ANAPHYLAXIS & ASTHMA PACKAGE

Based on SABRINA'S LAW: An Act to Protect Anaphylactic Pupils, 2005.

To comply with Sabrina's Law we ask that you complete these 3 forms and return before the start of your child's program.

- **REQUEST AND CONSENT FOR THE ADMINISTRATION OF EPINEPHRINE OR INHALERS**
- **ANAPHYLAXIS/ASHMA EMERGENCY TREATMENT PLAN**
- **INDIVIDUAL STUDENT PLAN**

☐ Provide the centre with at least one current epinephrine auto-injection kit or inhaler. (Parents should keep a log of expiry dates and replace outdated auto injectors)

- Auto-injector/inhaler must be in a container labeled with the child's name and prescription details.
- The auto-injector/inhaler will be easily accessible in the Preschool kitchen cupboard or with the child at all times.
- Children with venom allergies (e.g. bee stings) have their auto –injector at the centre during bee season)

☐ Meet with Team Leader/supervisor/teacher(s) and provide information and training as requested.

☐ Provide your child with allergen free food products if required (You will need to provide a signed letter and follow snack protocols in our policies ie labeled container,).

☐ Parenting tips for your child:

- about his/her allergy and substances (allergens) that trigger a reaction
- strategies about how to avoid potentially life threatening allergens
- how to recognize the symptoms of an anaphylactic reaction or asthma attack
- how to communicate clearly to an adult that he/she is anaphylactic/asthmatic, feels a reaction starting or if they are aware of exposure or an impending reaction..
- for older children -the importance of carrying their auto-injector/puffer on their person at all times.
- the importance of wearing/carrying their Medic Alert identification.
- to only eat foods approved by parent/guardian
- not to eat if they do not have their auto-injector with them
- how to self administer the epinephrine auto-injector/inhaler
- not to share food or drinks, food utensils or containers and to place a napkin/mat under their food.
- the importance of hand washing.
- not to go off alone (e.g. washroom) unaccompanied if they are experiencing an allergic reaction or feeling unwell. If they lose consciousness they will not be able to ask for help.

REQUEST AND CONSENT FOR THE ADMINISTRATION OF EPINEPHRINE or Inhalers

This form is completed when the centre agrees with the parental request to administer medication for life threatening allergies. A new form is required: a) at the initiation of this process; b) when the medication changes. Staff will administer medication according to the information in this form only.

STATEMENT OF UNDERSTANDING

Regarding Parent Requests to provide Prescribed Medication to students by Employees of Oak Park Neighbourhood Centre.

As the Parent(s)/Guardian of (print name of student)_____, who attends programs at Oak Park Neighbourhood Centre. I (we) accept, endorse and agree to comply with the following six terms and/or conditions pertaining to my(our) request for OPNC employees to provide my(our) child with medication prescribed under the authority of the doctor named in the "treatment Form". Specifically, I/we understand and accept that:

1. I/we are responsible for providing and maintaining at least one Epinephrine auto injector and/or Inhaler. It will be in the classroom with our child.
2. I/we are responsible for providing a copy of the prescription and instructions from the child's physician or nurse for my (our) child's file. (Please note: Where there has been no change in the child's condition or treatment from the previous year, parents may authorize continuation of the Emergency Treatment Plan by providing initials and date on this form below.)
3. Oak Park Neighbourhood Centre employees are not trained health professionals and hence may not recognize the symptoms of my(our) child's medical condition. I/we realize that the school does not have the facilities nor the qualified and trained health professionals to 'wait and see' what happens before administering the prescribed medication.
4. The Emergency Action plan following the best advice from Anaphylaxis Canada is to:
   - **A** Administer the auto-injector immediately at the first sign of symptoms;
   - **C** Call 911
   - **T** Transport to hospital by ambulance.

   The Action plan for Puffers is to administer them if symptoms are observed or the child says they need it. If after 10 minutes the child is still having difficulty breathing then 911 will be called. The personal

5. Epinephrine auto-injectors and inhalers supplied to the centre will be in clearly labeled containers which display the name of your child, the name of prescribing doctor, and the expiry date
6. Request that the prescribed medications listed in the Individual Student Plan of this document be administered to my child according to the prescription information provided by the prescribing physician.

Signature of Parent/Guardian: _____ Date:_____

There has been no change in condition or treatment strategy from previous year. Parent initial: _____ Date_____

This information is collected for the purpose of supporting the health and welfare of each child and ensuring the safety of each child. The information is collected pursuant to the authority of the Day Nurseries Act, R.S.O. 1990,c.D.2, as amended, and the regulations thereunder.

INDIVIDUAL STUDENT PLAN – ANAPHYLAXIS & ASTHMATIC

To be completed by centre in consultation with the parent/guardian of the anaphylactic child. This plan to be reviewed with all staff and placement students and located with the Emergency Treatment Plan.

CHILD'S NAME: _____D.O.B.:_____

Diagnosis_____

Type of allergy- specify if Anaphylactic	
Prescribed Medication	**Expiry Date_____**
How Must the allergen come in contact for reaction? (ie Ingestion, contact with hands, face other?)	
Monitoring Strategies	Lead teacher checks the medication in centre's possession ❑ Fall, Winter, Spring- 3 times a year **Date & Initial _____ _____ _____**
Avoidance Strategies	
Appropriate treatment **Emergency Procedure**	Administer prescribed medication kept in kitchen right cupboard. **Asthma** **A** Administer inhaler immediately at the first sign of symptoms **Anaphalctic** **A** Administer the auto-injector immediately at the first sign of symptoms; A second dose may be administered within 10-15 min. or sooner, if symptoms have not improved or have worsened **C** Call 911- do not leave child alone. Call parent **T** Transport to hospital by ambulance.

Parent/Guardian Signature:_____ Date: _____

Centre supervisor/operator/designate Signature: _____Date:_____

Student's photo

2 x 2.5

ANAPHYLAXIS or ASTHMA EMERGENCY TREATMENT PLAN

Early recognition of symptoms and immediate treatment could save this person's life.

This information is collected pursuant to the authority of the Day Nurseries Act, R.S.O. 1990,c.D.2 as amended and the regulations thereunder and the Municipal Freedom of Information & Privacy

Child's Name_____ Birthdate_____

Is Anaphylactic to _____

Has the following triggers for Asthma_____

Prescribed Medication (In preschool kitchen cupboard)_____

A person having an anaphylactic or Asthmatic reaction might have ANY of these signs and symptoms:
(Highlight all that apply)

•**FACE** itching & swelling of the lips, tongue, face or mouth, watery eyes, nasal congestion, runny itchy nose,
•**RESPIRATORY** itching, tightness in the throat, hoarseness, cough, wheezing, shortness of breath, chest pain,
•**SKIN** hives, itchy rash, warmth, redness, swelling of extremities, pale/blue colour
•**STOMACH** nausea, abdominal cramps, vomiting, and/or diarrhea
•**HEART*** weak pulse, passing-out, dizzy, light headed, shock,
•**OTHER**_headache, anxiety, tired_____

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

1. **Give medication** at the first sign of a reaction occurring in conjunction with a known or suspected contact with allergen. Give a second dose in 10 to 15 minutes, **IF** the reaction continues or worsens.
2. **Never leave the child unattended.**
3. **After Epi Pen use or if asthma condition does not improve after inhaler Call 911.** Tell dispatcher that someone is having a life-threatening allergic reaction or an asthma emergency. (Asthma emergency: cannot speak more than 5 words, lips or nail beds are blue, breathing is difficult & fast, skin on neck sucked in with breath) Request an ambulance.
4. **Call contact person.**

Emergency Contact Information:

Name	Relationship	Home Phone	Work Phone	Cell Phone
	Doctor/Allergist			

The undersigned patient, parent or guardian authorizes any adult at Oak Park Neighbourhood Centre to administer epinephrine to the above-named person in the event of an anaphylactic reaction, as described above.

_____ _____ _____

Patient/Parent/Guardian signature *Date* *Physician's signature (optional*

EPIPEN® AND EPIPEN® JR. DIRECTIONS

1. Pull off gray activation cap.
2. Hold black tip near outer thigh (always apply to thigh).
3. Swing and jab firmly into outer thigh until Auto-Injector mechanism functions. Hold in place and count to 10.The EpiPen® unit should then be removed and sent with emergency personnel. Massage the injection area for 10 seconds.