



MINISTRY OF EDUCATION
PROVINCIAL SCHOOLS BRANCH
POLICIES AND PROCEDURES

Ontario

SAFE SCHOOLS

Student Health

Policy: **Anaphylaxis**

Date of Issue: December 14, 2005

Revised: New

Effective: Immediate

POLICY

The Provincial Schools Branch is committed to provide a safe environment for children with life threatening allergies but it is not possible to reduce the risk to zero.

It is the responsibility of parents, students and school personnel to minimize the risk of exposure and to ensure rapid response to emergency.

It is recommended that in-school, procedures be flexible enough to allow schools and classrooms to adapt to the needs of individual children and the allergic reaction as well as the organization and physical environment in different schools.

DEFINITION

Anaphylaxis is a severe, allergic reaction, usually to foods, insect bites, medications, latex products, and, rarely, vigorous exercise, that, if untreated, can lead to sudden death.

RESPONSIBILITY

Student Health Services Staff / The School Principal / *Residence Manager*

DUTY OF CARE

Teachers/Educators/Caregivers have a legal responsibility to shelter a student from harm by providing the level of care and supervision that could be reasonably expected of an ordinary and prudent parent. This legal duty of care requires Teachers/Educators/Caregivers to take measures to protect allergic students from exposure to an allergen at school. Failure to take reasonable

precaution could result in liability if a student suffers anaphylaxis while in the care of a Teacher/Educator/Caregiver.

PROCEDURES

Implementing the procedures for *anaphylactic students*, *the nursing supervisor in consultation with the principal is responsible for:*

- (a) the establishment of
 - i. a process which will encourage parents/guardians of an anaphylactic student to identify the student to school staff,
 - ii. a process to inform all students, staff, and parents/guardians of their responsibilities in dealing with anaphylaxis in the school,
 - iii. a written emergency protocol (*to be developed*) for each student with anaphylaxis, agreed to by parents/guardians, a physician, and the school staff,
 - iv. methods to minimize and control allergens, and
 - v. plans to address anaphylactic issues arising from transportation, field trips, and other school activities;

- (b) the publication of specific information regarding individual student anaphylaxis for school staff and of a more general information for the school council, students' council and other school organizations as appropriate (see supplementary material);

- (c) for each student with a Severe, Life Threatening Allergy Protocol on file, providing an accessible, appropriate location, and announcing to responsible staff members the location(s) of two (2) EpiPens® and one (1) EpiPen®¹ on the child's person at all times.

- (d) the training of staff members in the details of the Emergency Plan for anaphylactic students (see supplementary material) and specifically on the Life Threatening Allergy Protocol completed for each student with anaphylaxis

REVIEW

The nursing supervisor and principal/*residence manager* will review the protocol for dealing with Anaphylactic Students on an annual basis.

Supplementary Material

¹ Some schools may request additional pens depending on the situation.

RESPONSIBILITIES OF THE PARENTS OF AN ANAPHYLACTIC CHILD

- Inform the school of their child's allergies.
- ***To provide a medical alert bracelet for their child***
- Provide the school with two ***physician prescribed*** (2) EpiPens®, and keep them current.
- Provide support to school and teachers as requested.
- Participate in parent advisory/support groups, if requested.
- Assist in school communication plans.
- Review the school action plan with student health services.
- Be willing to provide safe foods for special occasions
- Teach their child:
 - to recognize the first symptoms of an anaphylactic reaction;
 - to know where medication is kept, and who can get it;
 - to communicate clearly when he or she feels a reaction is starting;
 - to carry his/her own Epi-Pen® in a fanny-pack or school bag
 - not to share snacks, lunches or drinks;
 - to understand the importance of hand-washing;
 - to cope with teasing and being left out;
 - to report bullying and threats to an adult in authority such as a teacher, counsellor, educational assistant.

RESPONSIBILITIES OF THE NURSE SUPERVISOR IN CONSULTATION WITH THE PRINCIPAL (AS AGE APPROPRIATE FOR THE STUDENT)

- Work closely as possible with the parents of an anaphylactic child
- Ensure that the parents have completed all the necessary forms.
- Ensure that instructions and ***documentations related to the child's anaphylaxis*** from the child's physician are on file
- Notify the school community of the anaphylactic child, the allergens and the treatment.
- Maintain up-to-date emergency contacts and telephone numbers
- Ensure that appropriate staff and volunteers have received instruction with the Epi-Pen®
- Ensure that substitute teachers are informed of the presence of an anaphylactic child, and have been adequately trained to deal with an emergency
- Inform all parents that a child with life-threatening allergies is attending the school, and ask for their support.
- Arrange for appropriate in-service. At least annually if there are anaphylactic students. Develop an emergency protocol for each anaphylactic child. Maintain Epi-Pens® in the school's first aid kit or supply area
- Store Epi-Pens® in easily accessible locations
- Establish safe procedures for field trips and extra-curricular activities.

- Implement procedures for reducing risk in classrooms and common areas. Enforce disciplinary procedures for dealing with bullying and threats.

RESPONSIBILITIES OF THE CLASSROOM TEACHER (AS AGE APPROPRIATE FOR THE STUDENT).

- Discuss anaphylaxis with the class, in age appropriate terms
- Encourage students not to share lunches or trade snacks
- Choose allergy-free foods for classroom events
- Establish procedures to ensure that the anaphylactic child eats only what he/she brings from home or residence
- Reinforce hand washing before and after eating
- Follow the procedures for reducing risk in classrooms and common areas.
- Leave information in an organized, prominent and accessible format for substitute teachers
- Ensure that the Epi-Pen(s) are taken on field trips

RESPONSIBILITIES OF ANAPHYLACTIC STUDENTS (AS AGE APPROPRIATE FOR THE STUDENT)

- Take as much responsibility as possible for avoiding allergens
- Eat only foods brought from home or residence
- Take responsibility for checking labels and monitoring intake (older students).
- Wash hands before eating
- Know symptoms of an anaphylactic reaction
- Promptly inform an adult, as soon as accidental exposure occurs or symptoms appear.
- Take responsibility for keeping their EpiPen® with them at all times

SCHOOLS ARE PROVIDING ALLERGEN-FREE AREAS

Eliminating allergens from areas within the school, where the anaphylactic child is likely to come into contact with food, may be the only way to reduce risk to an acceptable level.

- If possible, avoid using the classroom of an anaphylactic child as a lunch room
- If the classroom must be used as a lunch room, establish it as an "allergic-free" area, using a co-operative approach with students and parents
- Establish at least one common eating area, or a section of the single common eating area, as "allergen-free"
- Develop strategies for monitoring allergen-free areas, and for identifying high-risk areas for anaphylactic students
- As a last resort, if allergen-free eating areas cannot be established, provide a safe eating area for the anaphylactic child

ESTABLISHING A SAFE LUNCHROOM AND EATING AREA PROCEDURES

The most minute quantities of allergen can trigger deadly reaction. Peanut butter on a friend's hand could be transferred to volleyball or a skipping rope. Therefore, protection of the anaphylactic child requires the school to exercise control over all food products, not only those consumed directly by the anaphylactic student.

- Require anaphylactic students to eat only food prepared at home
- Discourage the sharing of food, utensils and containers
- Increase lunch-hour supervision in classrooms with an anaphylactic child
- Encourage the anaphylactic child to take meal time precautions like:
 - placing food on wax paper, paper napkins rather than directly on the desk or table
 - taking only one item at a time from the lunch bag to prevent other children from touching the food; and
 - packing up their lunch and leaving it with the lunch supervisor, if it is necessary to leave the room during lunch time.
- Establish a hand-washing routine before and after eating. Success will depend on the availability of hand-washing facilities
- If the school has a cafeteria, keep the allergen, including all products with the allergen ingredients off the menu. Provide in-service for cafeteria staff, with special emphasis on cross contamination and labelling issues
- If the school has a vending machine ensure that products containing the allergen are not available
- Ensure that tables and other eating surfaces are washed clean after eating, using a cleansing agent approved for school use. This is particularly important for peanut allergic students because of the adhesive nature of peanut butter.

ALLERGIES HIDDEN IN SCHOOL ACTIVITIES

Not all allergic reactions to food are a result of exposure at meal times.

- Teachers, particularly in the primary grades, should be aware of the possible allergens present in curricular materials like:
 - play dough
 - bean-bags, stuffed toys (peanut shells are sometimes used);
 - counting aids (beans, peas);
 - toys, books and other items which may have become contaminated in the course of normal use;
 - science projects; and
 - special seasonal activities, like Easter eggs and garden projects.
- Computer keyboards and musical instruments should be wiped before and after use.
- Anaphylactic children should not be involved in garbage disposal, yard clean-ups, or other activities which could bring them into contact with food wrappers, containers or debris.

- Foods are often stored in lockers and desks. Allowing the anaphylactic child to keep the same locker and desk all year may help prevent accidental contamination.

HOLIDAYS AND SPECIAL CELEBRATIONS

Food is usually associated with special occasions and events. The following procedures will help to protect the anaphylactic child:

- Establish a class fund for special events, and have the classroom teacher or the parent of the anaphylactic child provide only safe food.
- If foods are to come into the classroom from home, remind parents of the anaphylactic child's allergens, and insist on ingredients lists.
- Limit the anaphylactic child to food brought from his or her own home.
- Focus on activities rather than food to mark special occasions.

FIELD TRIPS

In addition to the usual school safety precautions applied to field trips, the following procedures should be in place to protect the anaphylactic child:

- Include a separate "serious medical conditions" section as a part of the school's registration/permission forms for all field trips in which the details of the anaphylactic student's allergens, symptoms and treatment can be recorded. A copy of this information should be available on site at any time during the field trip.
- Require all supervisors, staff and parents, to be aware of the identity of the anaphylactic child, the allergens, symptoms and treatment.
- Ensure that a supervisor with training in the use of the Epi-Pen® is assigned responsibility for the anaphylactic child.
- If practical, consider providing a cell phone for busses used on field trips.
- Require the parent of the anaphylactic child to provide Epi-Pen(s)®. If the risk factors are too great to control, the anaphylactic child may be unable to participate in the field trip. Parents should be involved in this decision.

SUBSTITUTE TEACHERS, PARENT VOLUNTEERS AND OTHERS WITH OCCASIONAL CONTACT

All schools involve adults in their classrooms who are unfamiliar with individual students and school procedures. The following suggestions would help to prepare them to handle an anaphylactic emergency.

- Require the regular classroom teacher to keep information about the anaphylactic student's allergies and emergency procedures in a visible location.
- Ensure that procedures are in place for informing substitute teachers and volunteers about anaphylactic students.

- Involve substitute teachers and volunteers in regular in-service programs, or provide separate in service for them.

ANAPHYLAXIS TO INSECT VENOM

Food is the most common trigger of an anaphylactic reaction in school children and the only allergen which schools can reasonably be expected to monitor. The school cannot take responsibility for possible exposure to bees, hornets, wasps and yellow-jackets, but certain precautions can be taken by the student and the school to reduce the risk of exposure. It should also be noted that desensitization treatment for allergies to insect venom is available, and has a 95 percent success rate (Ontario Allergy Society, "Information Notes: Allergic Reactions to insect Stings").

Student Responsibility (age appropriate);

- Avoid wearing loose, hanging clothes, floral patterns, blue and yellow clothing and fragrances.
- Dress in long sleeved shirts, long pants, socks and shoes when in grass or fields.
- Shake out towels, blankets and clothing if they have been left on the ground.

School Responsibility

- Check for the presence of bees and wasps, especially nesting areas, and arrange for their removal.
- If soft drinks are being consumed outdoors, pour them into a cup and dispose of cans in a covered container.
- Ensure that garbage is properly covered.
- Caution children not to throw sticks or stones at insect nests.
- Allow students who are anaphylactic to insect sting to remain indoors for recess during bee/wasp season.
- Immediately remove a child with an allergy to insect venom from the room, if a bee or wasp gets in.
- The anaphylactic student should be exempt from the outdoor clean up duty.

In case of insect stings, never slap or brush the insect off, and never pinch the stinger, if the child is stung. Instead, flick the stinger out with a fingernail or credit card.