

**MOOSE FACTORY ISLAND
DISTRICT SCHOOL AREA BOARD**

AP NO. 315 PROCEDURAL GUIDE

Effective	
Revision Date	

ANAPHYLAXIS IN THE SCHOOL: PROCEDURAL GUIDE

PURPOSE

This procedural guide has been developed in order to support Administrative Procedure 315 Anaphylaxis in the School and to minimize the danger to each student with an anaphylactic allergy at school or at a school related event.

DEFINITIONS

Anaphylaxis: Anaphylaxis is an instant allergic reaction in all the major body organ systems. Unless there is a medical intervention, the victim may suffer a drop in blood pressure, loss of consciousness, and death. This can occur within minutes of exposure to the triggering substance. Even a small amount of the allergen can be fatal.

For many years, there have been children and adults who suffer from this condition. However, the number of people affected appears to be increasing and corresponding levels of concerns have resulted.

Triggering Substances: In addition to peanuts, the foods most frequently implicated in anaphylaxis are tree nuts (e.g. hazel nuts, walnuts, almonds, cashews), cow's milk, and eggs. Fish, shellfish, wheat, and soy are potentially lethal allergens as well and anaphylaxis is occasionally induced by fruits and other foods. Non-food triggers of anaphylaxis reactions include insect venom, medications, latex and, rarely, vigorous exercise.

Emergency Response: The emergency response to an anaphylactic reaction is the administration of adrenalin by syringe, usually with an Epi-Pen or Anakit. The adrenalin can be easily and safely administered with these devices by non-medical personnel with minimum training. The Epi-Pen is particularly easy to administer.

PROCEDUAL GUIDELINES

1. Anaphylactic Reaction to Insect Venom

- 1.1. Food is the most common trigger of anaphylactic reaction in school children and the only allergen which schools can reasonably be expected to monitor.
- 1.2. The school cannot take responsibility for possible exposure to bees, hornets, wasps and yellow-jackets, but certain precautions can be taken by the student and by the school to reduce the risk of exposure. Here are some strategies:

- a) Avoid wearing loose, hanging clothes, floral patterns, blue and yellow clothing and fragrances.
- b) Check for the presence of bees and wasps, especially nesting areas, and arrange for their removal.
- c) If soft drinks are being consumed outdoors, pour them into a cup and dispose of cans in a covered container.
- d) Ensure that garbage is properly covered.
- e) Caution students not to throw sticks and stones at insect nests.
- f) Allow students who are anaphylactic to insect stings to remain indoors for physical education during bee/wasp season.
- g) Immediately remove a student with an allergy to insect venom from the room, if a bee or wasp enters.

In case of insect stings, never slap or brush the insect off and never pinch the stinger, if a student is stung. Instead, flick the stinger out with a fingernail or credit card.

2. Allergens Hidden In School Activities

Not all allergic reactions to food are a result of exposure at meal times. Teachers should be aware of the possible allergens present in teaching materials, including the following:

- play dough
- bean bags, stuffed toys (which may contain peanut-shells)
- counting aids (peas, beans)
- books and other items which may have been contaminated in the course of normal use
- science project components
- certain seasonal activities (Easter egg painting, gardening)

3. Symptoms of An Anaphylactic Reaction

An anaphylactic reaction can begin within seconds of exposure, or after several hours. Any combination of the following symptoms may signal the onset of a reaction:

SYMPTOMS:

- hives;
- itching (on any part of the body);
- difficulty breathing;
- swelling (on any part of the body, especially eyes, lips, face, tongue);
- red, watery eyes;
- dizziness;
- runny nose;
- vomiting;
- change of colour;

- diarrhea;
- stomach cramps;
- sense of anxiety;
- change of voice;
- coughing;
- wheezing;
- difficulty swallowing;
- throat tightening or closing;
- fainting or loss of consciousness.

4. Consideration For Plan Development

4.1. There is a need to:

- ensure the safety of the students/staff who suffer from extreme allergies; and
- empower the school administrators to respond to their needs consistently...
- But at the same time, to recognize individual differences from case to case.

4.2. If you have students and/or staff who are subject to anaphylactic reactions, you must have an emergency response plan. If you have a plan, it must contain elements that can and will be executed without fail. Staff must be trained in the emergency first aid procedures identified in the plan.

4.3. The school's prevention plan shall consider the individual needs of students/staff according to:

- age;
- maturity;
- personal characteristics and competencies; and
- the severity of the allergy.

5. Can You Create a Peanut-Free Environment?

5.1. In a word, NO. Parents/guardians may ask that you ban peanuts and peanut products from the school as part your prevention plan and this is being done in most schools. Do not guarantee a peanut-free environment. In spite of all efforts, such a request cannot be reliably implemented.

5.2. All parents/guardians would have to cooperate and check the ingredients of all food sent to school. Secondly, even if staff checked, they would not be able to tell if peanuts or peanut products were used to bake home-made goods, such as cakes and cookies.

5.3. No matter how committed the staff and cooperative the parents/guardians are, foods containing the allergens may sneak through. Make sure that students and parents do not have a false sense of security which might increase the chance of exposure.

5.4. The best approach is to try to minimize the allergens in the school with parents'/guardians' cooperation and to establish procedures that reduce the likelihood of the students' exposure to the allergen if it is present.

5.5. The following are suggested strategies:

- limit the sharing of food and utensils;
- increase attention to the cleanliness of eating areas;
- encourage students to wash their hands after eating;
- send letters home and conduct presentations to enlist parent/guardian support to ban peanut and peanut products;
- explain the dangers to students;
- designate eating areas during lunch-time programs;
- clean any eating surfaces in the lobby/gym area.

6. Involvement Of Other Parents/Guardians

- 6.1. Identify the problem to all parents/guardians through print and media and request their cooperation in reducing the student's exposure to the allergen.
- 6.2. Provide education session(s) for parents/guardians on the topic of Extreme Allergies and Anaphylactic Shock; attempt to gain their support for measures to limit the students' exposure to the allergen.
- 6.3. Provide information session(s) for parents/guardians and school volunteers.
- 6.4. Avoid school or parent/teacher group involvement in fund-raising activities that include foods containing the allergen (e.g. chocolate-covered almonds, chocolate bars). Suppliers who provide nut-free products should be considered.

7. Education and Training

Provide, in cooperation with the Public Health Department, education and training to all adults who may have the opportunity to respond to the needs of a student/staff member suffering anaphylactic shock. This will include the following personnel: teachers; occasional teachers; student teachers; office staff; classroom assistants; bus drivers; custodial staff; volunteers.

8. The Extreme Allergy Management and Prevention Plan

- 8.1. When a student who is subject to extreme allergic reactions is identified by a parent/guardian, and it is confirmed in writing by the physician, the principal will convene, as soon as possible, a meeting of the parents/guardians and appropriate school staff to develop a procedure to enhance the safety of the student.
- 8.2. The following elements will be addressed in the Plan:
 - a) Prevention
A Prevention Plan to minimize the student's exposure to the triggering allergen appropriate to the maturity and reliability of the student and the severity of the problem shall be developed.

Prevention measures may include:

- self-supervision
- education programs for classmates, school mates, parents/guardians
- a request to parents/guardians of students in the classroom to assist in the management of the exposure to the allergen;
- provision of an allergen-free area or separate eating area, in consultation with parents/guardians; and
- attempts to ban the presence of triggering substances in school and school-related activities.

b) Epi-Pens

- The number of locations in which Epi-Pens are kept and to whom they are available may be determined based upon the severity of the problem, as mutually determined by the parent/guardian and principal. The preferred approach would be for the student to carry the Epi-Pen at all times, with one or more spares available in easily accessible school locations.
- Staff training/re-training in administering Epi-Pens shall occur annually.
- A mechanism by which all staff can identify the students at risk should be available.
- Provision for reliably informing supply teachers and other temporary staff of the issue and their potential responsibilities should be made.
- Instructions on the use of the Epi-Pens, along with a list of symptoms and emergency procedures, should be posted in a clearly visible location in the students' classroom.
- Provision will be made to have Epi-Pens readily available where needed (e.g., Office, ERT gear bag, buses, etc.)

NOTE: School personnel should note that there are NO contraindications for use of epinephrine for life-threatening allergic reactions, Accidental administration of the medication, if a reaction is not actually taking place, is not a significant cause for concern, according to the Canadian Paediatric Society. "In young patients, serious adverse effects of epinephrine such as cardiac arrhythmias and hypertensive crises are extremely rare, and the life saving benefit of injecting epinephrine in cases of suspected anaphylaxis outweighs any small risk of side effects."

In other words, if there is any reason to suspect an anaphylactic reaction is taking place, and if epinephrine has been prescribed as the treatment protocol, personnel should not hesitate to administer the medication (Epi-Pen).

8.3. Emergency Action

As in the case of any potential crisis, advance planning will be helpful in successfully managing the event. In dealing with cases of anaphylactic shock, the Plan must address procedures for:

- administering the Epi-Pen;
- calling the office, indicating the nature of the emergency and the need for an ambulance (advising of the need for another Epi-Pen, if necessary);

- requesting the response of the Emergency Response Team (ERT). Members of the ERT will monitor the individual until the arrival of the ambulance personnel, administering a second Epi-Pen if required;
- ensuring communication with parents/guardians and appropriate others, as soon as possible;
- recording details of the accident, including those involved and the actions taken, with approximate times, if possible.

****REFER TO ERT POLICY****

Incidentally, there will be a need to develop plans to deal with such an emergency if the student/staff member is involved in school activities outside the school (e.g. Outdoor unit, field trips, track and field, etc.) or when an occasional or itinerant teacher is responsible for the class.

8.4. Responsibility

In developing a procedure for the management of children with severe allergic reactions, it is essential that there be a clear understanding among the parent/guardian and the school regarding their individual responsibilities in the process. These may include the following:

- a) Parents/Guardians:
 - notifications to school of problem, with written confirmation from the physician;
 - provision of at least two Epi-Pens and carry pouches (if needed) in order to effectively execute action plans;
 - replacement of Epi-Pens as needed;
 - the reliable execution of agreed-upon parent/guardian commitments in the EMERGENCY ACTION AND PREVENTION PLAN;
 - authorization for all staff to administer Epi-Pens with the assurance that they will not be held responsible for any adverse reactions resulting from such administration. This will be in the form of a separate, specific consent form that directly addresses allergies.
- b) The School Board:
 - the reliable execution of the agreed-upon EMERGENCY ACTION AND PREVENTION PLAN.

9. Prevention and Management Plan Components

9.1. The following alternatives are identified, which may be included or adapted in Individual Prevention and Management Plans. The alternatives are not exhaustive, and in many cases more than one alternative related to a specific area might be included. In the recording of individual plans, the principal may wish to include a number of the specific alternatives indicated below in a more general statement.

- a) Identification To The Staff
 - Require students/staff members to wear a Medic Alert bracelet to identify specific allergies;

- Provide a copy of the Extreme Allergy Management and Prevention Plan with a photo of the student to all staff;
- Note that teacher/office copies will differ from those placed in the staff room, due to issues of confidentiality;
- Post a photo of the student with a description of the problem and emergency action plan in the staff room and/or staff area of the school office;
- Personally introduce the student to staff, as needed. Staff should familiarize themselves with students with allergies;
- Include a copy of the Extreme Allergy Management and Prevention Plan with a photo of the student in the Teacher Daybook and Occasional Teacher Notes, staff room and school office, allowing access to this information for other teachers;
- Conduct a staff meeting to identify the issue, communicate the planned response and identify the student(s) at the first of the school year, with updates as needed.

b) Classroom Prevention

- Write a letter to parents/guardians requesting their cooperation and support in avoiding bringing foods containing the allergen to school.
- Identify the problem to students and enlist their cooperation and support in avoiding bringing foods containing the allergen to school.
- Discourage students with allergies from eating student-brought home-made snacks (snacks with unknown ingredients). Teachers will seek prior approval from parents for teacher-brought snacks.
- Discourage sharing of snacks.
- Encourage all students to wash hands before and after eating.
- Establish a procedure to ensure that supply teachers are aware of measures for classroom prevention.
- Expect the student to accept personal responsibility, when age appropriate, for avoidance of consumption or exposure to foods containing the allergen.

c) Lunch Time Prevention (Co-curricular activities, lunch time intramurals, team practices, choir, etc.)

- Discourage sharing of lunches or snacks.
- Encourage all students to wash hands before and after eating.
- Designate a separate area at lunch time where students with severe allergies may eat, to avoid contact with students who may have brought foods containing allergens.
- Request that maintenance staff clean furniture in the lunch eating area thoroughly before and after lunch to minimize the possibility of exposure, both at lunch and when the facilities are being used for other purposes (i.e. class assignments, crafts).
- Expect the student to accept personal responsibility, when age appropriate, for avoidance of consumption, or exposure to food containing the allergen.
- Ensure that utensils are washed when using different foods, to avoid cross-contamination.

- Breakfast program personnel must ensure that food allergies are carefully considered in their planning and preparation of items to be served to students.
- The Board and the school staff will do their best to ensure the safety of all their students with severe allergies, but may be unable to completely provide an allergen-free environment within the school.

d) Out of school Prevention

- Discourage sharing of foods in the school yard and on buses.
- Discourage students from eating on the school buses.
- Ensure that all bus drivers receive copies of the Prevention Plan and have received training in administration of the Epi-Pen.
- Epi-Pens will be readily available on both off-reserve and on-reserve buses, and any other vehicle responsible for transporting MFIDSAB students to and from school.
- Request parents to avoid sending foods containing the allergen in packed lunches for field trips.
- Inform food providers of restrictions and require that they eliminate foods containing the allergens from menus.
- Ensure that a list of ingredients of meals in overnight accommodations is accessible to the student, staff, and parents/guardians.
- Assign school personnel and/or trained volunteers to assure suitable supervision of the student(s) on field trips.
- Ensure that a hospital or emergency services are accessible. For outdoor education trips, parents will be made aware of the fact that hospital/emergency medical services may not be immediately available, and they must consider this situation when deciding on allowing their child to participate in such programs.
- In conclusion with parents, where safety for students with severe allergies cannot be ensured, parents will accept the risk and sign a waiver for their child to participate in any field trips. The Board and school will do their best to ensure the child's safety, but may be unable to completely provide an allergen-free environment outside of the school.

CHECKLIST FOR PARENTS/GUARDIANS

- ✓ Meet with parents/guardians to gather medical information related to the condition, including the following: causal factors, severity of allergy, past accidents of anaphylactic shock, and other health considerations.
- ✓ Request that parents/guardians provide written instructions from the child's physician. Use the Extreme Allergy and Management Plan. Review the physician information EACH SCHOOL YEAR.
- ✓ Complete an Extreme Allergy and Management Plan. For suggestions, see The Extreme Allergy and Management Plan in section 8 above. The plan should be reviewed and updated annually with the child's parents/guardian(s).

- ✓ Ensure that the information is accurate.
- ✓ Request that the parent/guardian(s) provide Epi-Pens to appropriate staff IMMEDIATELY. At least two Epi-Pens are REQUIRED, one located with the child and a second located in the school office in a readily accessible location. If the child does not carry an Epi-Pen, one must be located in the child's classroom and one located in the school office in a readily accessible location.
- ✓ Invite the parent/guardian(s) and/or Public Health Nurse to provide information to other parents for awareness and to support the parent/guardian of the affected student. Presentations could also be made to the School Council and other interested groups.
- ✓ Communicate with other parents/guardian(s) requesting assistance with the implementation of the Prevention and Management Plan, as required.
- ✓ Parents of affected students will also be encouraged to participate in the ERT/Anaphylaxis Committee at the school.

CHECKLIST FOR THE SCHOOL

- ✓ Notify all appropriate school personnel of the medical alert and of the established Management and Prevention Plan.
- ✓ Visually identify the student to all staff, as per the Prevention Plan, while exercising sensitivity to the impact on an affected student's self-esteem.
- ✓ Review procedures with the entire staff at the beginning of each school year.
- ✓ Inform long-term occasional staff, or supply teachers, as necessary. Indicate to the staff member the location of the Plan in the classroom.
- ✓ Conduct food safety discussions with all students at the beginning of the year and at regular intervals throughout the year, while exercising sensitivity to the impact on an affected student's self-esteem.
- ✓ Ensure that the student has an Epi-Pen available for all school activities and excursions.
- ✓ Plan and implement safe lunch/breakfast practices. These practices should be clearly outlined in the Plan.
- ✓ Schedule regular training and re-training in the administration of the Epi-Pen for all staff.
- ✓ Maintain a working ERT/Anaphylaxis Committee that will meet when necessary to review procedures and address issues of importance related to the safety of students with severe allergies.

REFERENCE DOCUMENTS***Legal References:***

Sabrina's Law, 2005 An Act to protect anaphylactic pupils
Guideline OSR—Ontario Student Record (OSR) Guideline, clause 3.1.5 Special Health Information

Board References:

Administrative Procedure 305 School Registration Requirements
Administrative Procedure 315 Anaphylaxis in the School
Form ADMIN 315-01 Extreme Allergy Management and Prevention Plan
[Teacher/Office Copy]
Form ADMIN 315-02 Extreme Allergy Management and Prevention Plan
[Staff Room Copy]
Form ADMIN 315-03 Parent/Guardian Waiver: Administration of the Epi-Pen
Form ADMIN 315-04 Parent/Guardian Waiver: Field Trips and Outdoor Education