

Administrative Procedure 317

STUDENTS WITH SEVERE (ANAPHYLACTIC) ALLERGIES

Background:

The Division recognizes the dangers faced by students with severe or anaphylactic reactions (allergies). While the Division cannot guarantee an allergen-free environment, the Division will take reasonable steps to ensure a safe environment for children with life-threatening allergies.

The responsibility for communicating concerns about students with severe or anaphylactic reactions to foods belongs to parents and to the students themselves, depending on the student's age and maturity.

Schools have a supportive role to play in helping parents of students with severe allergies avoid exposure to pre-identified allergens while the student is at school.

Definition:

Anaphylactic reactions are those severe allergy reactions that are life threatening and require immediate medical attention. An Epi-pen injection will offer up to fifteen minutes time to get the affected person to emergency care at a hospital.

Procedures:

1. Identifying Individuals at Risk
 - 1.1 Parents/Guardians of students with severe allergies must:
 - 1.1.1 Advise the Principal and home-room teacher about the student's severe allergy when the allergy is diagnosed, at the beginning of each school year, or when the student changes schools;
 - 1.1.2 Provide and keep emergency information current;

1.1.3 Submit Parent Authorization for Health Care at School Form (F 316-1). A Letter to Doctor Regarding Medication Form (F 316-2), provided by the school, completed by a medical doctor must support this request from the home.

1.1.4 Submit Health Services Plan Form (F 316-5) completed by the Health Care Professional.

1.1.5 Provide the student with a case containing at least one unexpired injector or other medication as prescribed by a physician and ensure that the student has the injector or medication readily available, while at school, or on offsite school events or activities;

1.1.6 Provide snacks and lunches for the student; and

1.1.7 Provide the student with a Medic Alert bracelet or other suitable identification. It is the responsibility of the Principal to request that parents/guardians with anaphylactic children identify their children and encourage their children to wear an allergy alert bracelet.

2. Communication Strategies

2.1 The Principal must:

2.1.1 Advise the parents of the student with severe allergies of this procedure and provide them with a copy and advise them where all Administrative Procedures can be accessed online;

2.1.2 Ensure student allergy information is indicated in SIS;

2.1.3 Request signed authorization to administer medication by completing Record of Health Care Interventions Form (F 316-4);

2.1.4 Advise all staff members of students who have potentially life threatening allergies as soon as possible;

2.1.5 Request the consent of the parent to post a student's picture and display the emergency care plan;

2.1.6 Ensure an emergency plan is developed and Child Specific Emergency Plan Form (F 316-6) for each student with severe allergies in cooperation with the parents, and includes emergency contact information and procedures; and

2.1.7 Ensure the emergency plan is kept in a readily accessible location at the school and includes emergency contact information.

2.2 Classroom teachers of a student with a severe allergy must:

2.2.1 Discuss anaphylaxis with the class, in age-appropriate terms. All classmates should know and understand the nature of the specific allergen for the identified student;

2.2.2 Avoid allergenic foods and substances for classroom events;

2.2.3 Communicate the restriction of allergens information with other parents with children in the class;

2.2.4 Leave information about students with severe allergies in an organized, prominent and accessible format for substitute teachers;

2.2.5 Ensure the emergency response protocol and appropriate medication is taken on off-site activities; and

3. Allergy Avoidance Strategies

3.1 Ingredients on food brought in or prepared for special events by the school community, prepared and served in school cafeteria, or provided by catering companies cannot be guaranteed to be safe. Therefore, students with severe allergies must:

3.1.1 Eat only foods brought from home unless authorized by the parents in writing; food for school annual events and hot lunches will be included in general parent information regarding the event.

3.1.2 Learn to recognize symptoms of a severe allergic reaction;

3.1.3 Promptly inform a teacher or an adult as soon as accidental ingestion or exposure to an allergen occurs or symptoms of a severe allergic reaction appear;

3.1.4 Keep an injector or medication handy at all times; and

3.1.5 When age appropriate, know how to use an injector or take medication.

3.2 The principal shall develop a plan to have “allergen-free” areas as needed.

3.3 Each school will develop a noon hour supervision plan for children that provides regular and timely monitoring of each classroom

3.4 The classroom teacher will communicate with parents to ensure parent-prepared food being served to the class is appropriate.

4. Location of Auto-injectors

3.1 Auto-injectors should be kept in a covered and secure area, but unlocked for quick access. Although epinephrine is not a dangerous drug, the sharp needle of the self-injector can cause injury, especially if injected into the fingertip.

3.2 As soon as they are old enough, students should carry their own auto-injectors. Many young children carry an injection kit in a fanny pack around their waist at all times.

3.3 An up-to-date supply of auto-injectors, provided by the parents, should be available in an easily accessible, unlocked area of the child's classroom and/or in a central area of the school (office or staff room).

3.4 All staff should know the location of the auto-injectors. Classmates should be aware of the location of the auto-injector in the classroom.

5. Training

5.1 The Principal shall ensure that in-service is provided annually to school personnel in schools where students prone to anaphylaxis are enrolled on how to recognize and treat anaphylactic reaction, on the school protocol for responding to emergencies and this administrative procedure.

6. Review Process

6.1 School emergency procedures for each anaphylactic student should be reviewed annually with staff and parents. In the event of an emergency response, an immediate evaluation of the procedure should be undertaken.

Reference:

Section 85, 87, 109, 175, 188, 190 Education Act

Emergency Medical Aid Act

Anaphylaxis in Schools and Other Child Care Settings by Canadian Society of Allergy and Clinical Immunology, 2005 (www.csaci.ca/schools.html)

Revised:

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