

ANAPHYLAXIS IN SCHOOLS

- POLICY -

The Board will do everything in its power to ensure school settings are free of allergens. The safety of anaphylactic children and adults in school settings depends on the co-operation and support of all stakeholders in the school community.

The Board of Education requires schools to accommodate students and staff with medically diagnosed allergies, particularly where those allergies are life threatening. Each school is required to have an established procedure for monitoring and responding to anaphylaxis emergencies.

- REGULATION -

Background

“Anaphylaxis – sometimes called “allergic shock” or “generalized allergic reaction” is a severe allergic reaction than can lead to rapid death, if untreated”

CSBA, Anaphylaxis: A Handbook For Schools

Common causes are food, latex, insect stings, medication and exercise. It is required that the following principles serve as a foundation for individual school plans for dealing with life-threatening allergies:

- Parental involvement in all phases of planning (if the allergic person is a student)
- Open communication
- Flexibility in implementation
- Proactive planning

Procedures

1. Information and Awareness

Parents/Guardians have the primary responsibility for informing school personnel regarding their child's severe allergy. The physician must diagnose the child with anaphylaxis and prescribe the specific treatment protocol. Safety measures a school can expect to implement are:

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- 1.1 “Medical Alert Card” and “Request For Administration of Medication at School” completed and signed by the physician should be kept along with other information in the school
- 1.2 A meeting with the child’s parents to establish individual care plans shall be held at the beginning of the school year
- 1.3 Medical alert posters provided by the parent(s) shall be posted in the staff room, classroom, medical room and any other room which is used on a regular basis by the child in consultation with the parent
- 1.4 All staff (teaching and non-teaching) must be made aware of and be able to visually identify students who have potentially life-threatening allergies. This includes custodians, supervisors, bus drivers, substitute teachers, teachers on call, parent volunteers and coaches.
- 1.5 An annual training session for all staff re: administration of medication and Epipen (in consultation with a nurse, parent and/or expert resource) must be held and reviewed mid-year.
- 1.6 The school must strive to build support for the child with his/her peers.
- 1.7 There needs to be recognition by all concerned of the increased danger when changes to the routine occur, especially field trips, sports days, extracurricular outings, special treat days and festive occasions
- 1.8 In schools when a child is at risk, allergen products will be banned in all lunchrooms, home economics classes and in other food services areas.
- 1.9 The child’s teacher(s) must receive additional information about the child from the parent. The teacher(s) and parent must maintain open lines of communication.

2. Permanent Record (PR) Card Recording Alerts

- 2.1 The child’s medical alert must be listed as an inclusion on his/her student permanent record card. The alert must be sent with the child’s PR card if the student leaves the school or when the student graduates and the PR card is transferred to the school board office as a permanent record.

3. Avoidance of the Allergen

The parent and the child have primary responsibility for avoiding the allergen. It is not possible to achieve a completely allergen-free school, as there can be hidden or accidentally introduced sources. The Principal and staff at each school must attempt to eliminate the child’s exposure to allergic foods on school property.

- 3.1 Trading and sharing of foods, food utensils and food containers in the allergic child's classroom is to be discouraged.
- 3.2 Children with allergies shall only eat lunches and snacks that have been prepared at home.
- 3.3 Hand washing is encouraged before and after eating for all children in the classroom of an anaphylactic child.
- 3.4 The use of foods in crafts, cooking classes and special celebrations needs to be restricted depending on the allergies of the students.
- 3.5 The allergic child's classroom shall be checked for other sources of the allergen, e.g. play dough, bean bags, stuffed toys (peanut shells are sometimes used).

4. Emergency Response Procedures

- 4.1 Since it is impossible to reduce the risk of accidental exposure to zero, an anaphylactic child may require emergency life-saving measures while at school or on a school bus.
- 4.2 Each Principal must develop and update a response plan and communicate it to all staff, students and bus drivers. Each school must practice their response plan annually (including topics as: How to access the Epipen; Who will administer it; What to say when calling 911; contacting parents, and safeguards for field trips and other special events).
- 4.3 Common symptoms and signs of anaphylactic reaction may be a combination of any of the following:
 - Hives
 - Coughing
 - Diarrhea
 - Dizziness
 - Difficulty swallowing
 - Red, watery eyes
 - Itching
 - Change in voice
 - Stomach cramps
 - Change of colour
 - Difficulty breathing
 - Wheezing
 - Swelling
 - Vomiting
 - Runny nose
 - Fainting or Loss of consciousness

- 4.4 A medical alert and an explanation of the emergency response plan must be kept in the teacher's day planner and school office.
- 4.5 An up-to-date supply of Epipens provided by the parent(s) must be stored in a covered, secure, unlocked area for quick access. Students shall be encouraged to carry an auto-injector on their person wherever possible, however, no student should be held responsible for self-injection.
- 4.6 When in doubt, DO THE FOLLOWING:
- Use the Epipen or Anakit
 - Obtain professional medical assistance
- 4.7 For more detailed information, all concerned should consult the publication:
British Columbia Anaphylactic and Child Safety
Framework (Ministry of Education copyright 2007). A copy of which has been provided to each school.

Other publications containing good information are:

ANAPHYLAXIS in Schools & Other Settings (Anaphylaxis Canada, copyright 2005),

ANAPHYLAXIS a Handbook for School Board (Canadian School Board Association, copyright 2001),

Anaphylaxis Related website information:

www.alergysafecommunities.ca

www.eworkshop.on.ca/allergies

- 4.8 In extreme cases, the Board will direct a school to be free of an anaphylactic causing allergen.