

<i>Rainy River District School Board</i>	<b>SECTION 4</b> <i>Students</i>
<b>ANAPHYLAXIS AND LIFE THREATENING ALLERGIES</b>	<b>4.14</b>
<b>PROCEDURE</b>	

**PURPOSE**

This procedure outlines the necessary steps to ensure that a school plan is in place for students with life-threatening allergies.

**RATIONALE**

Rainy River District School Board staff play an important role in providing a safe environment for students with severe allergies or anaphylaxis. It is essential that the staff in all Rainy River District School Board schools are aware of the issues facing students with anaphylaxis, have developed strategies to minimize the risk of an allergic reaction, and are equipped to respond appropriately in the event of an emergency.

**GUIDELINES**

**1.0 General Guidelines**

- 1.1 The administration of medication to students is the responsibility of the student and his/her family under normal circumstances as stated in Policy 4.12 Provision of Health Support Services in School Settings.
- 1.2 Staff members who voluntarily administer medication to pupils are supported by the Board through policy when administering or supervising the taking of medication (in loco parentis).
- 1.3 The statement of policy does not waive the legal and moral responsibility of a staff member to perform those procedures that the individual believes are correct in an emergency situation.
- 1.4 Individuals at risk generally have a history of previous reaction to the offending allergen and frequently may also have asthma. People with asthma who are also diagnosed with anaphylaxis are more susceptible to severe breathing problems when experiencing an anaphylactic reaction. It is extremely important for asthmatic students who also suffer from anaphylaxis to keep their asthma well controlled. In cases where an anaphylactic reaction is suspected, but there is uncertainty whether or not the person is experiencing an asthma attack, epinephrine should be used first. Epinephrine can be used to treat life-threatening asthma attacks as well as anaphylactic reactions. Asthmatics who are at risk of anaphylaxis should carry their asthma medications (e.g. puffers/inhalers) with their epinephrine auto-injector.
- 1.5 Children at risk of serious reaction must not eat food given to them at school by other

children or adults.

- 1.6 In the case of known life threatening allergies, the school will work with the school community to minimize risks.
- 1.7 Emergency treatment should be started if any of the symptoms of anaphylaxis occur in an individual at risk.

## **2.0 Necessary Documentation**

- 2.1 If prior allergies or anaphylaxis are known to exist, it is the responsibility of the parent(s)/guardian to provide relevant information and resources to the school which should include but is not limited to:
  - a recent picture(s) of the child which clearly shows their appearance;
  - the nature of reaction (hay fever, asthma, anaphylactic or other) allergen(s) to which the student is sensitive;
  - severity of most serious reaction;
  - history of any past treatment and the type of treatment required (e.g. - non-prescription / prescription medication oral, topical, inhalation or injection, hypo sensitization);
  - history of any past emergency treatment required (injection, doctor, emergency department or hospital admission);
  - details related to the student's ability to manage his/her allergic reaction (i.e. can the student recognize and treat the reaction on his/her own or is assistance by an adult or medical personnel required);
  - precautions used daily (e.g. avoidance, regular medication, medication as required, emergency measures such as having an auto-injector such as EpiPen® or Aller-ject® on hand or readily available);
  - for all students with other than the mildest prior allergic symptoms or reactions, a physician's letter outlining the appropriate precautions and emergency measures. Specific directions for the use of epinephrine in emergencies should be included if indicated by the condition and past history.

## **3.0 Roles and Responsibilities**

### **3.1 Principal's Responsibilities**

The principal or designate is responsible for the development of an Anaphylactic Plan of Care, in consultation with the parents/guardians, school staff, and medical personnel (if required) for each child identified with anaphylaxis. This responsibility includes ensuring that all necessary forms associated with the Plan are completed by the parents/guardians.

The principal is also responsible for informing staff of the Anaphylaxis Plan of Care(s) for students within the school, The Principal shall:

- clearly communicate to parents and appropriate staff the process for parents to

notify the school of their child's medical condition(s), as well as the expectation for parents to co-create, review, and update a Plan of Care with the principal or the principal's designate. This process should be communicated to parents, at a minimum:

- during the time of registration;
- each year during the first week of school;
- when a child is diagnosed and/or returns to school following a diagnosis;
- co-create, review, or update the Plan of Care for a student with a prevalent medical condition with the parent(s), in consultation with school staff (as appropriate) and with the student (as appropriate);
- maintain a file with the Plan of Care and supporting documentation for each student with a prevalent medical condition;
- provide relevant information from the student's Plan of Care to school staff and others who are identified in the Plan of Care (e.g., food service providers, transportation providers, volunteers, occasional staff who will be in direct contact with the student), including any revisions that are made to the plan;
- communicate with parent(s) in medical emergencies, as outlined in the Plan of Care;
- encourage the identification of staff who can support the daily or routine management needs of students in the school with prevalent medical conditions, while honouring the provisions within their collective agreements;
- provide in-service for staff on the Anaphylaxis Plan of Care within the first 30 days of school;
- post a copy of the plan in staff room and (with parent/guardian consent) in the student's classroom;
- review the Anaphylaxis Plan of Care with staff a minimum of once yearly and with all new staff who arrives during the course of the school year;
- with the consent of the student's parents/guardian, inform the student body as required that a pupil with anaphylaxis attends their school and encouraging their cooperation in minimizing risks;
- with the consent of the student's parent/guardian inform other parents/guardians or members of the school community, as necessary, to minimize risk;
- ensure that the supplied auto-injectors are readily accessible by being carried by the student at all times and in unlocked location known to all.

### 3.2 Parent/Guardian Responsibilities

The parent/guardian's shared role in developing the Anaphylaxis Plan of Care is key. As primary caregivers of their child, parents are expected to be active participants in supporting the management of their child's medical condition(s) while the child is in school. At a minimum, parents should:

- educate their child about their medical condition(s) with support from their child's health care professional, as needed;
- guide and encourage their child to reach their full potential for self-management and self-advocacy;

- inform the school of their child's medical condition(s) and co-create the Plan of Care for their child with the principal or the principal's designate; communicate changes to the Plan of Care, such as changes to the status of their child's medical condition(s) or changes to their child's ability to manage the medical condition(s), to the principal or the principal's designate;
- confirm annually to the principal or the principal's designate that their child's medical status is unchanged;
- initiate and participate in annual meetings to review their child's Plan of Care;
- supply their child and/or the school with sufficient quantities of medication and supplies in their original, clearly labelled containers, as directed by a health care professional and as outlined in the Plan of Care, and track the expiration dates if they are supplied;
- seek medical advice from a medical doctor, nurse practitioner, or pharmacist, where appropriate;
- provide the school with a completed Emergency Use of Epipen form. Please note: specific directions for the use of epinephrine in emergencies should be included if indicated by the condition and past history;
- Ensure the provision of sufficient numbers of auto-injectors. The number to be made available for each individual child is to be established by the parent and/or child's physician in cooperation with the school and with sufficient shelf life for use at school;
- Grant permission to send home a letter with all the children in the child's class and if need be, the school population, detailing the nature of the allergy and seeking parental co-operation;
- agree that the child be required to wear a belt pouch containing an auto-injector, with administration instructions, during the time the child attends school.

### 3.3 Student Responsibilities

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 Plan of Care. Students should:

- take responsibility for advocating for their personal safety and well-being that is consistent with their cognitive, emotional, social, and physical stage of development and their capacity for self-management;
- participate in the development of their Plan of Care;
- participate in meetings to review their Plan of Care;
- carry out daily or routine self-management of their medical condition to their full potential, as described in their Plan of Care (e.g., carry their medication and medical supplies; follow school board policies on disposal of medication and medical supplies);
- set goals on an ongoing basis for self-management of their medical condition, in conjunction with their parent(s) and health care professional(s);
- communicate with their parent(s) and school staff if they are facing challenges related to their medical condition(s) at school;

- wear medical alert identification that they and/or their parent(s) deem appropriate;
- if possible, inform school staff and/or their peers if a medical incident or a medical emergency occurs.

### 3.4 School Staff Responsibilities

With the support of the principal or designate, school staff shall ensure that they are up-to-date with all Anaphylaxis Plan of Cares for students within the school;

- review the contents of the Plan of Care for any student with whom they have direct contact;
- teaching staff shall ensure that a copy of the Plan of Care for any student in their class is included in their occasional teacher folder;
- participate in training, during the instructional day, on prevalent medical conditions, at a minimum annually, as required by the school board;
- share information on a student's signs and symptoms with other students, if the parents give consent to do so and as outlined in the Plan of Care and authorized by the principal in writing;
- follow school board strategies that reduce the risk of student exposure to triggers or causative agents in classrooms, common school areas, and extracurricular activities, in accordance with the student's Plan of Care;
- support a student's daily or routine management, and respond to medical incidents and medical emergencies that occur during school, as outlined in board policies and procedures (in situations where school board staff already provide supports to students with prevalent medical conditions, and are already trained appropriately, this memorandum does not intend to prescribe, duplicate, or remove those duties or training);
- support inclusion by allowing students with prevalent medical conditions to perform daily or routine management activities in a school location (e.g., classroom), as outlined in their Plan of Care, while being aware of confidentiality and the dignity of the student;
- enable students with prevalent medical conditions to participate in school to their full potential, as outlined in their Plan of Care;
- incorporate, where possible, information about allergies and potential sources of allergens into the health curriculum, including information on the usual, visible sources of food allergens, the possible hidden sources of allergens in foods, the importance of reading labels; the danger of cross-contamination through shared utensils, towels, etc.;
- consider and remove any non-food sources of food allergens (i.e., in play dough, beanbags, the presence of latex in products such as balloons, gloves, paints and glues) that may be within the learning environment;
- examine any classroom activities or co-curricular activities (e.g., field trips) for the presence of or potential for allergens;
- contact representatives of local allergy groups, health professionals, and parents of children with anaphylaxis to share their expertise with the school community,

- as the need arises;
- manage the risk factors as outlined in this procedure.

#### **4.0 Plan of Care**

4.1 Each school shall develop an Anaphylaxis Plan of Care as necessary to manage the student's anaphylaxis and to respond to medical emergencies involving an allergic reaction.

4.2 The Anaphylaxis Plan of Care should include education to staff, occasional teachers, and other adults that have direct and regular contact with the child that:

- anaphylactic reactions are potentially fatal;
- early epinephrine injection via an auto-injector can be lifesaving and can be done in emergency situations by non-medical people.

4.3 The Anaphylaxis Plan of Care should include:

- preventative strategies to be undertaken by the school to reduce the risk of medical incidents and exposure to triggers or causative agents in classrooms and common school areas;
- identification of school staff who will have access to the Plan of Care;
- identification of routine or daily management activities that will be performed by the student, parent(s), or staff volunteer(s), as outlined in school board policy, or by an individual authorized by the parent(s);
- a copy of notes and instructions from the student's health care professional, where applicable;
- information on daily or routine management accommodation needs of the student (e.g., space, access to food) (where possible, a student should not be excluded from the classroom during daily or routine management activities, unless the student or the parent(s) indicate they prefer exclusion);
- information on how to support or accommodate the student to enable participation to their full potential in all school and school board activities (e.g., field trips, overnight excursions, board sponsored sporting events);
- identification of symptoms (emergency and other) and response, should a medical incident occur;
- emergency contact information for the student;
- clear information on the school board's emergency policy and procedures;
- details related to storage and disposal of the student's prescribed medication(s) and medical supplies, such as:
  - parental permission for the student to carry medication and/or medical supplies
  - location of spare medication and supplies stored in the school, where applicable
- information on the safe disposal of medication and medical supplies;

- requirements for communication between the parent(s) and the principal (or the principal's designate) and/or school staff, as appropriate, including format and frequency;
- parental consent (at the discretion of the parents) to share information on signs and symptoms with other students.

## **5.0 Emergency Response**

5.1 School staff shall work together to ensure the appropriate steps are followed:

- If an anaphylactic reaction is suspected, do not leave the student alone or send them to the office unattended. Time is of the essence and supervision is essential.
- Administer the auto-injector immediately if the student has one in his/her possession. Do not hesitate to give the injection as this contains the medication that will save the child's life.
- Send a runner to the office immediately to notify the principal or designate to call 911 and communicate the location of the emergency.
- Follow the Anaphylaxis Plan of Care for the specific student.

5.2 The principal or designate shall:

- a) Call for an ambulance, stating that you have a student in anaphylactic shock. Have the second auto-injector available to be used if needed while waiting for the ambulance.

### **OR**

- b) Transport the child to the hospital at once with flashers on, accompanied by one other staff member who is comfortable administering an auto-injector. Take additional auto-injectors, if available, to be used in need while en route to the hospital.
  - Contact the hospital to inform them that a child having an anaphylactic reaction is en route.
  - Contact the parent(s)/guardian or the emergency contact of the anaphylactic child.
  - Re-administer the auto-injector 10-15 minutes after the first dose if breathing difficulties are still present.
  - If unable to contact parents/guardians, a designated staff member should travel to the hospital and stay with the child until a parent/guardian arrives. Ideally this will be someone who has a positive relationship with the student. If the student is being transported by ambulance, determine where they are being taken and follow the ambulance.
  - Where an anaphylactic reaction occurs on the bus, the driver will follow the treatment outlined in the Anaphylaxis Plan of Care. The driver will call 911 or dispatch to state the junction of the crossroad and highway for the ambulance to proceed to. Should the bus arrive first, the driver will progress on the highway with lights flashing to

meet the ambulance. The driver/operator will notify the Transportation Officer/principal of the incident.

**Definition:**

**Anaphylaxis** - sometimes called "allergic shock" or "generalized allergic reaction" - is a severe allergic reaction that can lead to rapid death, if untreated. The anaphylactic reaction is an allergy to such things as peanuts, peanut butter, peanut oil and nuts, insect stings, fish, shellfish, eggs, wheat and milk. The symptoms include breathing difficulties, difficulty swallowing, swollen tongue, coughing (could sound like throat clearing), drooling, burning or itching throat, hives, generalized swelling, redness, itching, vomiting, abdominal pain, diarrhoea, pallor, sweating or collapse, sense of fear, foreboding or apprehension.

<u>CROSS REFERENCE</u>	<u>Date Reviewed</u>	<u>LEGAL/MINISTRY OF EDUCATION REFERENCE</u>
Policy 4.12 Provision of Health Support Services  Policy 4.14 Anaphylaxis and Life Threatening Allergies  Policy 4.11 Supporting Students with Prevalent Medical Conditions	August 2018	<i>Bill 3-Sabrina's Law</i> (An Act to Protect Anaphylactic Pupils)

**Appendix A**

## Anaphylaxis Emergency Response Procedure

Emergency treatment should be started if any of the symptoms of anaphylaxis occur in an individual at risk. The Procedure is as follows:

1. If an anaphylactic reaction is suspected, do not leave the student alone or send them to the office unattended. Time is of the essence and supervision is essential.
2. Administer the auto-injector immediately if the student has one in his/her possession. Do not hesitate to give the injection as this contains the medication that will save the child's life.
3. Communicate the location of the emergency quickly to the office via a student or other staff member. **DO NOT USE ELEVATORS.**
4. Send a runner to immediately notify the principal or designate to call 911 and have the auto-injector (if not carried by the student) delivered to the room immediately by an adult.
5. Follow the *Anaphylaxis Plan of Care* for the specific student.
6. The Principal or designate shall:
  - a) Call for an ambulance, stating that you have a student in anaphylactic shock. Have the second auto-injector available to be used if needed while waiting for the ambulance.

OR

- b) Transport the child to the hospital at once with flashers on, accompanied by one other staff member who is comfortable administering an auto-injector. Take additional auto-injectors, if available, to be used in need while en route to the hospital.
7. Contact the hospital to inform them that a child having an anaphylactic reaction is en route
8. Contact the parent(s)/guardian or the emergency contact of the anaphylactic child.
9. Re-administer the auto-injector 10-15 minutes after the first dose if breathing difficulties are still present.
10. If unable to contact parents/guardians, a designated staff member should travel to the hospital and stay with the child until a parent/guardian arrives. Ideally this will be someone who has a positive relationship with the student. If the student is being transported by ambulance, determine where they are being taken and follow the ambulance.
11. Where an anaphylactic reaction occurs on the bus, the driver will follow the treatment outlined in the *Anaphylaxis Plan of Care*. The driver will call 911 or dispatch to state the junction of the crossroad and highway for the ambulance to proceed to. Should the bus arrive first, the driver will progress on the highway with lights flashing to meet the ambulance.
12. The driver/operator will notify the Transportation Officer/principal of the incident.