

**Anaphylaxis/Life Threatening Medical Conditions**

**-POLICY-**

The Board of Education is committed to the principle of providing a safe learning environment for its students. This includes a safe environment for all those who have been identified as having the potential for an anaphylaxis reaction, or other life threatening medical emergency. While it is impossible to create a risk-free environment, school staff and parent(s)/guardian(s) can take important steps to minimize potentially fatal anaphylactic reactions.

**-REGULATION-**

**Anaphylaxis is a sudden and severe allergic reaction, which can be fatal, requiring immediate medical emergency measures be taken.**

Signs and symptoms of a severe allergic reaction can occur within minutes of exposure to an offending substance. Reactions usually occur within two hours of exposure, but in rarer cases can develop hours later. Specific warning signs, as well as the severity and intensity of symptoms, can vary from person to person and sometimes from attack to attack in the same person.

**Symptoms**

An anaphylactic reaction can involve any of the following symptoms, which may appear alone or in any combination, regardless of the triggering allergen:

- **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, or diarrhea.
- **Cardiovascular (heart):** pale/blue colour, weak pulse, passing out, dizzy/lightheaded, or shock.
- **Denial**
- **Other:** anxiety, feeling of “impending doom”, headache, or uterine cramps (females), unusual behaviours (anger, aggression), tingling or numb feeling of the mouth or tongue.
- Note that a person does have an allergy that has any food cross reactants, that person may react to one of those foods even if they were able to eat that food in the past.

Guidelines

1. The parent(s)/guardian(s) have the primary duty to inform the Principal of the student's anaphylactic or other life threatening medical condition and complete the "Request for Administration of Medication" form if medication is required.

The Principal and parents will work in partnership to create a school based plan that maintains a safe and healthy environment as is reasonably possible for students who may experience anaphylaxis or any other life threatening medical emergency. The Principal of the school is responsible for implementing the plan.

2. The student's parent(s)/guardian(s) must meet with the Principal prior to the student's first day in a school or any time there is a change in the medical condition. This meeting shall detail information related to the condition including:

- a. Causal factors including specific allergies.
- b. Severity of allergy.
- c. Past incidents of anaphylactic reactions.
- d. Other health considerations and safety planning.

3. The student's emergency response plan must be signed by the student's parents/guardians, the student (where age appropriate), and the physician, and must be kept on file at readily accessible locations (including the student's classroom – depending of the child's severity). For future reference, a copy must be placed in the student's permanent file.

4. Once an emergency response plan is finalized a school based meeting with the student's teacher(s) will be arranged as soon as possible. The safety plan shall be reviewed annually and updated as required. At any point in this process, Public Health may be consulted for assistance.

5. To provide a uniform standard of identification, parents are encouraged to have their students use medical identifying information such as Medic Alert. Staff need to be aware that there are several different types of Medical Alert jewellery (bracelets, necklaces, watches, ankles, etc.)

6. 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, the school community must participate in creating an "allergy-aware" environment. Special care is taken to avoid exposure to allergy-causing substances. Parents are asked to consult with the teacher before sending in food to classrooms where there are food-allergic children. The risk of accidental exposure to a food allergen can be significantly diminished by means of such measures.

All food preparation staff and parents must be made aware that food that has the peanut free label only means peanuts. The ingredients should always be checked for other forms of tree nuts. If the allergy warning states “May Contain”, it is also a potential danger of the allergy person.

Given that anaphylaxis can be triggered by minute amounts of an allergen when ingested or inhaled (the smell of peanuts or scented products), students with food allergies must be encouraged to follow certain guidelines:

- a. Eat only food that they have brought from home unless it is packaged, clearly labelled and approved by their parents (elementary schools).
- b. If eating in a cafeteria, ensure food service staff understands the life-threatening nature of their allergy. When in doubt avoid the food item in question.
- c. Be aware of cross-contamination issues.
- d. Wash hands before and after eating.
- e. Not share food, utensils or containers.
- f. Place food on a napkin or wax paper rather than in direct contact with a desk or table.
- g. Not leave food unattended.
- h. Wear Medic-Alert identification.

## 7. Awareness

The school principal should ensure that:

- a. Anaphylactic supplies are on hand for “non-identified” students and be prepared to administer an Epi-Pen® or other epinephrine auto-injector system even without an emergency response plan in place for the child. Notification of the administering of the Epi-Pen® or other epinephrine auto-injector system should be made immediately to parents and administer only in cases where symptoms are severe.
- b. An accurate record, for each student at-risk of life-threatening allergies, is kept. That record should include each student’s emergency response plan.
- c. All school staff and persons expected to have supervisory responsibility of school-age students and preschool age children participating in early learning programs (e.g. food service staff, volunteers, bus drivers, custodians) receive training. The training sessions will include:
  - i. Signs and symptoms.
  - ii. Common allergens.
  - iii. Avoidance strategies.
  - iv. Emergency protocols.
  - v. Use of single dose, single-use epinephrine auto-injectors.

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- vi. Identification of at-risk students (as outlined in the individual Student Emergency Procedure Plan).
  - vii. Emergency plans (including getting the student to the hospital).
  - viii. Method of communication with and strategies to educate and raise awareness of parents, students, employees and volunteers about anaphylaxis.

d. All members of the school community including substitute employees, employees on call, student teachers, teachers hired after the beginning of the school year, and volunteers have appropriate information about severe allergies including background information on allergies, anaphylaxis and safety procedures.

e. With the consent of the parent, the principal and the classroom teacher must ensure that the student's classmates and bus-mates are provided with information on severe allergies in a manner that is appropriate for the age and maturity level of the students and those strategies to reduce teasing and bullying are incorporated into this information. Although not a limited list, this could include:

- i. Note posted outside lunchrooms/classrooms notifying others that this is a nut/scent free environment.
- ii. Notes home to inform parents of an allergen to be avoided – reminders to be sent home at high-risk times of the year (ie beginning of the year, Halloween, Christmas)
- iii. Regular information and reminders at assemblies of what allergens need to be avoided being brought to school.

f. Posters, which describe signs and symptoms of anaphylaxis and how to administer a single dose, single-use auto-injector, should be placed in relevant areas. These areas may include classrooms, office, staff room, the bus and/or the cafeteria.

8. It is vital that students with anaphylaxis or other life threatening medical conditions be easily identified. The child specific emergency response plan must include a description of the medical condition, the emergency treatment and coloured photo of the student. The plan shall be posted at various locations used on a regular basis by the student and shall address emergency response while on school trips.

9. The student(s) must carry their emergency medication with them at all times, including while on school trips. In the case of anaphylaxis, the parent(s)/guardian(s) should provide the school with a second EpiPen® or other epinephrine auto-injector system which will be stored in a safe, accessible location. This location will be made known to all staff. Staff will ensure that back-up medications are available on all trips and are in the care of an adult. It is vital that, on all school trips, the staff and bus driver know where the nearest hospital is.

10. While this policy is specific to students that have allergies. It is important to note that person involved in the school and with children, including parents and caregivers, need to be ensured a safe environment as well. We must remember that parents who suffer anaphylaxis reactions

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would not be safe if they were to pick up their child/ren who had been exposed to nuts at school.

11. Principals shall report information about anaphylactic incidents to the Superintendent of Schools, or designate, as they occur.

12. Those exposed to individual student emergency response plans have a duty to maintain the confidentiality of all student personal health information.