

ANAPHYLAXIS POLICY

Preamble

Maria Montessori Academy recognizes that it has a duty of care to students who are at risk from anaphylaxis while under school supervision. The Board also recognizes that this responsibility is shared among the student, parents, the school, and health care providers.

The purpose of this policy is to minimize the risk to students with severe allergies to potentially life-threatening allergens, without depriving the severely allergic student of normal peer interactions or placing unreasonable restrictions on the activities of other students in the school.

This policy is designed to ensure that students at risk of anaphylaxis are identified, strategies are in place to minimize the potential of accidental exposure, and staff and key volunteers are trained to respond in an emergency situation.

Policy

All children, including those at risk of life-threatening allergic reactions, have the right to access their education within a safe, healthy learning environment. However, the school cannot guarantee an 'allergy free' environment. It is expected that school staff, parents and students will take reasonable steps to establish an 'allergy aware' environment which minimizes the risk of potential anaphylaxis. The school will take realistic and practical actions that will encourage the support of everyone involved.

An 'Anaphylaxis Action Plan' when a student(s) with an anaphylactic allergy will be developed with the parent of the student. The Anaphylaxis Action Plan will include allergy awareness, and prevention and avoidance strategies. These plans will be developed in the context of the anaphylactic child's age and maturity. Children, as they mature, should take more personal responsibility for avoidance of their specific allergens.

Administrative Procedure

1. Definitions:

Anaphylaxis is sudden and severe allergic reaction, which can be fatal. Anaphylaxis is a medical emergency that requires immediate emergency treatment with an Epinephrine auto-injector. Any substance can cause an allergic reaction. The most common substances include foods, food additives, medications, insects and latex.

Anaphylaxis can include any of the following symptoms, which may appear alone or in any combination:

- Skin: hives, swelling, itching, warmth, redness, rash;
- Respiratory (breathing): wheezing, shortness of breath, throat tightness, cough, hoarse voice, chest pain/tightness, nasal congestion or hay fever-like symptoms (runny itchy nose and watery eyes, sneezing), trouble swallowing;
- Gastrointestinal (stomach): nausea, pain/cramps, vomiting, diarrhea;
- Cardiovascular (heart): pale/blue colour, weak pulse, passing out, dizzy/lightheaded, shock;
- Other: anxiety, feeling of “impending doom”, headache, uterine cramps.

2. Identification of Students at Risk for Anaphylaxis

At the time of registration, using the school registration form, parents are asked to report on their child’s medical conditions, including whether their child has a medical diagnosis of anaphylaxis. Information on a student’s life-threatening conditions will be recorded and updated on the student’s Permanent Student Record annually.

3. Parents’ Responsibility

It is the responsibility of the parent/guardian to:

- Inform the school principal and teacher when their child is diagnosed as being at risk for anaphylaxis
- In a timely manner, complete medical forms and the Student Emergency Procedure Plan, which includes a photograph, description of the child's allergy, emergency procedures, contact information, and consent to administer medication
- Provide the school with updated medical information at the beginning of each school year, and whenever there is a significant change related to their child
- Inform service providers of programs delivered on school property by non-school personnel of their child's anaphylaxis and care plan, as these programs are not the responsibility of the school.

It is strongly recommended anaphylactic students wear medical identifying information (e.g., MedicAlert® bracelet). The identifying information could alert others to the student’s allergies and indicate that the student carries an epinephrine auto-injector. Information accessed through a special number on the identifying information can also assist first responders, such as paramedics, to access important information quickly. See www.medicalert.ca for ordering information.

4. School Responsibility

For each identified student, the school principal will keep a Student Emergency Procedure Plan on file. These plans will contain the following information:

a). Student-Level Information

- Name
- Contact information
- Diagnosis
- Symptoms
- Emergency Response Plan

b). School-Level Information

- Emergency procedures/treatment

It is the school principal's responsibility for collecting and managing the information on students' life-threatening health conditions and reviewing that information annually to form part of the students' Permanent Student Record. This includes checking off the Medical Alert box in the upper right corner on the Permanent Student Record.

5. Anaphylaxis Action Plan'

The school principal must ensure that the parents and student (where appropriate), 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 Anaphylaxis Action Procedure Plan. The Plan should be posted in key areas such as in the child's classroom, the office, the teacher's daybook, and food consumption areas (e.g., lunch rooms). Parental acknowledgement is required to post or distribute the plan.

The Plan will include at a minimum:

1. The diagnosis
2. The current treatment regimen
3. Who within the school community is to be informed about the plan (e.g., teachers, volunteers, classmates)
4. Current emergency contact information for the student's parents/guardian
5. A requirement for those exposed to the plan to maintain the confidentiality of the student's personal health information
6. Information regarding the parent's responsibility for advising the school about any change/s in the student's condition
7. Information regarding the school's responsibility for updating records.

The school's part of the plan should include the following elements:

1. Who can administer the student's auto-injector (single dose, single-use) at the first sign of a reaction. Note time of administration. The use of epinephrine for a potentially life-threatening allergic reaction will not harm a normally healthy child, if epinephrine was not required
2. Call 911
3. Contact the child's parent/guardian 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)
4. 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)
5. One person stays with the child at all times
6. One person goes for help or calls for help.

6. Precautions for Teachers Outside the Classroom (Field Trip)

Field trips are an extension of school and appropriate duties of care exist towards students. The school principal, or designated staff, 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 activity:

- A teacher's cell phone, the student's Anaphylaxis (Life Threatening Allergy) Information – Emergency Plan and the student's EpiPen® should be taken on the field trip
- All adults accompanying students on a school outing should know who has anaphylaxis and where the EpiPen® is kept
- Students must not eat or drink at any time, while in vehicles going to and returning from field trips if this will place the anaphylactic student at risk
- Students with anaphylaxis should only eat approved foods.

7. 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 at the school in a central, easily accessible, unlocked location. For children who have not demonstrated maturity, their auto-injector(s) will be stored in a designated school location(s).

The location(s) of student auto-injectors must be known to all staff members and caregivers.

Parents will be informed that it is the parents' 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, and/or other locations)
- To inform the school when they deem the child competent to carry their own medication/s (children who have demonstrated maturity, usually Grade 1 or Grade 2, 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.

8.Allergy Awareness

The school principal should ensure:

- That all members of the school community including substitute employees, employees on call, student teachers 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.
- It is not necessary to attempt to designate the entire school as an area free of a specific allergen because the risk of anaphylaxis from airborne allergens is negligible. To reduce risk to an acceptable and realistic level, create "allergen aware" areas of the school: If the classroom must be used as a lunchroom, establish it as an "allergen-aware" area, using a cooperative approach with students and parents in the class
- Develop strategies for identifying high-risk areas for anaphylactic students (such as the library, multi-purpose rooms, music room, and

gym). Establish these as “allergen-aware” areas. Discourage eating/drinking (other than water) in these areas.

- It is recommended the parent share information in a meeting with other parents in the affected classroom, in consultation with the principal and/or Public Health Nurse, to explain the seriousness of the situation.

- Principal (or designate) will send a letter to parents in the classroom requesting they not send the allergenic food or foods that may contain that ingredient. Provide parents with a listing of ways the offending food may be found in ingredient labels. If possible, provide parents with sample lunch/snack ideas that do not contain the offending food. Consult with the Public Health Nurse or Community Nutritionist if required.