



<b>NAME: 04.18 ANAPHYLAXIS</b>	<b>VERSION: 2</b>
<b>ADOPTED: June 6, 2015    AMENDED: January 27, 2020</b>	<b>REVIEW: 2023-24</b>

REVIEW EVERY 4 YEARS OR IF MINISTRY POLICIES CHANGE

## **PREAMBLE**

The Ministry of Education requires RCS to have an Anaphylaxis policy that ensures a healthy learning environment for students with severe or life threatening allergies. The safety, health and well-being of students is the primary responsibility of that child’s parents, and is a shared responsibility within the school community setting. RCS cannot reduce the risk of accidental exposure to zero but will endeavor to practice safe risk reducing activities and ensure that protocols and procedures are in place should an emergency situation arise. Privacy will be respected whenever possible; however, student safety and proper access to allergy information and products will be shared with staff and students as necessary.

An effective response to anaphylaxis depends on the cooperation of all members of the school community including the Board’s policy and the campus procedures as respected by students, parents, public health nurses, school personnel and volunteers.

## **DEFINITION**

1. For the purpose of this policy and RCS procedures, anaphylaxis is defined as a sudden and severe allergic reaction which requires immediate treatment to prevent sudden death from suffocation or cardiac arrest. Examples of potentially life-threatening allergens include:
  - a. peanuts, tree nuts and nut products,
  - b. shellfish,
  - c. fish,
  - d. cow's milk,
  - e. eggs, and
  - f. insect venom.
2. Duty to Assist
  - a. Every employee has a duty to render assistance to a student in emergency situations to the extent that is reasonable for persons without medical training.
3. Confidentiality
  - a. Every employee exposed to individual student emergency response plans has a duty to maintain the confidentiality of all student personal health information.

## **PARENT RESPONSIBILITIES**

4. Parents of students are responsible to inform the school about their children's potential risk for anaphylaxis and for providing ongoing health support services, that is:
  - a. Administration of Medication instructions, Emergency Contact Information and proper administration of medication forms must be completed and updated by parents if the student's health situation changes.
    - i. These documents must ensure that all health information is collected and current established medication protocols for each individual student are current.
1. The school administrator must ensure that all staff members (teaching and non-teaching) are aware of students who have potentially life-threatening allergies as soon as is practicable. This includes teachers-on-call and school volunteers. Information on the condition and the student's emergency contact information will be kept in an easily accessible location, such as the school office.
6. With parental permission, each campus will post a picture of the student with the description of the allergy and an outline of the Emergency Care Plan in a central location in the campus office.
  - a. However, the number of postings is not limited and may also include the classroom, specialty classrooms and any other location throughout the school or on the school bus that may be deemed reasonably necessary to ensure the health safety of the student.
    - i. The nature of the allergy risk, issues of privacy and the risk of teasing by other students should be considered, in discussion with the child's parents, when multiple postings are being contemplated.
7. The wearing of a medical alert bracelet by the student is desirable and should be considered by the parents.

## **ADMINISTRATION RESPONSIBILITIES**

8. The campus principal has overall responsibility for student safety in school, including implementation of anaphylaxis safety plans in accordance with the requirements of this policy and current 'best practices' procedures.
  - a. The Ministry of Education requires board emergency protocols be included in the board's training policy and requires the school principal to provide an annual inventory of individual student emergency response plans to make certain they are up to date and medication is not expired.
9. The campus Principal has responsibility for keeping accurate records for each student at-risk of life-threatening allergies. That record shall include the student's emergency response plan.
  - a. In accordance with the Anaphylaxis Protection Order, the anaphylaxis policy established and maintained by the board must include processes for:
    - i. identifying anaphylactic students;

- ii. 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, as defined in the Permanent Student Record Order;
  - iii. campus Principals to monitor and report information about anaphylactic incidents to the board in aggregate form (to include number of at-risk anaphylactic students and number of anaphylactic incidents).
    - 1. Aggregate data is required to ensure student privacy and to ensure alignment with privacy legislation.
10. School administrators will ensure that all staff who may be in a position of responsibility for students with severe allergies and anaphylaxis receive training in the recognition of a reaction and the use of epinephrine auto injector. This may include first aid attendants, teachers, and noon-hour/recess supervisors.
11. Where possible, parents should be encouraged to participate directly in training staff in emergency response and the use of epinephrine auto injectors. Community Health Nurses are also available upon request to provide such consultation and training.

## **SHARING INFORMATION WITH CLASSMATES AND PARENTS**

12. Classmates of the student may need information on the life-threatening allergy in a way that is appropriate for their age and maturity level. This should be done in consultation with the student and his/her parents/guardians. Strategies to reduce teasing and bullying will be incorporated.
13. School administrators will develop a communication strategy to inform the parent community of the presence of a student with a life-threatening allergy.
14. Information should be sent home educating all parents on the potentially lethal outcomes that severe anaphylaxis can pose and the specific allergen(s) known to be a concern at the campus or within a given classroom. Parents are requested to make informed and respectful choices. Information should include:
- a. a focus on the importance of hand washing,
  - b. a request to keep the elementary campus peanut/nut free,
  - c. a request to discourage sharing food at school, and
  - d. a request to discourage teasing.

## **EMERGENCY RESPONSE PROTOCOL**

15. Since it is impossible to reduce the risk of accidental exposure to zero, a student with severe allergies may require emergency life-saving measures while at school.
- a. An individual emergency plan must be developed for each at-risk student, in co-operation with the parents/guardians and the student's physician. The Community Health Nurse is

also available to consult upon request. This plan should be kept in a readily accessible location with emergency contact information.

- b. The student should be encouraged to carry an auto-injection kit in a fanny pack at all times. All students, regardless of whether or not they are capable of epinephrine self-administration, will require the help of others because the severity of the reaction may hamper their attempts to inject themselves.
- c. An up-to-date supply of epinephrine in an automatic injection device, provided by the parents, will be stored in a covered, secure, unlocked area of quick access. All staff and students will know the location of the epinephrine injectors. It is the responsibility of parents to check expiry dates of epinephrine injectors and replace as necessary.
- d. Following treatment for an anaphylactic response the staff will de-brief and review the school's response.

## **EMERGENCY RESPONSE PLANS**

16. Emergency response plans for students with a known allergy will include the development of an Information Summary Sheet which is updated annually and will include the following minimum information:
  - a. current photo of the child,
  - b. the diagnosis,
  - c. the current treatment regimen,
  - d. emergency response procedures,
  - e. who within the school community is to be informed about the plan – e.g., teachers, volunteers, classmates,
  - f. emergency response protocol for contacting the parents.
17. On response plan which will include procedures to:
  - a. communicate the emergency rapidly to a staff person who is trained in the use of the reverse of each Information Summary Sheet should be the campus specific emergency epinephrine injector;
  - b. administer the epinephrine injector (note: although most anaphylactic children learn to administer their own medication by about age 8, individuals of any age may require help during a reaction because of the rapid progression of symptoms, or because of the stress of the situation; therefore, adult supervision is required);
  - c. telephone 911 or an ambulance (the emergency operator should be informed that a child is having an anaphylactic reaction. In some areas, hospitals will send a physician on the ambulance to begin emergency treatment at once);
  - d. telephone the parents/guardians of the child;
  - e. re-administer epinephrine every 10 to 15 minutes while waiting for the ambulance; and

- f. assign a staff person to take extra epinephrine injectors, accompany (or follow, if necessary) the child to the hospital, and stay with him or her until a parent or guardian arrives.
18. Epinephrine injectors should be kept in a covered and secure area, but unlocked for quick access. Although epinephrine is not a dangerous drug, the sharp needle of the self-injector can cause injury, especially if injected into the fingertip.
- a. An up-to-date supply of epinephrine injectors, provided by the parents, should be available in an easily accessible, unlocked area of the child's classroom and/or in a central area of the school (office or staffroom).
  - b. A designated staff member will carry all epinephrine injectors to the safe meeting place during all emergency drills and any school emergency incident.
  - c. Parents must provide written authorization for the minor child to carry their own epinephrine injectors until the child is old enough to manage the responsibility themselves.
  - d. All staff should know the location of the epinephrine injectors. Classmates should be aware of the location of the epinephrine injector in the classroom.

## **FIELD TRIPS**

19. In addition to the usual school safety precautions applying to field trips, the following procedures should be in place to protect the anaphylactic child.
- a. A copy of the *Student Medical Information Form(s)*, the student(s) *Emergency Response Plan(s)*, and epinephrine injector(s) is to be carried by the supervisor for all “at risk” students on any field trip.
  - b. All supervisors, staff and parents are required to be aware of the identity of the anaphylactic child, the allergens, symptoms, and treatment
  - c. A supervisor with training in the use of the epinephrine injector is assigned responsibility for the anaphylactic child.
  - d. A supervisor’s cellular phone must be available during field off-campus trips.
  - e. The parent of the anaphylactic child is required to provide at least one epinephrine injectors to be administered per the units instructions and as prescribed by medical personally who may be contacted during an emergency.
  - f. If the risk factors are too great to control, the anaphylactic child may be unable to participate in the field trip. Parents should be involved in this decision.