

Huron-Superior Catholic District School Board

PROCEDURAL GUIDELINES

STUDENTS AT RISK FOR ANAPHYLAXIS

REGULATIONS AND INFORMATION

In accordance with *PPM No. 161, Supporting Children and Students with Prevalent Medical Conditions (February 28, 2018)*, and Sabrina's Law (2005, S.O. 2005, c.7), the Huron-Superior Catholic District School Board will adhere to the following procedural guidelines for students at risk for anaphylaxis.

ANAPHYLAXIS OVERVIEW

Anaphylaxis (pronounced anna-fill-axis) is a serious and possibly life-threatening allergic reaction that requires immediate recognition and intervention. Symptoms can vary from person to person and may include:

- skin: hives, swelling (face, lips and tongue), itching, warmth, redness
- breathing (respiratory): coughing, wheezing, shortness of breath, chest pain/tightness, throat tightness, hoarse voice, nasal congestion or hay fever-like symptoms (runny, itchy nose and watery eyes, sneezing), trouble swallowing
- stomach (gastrointestinal): nausea, pain/cramps, vomiting, diarrhea
- heart (cardiovascular): paler than normal/blue skin colour, weak pulse, passing out, dizziness or light-headedness, shock
- other: anxiety, sense of "doom" (the feeling that something bad is about to happen), headache, uterine cramps, metallic taste

For the purposes of this document and related forms, the following words have the accompanying definitions:

- **Adrenaline:** a hormone secreted by the adrenal glands in response to stressful situations. In synthetic form it is known as epinephrine.

- **Allergen:** a substance capable of causing an allergic reaction (e.g., pollens, moulds, animal dander, house dust mites, foods, insect stings, medications, natural latex, etc.).
- **Allergic reaction:** an adverse immune response following repeated contact with otherwise harmless substances such as pollens, moulds, foods, or drugs.
- **Epinephrine:** a synthetic version of the hormone adrenaline; used in the treatment of anaphylaxis and life-threatening asthma attacks.
- **Stock epinephrine auto-injector:** a device which is not designated for a particular person and can be used to treat anaphylaxis. It is meant for occasions where an individual does not have an auto-injector with them (they forgot it, they have not been diagnosed and are having a first time reaction).
- **Systemic reaction:** An allergic reaction that affects the whole body or body system, as opposed to a local reaction that is confined to the immediate area of exposure.
- **Triggers:** Factors that can provoke allergic reactions or asthma episodes, including allergens and irritants.

ROLES AND RESPONSIBILITIES

Supporting students at risk for anaphylaxis in schools is complex. A whole-school approach is needed where education and community partners, including health care professionals, have important roles to play in promoting student health and safety and in fostering and maintaining healthy and safe environments in which students can learn.

a) The School Board

The School board is expected to communicate, on an annual basis, its policies on supporting students at risk for anaphylaxis to parents, school board staff, and others in the school community who are in direct contact with students (e.g., food service providers, transportation providers, volunteers). The school board will also:

- ensure that all staff are trained annually, in the administration of the auto-injector (Appendix 9);
- ensure newly hired staff is trained;
- ensure that training for Emergency First Aid and CPR is made available;

- ensure that the Board’s policy and procedures are reviewed annually;
- ensure that a protocol is developed with the various transportation consortia to protect anaphylactic students who attend schools under the jurisdiction of the Huron-Superior Catholic District School Board;
- ensure that information on the Policy is added to the board website;
- ensure that transportation and food service providers have a copy of the Policy and Procedures/Guidelines;

b) Principal / Vice-Principal

In addition to the responsibilities outlined above under “The School Board”, the principal should:

- ensure that an *Anaphylaxis Emergency Plan Form* (Appendix 1) is completed yearly in the fall, as well as the *Authorization for Administration of Prescribed Medication form* (Appendix 12);
- post signage in the staff room, classroom (elementary), health room, and office (Appendix 9: *Anaphylaxis –How to Use the EpiPen* and Appendix 11 – *F.A.S.T. Poster*);
- strongly encourage the parent/guardian to have the child wear a Medic Alert bracelet/necklace;
- complete the required Anaphylaxis Report and Training Acknowledgement Record annually by October 30 (Appendix 3 - Anaphylaxis Report and Acknowledgement);
- maintain up-to-date emergency contacts and telephone numbers;
- complete the Parents/Guardians Allergy Awareness Letters –Whole School (Appendix 5), noting that permission to send this letter must be obtained in writing from the parents of the child suffering from a life-threatening allergy and Parents/Guardians Allergy Awareness Letter – Class only (Appendix 5);
- inform the Manager of Transportation of any anaphylactic students who are transported to school under the authorization of the Board and local bus driver;

- post a copy of the Anaphylaxis Emergency Plan Form (Appendix 1) in the staff room, classroom (elementary), health room and office;
- include a copy of the Anaphylaxis Emergency Plan Form (Appendix 1) in the Occasional Teacher Information Folder;
- ensure the Attention Supply Teacher (Appendix 4) is posted just outside any classroom that has an anaphylactic child;
- where children share a classroom with an anaphylactic child and inadvertently bring allergen products in their lunch, the principal shall provide a place for them to eat separately from the anaphylactic child and contact the parents to remind them of the policy banning these products from the classroom;
- principals, staff and parents who arrange for the supply of food or food services for special events should be advised of the requirement to refrain from using food which may cause an allergic reaction (See appendix 6);
- be aware of the potential impact certain foods/ingredients may have upon anaphylactic students and refrain from using foods and/or products that may cause an allergic reaction when selecting fund raising activities;
- ensure, in the case of an out-of-school activity, that the staff, parent/guardian or an adult designated by the parent and acquainted with the procedure, accompanies the student on such activity, and brings a copy of the Anaphylaxis Emergency Plan Form (Appendix 1) along with the auto-injector, and if such a person is not available for any reason, the student shall not participate in the activity;
- ensure that the auto-injector is kept in a safe and secure, but not locked, place that is known to all staff;
- annually, in September or October, conduct a staff meeting to identify students with specific allergies by reviewing Anaphylactic Emergency Procedures (Appendix 2), and arranging training along with Public Health Units to train staff and support staff in the administration of the auto-injector; Complete Appendix 3: Anaphylaxis Report and Training Acknowledgement Record and sent to Superintendent of Safe Schools by October 30;
- invite parents to attend Public Health training for staff;

- complete the *Record of Auto-injector Administration* (Appendix 7), and forward a copy to the Superintendent of Safe Schools whenever an auto-injector is administered;
- inform parents that the school strives for an allergy-safe environment, but that they cannot guarantee an allergen-free setting as risks can be managed, but not eliminated;
- ensure garbage containers are removed from entrance doorways to reduce the risk of insect-induced anaphylaxis;
- establish safe lunchroom and eating area procedures, including cleaning and hand washing routines;
- take special precautions around holidays and special celebrations, along with;
- attempt to plan activities that are not food oriented;
- communicate to the entire school community stressing allergy-safe schools:
 - a) via newsletter and posting of allergy- safe signs throughout the school;
 - b) using proper signage, ensuring that food service providers in cafeterias (secondary schools) provide signage to alert of possible allergens

c) School Staff

School staff should follow their school board's policies and the provisions in their collective agreements related to supporting students at risk for anaphylaxis in schools. School staff are expected to:

- assist in the identification of students at risk of anaphylactic shock;
- display the posters: Anaphylaxis – How to Use the EpiPen (Appendix 9) and F.A.S.T. poster (Appendix 11) in their classrooms (with parent/guardian and/or adult student permission);
- sensitize classmates through a class newsletter and classroom discussion;
- assist in the education of all students regarding the serious nature of food allergies, their potential consequences, and the steps they can take to assist their schoolmate in the management of his/her allergy;
- discourage the sharing of snacks;

- choose allergy free foods for classroom events;
- establish procedures to encourage the anaphylactic child to eat only what she/he brings from home;
- reinforce hand washing before and after eating for all students;
- provide a safe, accessible, not locked, storage space for the auto-injector, and ensure all staff are aware of the location;
- administer the auto-injector in emergency circumstances;
- facilitate communication with other parents, as needed;
- follow the school and board policies for reducing risks in classrooms and common areas;
- leave a copy of the Anaphylaxis Emergency Plan Form (Appendix 1) in an organized, prominent and accessible format for Occasional teachers;
- ensure that two auto-injectors and a copy of the *Anaphylaxis Emergency Plan Form* (Appendix 1) are taken on out-of-town field trips

d) Parents

As primary caregivers of their child, parents are expected to be active participants in supporting the management of their child's risk for anaphylaxis while the child is in school. At a minimum, parents should:

- notify the school staff (anyone who could assist the child in an emergency) of student allergies and special needs at the beginning of the school year and complete and sign the Anaphylaxis Emergency Plan Form (Appendix 1) as soon as possible (preferably the first day of school entry);
- provide an auto-injector clearly marked with the student's name and known allergen and ensure that it is within the expiry date;
- ensure that the auto-injector is with the student daily when he/she is sent to school;
- provide, if possible, a second auto-injector to the school to be accessible (not locked) in the event of an emergency;
- provide the student with a Medic-Alert bracelet/necklace and stress the importance of wearing it at all times;

- provide the school with a recent picture of the student;
- advise school authorities regarding changes/revisions to child's condition or treatment plan;
- educate the student in the management of his/her medical condition;
- provide training of the child, as age appropriate with the use of the auto-injector;
- teach the child to:
 - recognize the first symptoms of an anaphylactic reaction and to communicate quickly to others when they feel a reaction is starting;
 - know where medication is kept and who can get it;
 - say "no" to shared lunches and snacks;
 - understand the importance of hand washing;
 - and always ask if food is safe at celebrations/events

e) Students

Depending on their cognitive, emotional, social, and physical stage of development, and their capacity for self-management, students are expected to actively support the development and implementation of their Anaphylaxis Emergency Plan. When able, students should:

- accept personal responsibility for avoidance of consumption or exposure to foods containing the allergen (age and maturity permitting);
- eat only foods brought from home;
- take responsibility for checking labels and monitoring intake, where age and/or ability appropriate;
- wash hands before and after eating;
- ensure that eating surfaces are kept very clean (i.e. cleaned thoroughly after each snack time, noon hour);
- learn to recognize symptoms of anaphylactic reaction;
- promptly inform an adult as soon as accidental exposure occurs or symptoms appear;

- carry an auto-injector on his/her person (age appropriate and activity appropriate);
- know where the auto-injector is located at all times;
- know how to use the auto-injector, where age and/or ability appropriate;
- wear a medic alert bracelet/ necklace

f) Student Body

In order to assist in the success of their peers at risk for anaphylaxis while at school, the student body, when able, are expected to:

- respond cooperatively to requests from school to eliminate allergens from packed lunches, snacks and special occasions;
- wash hands before and after eating;
- learn to recognize symptoms of anaphylactic reaction and inform an adult

g) Food Services/Food Service Providers

Food Service Staff should follow the school board's policies and the provisions related to supporting students at risk for anaphylaxis in schools. They are expected to:

- ensure that personnel are trained to reduce the risk of cross-contamination through purchasing, handling, preparation, and serving of food, and the contents of foods served in school cafeterias and brought in for special events are clearly identified;
- participate in the school's anaphylaxis training, which includes the identification of students at risk and how to use an auto-injector;

LIABILITY

In 2001, the Ontario government passed the Good Samaritan Act to protect individuals from liability with respect to voluntary emergency medical or first-aid services. Subsections 2(1) and (2) of this act state the following with regard to individuals:

- 2. (1) Despite the rules of common law, a person described in subsection (2) who voluntarily and without reasonable expectation of compensation or reward provides the services described in that subsection is not liable for damages that result from the person's negligence in acting or failing to act while providing the services, unless it is established that the damages were caused by the gross negligence of the person.
- (2) Subsection (1) applies to,
 - ... (b) an individual ... who provides emergency first aid assistance to a person who is ill, injured or unconscious as a result of an accident or other emergency, if the individual provides the assistance at the immediate scene of the accident or emergency.

As well, Sabrina's Law includes provisions limiting the liability of individuals who respond to an emergency relating to anaphylaxis, respectively, as cited below.

Subsection 3(4) of Sabrina's Law states:

"No action for damages shall be instituted respecting any act done in good faith or for any neglect or default in good faith in response to an anaphylactic reaction in accordance with this Act, unless the damages are the result of an employee's gross negligence."

ADDITIONAL RESOURCES

- Food Allergy Canada: <http://foodallergycanada.ca/resources/print-materials/>
- Allergy Aware: www.allergyaware.ca (Free online courses about food allergy and anaphylaxis for school, child care and community settings)
- Sabrina's Law: <https://www.ontario.ca/laws/statute/05s07>
- Ministry of Education:
<http://www.edu.gov.on.ca/eng/healthyschools/medicalconditions.html>

TABLE OF APPENDICES

Appendix 1	Anaphylaxis Emergency Plan Form
Appendix 2	Anaphylactic Emergency Procedure
Appendix 3	Anaphylaxis Report and Anaphylaxis Acknowledgement Record
Appendix 4	Notice for Posting outside Classrooms
Appendix 5	Parents/Guardians Allergy Awareness Letter- Whole School Parents/ Guardians Allergy Awareness Letter – Class only
Appendix 6	Sample Special Events Newsletter Item
Appendix 7	Record of Auto-injector Administration
Appendix 8	Educational Resources
Appendix 9	Anaphylaxis –How to Use the EpiPen
Appendix 10	Sample School Anaphylaxis Plan
Appendix 11	F.A.S.T. Poster
Appendix 12	Authorization for Administration of Prescribed Medication