

ANAPHYLACTIC ALLERGIES

Background

The Board, Senior Administration and school-level staff of STAR Catholic School Division recognize the dangers faced by individuals who experience severe allergic or anaphylactic reactions. While Division staff cannot guarantee an allergen-free environment, we will take reasonable steps to ensure an allergy-safe or allergy-aware environment for those who have life-threatening allergies further to the goal of maintaining an appropriate learning environment for all students.

Adults with severe allergies are generally aware of the specific factors that trigger their allergic reactions and are capable of limiting their exposure to triggers and reacting appropriately when they experience a severe allergic reaction. Division staff should make their colleagues or immediate supervisor aware of any severe allergies they may have. STAR Catholic School Division recognizes that students and parents may require assistance in managing the potential for allergic reactions when children are away from home or their parent's care. Whether the person at risk is an adult or a student, we are committed to the safety of every individual.

Parents, and students themselves, are responsible for making their school and Division staff aware of severe allergy or anaphylactic concerns. Division staff will strive to help parents of students with severe allergies to avoid exposure to pre-identified allergens while the student is at school or on school buses.

This Administrative Procedure specifically addresses situations that may occur in school environments, with students and school staff.

Definition

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

The most common anaphylaxis triggers include foods such as peanuts, tree nuts, shellfish, fish, milk, soy, wheat, and eggs. Venom from bees, wasps, yellow jackets, hornets, and some poisonous ants can also cause anaphylaxis. Vigorous exercise or exposure to certain medications or latex may also 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.

An anaphylactic reaction must be responded to immediately and treated appropriately, as it can be life-threatening within a very short period of time. Most commonly, an injection of epinephrine via an auto-injector (EpiPen) can reduce symptoms. Once an individual has been injected with an EpiPen, they must be taken to the hospital immediately.

Procedures

1. Identifying individuals at risk

Parents of children with severe or anaphylactic allergies must provide a current epinephrine auto-injector (EpiPen). Parents must also provide information about the diagnosis, or any change in diagnosis in the future, to their school principal.

2. Information request

The school principal may use Forms 315-1 and 315-2 to request the following information in writing from parents:

- Medical information
- Allergens that trigger an anaphylactic reaction in their child
- Treatment protocol, signed by the child's physician
- A consent form, describing and authorizing emergency measures
- Permission to post and/or distribute the student's photograph and medical information in key locations (as per Form 315-3).

3. Anaphylaxis Emergency Response Protocol

In cooperation with the parents and the student's physician, the principal will ensure an individual emergency response protocol is developed as per Form 315-4 for each student with anaphylactic allergies.

4. Communication

Effective and planned communication within the school community will help to reduce fear and uncertainty related to anaphylactic reactions, while building local capacity to assist individuals who have severe allergies.

- 4.1 All staff members, including bus drivers, will be made aware that a child at risk of anaphylaxis is attending their school or riding their bus.
- 4.2 The school principal will notify the Division Transportation Officer of any students at risk for anaphylaxis, who shall in turn inform the bus driver, and the driver should inform their students.
- 4.3 A student who is at risk of anaphylaxis may be identified to other students who share a classroom with them.
- 4.4 School staff, students and parents will receive regular reminders about foods that may cause issues for students with anaphylaxis in their school community.

5. Allergen-Avoidance Strategies

All schools should develop an anaphylactic awareness program for staff and students, to build an understanding of the risks and danger, as well as the appropriate response. Allergen-avoidance strategies are student-specific, based on the developmental age of the student and the particular allergen that puts them at risk. Avoidance strategies do not imply that that risk will be completely eliminated, but strive to create an allergy-safe, as opposed to an allergen-free environment.

- 5.1 The principal will advise food service providers to ensure food that is served during lunch and snack programs does not put students with severe allergies at risk.
- 5.2 If a classroom must be used as a lunchroom, it will be established as an “allergen-safe” area, using a cooperative approach with students and parents. The school staff will monitor “allergen-safe” areas to minimize risk for anaphylactic students in these areas.
- 5.3 If parents provide food to the class for special occasions, they will be notified of any food allergen concerns.
- 5.4 Division owned garbage cans in outdoor play areas will be covered with tightly-fitting lids.
- 5.5 The principal/maintenance supervisor will have insect nests professionally relocated or destroyed, as appropriate.

6. Roles and Responsibilities

Anaphylaxis management is a shared responsibility that includes allergic children and their parents, other caregivers, school and Division staff, other students, and the entire school community.

6.1 Parents

6.1.1 Must make every effort to teach their allergic children to protect themselves and reduce their risk.

6.1.2 May wish to provide non-perishable foods and safe snacks for special occasions for their children with food allergies.

6.1.3 Will communicate with school staff prior to any field trips, to identify special circumstances of which field trip supervisors should be aware.

6.2 Students at Risk

6.2.1 Will have one EpiPen with their name on it, preferably carried with them, or kept in a readily-available, unlocked location, identified by the school principal.

6.3 School Community

6.3.1 All school staff, including volunteers who supervise 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 medical information in their day planner or emergency binder, where it will be available for substitute teachers.

6.3.2 An individual plan for a student with an anaphylactic allergy shall include:

- a. information for employees and others who are in direct contact with the student on a regular basis regarding the type of allergy, monitoring and avoidance strategies and appropriate treatments.
- b. A readily available emergency procedure for the student, including emergency contact information.
- c. Parent or student as applicable will provide consent to the prescribed regulations and will ensure that the information remains current.

- d. Provisions for and information regarding storage for epinephrine auto-injectors, where necessary.

6.3.3 The child's medical information will be kept in an area where it is accessible to all staff.

6.3.4 A minimum of one epinephrine auto-injector is maintained in accordance with the regulations and is available in each school.

6.4 **Bus Companies/Drivers**

6.4.1 When possible, bus drivers will include anaphylaxis training as part of the regular first-aid training.

6.4.2 The Division Transportation Officer will provide sister board transportation contacts and contractors with copies of this Administration Procedure.

6.5 Emergency Administration of Medication

6.5.1 Even if not preauthorized to do so, an employee may administer an epinephrine auto-injector or other medication prescribed to a student for the treatment of an anaphylactic reaction if the employee has reason to believe that the student is experiencing an anaphylactic reaction.

Reference: Section 11,33,52,53,196,197,222 Education 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)