est allée chercher la médication.
- S'assurer qu'une personne appelle 911, qu'elle mentionne qu'il s'agit d'un choc anaphylactique et qu'elle demande une ambulance et un médecin.
- Questionner l'élève sur ce qu'il a mangé ou touché, ou s'il a été piqué par un insecte.
- Administrer EpiPen® immédiatement.
- Si dans les 10-15 minutes l'ambulance n'est pas arrivée et que l'enfant a de la difficulté à respirer, administrer une deuxième dose d'EpiPen®.
- Même si les symptômes ont complètement disparu, transporter l'enfant à l'hôpital.
- Inscrive le nom de l'élève, l'âge, le nom et numéro de téléphone des parents, la médication donnée et l'heure de son administration. Remettre cette feuille à la personne qui accompagne l'élève vers l'hôpital.
- Accompagner l'enfant à l'hôpital.
- Aviser les parents immédiatement.

### Technique d'administration d'EpiPen®

- Retirer l'auto-injecteur EpiPen® de son étui.
- Enlever le couvercle gris de sécurité.
- Repérer le site d'injection, si possible le muscle de la cuisse, sinon le muscle du bras.
- D'un coup sec, placer le bout noir sur la cuisse, à angle droit et enfoncer fortement jusqu'au déclenchement du mécanisme d'auto-injection.
- Laisser en place pour environ 10 secondes.
- Retirer et jeter.
- Masser le site d'injection pendant 10 secondes.