

ADMINISTRATIVE PROCEDURE 323

STUDENTS WITH SEVERE (ANAPHYLACTIC) ALLERGIES

Background

The Division recognizes the dangers faced by students with severe allergic or anaphylactic reactions. While the Division cannot guarantee an *allergen-free* environment, the Division will take reasonable steps to ensure an *allergy safe* or *allergy aware* environment for students with life-threatening allergies further to the goal of maintaining an appropriate learning environment for all students.

The responsibility for communicating concerns about students with severe or anaphylactic reactions belongs to parents and to the students themselves, depending on the student's age and maturity.

The Division has a supportive role to play in helping parents of students with severe allergies avoid exposure to pre-identified allergens while the student is at school or on school buses.

Definition

Anaphylactic reactions are those severe allergic reactions that involve several body systems and can lead to death unless immediate medical attention is received.

Most common triggers for anaphylaxis include foods such as peanuts, tree nuts, shellfish, fish, milk, soy, wheat and eggs. Venom from bees, wasps, yellow jackets, hornet and some poisonous ants can also cause anaphylaxis. More rarely, vigorous exercise or exposure to certain medications or latex can cause an anaphylactic reaction.

The most distinctive symptoms of anaphylaxis include hives; swelling of the throat, tongue or around the eyes; and difficulty breathing or swallowing. Other common symptoms include a metallic taste or itching in the mouth, flushing/itching of the skin, digestive discomfort, increased heart rate, rapidly decreasing blood pressure, sudden weakness, anxiety, collapse and loss of consciousness.

There is an urgent need to respond quickly and appropriately to an anaphylaxis as it can threaten life within a very short period of time. Most commonly, an injection of epinephrine via an auto-injector (*EpiPen*) will offer a short window of time to get the affected person to emergency care at a hospital.

Procedures

1. **Identifying individuals at risk:** It is the responsibility of parents of children with severe or anaphylactic allergies to ensure that their child wears an *Allergy Alert* bracelet and carries an epinephrine auto-injector (*EpiPen*). Parents must also provide information about the diagnosis or change in diagnosis to the Principal, home room teacher and bus driver at the beginning of each school year, or when their child changes schools.
2. **Information request:** The Principal shall request from the parents written information regarding:
 - proof of diagnosis;
 - allergens which trigger anaphylaxis;
 - treatment protocol, signed by the child's physician;
 - consent form describing and authorizing emergency measures; and
 - permission to post and/or distribute the student's photograph and medical information in key locations such as classrooms, school bus, and staff room
3. **Anaphylaxis Emergency Response Protocol:** The Principal will ensure that an individual emergency response protocol is developed for each student with anaphylactic allergies in cooperation with the parents, the student's physician and where the Principal deems it necessary, the public health nurse. The protocol will:
 - outline the respective roles of the parents, student (when appropriate) and school personnel;
 - describe in detail the steps to be taken in the case of anaphylaxis;
 - include emergency contact information;
 - be kept in several readily accessible locations at the school and school bus.
4. **Communication:** Effective and planned communication strategies that target the different participants in a school community will help to reduce fear and uncertainty while building capacity to respond to individuals with severe allergies.
 - 4.1 All staff members (certified and non-certified) and including bus drivers will be made aware that a child at risk of anaphylaxis is attending their school or riding their bus and that child shall be identified before or immediately after the child registers at the school.
 - 4.2 Students who share a classroom or school bus and their parents shall be informed about the presence of a student at risk of anaphylaxis.
 - 4.3 Regular reminders shall be sent to school personnel, students and parents regarding problematic foods.
5. **Allergen Avoidance Strategies:** Strategies must be based on the developmental age of the student and the particular allergen. Avoidance strategies do not imply that there is zero risk, but strive to create an *allergy safe* as opposed to an *allergen-free* environment.

- 5.1 The Principal shall ask parents of students who share a classroom or school bus with a student at risk of anaphylaxis, to refrain from sending foods containing the allergen to school.
- 5.2 Young children will be supervised by an adult while eating.
- 5.3 Parents of a student at risk of anaphylaxis shall work with food service staff to ensure that food served during lunch and snack programs is appropriate.
- 5.4 The school shall avoid using the classroom(s) of an anaphylactic student as a lunchroom. If a classroom must be used as a lunchroom, it will be established as an “allergen-free” area, using a cooperative approach with students and parents. The school staff shall develop strategies for monitoring such “allergen-free” areas and for identifying high-risk areas for students at risk of anaphylaxis.
- 5.5 If parents provide food to the class for special occasions, they shall provide a complete ingredient list to the classroom teacher and/or the child’s parent.
- 5.6 Garbage cans in outdoor play areas will be covered with tightly fitted lids.
- 5.7 The Principal/maintenance supervisor will have insect nests professionally relocated or destroyed, as appropriate.

6. Training:

- 6.1 Principals will ensure that as many teachers, school-based non-teaching staff, and lunch program supervisors as possible receive first aid training so they learn how to recognize and respond to the signs of anaphylaxis. The Director of Transportation shall likewise arrange training for bus drivers.
- 6.2 With the consent of the parent, the Principal and the classroom teacher will ensure that classmates of a student at risk of anaphylaxis are provided, in a manner appropriate for their age and maturity level, with information on severe allergies and the dangers of sharing or trading lunches.
- 6.3 The entire school population will be educated regarding the seriousness of anaphylaxis and taught how to respond appropriately to an anaphylaxis emergency.

7. Roles and Responsibilities: Anaphylaxis management is a shared responsibility that includes allergic children, their parents, caregivers, and the entire school community.

7.1 Parents

- 7.1.1 Must make every effort to teach their allergic children to protect themselves through avoidance strategies.
- 7.1.2 Are responsible for informing the school about the student’s allergies, and updating the school on any changes (e.g. diagnosis of an additional allergy, outgrowing an allergy).
- 7.1.3 Must provide the child/school with an epinephrine auto-injector which is not expired.
- 7.1.4 Will complete a Medical Release Form and provide allergy information, emergency contact numbers, emergency protocol, and signature of the parent/guardian and physician.
- 7.1.5 Will provide consent to allow school staff to use an epinephrine auto-injector when they consider it necessary in an anaphylaxis emergency.

- 7.1.6 For food-allergic children, will provide non-perishable foods and safe snacks for special occasions.
- 7.1.7 Will communicate with school staff about field trip arrangements.
- 7.1.8 Will meet with food service staff to inquire about allergen management policies and menu items, if their child is to eat foods prepared at school.

7.2 Students at Risk

- 7.2.1 Will have one epinephrine auto-injector with their name on it, kept in a readily available, unlocked location (preferably carried on the person) as designated by the school principal.
- 7.2.2 Will avoid eating if they do not have ready access to an epinephrine auto-injector.
- 7.2.3 Will be very cautious when eating foods prepared by others.
- 7.2.4 Will wear medical identification, such as a *Medic Alert* bracelet or necklace which clearly identifies their allergy, or a special badge in the case of very young children.

7.3 School Community

- 7.3.1 All school staff (including volunteers in supervision of students at risk of anaphylaxis) will be made aware of children who are at risk of anaphylaxis and be trained to respond to an allergic reaction. Teachers will keep a copy of their student's Anaphylaxis Emergency Response Protocol in their day planner or emergency binder where it will be available for substitute teachers.
- 7.3.2 The child's Emergency Response information shall be kept in areas which are accessible to staff, while respecting the privacy of the student (e.g. office, staff room, lunch room or cafeteria).
- 7.3.3 The entire school population will be educated regarding the seriousness of anaphylaxis and be taught how to respond appropriately in the case of anaphylaxis.

7.4 Food Service and Bus Companies/Drivers

- 7.4.1 Food service personnel will be trained to reduce the risk of cross-contamination through purchasing, handling, preparation, and serving of food. The contents of foods served in school cafeterias and brought in for special events will be clearly identified.
- 7.4.2 When possible, bus drivers shall include anaphylaxis training as part of the regular first-aid training. Bus companies/drivers will establish and enforce a 'no eating' rule during travel on buses that transport students at risk of anaphylaxis.
- 7.4.3 If possible, staff at both food service and bus companies will participate in the school's anaphylaxis training, which includes the identification of students at risk and how to use an epinephrine auto-injector.

Reference: Section 18, 20, 45, 60, 61, 113 School Act
 Emergency Medical Aid Act
Anaphylaxis in Schools and Other Child Care Settings by Canadian Society of Allergy and Clinical Immunology, 2005 (www.csaci.ca/schools.html)

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