

Anaphylaxis Response Policy (September 2022)

Developed in consultation with Federation of Independent School Association, the Ministry of Education and adapted in parts from the Surrey School District.

Policy

The School seeks to provide a level of supervision and care that will secure the safety and well-being of students with medical conditions, including those identified with a Medical Alert. The establishment and maintenance of safe learning environments for all students and staff is a high priority for the Administration.

Anaphylaxis is a sudden and severe allergic reaction, which can be fatal, requiring immediate medical emergency measures be taken. The School is committed to the principle of providing as safe a learning and teaching environment as possible for its students, staff and volunteers.

While the School cannot guarantee an allergen-free environment, it is expected that school staff, parents and children will take important steps to minimize the risk of potentially fatal anaphylactic reactions, without depriving the anaphylactic child or staff member of normal peer interactions or placing unreasonable restrictions on the activities of other children and staff in the school. The School will adopt an Allergy Awareness, Prevention and Avoidance approach to provide support for those students who may be prone to allergic reactions.

Allergy Awareness, Prevention and Avoidance Strategies

Awareness

The school principal should ensure:

- That all members of the school community including TTOCs 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 that 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, single-use auto-injector can also be placed in relevant areas. These areas may include classrooms, office, staff room, lunch room and/or the cafeteria, if appropriate.

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 and/or the staff members at risk, the school community must

participate in creating an “allergy-aware” environment. Special care is taken to avoid exposure to allergy-causing substances. All parents are asked to consult with the teacher before sending in food to classrooms where there are food-allergic children or staff and to the School as a whole, as students with allergies are present.

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 when in contact with foreign food items.

To reduce risk to an acceptable and realistic level, the School will create “allergen aware” areas and has dedicated the whole school as an allergy aware zone.

The Principal (or designate) at the School will send a letter to parents/families in the classroom/school requesting families not to send the allergenic food or foods that may contain that ingredient. The School will provide parents/guardians/staff with a listing of ways the offending food may be found in ingredient labels, and will provide parents/guardians/staff with sample lunch/snack ideas that do not contain the offending food.

Training Strategy

At the earliest opportunity in 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 participating in learning programs. Training will be provided by individuals trained to teach anaphylaxis management.

The training sessions will include:

- Signs and symptoms of anaphylaxis
- Common allergens
- Avoidance strategies
- Emergency protocols
- Use of single dose, single-use epinephrine auto-injectors· Identification of at-risk students (as outlined in the individual Student Emergency Procedure Plan)
- Emergency plans
- 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 and staff members.

Participants will have an opportunity to practice using an auto-injector trainer (i.e., device used for training purposes) and are encouraged to practice with the auto-injector trainers throughout the year, especially if they have a student at risk in their care.

Students can also learn about anaphylaxis in a general assembly or within class presentations.

Emergency Procedure Plans

Student Level Emergency Procedure Plan

The school principal must ensure that the parents/guardians and student (where appropriate) or staff, 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 Medical Alert Response Procedure Plan in connection to a Medical Alert and/or Anaphylactic Reaction. The Response Procedure Plan is accessible through the Student Data Management Software for those staff members who work with the child.

The Student Emergency Procedure Plan will include at a minimum:

1. The diagnosis
2. The current treatment regimen – how to address
3. Current emergency contact information for the student's parents/guardian
4. A requirement for those exposed to the plan to maintain the confidentiality of the student's personal health information
5. Information regarding the parent/guardian's responsibility for advising the School about any change/s in the student's condition

School Level Emergency Procedure Plan

The School Level Emergency Procedure Plan includes the following steps in response to an Anaphylactic reaction:

1. Administer the student's auto-injector (single dose, single-use) at the first sign of a reaction.
 - *(Note: The use of epinephrine for a potentially life-threatening allergic reaction will not harm a normally healthy child, if epinephrine was not required)*
2. Note time of administration.
3. Call 911
4. Contact the child's parent/guardian/emergency contact
5. A second single dose-single use auto-injector 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)
6. If an auto-injector has been administered, the student must be transported to a hospital via ambulance (the effects of the auto-injector may not last, and the student may have another anaphylactic reaction)
7. One person stays with the child at all times

8. One person goes for help or calls for help.
9. Student is brought to the office if possible where all other non-relevant personnel are removed.
10. If the student cannot be brought to the office, the area where the injector was administered needs to be cleared of all other non-relevant personnel.
11. If allergen has the potential to impact other students within the building, an evacuation or lockdown can be initiated

Precautions for Teachers Outside the Classroom (Field Trip, Outdoor Education)

Field trips or Outdoor Education are an extension of school and appropriate duties of care exist towards students. The School must ensure that emergency plan measures are in place for scenarios where students are off-site (e.g., bringing additional single dose, single-use auto-injectors on field trips). ***However, field trips require informed consent from parents/guardians who must decide if a given field trip is appropriate for their child.***

When a student with anaphylaxis is participating in a field trip or outdoor education activity the following aspects should be considered for student safety:

- A cell phone, the student's Anaphylaxis Information – Response Plan and the student's EpiPen® or related medication should be taken on the field trip
- All adults accompanying students on a school outing as volunteer supervisors should know who has anaphylaxis and where the EpiPen® is kept
- Students should not eat or drink at anytime, while in vehicles going to and returning from field trips if this will place the anaphylactic student at risk
- Students with anaphylaxis risks should only eat approved foods.
- Students with anaphylaxis risks should avoid touching elements that may lead to a reaction

Provision and Storage of Medication

Children at risk of anaphylaxis who have demonstrated maturity should carry one single dose single use auto-injector with them at all times and have a back-up single dose single use auto-injector stored in their classroom. For children who have not demonstrated maturity, their auto-injector(s) will be stored within their classroom. Staff members should always carry their own auto-injectors with them.

Parents/guardians will be informed that it is the parents/guardians' responsibility:

- To provide the appropriate medication (e.g., single dose, single-use epinephrine auto-injectors) 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)
- To inform the school when they deem the child competent to carry their own medication/s (children who have demonstrated maturity, usually Grade 2 or Grade 3,

should carry their own auto-injector), 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 single dose single use auto-injector to be stored in a central, accessible, safe but unlocked location
- To ensure anaphylaxis medications have not expired
- To ensure that they replace expired medications.

The School will attempt every reasonable step to ensure the safety of its students and staff at all times.