

FORT LA BOSSE SCHOOL DIVISION

TITLE – **ANAPHYLACTIC STUDENTS**

POLICY - **JLCCB***

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ANAPHYLACTIC STUDENTS

Anaphylaxis – sometimes called “allergic shock” or “generalized allergic reaction” – is a severe allergic reaction that can lead to rapid death, if untreated. Like less severe allergic reactions, anaphylaxis occurs when the body’s immune system reacts to harmless substances as though they were harmful invaders.

Although peanuts may be the most common allergen causing anaphylaxis in students there are other life-threatening allergens such as insect venom, pollen, medications, or certain synthetic substances. School systems must be aware that anaphylaxis is a life-threatening condition regardless of the substance which triggers it.

Despite the best efforts of parents and schools, no individual or organization can guarantee an “allergy-free” environment.

Purposes of the Policy

The school will endeavour:

- * To create a safe and healthy environment for students with severe life-threatening allergies;
- * To provide guidelines for responding to an emergency situation involving anaphylaxis.

A. Information and Awareness

1. Identification of students who may urgently require medication/treatment to school authorities:

- It is the responsibility of the parent/guardian whose child may urgently require medication/treatment to identify their child to the school administrator by completing the health information section of their school registration form and the URIS Group B application form.
- Completed URIS B forms are forwarded to the URIS nurse for the purpose of informing group training and in order to develop Health Care plans as required.
- All staff members shall be made aware that a child who may urgently require medication/treatment is attending their school and the child shall be identified either individually or at a staff meeting at the beginning of the school year.
- All students identified as having a life-threatening allergy shall have an “allergy alert” attached to their cumulative file.

- The child's classroom teacher shall ensure that a copy of the Individual Health Care Plan is kept in a place where it will be highly visible and readily available to substitute teachers/educational assistant staff.
2. Training for teachers and other school staff:
- The school administrator shall ensure that group training provided by a health care professional occurs annually with school personnel, lunch hour supervisors and volunteers.
 - The School Division shall provide opportunities for group training provided by a health care professional for substitute teachers and bus drivers. Any new employees/volunteers e.g. Lunch supervisors who may have missed the school-based training could attend these sessions.
3. In consultation with parents/guardians and student, the school may identify a student with life threatening medical conditions to classmates who are in direct contact with the child and enlist their understanding and support. This shall be done in a way that is appropriate to the students' age and maturity, without creating fear and anxiety.
4. Maintain open communication between parents/guardians and the school.

B. Anaphylaxis Regulation

1. Avoidance of Allergens

The greatest risk of exposure to allergens is in new situations, or when normal daily routines are interrupted, such as birthday parties, camping, or school trips. Young children are at greatest risk of accidental exposure, but many allergists believe that more deaths occur among teenagers due to increased independence, peer pressure and a reluctance to carry medication. Avoidance of specific allergens is the cornerstone of management in preventing anaphylaxis. All of the following strategies shall be considered in the context of the student's age and maturity as well as the organization and physical layout of the school and the properties of the allergen(s). As students mature, they shall be expected to take increasing personal responsibility for avoidance of their specific allergen(s).

i) Establishing Safe Lunchroom and Eating Area Procedures

Students with life threatening allergies are dependent upon the school community to minimize the presence of substances to which the student is allergic. Therefore it is recommended that the school community:

- (a) Require students with life threatening allergies to eat only food prepared from home.
- (b) Discourage the sharing of food, utensils and containers.
- (c) Encourage the child with life threatening allergies to take precautions such as:
 - (1) placing food on wax paper or a paper napkin rather than directly on the desk or table
 - (2) taking only one item at a time from the lunch bag to prevent cross contamination.

- (d) Establish a hand-washing routine before and after eating.
- (e) Recommend that tables and other eating surfaces are washed clean after eating, using a cleansing agent approved for school use. This is particularly important for students with peanut allergies because of the adhesive nature of peanut butter.

ii) Allergens Hidden in School Activities

Not all allergic reactions are a result of exposure at meal time. Children with life threatening allergies may be at risk if involved in garbage disposal, recycling, yard clean-ups, or other activities which could bring them into contact with food wrappers, containers or debris.

- (a) Teachers will attempt to choose products which are safe for all children in the classroom.
- (b) Teachers, particularly in the primary grades, will attempt to be aware of the possible allergens present in curricular materials such as:
 - (1) craft materials (e.g. play dough, egg cartons, etc.)
 - (2) pets and pet food
 - (3) bean-bags, stuffed toys (peanut shells are sometimes used)
 - (4) counting aids (e.g. beans, peas)

iii) Holidays and Special Celebrations

Food is often associated with special occasions and events. The following procedures will help to protect the child with life threatening allergies:

- (a) Require the child with life threatening allergies to eat food brought from his or her own home.
- (b) Focus on activities rather than food to celebrate special occasions.

iv) Field Trips/Excursions

In addition to the usual school safety precautions applying to field trips, the following procedures shall be in place to protect the child with life threatening allergies:

- (a) Require all staff and volunteers to be aware of the identity of the child with life threatening allergies, the allergens, symptoms and treatment.
- (b) Ensure that a staff member or volunteer, at the discretion of the school administrator, with training in the use of the EpiPen, is assigned responsibility for the child with life threatening allergies. A copy of the *Individual Health Care Plan (IHCP) Policy JHC-E1* shall be carried by the person responsible for administration of the EpiPen.
- (c) If the risk factors are too great to control, the child with life threatening allergies may be unable to participate in the field trip. Parents/guardians shall be involved in this decision.
- (d) Teachers/administrators shall ensure that EpiPens are taken on field trips and emergency response plans are in place when planning the trip.
- (e) There shall be reasonable and appropriate access to a telephone, cellular telephone, or radio communication during an excursion.

v) Anaphylaxis to Insect Venom

Avoidance is more difficult to achieve for this type of allergy but certain precautions by the schools may be helpful:

- (a) Request removal of insect nests from school property by calling the Fort La Bosse School Division, Maintenance Department.
- (b) Allow students with life threatening allergies to insect stings to remain indoors for recess during bee/wasp season.
- (c) Immediately remove a child with an allergy to insect venom from the room if a bee or wasp enters.
- (d) Ensure proper storage and prompt disposal of garbage.

2. Emergency Response Protocol

Even when precautions are taken, a student with life threatening allergies may come into contact with an allergen while at school. A separate emergency plan, kept in a readily accessible location, shall be developed for each child with life threatening allergies; the child's parents/guardians and a registered nurse, as funded by URIS, are an integral part of the planning team. A copy of the plan must be kept in the substitute teacher file.

i) Emergency Plans

Epinephrine is the treatment for an anaphylactic reaction. There are no contra-indications to the use of epinephrine for a life threatening allergic reaction. Epinephrine must be administered as early as possible after the onset of symptoms of severe allergic response.

(a) The emergency plan includes the following:

- (1) communicate the emergency rapidly to a staff person who is trained in the use of the Adrenaline Auto-injector (EpiPen)
- (2) administer the EpiPen (NOTE: Although most children with life threatening allergies learn to administer their own medication by about age 8, individuals of any age may require help during a reaction because of the rapid progression of symptoms, or because of the stress of the situation. Adult supervision is required.)
- (3) telephone 911 and inform the emergency operator that a child is having an anaphylactic reaction
- (4) transport the child to hospital at once by ambulance
- (5) provide a copy of the *Individual Health Care Plan* as well as the used EipPen to the ambulance attendants
- (6) telephone the parents/guardians of the child.

ii) Location of Adrenaline Auto-injectors (EpiPens)

- (a) Students shall carry their own EpiPen on their person at all times with instructions for use. If the student is not developmentally able to carry the EpiPen, it will be kept in an unlocked, safe, easily accessible location, and a staff member will be designated its responsibility.
- (b) Where a question arises regarding the urgency of medication or the capability of a student, the registered nurse in consultation with the parent/guardian, physician, and school personnel shall develop an appropriate plan.
- (c) It is recommended that parents/guardians supply an extra EpiPen to be kept in the school office for emergency situations. This extra EpiPen shall be kept in a covered and secured area, but unlocked for quick access.

3. Division Responsibilities

Ensuring the safety of children with life threatening allergies in a school setting depends upon the understanding and support of the entire school community. To minimize the risk of exposure, and to ensure rapid response to emergency, parents/guardians, students and school personnel must all understand and fulfill their responsibilities.

Responsibilities of the Parents of an Anaphylactic Child:

- a) Inform the school of their child's allergies and the casual allergens.
- b) Complete the URIS B application
- c) Provide a medic alert bracelet for their child.
- d) Provide the school with physician's instructions for administering medication.
- e) Provide the school with current health information.
- f) Provide the school with up-to-date eipens, and keep them current.
- g) Provide support to school and teachers as requested.
- h) Assist in school communication plans, if requested.
- i) Participate in the development and review of an Individual Health Care Plan for the child along with school personnel.
- j) Supply information to the school regarding:
 - a. The Allergens;
 - b. Circumstances to avoid.
- k) Be willing to provide safe foods for special occasions (if foods are the allergen).
- l) Teach their child (depending on age and maturity):
 - * To recognize the first symptoms of an anaphylactic reaction;
 - * To know where medication is kept, and who can get it;
 - * To communicate clearly when he or she feels a reaction starting;
 - * To carry his/her own auto-injector in a fanny-pack (depending on child's age and maturity);
 - * Not to share snacks, lunches or drinks;
 - * To understand the importance of hand-washing before and after eating;
 - * To develop strategies for coping with teasing and being left out;
 - * To report bullying and threats to an adult in authority; and
 - * To take as much responsibility as possible for his/her own safety.
- m) Welcome other parents' calls with questions about safe foods (the allergens). ...6

- n) Parents are to be aware that if conditions of this policy are not met, the school division staff may not be in the position to help the student in the event of a medical need/emergency.

Responsibilities of the Principal:

- a) Work closely with the parents of an anaphylactic child.
- b) Ensure that the parents have completed all the necessary forms including URIS B application, and Request to Administer Prescribed Medication (JLCD-E1) & Authorization & Release Epinephrine (JLCD-E4).
- c) Notify the school community of the anaphylactic child, the allergens, avoidance and treatment strategies.
- d) Post allergy-alert forms in the staff room and office (with parental consent).
- e) Maintain up-to-date emergency contacts and telephone numbers.
- f) Ensure that all staff (including the bus driver & lunchroom supervisor if applicable) have received training regarding allergen avoidance strategies, recognition of symptoms and emergency treatment and that the training be completed as early as possible to the start of the new school year.
- g) Ensure that all staff (bus driver if applicable and possibly volunteers) has received instruction in the use of an auto-injector.
- h) Ensure that all substitute teachers are informed of the presence of an anaphylactic child, and have been adequately informed as to how to deal with an emergency.
- i) Inform all parents that a child with life-threatening allergies is attending the school, and ask for their support.
- j) In collaboration with parents and the nurse, participate in the development of an Individualized Health Care Plan/Emergency Response Plan.
- k) Store auto-injectors in an **UNLOCKED** easily accessible location.
- l) Establish safe procedures for field trips and extra-curricular activities.
- m) Develop a school plan for reducing risk in classrooms and common areas.
- n) Notify parents when training is complete.

Responsibilities of Classroom Teacher:

- a) Discuss anaphylaxis with the class, in age-appropriate terms, and with sensitivity (with parental consent).
- b) Ensure students do not share lunches or trade snacks.
- c) Choose allergy-free foods for classroom events.
- d) Reinforce hand washing before and after eating.

- e) Facilitate communications with other parents.
- f) Follow the school plan for reducing risk in classrooms and common areas.
- g) Leave information and a photo of the anaphylactic child in an organized prominent and accessible format for substitute teachers.
- h) Ensure that auto-injectors and emergency response plans are taken on field trips.

Responsibilities of Anaphylactic Students:

- a) Take as much responsibility as possible for avoiding allergens.
- b) Eat only foods brought from home.
- c) Take responsibility for checking labels and monitoring intake (older students).
- d) Wash hands before eating and after eating.
- e) Learn to recognize symptoms of an anaphylactic reaction.
- f) Promptly inform an adult, as soon as accidental exposure occurs or symptoms appear.
- g) Keep auto-injector handy at all times.
- h) Know how to use an auto-injector (developmentally appropriate)

Responsibility of All Students:

- a) Avoid sharing food, especially with children with known risk of anaphylaxis
- b) Follow school rules about keeping allergens out of the classroom and washing hands.
- c) Refrain from “tempting”, bullying or teasing a child with a known risk of anaphylaxis.

Responsibilities of the Bus Driver:

- a) Receive student specific training regarding the allergen, recognition of symptoms and emergency treatment.
- b) Receive instruction in the use of an auto-injector.
- c) Have a clear understanding of the emergency response plan that has been established for the student.
- d) Knowledge of where medication is kept.
- e) Ensure following rules that include no sharing of food items.

Involvement of Health Professionals:

The school personnel may request the involvement of the doctor and/or the public health nurse/private-nursing agency:

- a) To provide training for school personnel on anaphylaxis;
- b) In collaboration with parent/guardian and school, the nurse will develop an Individual Health Care Plan/Emergency Response Plan for the child with anaphylaxis;
- c) To review the student plan for the child with anaphylaxis;
- d) To provide training in the use of the auto-injector, and/or other procedures, as required.

Reference: **Anaphylaxis: A Handbook for School Boards (Health Canada)**

