

ANAPHYLAXIS RESOURCES

SAMPLE LETTER TO PARENTS

Dear Parent

I am writing to you on behalf of one of our students and parents. The student has a potentially life-threatening allergy to << insert the name of the allergen >>.

<<If peanut butter or even the tiniest amount of peanut, a peanut product such as peanut oil, or any type of nut enters the student's body through the eyes, nose, or mouth, the student experiences very strong reactions. The student's face swells and breaks out in hives, the student's throat swells and tightens. Without immediate medical treatment the student could die within minutes.>> **[Note to principal: This is a sample paragraph for a child with peanut or tree nut allergies. The same type of information will also be required if the student is allergic to fish such as tuna or some other product.]**

All of our school staff, including lunch program staff, have been made aware of this situation, and have been instructed in the correct procedures regarding anaphylactic shock by public health professionals. Prevention, of course, is the best approach for reducing the risk of a severe reaction, therefore we are requesting your cooperation in refraining from sending these food products, <<name of food products>>, to school with your child. **[Note to principal: The following information may be included for student with peanut or nut allergies: "Even though the student is allergic to peanuts and peanut products, we have included tree nuts in our request because most nuts are processed with peanuts and are, therefore, contaminated with peanuts."]**

We have told the other students of the problem, and have asked them not to share snacks, treats, or lunches with the severely allergic student. **[Note to principal: Please see section 7 of Administrative Procedure 312 and ensure that parental consent has been obtained.]** We have put procedures in place for snacks and the lunchroom, <<describe the procedures, separate table for student or separate table for those with the peanut butter or tuna sandwiches as the case may be, or whatever approach you school has chosen to use>>. **[Note to principal: It may be helpful to describe what the lunch program procedures may be in a general way.]**

We realize that this request may pose an inconvenience for you when preparing your student's snack and lunch, and we want to express our appreciation for your support and understanding about this severe allergy. In the near future, our school will be announcing a parent meeting for you to learn more about this situation. If you have any questions or concerns, please call me. Additional information is found in the Holy Spirit School Division Administrative Policy Manual which you may attain from the principal, or on our website at www.holyspirit.ab.ca.

On behalf of the student and his/her parents, I thank you for your co-operation.

Sincerely,
The Principal



Severe Allergy Alert Form – Part 1

This form must be completed when the student is first registered or re-registered with the Holy Spirit School Division, or when the student's allergies change.

STUDENT INFORMATION (To be completed by Parent or Guardian)

Name of Student:

Date of Birth:

Address:

Home Telephone:

Medic Alert I.D.:

Name of Parent/Guardian:

Daytime #:

Emergency Contact Person:

Daytime #:

Emergency Contact Person

Daytime #:

PHYSICIAN INFORMATION (To be completed by Physician)

Nature of Allergy/Allergens:

Symptoms of Reaction:

Recommended Response to Reaction:

Medication:

Dosage:

Additional Instructions or Information:

Name of Physician:

Telephone #:

Signature of Physician:

Date:

The personal information on this form is collected under the authority of the Education Act and the Freedom of Information and Protection of Privacy Act. The purpose of this collection is to respond to potential emergency situations involving your student whom you have identified as subject to a potentially life-threatening allergy. If you have any questions concerning the collection, use or disclosure of this information, please contact your school principal either in writing or by telephone.



Severe Allergy Alert Form – Part 2

This form must be completed by a parent/legal guardian or independent student when a student's attendance at school is affected by a dangerous, life-threatening allergy. The information gathered in this form must be reviewed (and confirmed and updated) annually or sooner if the student's condition changes.

Student's Name: _____		Place Student's Photo Here										
ALLERGY - DESCRIPTION This student has a DANGEROUS, life-threatening allergy to the following: _____ _____												
And all substances containing them in any form or amount, including the following kinds of items: _____ _____												
AVOIDANCE The key to preventing an emergency is ABSOLUTE AVOIDANCE of these allergens at all times.												
GENERAL PRECAUTIONS _____ _____												
<i>If assistance with administering medication may be required, complete Request for Assistance to Administer Medication Form.</i>												
SYMPTOMS FOLLOWING EXPOSURE TO A PARTICULAR MATERIAL CAN INCLUDE:												
<table border="0"><tr><td><input type="checkbox"/> Hives and itchiness on any part of the body;</td><td><input type="checkbox"/> Swelling of any body parts, especially eyelids, lips, face or tongue;</td></tr><tr><td><input type="checkbox"/> Nausea, vomiting, diarrhea;</td><td><input type="checkbox"/> Coughing, wheezing or change of voice;</td></tr><tr><td><input type="checkbox"/> Difficulty breathing or swallowing</td><td><input type="checkbox"/> Fainting or loss of consciousness;</td></tr><tr><td><input type="checkbox"/> Panic or sense of doom;</td><td><input type="checkbox"/> Other (please specify) _____</td></tr><tr><td><input type="checkbox"/> Throat tightness or closing</td><td></td></tr></table>			<input type="checkbox"/> Hives and itchiness on any part of the body;	<input type="checkbox"/> Swelling of any body parts, especially eyelids, lips, face or tongue;	<input type="checkbox"/> Nausea, vomiting, diarrhea;	<input type="checkbox"/> Coughing, wheezing or change of voice;	<input type="checkbox"/> Difficulty breathing or swallowing	<input type="checkbox"/> Fainting or loss of consciousness;	<input type="checkbox"/> Panic or sense of doom;	<input type="checkbox"/> Other (please specify) _____	<input type="checkbox"/> Throat tightness or closing	
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EMERGENCY MEASURES												
<ul style="list-style-type: none"><input type="checkbox"/> Get EpiPen (epinephrine) or other Medication and administer immediately.<input type="checkbox"/> HAVE SOMEONE CALL AN AMBULANCE and advise that a child is having an anaphylactic reaction.<input type="checkbox"/> Unless the student is resisting, lay student down, tilt head back and elevate legs.<input type="checkbox"/> Cover and reassure student.<input type="checkbox"/> Record the time at which EpiPen (epinephrine) was administered.<input type="checkbox"/> Have someone call the parent.<input type="checkbox"/> If the ambulance has not arrived in 10 – 15 minutes, and breathing difficulties are present, administer a second EpiPen (epinephrine).<input type="checkbox"/> Even if symptoms subside, students require medical attention because there may be a delayed reaction. Take the student to hospital immediately in the ambulance.<input type="checkbox"/> Have the parent / guardian or a school staff member accompany the student to the hospital.<input type="checkbox"/> Provide ambulance and / or hospital personnel with a copy of the Severe Allergy Alert Form for the student and the time at which the EpiPen (epinephrine) or Medication was administered.												
I understand why I have been asked to disclose the above student's identifying information and I am aware of the risks or benefits of consenting or refusing to consent to the disclosure. I voluntarily give the school consent to place a copy of this form in the student's cumulative student record, post this form including student's picture in appropriate locations within the school, take the Emergency Measures and share this information, as necessary, with the staff of the school and health providers.												
Name of Parent/Guardian or Independent Student (Please print)	Signature of Parent/Guardian or Independent Student	Date:										

Anaphylaxis:

Any delay in treatment could be fatal.^{1,2}

Know what it is.

Anaphylaxis is a severe, life-threatening allergic reaction. It can be triggered by certain types of food (like peanuts and shellfish), insect stings, medicine, latex, exercise and unknown causes.

The following symptoms of anaphylaxis can occur within minutes or several hours after exposure to an allergy trigger:

MOUTH: itching, swelling of the lips and/or tongue	THROAT: itching, tightness, closure, hoarseness
SKIN: itching, hives, redness, swelling	GUT: vomiting, diarrhea, cramps
LUNG: shortness of breath, cough, wheeze	HEART: weak pulse, dizziness, fainting

Only a few of these symptoms may be present.

²Some symptoms can be life-threatening. ACT FAST!

Know what to do.

Epinephrine (the active ingredient in the EpiPen® Auto-Injector) is the medication recognized by healthcare professionals as the emergency treatment of choice for severe allergic reactions.

If any of the symptoms listed above are exhibited, administer the EpiPen® Auto-Injector immediately.

1



- Hold firmly with orange tip pointing downward.
- Remove blue safety cap by pulling straight up. Do not bend or twist.

2



- Swing and push orange tip firmly into mid-outer thigh until you hear a 'click'.
- Hold on thigh for several seconds.



Built-in needle protection

- When the EpiPen® Auto-Injector is removed, the orange needle cover automatically extends to cover the injection needle, ensuring the needle is never exposed.



After administration, patients should seek medical attention immediately or go to the emergency room. For the next 48 hours, patients must stay within close proximity to a healthcare facility or where they can call 911.

For more information, or to order more posters, go to EpiPen.ca

EpiPen® and EpiPen® Jr Auto-Injectors are indicated for the emergency treatment of anaphylactic reactions in patients who are determined to be at high risk for anaphylaxis, including individuals with a history of anaphylactic reactions.

Use according to instructions. Do not use after expiration date.

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Trusted for over 25 years.

EpiPen® Frequently asked questions

Retrieved from <http://www.epipen.ca/en/about-epipen/faq> on May 1, 2015

Q When should I inject EpiPen®?

Epinephrine should be administered as early as possible after the onset of symptoms of a severe allergic response. People requiring epinephrine will not always have predictable reactions. Adequate warning signs are not always present before serious reactions occur.

It is recommended that epinephrine be given at the start of any reaction associated with a known or suspected allergen contact. For people with a history of a severe cardiovascular collapse on exposure to an allergen, the physician may advise that epinephrine be administered immediately after exposure to that allergen, and before any reaction has begun.

Epinephrine, when used as directed *immediately* following exposure to a known allergen, may prove life-saving.

Q Why should I swing my arm to inject?

It is recommended that you swing your arm to inject EpiPen®. You do not need to apply excessive force to the swing, just enough to gain sufficient momentum to ensure the Auto-Injector deploys. Swinging your arm helps provide enough load on the tip of the EpiPen® to deliver an intramuscular (IM) injection.

Administering the EpiPen® in this manner also helps facilitate the ideal angle for the IM injection into the anterolateral aspect of the thigh, which is perpendicular or at 90 degrees to the injection site.

Q How many seconds should I hold EpiPen® in place when I inject?

The instructions on the EpiPen® cartridge state you should swing the arm and push the orange tip firmly into the mid-outer thigh so it “clicks” and hold it on the thigh for several seconds. By holding the EpiPen® in place at the injection site for several seconds, it helps assure that the dose of epinephrine has been delivered satisfactorily.

Q How do I know if EpiPen® has been activated?

The extended orange needle cover and obscured window indicates that the EpiPen® has delivered the drug.

Q How do I know if I have received my injection?

There is a viewing window on the barrel of the EpiPen® which prior to delivery is clear and after delivery is obscured or shaded. Also, once the dose is administered and the EpiPen® is released from the injection site, the orange needle cover extends and immediately locks in place encasing the needle to prevent accidental needle sticks. Both of these things serve as a visual indicator that the dose of epinephrine has been delivered.

Further, after the orange needle cover is extended the EpiPen® will not fit back into the carrier tube.

Q Can I inject EpiPen® through my clothes?

Yes. If necessary, you can inject EpiPen® through clothing.

Q What do I do in the event of an accidental injection into hands or feet, etc.?

Accidental injection into the hand or feet may result in loss of blood flow to the affected areas and should be avoided. If there is an accidental injection into these areas, go immediately to the nearest emergency room for treatment.

Q What do I do after I have used EpiPen®?

After using EpiPen®, seek medical attention immediately. Take the used EpiPen® with you to the nearest Emergency Department and give it to the Emergency Department staff for proper disposal. You can also bring any used EpiPen® Auto-Injectors to your pharmacy.

Q How should I dispose of a used EpiPen®?

After using EpiPen® medical attention should be sought. The used EpiPen® should be taken to the nearest Emergency Room for proper disposal and this will also show the medical personnel what medication has already been administered.

For an expired EpiPen®, contact your local pharmacy, they should be able to assist in disposal of the product according to regulations.