

Section: **School Operations**
Policy #: **5412**
Policy: **Anaphylaxis Policy**

Date Approved: **November 14 2009**
Revision Dates:

Purpose

The CISND recognizes that it has a duty of care to students who are at risk from life-threatening allergic reactions while under school supervision. The CISND also recognizes that this responsibility is shared among the student, parents, the school system, and health care providers.

The purpose of this policy is to minimize the risk to students with severe allergies to potentially life-threatening allergens without depriving the severely allergic student of normal peer interactions or placing unreasonable restrictions on the activities of other students in the school.

This policy is designed to ensure that students at risk are identified, strategies are in place to minimize the potential for accidental exposure to allergens, and staff and key volunteers are trained to respond in an emergency situation.

Definitions

Anaphylaxis - A sudden and severe allergic reaction, which can be fatal, requiring immediate emergency measures be taken.

Anaphylactic student - A student with an anaphylactic allergy.

Anaphylactic Framework - The current policy entitled "Anaphylactic and Child Safety Framework" approved by the Minister and issued by the Ministry of Education.

Policy

While the CISND can not guarantee an allergen-free environment, it will take reasonable steps to provide an allergy-safe and allergy-aware environment for students with life-threatening allergies.

All CISND schools must implement the steps outlined in Policy Procedures on anaphylaxis, which include:

- (a) a process for identifying anaphylactic students;
- (b) a process for keeping a record with information relating to the specific allergies for each identified anaphylactic student to form part of the student's Permanent Student Record;
- (c) a process for establishing an emergency procedure plan, to be reviewed annually, for each identified anaphylactic student to form part of the student's student record;

- (d) an education plan for anaphylactic students and their parents to encourage the use by anaphylactic students of Medic-Alert identification;
- (e) procedures for storage and administering medications, including procedures for obtaining preauthorization for employees to administer medication to an anaphylactic student; and
- (f) a process for principals to monitor and report information about anaphylactic incidents to the Office of the Superintendent in aggregate form.

Description of Anaphylaxis

Signs and symptoms of a severe allergic reaction can occur within minutes of exposure to an offending substance. Reactions usually occur within two hours of exposure, but in rarer cases can develop hours later. Specific warning signs as well as the severity and intensity of symptoms can vary from person to person and sometimes from reaction to reaction in the same persons.

An anaphylactic reaction can involve **any** of the following symptoms, which may appear alone or in any combination, regardless of the triggering allergen:

- **Skin:** hives, swelling, itching, warmth, redness, rash
- **Respiratory (breathing):** wheezing, shortness of breath, throat tightness, cough, hoarse voice, chest pain/tightness, nasal congestion or hay fever-like symptoms (runny itchy nose and watery eyes, sneezing), trouble swallowing
- **Gastrointestinal (stomach):** nausea, pain/cramps, vomiting, diarrhea
- **Cardiovascular (heart):** pale/blue colour, weak pulse, passing out, dizzy/light-headed, shock
- **Other:** anxiety, feeling of “impending doom”, headache, uterine cramps in females

Because of the unpredictability of reactions, early symptoms should never be ignored, especially if the person has suffered an anaphylactic reaction in the past.

It is important to note that anaphylaxis can occur without hives.

If an allergic student expresses any concern that a reaction might be starting, the student should always be taken seriously. When a reaction begins, it is important to respond immediately, following instructions in the student’s *Student Emergency Procedure Plan*. The cause of the reaction can be investigated later.

The following symptoms may lead to death if untreated:

- breathing difficulties caused by swelling of the airways; and/or
- a drop in blood pressure indicated by dizziness, light-headedness or feeling faint/weak.

Procedures and Guidelines

1. Identifying Individuals at Risk

- a) At the time of registration, using the school registration form parents/guardians are to report on their child’s medical conditions, including whether their child has a medical diagnosis of anaphylaxis.

- b) Information on a student's life threatening conditions will be recorded and updated on the student's Permanent Student Record annually.
- c) It is the responsibility of the parent/guardian to:
 - Inform the school principal when their child is diagnosed as being at risk for anaphylaxis.
 - In a timely manner, complete medical forms and the Student Emergency Procedure Plan which includes a photograph, description of the child's allergy, emergency procedures, contact information, and consent to administer medication. The Student Emergency Procedure Plan should be posted in key areas such as in the child's classroom, the office, the teacher's daybook, and food consumption areas (e.g. lunch rooms, cafeterias). Parental permission is required to post or distribute the plan.
 - Provide the school with updated medical information at the beginning of each school year, and whenever there is a significant change related to their child.
 - Inform service providers of programs delivered on school property by non-school personnel of their child's anaphylaxis and care plan, as these programs are not the responsibility of the school.
- d) The school principal will contact anaphylactic students and their parents to encourage the use of medical identifying information (e.g. MedicAlert® bracelet). The identifying information could alert others to the student's allergies and indicate that the student carries an epinephrine Epi-Pen. Information accessed through a special number on the identifying information can also assist first responders, such as paramedics, to access important information quickly.

2. Record Keeping – Monitoring and Reporting

- a) The school will keep a Student Emergency Procedure Plan on file (for each identified student). These plans will contain the following information:
 - Student-Level Information:
 - Name
 - Contact information
 - Diagnosis
 - Symptoms
 - Emergency Response Plan
 - School-Level Information:
 - Emergency procedures/treatment
 - Physician section including the student's diagnosis, medication and physician's signature.
- b) It is the school principal's responsibility for collecting and managing the information on students' life threatening health conditions and reviewing that information annually to form part of the students' Permanent Student Records.
- c) The school principal will also monitor and report information about anaphylactic incidents to the superintendent in aggregate form (to include number of at-risk anaphylactic students and number of anaphylactic incidents) at a frequency and in a form as directed by the superintendent.

3. Emergency Procedure Plans

a) Student Level Emergency Procedure Plan

- The school principal must ensure that the parents and student (where appropriate), are provided with an opportunity to meet with designated staff, prior to the beginning of each school year or as soon as possible to develop/update an individual Student Emergency Procedure Plan. The Student Emergency Procedure Plan must be signed by the student's parents and the student's physician. A copy of the plan will be placed in readily accessible, designated areas such as the classroom and office.

- The Student Emergency Procedure Plan will include at minimum:
 - the diagnosis;
 - the current treatment regimen;
 - who within the school community is to be informed about the plan – e.g. teachers, volunteers, classmates;
 - current emergency contact information for the student's parents/guardian;
 - a requirement for those exposed to the plan to maintain the confidentiality of the student's personal health information;
 - information regarding the parent's responsibility for advising the school about any change/s in the student's condition; and
 - information regarding the school's responsibility for updating records.

b) School Level Emergency Procedure Plan

- Each school must develop a School Level Emergency Procedure Plan, which must include the following elements:
 1. Administer the student's Epi-Pen at the first sign of a reaction. The use of epinephrine for a potentially life-threatening allergic reaction will not harm a normally healthy child, if epinephrine was not required. Note time of administration.
 2. Call emergency medical care (911 – where available)
 3. Contact the child's parent/guardian
 4. A second Epi-Pen may be administered within 10 to 15 minutes or sooner, after the first dose is given IF symptoms have not improved (i.e. the reaction is continuing, getting worse, or has recurred).
 5. If an Epi-Pen has been administered, the student must be transported to a hospital (the effects of the Epi-Pen may not last, and the student may have another anaphylactic reaction).
 6. One person stays with the child at all times.
 7. One person goes for help or calls for help.

- The school principal, or designated staff, must ensure that emergency plan measures are in place for scenarios where students are off-site (e.g. bringing additional single dose Epi-Pen on field trips).

4. Provision and Storage of Medication

- Children at risk of anaphylaxis who have demonstrated maturity should carry an Epi-Pen with them at all times and have a back-up Epi-Pen stored at the school in a central, easily accessible, unlocked location. For children who have not

demonstrated maturity, their Epi-Pen will be stored in a designated school location(s).

- The location(s) of student Epi-Pens must be visibly shown to all staff members and caregivers.
- Parents will be informed that it is the parents' responsibility:
 - to provide the appropriate medication (e.g. Epi-Pens) for their anaphylactic child;
 - to inform the school where the anaphylactic child's medication will be kept (i.e. with the student, in the student's classroom, and/or other locations);
 - to inform the school when they deem the child competent to carry their own medication/s (children who have demonstrated maturity, usually Grade 1 or Grade 2, should carry their own Epi-Pen), and it is their duty to ensure their child understands they must carry their medication on their person at all times;
 - to provide a second Epi-Pen to be stored in a central, accessible, safe but unlocked location;
 - to ensure anaphylaxis medications have not expired; and
 - to ensure that they replace expired medications.

5. Allergy Awareness, Prevention and Avoidance Strategies

a) Awareness

The school principal should ensure:

- That all school staff and persons reasonably expected to have supervisory responsibility of school-age students and preschool age children participating in early learning programs (e.g. food service staff, volunteers, bus drivers, custodians) receive training annually or biannually, in the recognition of a severe allergic reaction and the use of single dose Epi-Pens and standard emergency procedure plans.
- That all members of the school community including substitute employees, employees on call, student teachers and volunteers have appropriate information about severe allergies including background information on allergies, anaphylaxis and safety procedures.
- With the consent of the parent, the principal and the classroom teacher must ensure that the student's classmates are provided with information on severe allergies in a manner that is appropriate for the age and maturity level of the students, and those strategies to reduce teasing and bullying are incorporated into this information.

Posters which describe signs and symptoms of anaphylaxis and how to administer a single dose Epi-Pen should be placed in relevant areas. These areas may include classrooms, office, staff room, lunch room and/or the cafeteria.

b) Avoidance/Prevention

- Individuals at risk of anaphylaxis must learn to avoid specific triggers. While the key responsibility lies with the students at risk and their families, the school community must participate in creating an "allergy-aware" environment. Special care is taken to avoid exposure to allergy-causing substances. Parents are asked to consult with the teacher before sending in food to classrooms where there are

food-allergic children. The risk of accidental exposure to a food allergen can be significantly diminished by means of such measures.

- Given that anaphylaxis can be triggered by minute amounts of an allergen when ingested, students with food allergies must be encouraged to follow certain guidelines:
 - Eat only food which they have brought from home unless it is packaged, clearly labelled and approved by their parents (Elementary schools).
 - If eating in a cafeteria, ensure food service staff understands the life-threatening nature of their allergy. When in doubt, avoid the food item in question.
 - Wash hands before and after eating.
 - Not share food, utensils or containers.
 - Place food on a napkin or wax paper rather than in direct contact with a desk or table.
 - Non-food allergens (e.g. medications, latex) will be identified and restricted from classrooms and common areas where a child with a related allergy may encounter that substance.

6. Training Strategy

- a) At the beginning of each school year, a training session on anaphylaxis and anaphylactic shock will be held for all school staff and persons reasonably expected to have supervisory responsibility of school-age students and preschool age children participating in early learning programs (e.g. food service staff, volunteers, bus drivers, custodians).
- b) Efforts shall be made to include the parents, and students (where appropriate), in the training. Experts (e.g. public health nurses, trained occupational health & safety staff) will be consulted in the development of training policies and the implementation of training. Training will be provided by individuals trained to teach anaphylaxis management.
- c) The training sessions will include:
 - signs and symptoms of anaphylaxis;
 - common allergens;
 - avoidance strategies;
 - emergency protocols;
 - use of single dose epinephrine Epi-Pens;
 - identification of at-risk students (as outlined in the individual Student Emergency Procedure Plan);
 - emergency plans; and
 - method of communication with and strategies to educate and raise awareness of parents, students, employees and volunteers about anaphylaxis.

Additional Best Practice:

- Distinction between the needs of younger and older anaphylactic students.
- d) Participants will have an opportunity to practice using an Epi-Pen trainer (i.e. device used for training purposes) and are encouraged to practice with the Epi-Pen trainers throughout the year, especially if they have a student at risk in their care.

- e) Students will learn about anaphylaxis in a general assembly or special class presentations.

September Anaphylaxis Letter

Sample Only

As we begin a new school year we would like to inform you that _____ Elementary School is an **allergen aware** school. There are children in attendance who suffer from **severe and life threatening** allergies to certain foods, such as peanut and nut products. Exposure to the smallest quantities can cause severe life threatening reactions. Anaphylaxis is a severe and life threatening allergic reaction. The most common allergen triggers are food, insect stings, medications, exercise and latex. An anaphylactic reaction involves symptoms from two or more body systems.

We at _____ School would appreciate the co-operation of the entire school community in **NOT** sending any lunches or snacks that contain peanuts or nuts, which could potentially harm a child. Please make sure that all of your children's caregivers are aware of the food restrictions. Please avoid sending food for birthdays or special occasions. There are many alternatives such as stickers and pencils.

If you have any questions please talk to you child's teacher or the school staff.

We look forward to your co-operation in making this a safe year for all our students.

Sample School Newsletter Insert

We would like to inform you that there are children in our school, with severe life threatening allergies to (name allergen). This is a medical condition (anaphylaxis) that causes a **severe reaction** to specific foods and can result in death within minutes. As this affects the entire school community, we are requesting that you **not** send foods with you child to school that contain the allergen, _____.

If you have any questions, please contact your child's teacher or the school staff.

Thank you for your understanding and cooperation.

Best Practices

When setting up a school to be **allergen aware**, these are some “best practices”:

- identify students with allergen, upon registration/new diagnosis
- send home appropriate forms
- create a questionnaire asking pertinent questions regarding allergy
- have meeting with all parents of anaphylactic children
- in-service all staff about protocol, use of Epi-Pen and your school emergency procedures
- exchange information about school procedures, and what parental expectations are
- put up **allergy alert** signs at all entrances as well as doors of classrooms of the anaphylactic children
- send home letters to the whole school population, notifying parents that specific allergens are discouraged from entering the school
- follow up with a letter or a telephone call to the parents of a child that has brought an allergen into the school. (This should be performed by teacher or principal.)
- if a child brings an allergen in their lunch or snack, you should have that child eat in an area that is not normally used by the general student population. (An office or a conference room has been the general practice for most schools.)
- medication should be stored in a location that is easily accessible and **NEVER LOCKED.**

School Guide Checklist for Anaphylaxis Protocol

Anaphylaxis is life threatening and can appear suddenly without warning. Working as a team of parents and school staff, anaphylaxis can be a manageable condition. The anaphylactic student needs the support of the entire school community to stay safe and to prevent an anaphylactic reaction.

Here are some suggestions to make the school safer for students with anaphylaxis:

- Annual in-service about anaphylaxis and practice with an Epi-Pen trainer.
- Establish classroom rules: ***No Sharing Food.***
- Discourage allergic foods in the classroom.
- Send a letter to the entire school community that the allergic food not be sent to the school as a snack or lunch.
- Inform the student's parents well in advance of special events involving food.
- Establish a procedure for informing substitute teachers and support staff.
- ***Listen to and believe the student. He or she may be having a reaction before you see it.***
- Reassure the student that you are aware of his/her needs and that you know how to keep him/her safe.
- Train the student to self advocate regarding their allergy. E.g., how to approach an adult.
- Ensure that Epi-Pen is kept with the student or the supervising teacher knows the location of the Epi-Pen.
- Be aware that there are cases of anaphylactic students being threatened with the allergen by bullies. School staff shall deal with such a situation as a serious incident.

Checklist for Parents of an Anaphylactic Student

- arrange meeting with principal to exchange information
- notify school personnel of your child's allergens in order of severities
- provide the school with a recent photograph of your child if they do not have one
- complete *The Student Emergency Procedure Plan*
- complete *The Request for Administration of Medication at School Form*
- provide the school with required number of Epi-Pens and make sure they are not expired
- consider a Medic Alert ® bracelet for your child
- educate yourself about foods that can cause anaphylactic reactions
- stress with your child and the school staff that only foods from home are to be eaten
- keep up-to-date about education and new information in this field
- research field trip sites for allergen risks
- verify all posted information about your child
- inform school staff of any allergic reactions that occur outside of school hours

STUDENT EMERGENCY PROCEDURE PLAN

Re: ALLERGY ALERT INFORMATION - EPI-PEN

STUDENT NAME _____

ADDRESS _____

HOME PHONE _____

PARENT/GUARDIAN WORK PHONE _____

PARENT/GUARDIAN WORK PHONE _____

PARENT/GUARDIAN CELL PHONE _____

PARENT/GUARDIAN CELL PHONE _____

ALTERNATE EMERGENCY CONTACT PERSON _____

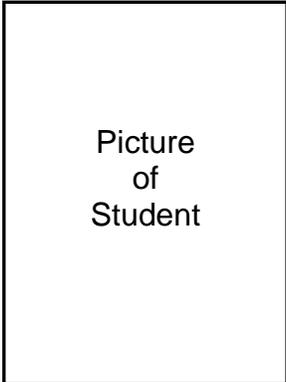
ALTERNATE EMERGENCY CONTACT PHONE _____

TEACHER _____

CLASS/GRADE _____ ROOM # _____

CARE CARD # _____

PHYSICIAN _____ PHYSICIAN'S TELEPHONE _____



ALLERGY-DESCRIPTION: This child has a **DANGEROUS**, life threatening allergy to the following items and to all foods containing them in any form in any amount (list items on line below):

AVOIDANCE: The key to preventing an emergency is **ABSOLUTE AVOIDANCE** of these foods at all times. **WITHOUT AN EPI-PEN THIS CHILD MUST NOT BE ALLOWED TO EAT ANYTHING THAT THEY DID NOT BRING THEMSELVES FROM HOME or WITHOUT THE CONSENT OF THE PARENTS/GUARDIANS.**

EATING RULES: *(List eating rules for child, if any, in this space)*

POSSIBLE SYMPTOMS:

- | | |
|--|--|
| <input type="checkbox"/> Flushed face, hives, swelling or itchy lips, tongue, eyes | <input type="checkbox"/> Tightness in throat, mouth, chest |
| <input type="checkbox"/> Difficulty breathing or swallowing, wheezing, coughing, choking | <input type="checkbox"/> Vomiting, nausea, diarrhea, stomach pains |
| <input type="checkbox"/> Dizziness, unsteadiness, sudden fatigue, rapid heartbeat | <input type="checkbox"/> Loss of consciousness |
| <input type="checkbox"/> Other _____ | |

ACTION – EMERGENCY PLAN: At any sign of difficulty (e.g. hives, swelling, difficulty breathing):

- Administer **EPI-PEN** immediately
- Call 9-1-1
- Call parent/guardian
- Administer second Epi-Pen, within 10-15 minutes, or sooner, if symptoms do not improve
- (Even if symptoms subside entirely, this child **must** be transported to a hospital immediately)
- One person stays with child at all time; one person goes for help or calls for help.

EPI-PENS® are kept in _____ Classroom/lunchroom/staff room/office/with student
Expiry date on Epi-Pen: _____

I agree to this information being placed in key areas around the school:

Parent/Guardian signature: _____

**REQUEST FOR ADMINISTRATION
OF MEDICATION AT SCHOOL FORM**

A. TO BE COMPLETED BY PARENT OR GUARDIAN

Name	Birthdate (Year, Month, Day)	
Parent or Guardian	Home Phone	Business/Cell Phone
Physician	Phone	

**B. ATTACH A DUPLICATE PHARMACY LABEL OF PRESCRIBED MEDICATION
OR**

**REQUEST THAT THE PRESCRIBING PHYSICIAN COMPLETE THE FOLLOWING:
Conditions Which Make Medication Necessary**

Name of Medication	Dosage	Directions for Use
1.		
2.		
3.		
4.		

Additional Comments (possible Reactions, Consequences of Missing Medication, Etc.)	
If prescribing epinephrine emergency medication, it must be a single dose, single-use auto-injector for school setting with a second injector, if parents have provided a second injector, which can be given 10-15 minutes if symptoms do not improve. An oral antihistamine will not be administered by school personnel.	<p align="center">Physician's Signature</p> <p align="center">_____</p> <p>Date</p> <p align="center">_____</p>

Additional information can be provided on reverse side.

<p>C. TO BE COMPLETED BY PARENT OR GUARDIAN</p> <p>I request the school to give medication as prescribed to my child whose name is recorded below</p> <p>Name of Child: _____</p> <p>Date: _____</p> <p>I will Notify the School Promptly of Any Changes in Medications Ordered</p> <p>Signature of Parent or Guardian: _____</p> <p align="center">Additional information can be provided on reverse side.</p>
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D. EACH SCHOOL STAFF MEMBER WHO IS RESPONSIBLE FOR THE ADMINISTRATION OR SUPERVISION OF THE MEDICATION MUST REVIEW THE INFORMATION ON THIS CARD THEN DATE AND SIGN BELOW

Date	Signature	Comments, If Any

The information collected will be used for educational program purposes and when required, may be provided to health services, social services or other support services as required by law. The information collected on this form will be protected under the Protection of Information Privacy Act (PIPA). Questions about the collection and use of this information should be directed to the principal of your school or to the Superintendent of Schools, Nelson Diocese, Kelowna, B.C., (250) 762-2905.

Additional Information: