

# SCHOOL DISTRICT NO. 48 (SEA TO SKY)

## POLICY SERIES 500 - STUDENT PERSONNEL

### 504 STUDENT HEALTH AND SAFETY 504.9 Anaphylaxis

School District 48 is committed to the principle of providing as safe a learning and teaching environment as possible for its students, staff and volunteers. While the District cannot guarantee an allergen-free environment, it is expected that school staff, parents and children will take important steps to establish an environment which minimizes the risk of potentially fatal anaphylactic reactions without depriving the anaphylactic child of normal peer interactions or placing unreasonable restrictions on the activities of other children in the school. Accurate records, written protocols, staff education, parent(s)/guardian(s) support and classroom and school guidelines/policies should all be considered. Schools must take realistic and practical actions that will encourage the support of everyone involved. The goal is to minimize and reduce exposure to allergens through education.

The principal of the school is responsible for developing an individual school plan that creates and maintains as safe and healthy an environment as possible for anaphylactic students. All members of the school community, including staff, parents, and students must collaborate to develop as safe an environment as possible. Schools in conjunction with parents, students and, if required, consultation with the Public Health Nurse (PHN) will complete the *Anaphylaxis (Life Threatening Allergy) Information* and *Anaphylaxis Managements Plan* forms for controlling risk when an anaphylactic child is under their care. These plans will be considered in the context of the anaphylactic child's age and maturity. As children mature, they should be expected to take increasing personal responsibility for avoidance of their specific allergens.

The ministry of education expects boards of educations and school districts to identify eight core components in their anaphylactic policy.

1. Definition of Anaphylaxis
2. Identifying individuals at risk
3. Record Keeping- Monitoring and Reporting
4. Emergency Procedure Plans – both student level emergency procedure plan and school level emergency procedure plan
5. Use of Medical Identification
6. Provision of Storage of Medication
7. Allergy awareness, prevention and avoidance strategies
8. Training Strategy

Although not included in the core components, the Ministry of Education endorses the following elements being included in school practices:

9. Incident debriefing
10. Roles and Responsibilities
11. Education and communication: creating an allergy-aware school community

## 1. Definition of Anaphylaxis

**Anaphylaxis** – pronounced [anna – fill – axis] 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.

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

- **Skin:** hive, 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 in females

Because of the unpredictability of reactions, early symptoms should never be ignored, especially if the person has suffered an anaphylactic reaction in the past.

It is important to note that anaphylaxis can occur without hives.

If an allergic student expresses any concern that a reaction might be starting, the student should always be taken seriously. When a reaction begins, it is important to respond immediately, following instructions in the student’s *Anaphylaxis (Life Threatening Allergy) Information Emergency Plan*. The cause of the reaction can be investigated later.

The most dangerous symptoms of an allergic reaction involve:

- Breathing difficulties caused by swelling of the airways and
- A drop in blood pressure indicated by dizziness, lightheadedness or feeling faint/weak.

Both of these symptoms may lead to death if untreated.

Ministry of Education, BC Anaphylactic and Child Safety Framework, pp. 8-9

## 2. Identification of Students at Risk for Anaphylaxis

It is the responsibility of the anaphylactic child’s parents to inform the school principal of their child’s allergy.

To assist principals in planning for students with life-threatening allergies, parents must provide a diagnosis and treatment protocol signed by a physician (Medical Doctor), preferably one specially trained in allergy prior to management or treatment planning.

Information will be provided by the parent and physician on the *Anaphylaxis (Life Threatening Allergy) Information* form and returned to the principal, preferably before the student enters school. It

is the parent's responsibility to update this form as required. Upon presentation of the completed form, school staff will ensure School District 48 includes anaphylaxis as a medical alert and will specify the problem food(s) or insect venom on the *Registration Form*.

Ministry of Education, *BC Anaphylactic and Child Safety Framework*, pg. 9

Anaphylactic children are required to wear a MedicAlert® bracelet that states his/her allergy/ies. See <http://www.medicalert.ca> for ordering information.

Funding is available for those who need financial assistance through Medic Alert.

### **3. Record Keeping – Monitoring and Reporting**

The school principal has responsibility for keeping accurate records for each student at-risk of life-threatening allergies. That record shall include the student's emergency response plan.

In accordance with the *Anaphylaxis Protection Order*, the anaphylaxis policy established and maintained by each board must include processes for:

- Identifying anaphylactic students; and
- Keeping a record with information relating to the specific allergies for each identified anaphylactic student to form part of the student's Permanent Student Record, as defined in the Permanent Student Record Order; and
- School principals to monitor and report information about anaphylactic incidents to the board in aggregate form (to include number of at-risk anaphylactic students and number of anaphylactic incidents).

Aggregate data is required to ensure student privacy and to ensure alignment with privacy legislation.

Boards of Education are required to report to the Ministry of Education annually with respect to anaphylaxis policy and implementation.

Ministry of Education, *BC Anaphylactic and Child Safety Framework*, p.10

### **Administrative Procedures**

The following forms and documentation relating to the communication and prevention of life-threatening allergies are to be retained on file at the school office:

- *Anaphylaxis (Life Threatening Allergy) Information – Emergency Plan*
- *Anaphylaxis Management Plan*
- *Division of Responsibilities for Anaphylaxis*
- Educational materials relating to the use of EpiPens®
- Sample letter to parents in the classroom informing of a child's life-threatening allergy
- Information about ingredient labelling of foods
- Information about alternate lunch/snack ideas.

### **4. Emergency Procedure Plans**

The anaphylaxis policies, procedures and guidelines established and maintained by each board must require an accurate, up-to-date student emergency response plan for each individual students at risk of life-threatening allergies. The plan should be developed in conjunction with the student's parents, and the student (where age appropriate) and the plan must be approved by a qualified physician or allergist.

The **Student Emergency Response Plan** must be signed by the student's parents, the student, (where age appropriate) and the physician, and must be kept on file at readily accessible locations.

The **Student Emergency Response Plan** shall include at minimum:

- The diagnosis;
- The current treatment regimen;
- Who within the school community is to be informed about the plan – e.g., teachers, volunteers, classmates; and
- Current emergency contact information for the student's parents/guardian.

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

The student's emergency response plan shall also explicitly address:

- The parent's responsibility for advising the school about any change/s in the student's condition; and
- The school's responsibility for updating records.

The anaphylaxis policies, procedures and guidelines established and maintained by each board must use a standard anaphylaxis emergency plan.

All schools must have a **School Level Emergency Procedure Plan** in place to ensure responders know what to do in an emergency. The emergency protocol shall include at minimum:

- Administering an auto-injector;
- Calling emergency medical care (911 – where available);
- Calling student's parents
- Administering second dose (within 10 to 15 minutes if symptoms have not improved).

The Ministry of Education requires board emergency protocols be included in the board's training policy and requires the school principal to provide an annual inventory of individual student emergency response plans to make certain they are up to date and medication is not expired.

Ministry of Education, *BC Anaphylactic and Child Safety Framework*, pp. 10 -11

The principal (or designate) will meet with the parent(s)/guardian(s) of the student to

- review the *Anaphylaxis (Life Threatening Allergy) Information* form,
- complete the *Anaphylaxis Management Plan*,
- review the *Division of Responsibilities for Anaphylaxis*, and
- advise- whether a letter will be sent home to their child's classmates.

If possible, this meeting should take place before the first day of school. A Public Health Nurse (PHN) can consult on the plan, as required.

A copy of the *Anaphylaxis (Life Threatening Allergy) Information* form should be present in the teacher's daybook, the student's ~~family~~ pack if an EpiPen® is carried, the classroom, the medical room and the office. □To manage an emergency, a routine must be established and practised. For younger children, it may be appropriate to have the *Anaphylaxis (Life Threatening Allergy) Information Form* posted in a visible area (with the parent/guardian's permission).

## **5. Use of Medical Identification**

The BC school population is characterized by an increasing number of students with increasingly complex medical conditions. It is possible that a student may have more than one life-threatening condition. In this complex environment it is important to be able to quickly identify a student and have an idea of their medical needs.

To provide a uniform standard of identification boards of education are required to include an education plan for anaphylactic students and their parents to encourage the use by anaphylactic students of medical identifying information – e.g., Medic-Alert®.

For those with financial need, Medic Alert® provides financial assistance to obtain their products  
Ministry of Education, *BC Anaphylactic and Child Safety Framework*, p. 12

## **6. Provision and Storage of Medication EpiPen® Management**

Epinephrine auto-injectors are life-saving medication. Access to auto-injectors is critical.

There must be a provision for the proper storage of medication in a central unlocked location in each school.

The board of education must also ensure parents understand their responsibility is to:

- provide appropriate medication (e.g., epinephrine auto-injector) for their anaphylactic child;
- 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;
- inform the school when they deem the child competent to carry their own medication/s, and to ensure their child understands they must carry their medication on their person at all times.
- Provide a second auto-injector to be stored in a central, safe but unlocked location;
- Ensure anaphylaxis medications have not expired;
- Ensure they replace expired medications.

Ministry of Education, *BC Anaphylactic and Child Safety Framework*, p. 12

## **7. Allergy Awareness, prevention and avoidance strategies**

Avoidance strategies must be outlined:

- For all schools where students at risk of anaphylaxis have been identified;
- For creating an allergy aware environment; and
- For managing risk associated with rarer allergies to other substances – e.g., a child is identified with allergies to medications, exercise, latex.

The Ministry of Education requires allergy awareness, prevention and avoidance strategies are included in the board's training policy.

*While it is impossible to eliminate all potential allergens from the school environment, schools should create an allergy-aware environment in response to the most common triggers for anaphylaxis: food allergens and insect stings.*

Ministry of Education, *BC Anaphylactic and Child Safety Framework*, p. 13

## 8. Training Strategy

Anaphylaxis training is a critical component of managing risk associated with anaphylaxis.

The anaphylaxis policies, procedures and guidelines established and maintained by each board shall ensure:

- School principals communicate to all school community members (students, parents, teachers, volunteer's etc.) the school's anaphylaxis policies and procedures.
- Training initiatives reflect key recommendations from the national anaphylaxis consensus guidelines, *Anaphylaxis in Schools and Other Settings*.
- Experts are consulted in the development of training policies and the implementation of training;
- Distinction is made between needs of younger and older anaphylactic students (older students may be more likely to engage in risk behaviours);
- Training is provided by individuals trained to teach anaphylaxis management;
- Direct training is provided to all those reasonable expected to have supervisory responsibility of school-age and pre-school students – e.g., school staff, foodservices staff and volunteers; best practice suggests training should include student peers (depending on age and maturity);
- Training is provided at least once a year; best practice suggests training twice a year is especially advised for secondary schools because of increased student mobility; and
- Training encompasses information relating to:
  - Signs and symptoms of anaphylaxis;
  - Common allergens
  - Avoidance strategies
  - Emergency protocols
  - Use of the epinephrine auto-injector
  - Identification of at-risk students (as outlined in the individual student emergency response plan)
  - Emergency plans
  - Method of communication with and strategies to educate and raise awareness of parents, students, employees and volunteers about anaphylaxis

Ministry of Education, *BC Anaphylactic and Child Safety Framework*, p. 14

## 9. Incident Debriefing

Schools include a process whereby school principals provide a debriefing session to review anaphylactic incident with regard to exposure, response and lessons learned. This can enhance the school's capacity to reduce risk on a go forward basis.

Debriefing sessions should minimally include participation by:

- The student's parents' guardians;
- The student (where appropriate);
- Relevant school personnel; and
- The public health nurse

Ministry of Education, *BC Anaphylactic and Child Safety Framework*, p. 15

## 10. Roles and Responsibilities

The ministry of education supports boards of education to adopt the following statement:

*An effective response to anaphylaxis depends on the cooperation of all members of the school community including students, parents, public health nurses, school personnel and volunteers.*

The Ministry of Education recognizes the vital role played by public health nurses throughout the province with regard to assisting school communities in the management of anaphylaxis. However, the Ministry of Education also recognizes public health nursing capacity varies across the province and may include one or more of the following activities:

- Reviewing medical records of at risk students;
- Liaising with the family and /or physician to ensure the school has a clear understanding of the child's needs;
- Assisting school staff to identify ways to reduce exposure to allergens; and
- Developing and participating in the delivery of training.

### **11. Education and communication: creating an allergy-aware school community**

Even where there is no identified child at risk of anaphylaxis in a particular school, it is prudent for members of the school community to have an understanding about anaphylaxis – what it is and the risks associated with being anaphylactic.

Best practice includes the development and implementation of an anaphylaxis communication plan that encompasses the following elements:

**Objective:** to increase education regarding anaphylaxis, while simultaneously reducing fear and uncertainty within the school community. It is important that members of the school community understand the approach taken, the rationale and the respective responsibilities of various members of the community working together to address anaphylaxis.

**Audience:** communication strategies consider a variety of circumstances including the age and literacy level of the audience.

**Content:** includes what anaphylaxis is (definition), the steps required to minimize the likelihood of an anaphylactic incident and outlines how emergency situations are managed.

**Bullying:** incorporates the school's expectations with regard to bullying or threatening behaviour in relation to students at-risk of anaphylaxis. Expectations should align with the district's Safe and Orderly Schools Policy.

**Approaches:** communication approaches reflect the culture and composition of individual school communities. Parents, staff and student (where age appropriate) information sessions, annual or bi-annual letters to parents, e-mail communications and school community newsletters may be effective modes of communication.

**Identified vs. Unidentified Students-at-risk:** communication strategies vary depending on whether there is a student at risk of anaphylaxis attending the school.

Anaphylactic children who are old enough (6 to 8 years) should carry at least one (1) EpiPen® with them at all times and the school will keep at least one (1) extra EpiPen® in the office, in case of an

emergency. Ensure that EpiPens® are stored in a safe, unlocked, easily accessible location that staff know about.

## **Education**

All staff in schools with anaphylactic students require annual in-service on how to recognize anaphylaxis and training on the use of the EpiPen®. The principal (or designate) will arrange for education of teachers, teachers-on-call, special student assistants, clerical assistants, lunch room supervisors, playground supervisors, custodians, bus drivers, and volunteers. Public health nurses or parents may be able to assist with in-service.

## **Precautions for Teachers Outside the Classroom (Field Trips)**

- A cell phone, the student's *Anaphylaxis (Life Threatening Allergy) Information* form and student's EpiPen® should be taken on all school outings
- All adults accompanying students on a school outing should know who has anaphylaxis and where the EpiPen® is kept
- Students should only eat foods approved by their parent/guardian