

ROLLING RIVER SCHOOL DIVISION POLICY

Students with Known Risk Of Anaphylaxis/Life Threatening Allergies

JHCA/P

This policy and regulation reflects the guidelines and procedures outlined in the provincial Unified Referral and intake System's (URIS) Manual.

Anaphylaxis - sometimes called "allergic shock" or "generalized allergic reaction", is a severe allergic reaction that can lead to rapid death, if untreated. Sufferers of anaphylaxis respond with an extreme body reaction. The reaction may begin with itching, hives, vomiting, diarrhea, or swelling of the lips or face; within moments, the throat may begin to close, choking off breathing and leading to unconsciousness and death.

Although peanuts may be the most common allergen causing anaphylaxis in school children, there are many others. School personnel must be aware that anaphylaxis is a life-threatening condition regardless of the substance which triggers it.

Despite the best efforts of parents and schools, no individual or organization can guarantee an "allergy-free" environment. The only way to protect children who are known to be at risk of anaphylaxis is to avoid the allergen. It is a matter of life and death. Schools must have a clear plan for responding to an anaphylactic emergency. When an anaphylactic emergency occurs, the injection of epinephrine usually allows enough time to get the child to a hospital. Without epinephrine, death can occur within minutes. Epinephrine will only be administered in schools through the use of an Adrenaline Auto-Injector, commonly known as an Epi-pen.

The first plan of action calls for the administration of adrenaline (also known as epinephrine) by auto-injection immediately at the first sign of a reaction; followed by immediate transportation to the hospital, by ambulance if possible.

Developmental factors such as age and physical or cognitive ability, may affect a child's ability to:

- Safely carry an adrenaline auto-injector (Epi-pen);
- Take responsibility to avoid allergens;
- Recognize and communicate symptoms of anaphylaxis; and
- Use an auto-injector.

Whenever possible, responsibility should be encouraged, recognizing that having children take responsibility for their own care is the best approach to personal safety. It should also be recognized that the severity of a reaction may hamper adrenaline self-administration, regardless of age, and that immediate assistance may be required.

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Date Adopted: May 20, 2004

Date Revised: September 8, 2010

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A. Roles and Responsibilities

Ensuring the safety of children with known anaphylaxis in a community setting depends on the cooperation of the entire community. To minimize risk of exposure, and to ensure rapid response to an emergency, children, parents/guardians, and program personnel must all understand and fulfill their responsibilities. The inter-relatedness of these roles is vital, for failure of any group to respond appropriately will negatively impact upon all others.

1. Responsibilities of the child with a life-threatening allergy:

- a. Take as much responsibility as possible for avoiding allergens, including checking labels and monitoring intake (developmentally appropriate).
- b. Eat only foods brought from home.
- c. Wash hands before eating.
- d. Learn to recognize symptoms of an anaphylactic reaction (developmentally appropriate).
- e. Promptly inform an adult, as soon as accidental exposure occurs or symptoms appear.
- f. Wear a medical identification bracelet.
- g. Keep an auto-injector on their person as required by the school (e.g. fanny pack).
- h. Know how to use the auto-injector (developmentally appropriate).

2. Responsibilities of the Parents/Guardians of a child with a life-threatening allergy:

- a. Identify their child's allergies and needs to the principal.
- b. Ensure that their child has at least one auto-injector and carries an up-to-date auto-injector.
- c. Ensure that their child has and wears a medical identification bracelet.
- d. Submit all necessary documentation as required.
- e. Ensure that auto-injectors are taken on field trips.
- f. Participate in the development of a written Individual Health Care Plan for their child, updated annually.
- g. Provide safe foods for their child's snacks, lunches and for special occasions.
- h. Provide support to the school and staff as required.
- i. Teach their child:
 - to recognize the first signs of an anaphylactic reaction;
 - to know where their medication is kept and who can get it;
 - to communicate clearly when he or she feels a reaction starting;
 - to carry his/her own auto-injector on their person (e.g. fanny pack); to not share snacks, lunch or drinks;
 - to understand the importance of hand washing;
 - to cope with teasing and being left out;

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- to report bullying and threats to an adult in authority;
- to take as much responsibility as possible for his/her own safety.

Failure by parents/guardians to comply with the procedures outlined in this policy may result in the student being requested to remain at home until such time as compliance takes place.

3. Responsibilities of All Parents:

- a. Respond cooperatively to requests from the school to eliminate allergens from packed lunches and snacks.
- b. Participate in parent information sessions.
- c. Encourage children to respect the child with a known risk of anaphylaxis and the program policies.
- d. Inform the teacher prior to bringing class treats on special occasions.

4. Responsibilities of the Principal:

- a. Submit a U.R.I.S. Application to the Student Services Coordinator.
- b. Identify a contact person to liaise with the contracted health care professional if other than him/herself.
- c. Assist with implementation of policies and procedures for reducing risk in classrooms and common areas.
- d. Work as closely as possible with the parents/guardians of the child with known risk of anaphylaxis.
- e. Ensure that the parents/guardians have completed all the necessary forms.
- f. Ensure that the instructions from the child's physician are on file ("*Parent/Guardian and Physician Authorization For Administration of Adrenaline by Auto-Injector*").
- g. Notify staff of the child with known risk of anaphylaxis, the allergens and the treatment.
- h. Post Allergy Alert forms with photograph in the staff room and office (see Appendix "C").
- i. Maintain up-to-date emergency contacts and telephone numbers.
- j. Ensure that all staff and volunteers have received instruction in the use of the auto-injector.
- k. Ensure that all substitute staff are informed of the presence of a child with known risk of anaphylaxis, and that appropriate support/response is available should an emergency occur.
- l. Inform parents/guardians that a child with a life-threatening allergy is in direct contact with their child, and ask for their support and cooperation (with parent/child approval). See attached Appendix "B" for sample letter.
- m. Arrange an annual inservice through the Public Health Nurse (or contracted Nurse for the Division if Public Health Nurse is not available) to train staff and monitor personnel involved with the child with life-threatening allergies.

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- n. Ensure that an Individual Health Care Plan which includes an Emergency Response Plan is completed and reviewed annually for each child with life-threatening allergy.
- o. If not developmentally appropriate for the child to carry an auto-injector, ensure that it is kept in an unlocked, safe, easily accessible location.
- p. Ensure that safe procedures are developed for field trips and extra-curricular activities.
- q. Develop procedures for dealing with bullying and threats.
- r. Ensure that all bus drivers have received a current copy of the Individual Health Care Plan which includes the Emergency Response Plan.

5. **Responsibilities of the Teacher:**

- a. Participation in a review of the Individual Health Care Plan and Emergency Response Plan.
- b. Discuss anaphylaxis with the class, in age-appropriate terms (with parental consent).
- c. Teach students not to share lunches or to trade snacks.
- d. Instruct children with life threatening allergies to eat only what s/he brings from home.
- e. Reinforce hand-washing before and after eating.
- f. Facilitate communication with other parents.
- g. Follow policies for reducing risk in classrooms and common areas.
- h. Enforce rules about bullying and threats.
- i. Leave information in an organized, prominent, and accessible format for substitute staff.
- j. Plan appropriately for field trips. Ensure that auto-injectors are taken on field trips and emergency response plans are considered when planning the trip.
- k. Receive training in the use of an auto-injector.

6. **Responsibilities of All Children in the School (developmentally appropriate):**

- a. Learn to recognize symptoms of anaphylactic reaction.
- b. Avoid sharing food, especially with children with known risk of anaphylaxis.
- c. Follow rules about keeping allergens out of the classroom and washing hands.
- d. Do not bully or tease a child with a known risk of anaphylaxis.

7. **Responsibility of Health Care Professional:**

- a. Consult with and provide information to parents/guardians, children, and school personnel.
- b. Develop an Individual Health Care Plan and an Emergency Response Plan for the child with known risk of anaphylaxis.
- c. Facilitate staff training and provide monitoring to personnel involved with children with known risk of anaphylaxis.

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8. Responsibilities of the Transportation Supervisor:

- a. Liaise with Student Services Coordinator for most recent list of transported students with Individual Health Care Plans.
- b. Assist with implementation of policies and regulations for reducing risk in buses.
- c. Ensure all bus drivers transporting students with Individual Health Care Plans have current copies of the plans.
- d. Arrange an annual inservice through a Health Care Professional to train staff involved with children who have life-threatening allergies.
- e. Assist in developing an emergency action plan that relates directly to bussing.

9. Responsibilities of Bus Drivers:

- a. Attend inservice sessions provided by the Board and learn to watch for symptoms of an anaphylactic reaction.
- b. Receive training in the use of an auto-injector.
- c. Carry a copy of the Allergy Alert form with photograph on the bus.
- d. Assist in developing procedures to minimize risk while travelling on the school bus.
- e. Carry out the emergency plan as necessary.
- f. Ensure that an auto-injector is stored in a safe and accessible place in the bus or that the child carries an auto-injector in an identified location while on the bus.

B. School Response

When a school is notified that a child has been diagnosed with a life-threatening allergy and may require the immediate injection of an adrenaline by auto-injector, this procedure must be followed:

1. The principal or designate will advise the parents/guardians of the child that:
 - a. A U.R.I.S. (Unified Referral and Intake System) application will be completed.
 - b. Parents/guardians are required to sign an *“Authorization for the Release of Information to the Rolling River School Division and U.R.I.S.”*
 - c. Parents/guardians must complete form Appendix “A” (*“Parent/Guardian and Physician Authorization for Administration of Adrenaline Auto-Injectors”*). The form must be authorized by the child’s physician.
 - d. A Health Care Plan will be developed by the Health Care Professional in consultation with the parents/guardians.
 - e. When adrenaline by auto-injector is used, an ambulance is to be called immediately and the student will be transported to the hospital.

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2. When the school is made aware that a student has an allergy, a Health Care Information Sheet will be given to the parents/guardians, requesting additional information so that appropriate planning can be done. Based on this information, a U.R.I.S. application may be submitted.
3. The principal will submit the U.R.I.S. Application to the Student Services Coordinator. The student's U.R.I.S. Application will be forwarded to U.R.I.S. for approval. Once the application has been approved, the student's name will be registered on the Rolling River School Division's Health Care Data Base and the school will be notified of the approval.
4. The principal will ensure that an Individual Care Plan and Emergency Response Plan are developed by the Health Care Professional in collaboration with the parents/guardians, student (if appropriate), administration, classroom teacher and other appropriate and relevant personnel. The plan will be specific to the age and maturity level of the child, and the specific properties of the allergen. The Individual Health Care Plan will include:
 1. A copy of the *Release Information*;
 2. The "*Parent/Guardian and Physician Authorization for Administration of Adrenaline by Auto-Injector*";
 3. Student specific allergens and responses to allergens;
 4. A plan for the avoidance of the allergen; and
 5. An Emergency Response Plan.

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APPENDIX "A"

Sample letter to Parents/Guardians Regarding Life-Threatening Allergies

(name of school)

Date:

Dear Parents/Guardians,

There is a child in our school and/or your child's classroom, who has a severe allergy to _____. Exposure to even a tiny amount of this allergen could be life threatening. We can play a role in preventing such a dangerous and frightening situation at school. Although the affected child and his/her family must take responsibility to avoid exposure, staff and other children and their families can also help to make the school environment safer. Your cooperation is asked to:

1. Please check the list of ingredients on items you send to school.
2. Avoid sending _____ or items containing _____, including _____.
3. Discourage your child from sharing lunch or snack foods at school.
4. Help your children to understand and to respect this life-threatening medical condition.

Thank you for understanding how important your cooperation is. For more information, please call _____.

Sincerely,

Principal

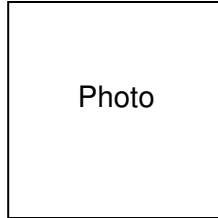
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APPENDIX "B"

ROLLING RIVER SCHOOL DIVISION

EMERGENCY HEALTH CARE PLAN



NAME: _____

GRADE: _____

DIAGNOSIS:

Things child must avoid: _____

SIGNS OF AN EMERGENCY:

SPECIFIC INSTRUCTION: (in order) to follow if child has an emergency

1. _____

2. _____

3. _____

4. _____

5. _____

CONTACTS:

Mother: Home _____ **Father:** Home _____
Work _____ Work _____

Other Contact Person: Name: _____ Phone: _____

Doctor: _____ Phone: _____

Date: _____ **Parent Signature:** _____