

## LIFE THREATENING ILLNESS PACKAGE & PLAN

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, INHALERS OR OTHER LIFE THREATENING MEDICATION.**
- **ANAPHYLAXIS/ASTHMA/LIFE THREATENING EMERGENCY TREATMENT PLAN**
- **INDIVIDUAL STUDENT PLAN**

Provide the centre with at least one current epinephrine auto-injection kit, inhaler, dr prescribed life threatening medication (Parents should keep a log of expiry dates and replace outdated auto injectors)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 Childcare 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 a child with Allergies:

- about their 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 they/them 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/Inhalers/Dr Prescribed Medication

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 dose of required medication (Epinephrine auto injector, Inhaler or Dr prescribed life threatening medication. It will be in the classroom.
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 and Emergency medication is to administer them if symptoms are observed.. If after 10 minutes the child is still having difficulty breathing then 911 will be called.

5. Epinephrine auto-injectors, inhalers and Dr prescribed medication 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 – LIFE THREATENING incl-ANAPHYLAXIS & ASTHMA

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

<p><b>Diagnosis by doctor- specify if Anaphylactic and to what “Refer to Medical Authorization &amp; Administration Form”</b></p>	
<p><b>Prescribed Medication &amp; Dr guidelines on administering. Ie. Amount and 2<sup>nd</sup> dose and timing</b></p>	
<p><b>When is Medication required? How Must the allergen come in contact for reaction? (ie Ingestion, contact with hands, face other?)</b></p>	
<p><b>Monitoring Strategies &amp; expiry date.</b>  <b>Review plan every 6mth and document</b></p>	<p>Lead teacher checks the medication in centre’s possession Expiry Date: _____ <input type="checkbox"/> Fall, Winter, Spring, Summer- 4 times a year <b>Date &amp; Initial</b> _____</p>
<p><b>Avoidance Strategies &amp; Other Details</b></p>	
<p><b>Appropriate treatment</b>  <b>Emergency Procedure</b></p>	<p>Administer prescribed medication kept in kitchen cupboard and then log information as soon as possible on the “Medical Authorization and Administration Record”</p> <p><b>Asthma</b> <b>A</b> Administer inhaler immediately at the first sign of symptoms</p> <p><b>Anaphalctic</b> <b>A</b> 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 <b>C</b> Call 911- do not leave child alone. Call parent <b>T</b> Transport to hospital by ambulance.</p> <p><b>Life Threatening Prescribed Medication</b> <b>A</b> Administer prescribed medication when child has symptoms.</p>

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Centre supervisor/operator/designate Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

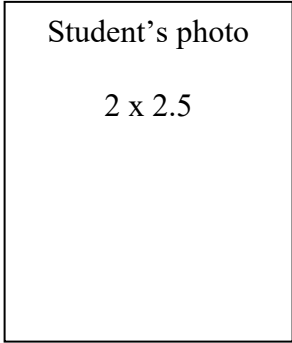
**Staff Initials-**

**LIFE THREATENING EMERGENCY TREATMENT PLAN**

*(Incl. Anaphylactic & Asthmal)*

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

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Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Diagnosis \_\_\_\_\_

Triggers/Precautions/ \_\_\_\_\_

Prescribed Medication (In Childcare cupboard) \_\_\_\_\_

**A person having a life threatening issue 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, fever

**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 and follow the treatment plan . Give a second dose if Doctor recommended in the plan.
2. **Never leave the child unattended.**
3. **After Epi Pen use, medication administration or if asthma condition does not improve after inhaler Call 911.** Tell dispatcher that someone is having a life-threatening issue. (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 activation cap.**
2. **Hold 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.**

## OPNC MEDICAL AUTHORIZATION AND ADMINISTRATION RECORD

**Instructions:**

OPNC staff will not administer medication unless it is life saving ie puffers for asthma, Dr approved medication for life threatening issue, or Epipens. Parents are required to administer medication before or after our programs when not a life threatening illness. Medication is administered to a child only where a doctor and parent give written authorization with a schedule that sets out the times and amounts

1. Medications are to be in their original containers with the child's name on them.
2. Store life saving medications as directed in a sealed container out of reach of children, except for Epipens/Autoinjectors
3. Complete this form for each medication

### ADMINISTRATION RECORD

I authorize the administration of life saving medication, _____ (Medication)	
to _____ (Child)	
by Oak Park Neighbourhood Centre Staff	
Dosage: _____	
Mode: _____	
When is medication Indicated? _____	
2nd dose? _____	
Other details? _____ _____	
Name of Prescribing Physician: _____	
_____	Parent's Signature
Date	_____
Date	OPNC Signature

Date	Time Given	Amount Given	Staff Initial	Comments/ Observations Note -Expiry date & Date Returned

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