

Procedure Title	Anaphylaxis (Life-Threatening Allergic Reaction)		
Date of Issue	January 24, 2006	Related Policy	BP 6802-D
Revision Dates	June 21, 2011; August 26, 2015	Related Forms	AF 6813; AF 6805
		Originator	Administrative Council
References			
Bill 3 "An Act to Protect Anaphylactic Students"; Anaphylaxis Resource materials; Provision of Medical and/or Physical Assistance in the School Manual; AP 7702-D "Educational Assistant Deployment"; Policy BP 6802-D and Procedure AP 6802-D "Medical and/or Physical Assistance - Provision of within the Schools; Anaphylaxis Canada, anaphylaxis.ca ; BP/AP 6803-D "School Food and Beverages"			

Procedure:

1.0 RATIONALE

- 1.1 Bluewater District School Board recognizes that there will be certain students enrolled in schools within the board that may be identified as having a severe life-threatening allergy and that the school will have to develop an appropriate response strategy in order for the students to take advantage of their right to attend school.
- 1.2 The board recognizes that certain substances (allergens) may cause life threatening allergic reactions in people. The board acknowledges the impossibility of totally controlling all substances in a school environment. Authorization is therefore given to the principal to work with staff, parents, the community and the students at school to reasonably reduce the risk as much as possible within the context of a school environment. The strategies and processes outlined in policy and procedure BP/AP 6803-D "School Food and Beverages" will be considered in coordination with this policy to reduce the risk of exposure to anaphylactic causative agents.
- 1.3 Administrators and other designated Bluewater District School Board employees will utilize this procedure and coordinate efforts with parents/guardians in order to develop appropriate response strategies, the provision of staff in-service and community awareness initiatives regarding the dangers posed by allergens when students are at school or involved in school-related activities.
- 1.4 For specific information, resources, materials and instructions necessary to respond to the presence of anaphylactic students in a school, please refer to the resource package, "Anaphylaxis" in the Provisions for Medical and/or Physical Assistance within the School Manual.
- 1.5 The following procedures outline the process to be followed when a student is identified as having a life-threatening allergy.

2.0 DEFINITION(S) (courtesy of anaphylaxis.ca)

- Anaphylaxis:** is a serious allergic reaction. It can be life-threatening. Food is the most common cause of anaphylaxis, but insect stings, medicine, latex, or exercise can also cause a reaction.
Anaphylaxis affects multiple body systems: skin, upper and lower respiratory, gastro-intestinal and cardiovascular.
- Anaphylactic shock:** is an explosive overreaction of the body's immune system to a triggering agent (allergen). It can be characterized by swelling, difficulty breathing, abdominal cramps, vomiting, diarrhea, circulatory collapse, coma and death.
- in loco parentis:** Latin for 'in the place of a parent', and refers to the legal responsibility of a person or organization to take on the responsibilities of a parent.

3.0 PROCEDURE**3.1 General Procedures**

1. The parent shall provide to the principal/designate, written evidence, as provided by the practicing physician, that the student has a life-threatening allergy. Such evidence shall set out:
 - i. The name of the child
 - ii. The emergency procedures to be taken
 - iii. The frequency/times to administer the epinephrine auto injector
 - iv. The anticipated allergic reaction and may include other pertinent information as provided by the physician (e.g. symptoms/side effects)
2. When a student with a known anaphylactic reaction registers at school, the principal shall establish develop and maintain an appropriate response plan using the materials and instructions contained in the resource package, in accordance with board policy and procedure.

The response plan shall include the following:

- i. The development and maintenance of strategies that reduce the risk of exposure to anaphylactic causation agents in classrooms and common school areas.
 - ii. General communication plans for the dissemination of information on life-threatening allergies to parents, students and staff of the school.
 - iii. Specific communication plans to communicate relevant information concerning type of allergy, monitoring and avoidance strategies and appropriate treatment to all persons who may supervise students who have been identified as anaphylactic students.
 - iv. Annual training for all staff and where applicable, for volunteers on dealing with life-threatening allergies.
 - v. An emergency procedure plan for each identified anaphylactic student.
 - vi. A system that ensures that a comprehensive and current file contains relevant treatment and other information is kept on each identified anaphylactic student.
 - vii. A system that maintains a current emergency contact list for each identified anaphylactic student.
 - viii. Storage for additional epinephrine auto-injectors.
 - ix. Registration procedures that require that parents supply information on life-threatening allergies.
3. If prior allergies are reported, then form AF 6805 "Medical Problems (Critical) - Request for Assistance" must be completed. Please use the yellow binder, "Provisions for Medical and/or Physical Assistance" as a reference(Anaphylaxis Resource Package).

Note: If there is a severe or life threatening condition please post the reverse side of form AF 6805 "Medical Emergency - Written Plan". This must be done to ensure that school personnel are aware of any

student who has been identified as having a life threatening condition and who may require assistance during times of crises.

3.2 Procedures for Development of Allergy Response Plan

I. Identification of Students at Risk

- a) It is the responsibility of the anaphylactic/potentially anaphylactic student's parents to inform the school principal of their student's allergy/ies.
- b) Parents are surveyed in the school's June newsletter for students who have a life-threatening allergy and have not identified their student to the principal, to do so immediately.
- c) Parents are requested to complete page one and two of AF 6805 "Medical Problems (Critical) – request for Assistance/Medical Emergency-Written Plan).
- d) A copy of the completed AF 6805 "Medical Problems (Critical) – request for Assistance/Medical Emergency-Written Plan) is to be placed in the following locations:
 - i. posted in an area where all staff can view,
 - ii. posted in the classroom posted on wall or in the supply teacher folder; and
 - iii. placed in the student's OSR.
- e) If the student takes a bus to school the parents are requested to complete AF 6813 "Student Health/Safety Information and Consent to Release" form and return it to the school.
- f) All teachers who teach a student with a life threatening allergy as well as all staff are made aware of the student(s) with anaphylaxis prior to school beginning. A process is in place at each school whereby supply/substitute teachers are informed of students in the class with life threatening allergies. Trained staff will be available in case of emergency.
- g) Staff providing assistance on behalf of the parent, shall be selected by the principal/designate from a list of staff who have volunteered. It is understood that a staff person may without prejudice, refuse to volunteer to provide assistance, unless the requirement for assistance is directed by board policy, is a requirement of a specific role description and appropriate training has been provided or in an emergency.
- h) It is strongly recommended that each student should wear a MedicAlert bracelet.

II. Availability and Location of EpiPen®

- a) Anaphylactic or potentially anaphylactic students in grades 1-8 will carry one EpiPen® with them at all times and have a minimum of at least one additional EpiPen® available in a safe and secure (not locked) location, in case of an emergency.
- b) For students with insect sting allergy, this would not have to be for the full year but from March to November.
- c) For students in junior and senior kindergarten the teacher will secure at least two of the student's EpiPens® in a safe and accessible location. When leaving the classroom for outside a system to ensure immediate access to an EpiPen® will be established for each student.
- d) It is understood that students may not be able to self-administer their EpiPen®. Therefore, staff will be trained on how to administer an EpiPen®, as well trained first aid providers will be on staff.

- e) Posters describing the signs and symptoms of anaphylaxis and the use of the Epipen® will be posted in relevant classrooms and the staff room.
- f) Students who are no longer allergic or no longer require an Epipen® must present a letter of explanation from their allergist. This letter will be filed in the student's Ontario School Record.
- g) Additional Epipens® will be brought on field trips. If the location is remote, it will be brought to the parents attention whether it is safe and prudent for the student to go on the field trip or whether a parent/guardian/designate should accompany the student on the field trip. A suitable means of communication to medical aid (911) will be accessible to the trip supervisor (e.g. cell phone).

III. Treatment Protocol

- a) The appropriate treatment protocol is contained on each student's AF6805 "Medical Emergency-Written Plan". This form will be:
 - i. posted in a central location(s) in the school for all teachers to view,
 - ii. in a location accessible by the supply teacher;
 - iii. in the younger grades (JK and SK) on the classroom wall.

Staff will be in serviced on how to recognize the signs and symptoms of anaphylaxis, the schools treatment protocol and how to administer an Epipen®.

It is understood that the epinephrine auto-injector can be administered in an emergency situation and that the administration of drugs and/or provision of physical assistance may in certain cases endanger the safety or well-being of the student and/or subject the staff members to risk of injury or liability or negligence. It is also understood that the responsibility for the provision of such assistance remains primarily with the medical profession and/or the parent and that any staff member involved in providing assistance is acting "in loco parentis" and not as a health care professional.

- b) To manage an emergency the following in-service to staff is provided:
(Refer to: AF6805- Medical Emergency- Written Plan)
 - i. one person stays with the anaphylactic individual at all times
 - ii. one person goes for help
 - iii. epinephrine is administered at the first sign of reaction, however slight
 - o (e.g. itching or swelling of the lips/mouth in food allergic students). There are no contraindications to the use of epinephrine for a potentially life threatening allergic reaction.
 - Time of administration is noted in case a second Epipen® is required.
 - i. 911 is called. Dispatcher is advised the student is having an anaphylactic reaction
 - ii. Student is treated with a second dose of epinephrine if necessary-timing should be indicated
 - iii. Student is transferred to hospital emergency room by ambulance,
 - iv. A staff member will stay with student until a parent/guardian arrives
 - v. Student's parents/guardian will be contacted(check with Written Plan for priority of calls)
 - vi. Staff are encouraged to listen to the concerns of the anaphylactic student. The student usually knows when she or he is having a reaction, even before the signs are manifested.

4.0 Training

- I. Every September there will be training and awareness session conducted for school staff on the signs and symptoms of anaphylaxis, the school's emergency treatment protocol and how to administer an Epipen®. If applicable, occasional teachers and temporary educational assistants can participate in training that is specific to individual school requirements.

- II. A refresher will be given to staff in January (Secondary) or when the need arises.
- III. Administrators and staff are not health care professionals and are not experts in recognizing the symptoms of anaphylaxis or in treating it. With the training provided staff will do the very best they can.

5.0 Allergen Awareness/Allergen Avoidance

- I. The efforts of the school is to work towards a "minimized allergen environment". The school cannot guarantee an allergen free school/environment
- II. In schools, the significant allergies are to peanut and nuts. There are allergies to other foods and insect/wasp stings as well. An appeal will be made to the school community in September (with a letter sent home to all parents/guardians) to keep peanut butter (in particular) and other nut products out of the school. This letter should also include information regarding examples of foods that contain nuts and alternatives.
- III. Schools will do a follow up in the school newsletter with reminders about not sending snacks to school containing peanuts/nuts around special holidays, (Halloween, Christmas, Easter).
- IV. School staff will be made aware of the dangers of cross contamination and that accidental exposure to a food allergen is a potential danger. In all classrooms, food services areas special care will be taken to avoid allergens.
- V. Classroom and school celebrations and activities which center around food will be kept to a minimum. Only allergen free foods for special events will be used. Parents will be informed well in advance of the activity in order to assist in supplying appropriate food items for their student.
- VI. When food items are brought or ordered to the classroom/school (parents and/or commercial sources) a list of ingredients will be requested and required prior to the food item being allowed in.
- VII. Students with life threatening allergies are not to be involved in yard clean ups, garbage disposal or other activities which could bring them into contact with food items, wrappers, or containers with traces of a dangerous allergen.
- VIII. School fund-raisers should avoid products containing the allergens that are dangerous to students in the school.
- IX. School vending machines will avoid having products with allergens that are dangerous to students in the school.
- X. Given that anaphylaxis can be triggered by minute amounts of an allergen, anaphylactic students, are encouraged to adhere to the following guidelines:
 - Eat only foods which they have brought from home unless it is packaged, clearly labelled and approved by their parents.
 - Wash their hands before and after eating.
 - Not to share food, utensils or containers.
 - Place food on a napkin or wax paper rather than in direct contact with a desk or table.

References

The above school protocol is based on the following references:

- Anaphylaxis: A Handbook for School Boards, Health Canada, Canadian School Boards Association, 2001
- Anaphylaxis Canada.