



Whistler Waldorf School “Allergy Aware” Policy 2013

Due to the increasing number of students with allergies we are seeking to promote allergy awareness in our school community.

This is particularly relevant to students whose allergies cause an *Anaphylactic* reaction. This is a life threatening reaction, which can cause death by suffocation within minutes of a reaction commencing.

Anaphylactic reactions occur when the body’s sensitized immune system overreacts in response to the presence of a particular allergen. Anaphylaxis affects multiple body systems, including skin, upper and lower respiratory, gastro-intestinal and cardiovascular.

The recommended emergency treatment for a student suffering an anaphylactic reaction is the administration of epinephrine (adrenaline) by an auto-injector (i.e. EpiPen or by an Anakit). The person affected must then be rushed to hospital to receive further medical attention, even if the symptoms decrease with the administration of the epinephrine.

The greatest risk of exposure is in new situations or when normal daily routines are interrupted, such as birthday parties or school trips.

The Whistler Waldorf School’s allergy plan has three components:

1. Information, Education and Awareness
2. Avoidance
3. Emergency Response.

1. Information, Education and Awareness

Ensuring the safety of anaphylactic students in a school setting depends on the co-operation of the entire school community. To minimize risk of exposure, and to ensure rapid response to an emergency, parents, students and school personnel should all understand and fulfill their responsibilities.

Board

- The Board will be made aware of the legal responsibilities towards the children with life-threatening allergies and ensure there is a process for the annual review of the policy at the school.

Administration

- Reviews and updates the policy annually.
- Works closely with the parents of an anaphylactic student;
- Makes contact with parents of an anaphylactic student and meet each year to gather or update medical information related to the condition including: causal factors, severity of allergy, past incidents of anaphylactic reactions and other health considerations.
- Prepares and maintains a student file including consent forms, waiver, physician’s instructions and alert sheets with annual updated photograph for each anaphylactic student.
- Ensures the Alert sheets with updated photographs are posted in the child’s classroom, front office, After School Program areas and in the faculty room in a prominent location.

- Ensures parents provide two auto-injector kits to the receptionist by the first day of school. At least two auto-injectors are suggested, one located with the student and one located in the school office in a known accessible location.
- Notifies all appropriate school personnel (faculty and staff) of medical alert concern and of established policy.
- Reviews procedures with entire staff each year in September.
- Develops and maintains an emergency plan that is consistent with the school's anaphylaxis policy.
- Arranges for staff training sessions for all school personnel on how to recognize and treat anaphylactic reaction, on school procedures to protect anaphylactic students from exposure, and on school protocol for responding to emergencies. This session should also include training in the emergency administration of the auto-injector. Training should take into consideration the age, maturity and responsibility-level of anaphylactic students.
- Works with the parent community to increase awareness of anaphylaxis, its avoidance and its treatment.
- Ensures that student teachers are fully aware of this policy and the emergency response procedure.
- Provide information (Appendix 1) to the school community via faculty and parent handbooks, Newsletter articles and information packages.

Faculty

- Have class talks each term on allergies and food safety encouraging students not to share food, to wash hands before and after eating and the dangers of bringing allergen products to school.
- Send home a letter by parents of students with allergies where provided
- Monitor any food in the classroom eg: cooking, "birthday treats" provided by parents or class parties.
- Establish class rules on:
 - Not sharing food
 - Washing hands before and after eating with soap and water or wet wipes depending on class
 - Cleaning up food spillages
- Ensure substitute teachers and any one working with the class is aware of students with anaphylactic allergies, their emergency medical plan and the location of the Epi-pen.
- Plan for excursions / sport etc to access Epi-pen / emergency plan.

Parents of an Anaphylactic Student

- Ensure the Medical Emergency Response Plan is completed and kept up-to-date.
- Ensure that Epi-pens and / or medication provided are clearly labeled with the child's Name, Year, Classroom and Dosage required and show a current use by date
- Be invited to send a personal letter home to the class parents explaining their child's' allergy needs.
- Provide a current photo of the child if requested.

The following are all ideal and we recognize the need to implement each in the context of what is age-appropriate for the child:

- Provide student with a body pouch or fanny pack for carrying at least one auto-injector at all times on their body.
- Provide a MedicAlert bracelet for their child.
- Teach their child:
 - (a) About their allergen and the substances that trigger it;
 - (b) To recognize the first symptoms of an anaphylactic reaction;
 - (c) To know where medication is kept, and who can inject it;
 - (d) To communicate clearly when he or she feels that a reaction is starting;
 - (e) To carry his/her own auto-injector in a body pouch or fanny pack;
 - (f) Not to share snacks, lunches or drinks and to politely explain why he/she is not sharing;
 - (g) To understand the importance of hand-washing;
 - (h) To cope with teasing and being left out; and
 - (i) To take as much responsibility as possible for his/her own safety.

All Parents

- Will respond co-operatively to requests from the school to eliminate allergens from packed lunches and snacks, and any other foods sent to the classroom.
- Inform themselves and participate in parent information sessions as appropriate.
- Encourages their own students to respect an anaphylactic student and follow school prevention plans.

All Students

[Recognizing the age-related limitations for our youngest students.]

- Learn to recognize symptoms of anaphylactic reactions.
- Avoid sharing food, especially with anaphylactic students.
- Follow school rules about keeping allergens out of a classroom and washing hands.
- Refrain from bullying or teasing a student with a food allergy.

2. Avoidance

- The school will adopt a policy whereby the class environment will be adapted to accommodate anaphylactic students. The school cannot assume responsibility for providing a completely allergen-free environment.
- Anaphylactic students must learn to avoid specific triggers. While the key responsibility lies with anaphylactic individuals and their family, in the case of an anaphylactic student, the school community must also be aware. The approach is to regularly educate the parent community, solicit the co-operation of families, and to set in place procedures that are designed to safeguard the anaphylactic student.
- The school will provide allergen-free areas (most commonly the home classroom of the student with the allergy), using a co-operative approach with students and parents.
- Safe eating area procedures will be established, including cleaning and hand-washing procedures.
- Anaphylactic students will be required to eat only food prepared at home or approved for consumption.
- An anaphylactic child will be encouraged to take precautions, such as placing food on a placemat, or napkin rather than in direct contact with a table or desk, taking one item at a time out of the lunch bag to prevent other children from touching the food and packing up and leaving the lunch with the teacher, if the child needs to leave the room during lunchtime.
- Education about the allergies hidden in non-food materials will be provided (i.e. play materials, play dough, soap, counting aids, science projects, special seasonal activities, such as gardening).
- An anaphylactic child will be encouraged not to share food, utensils, containers or towels; not to leave food unattended; and not to share musical instruments that go in the mouth.
- School festivals involving food should avoid products containing allergens wherever possible.
- Anaphylactic children should not be involved in garbage disposal, yard clean-ups or other activities that could bring them into contact with food wrappers, containers or debris.
- Food is often stored in lockers and desks. Allowing the anaphylactic child to keep the same desk all year may help prevent accidental contamination.

3. Emergency Response Plan

Recognition

An anaphylactic reaction can begin within seconds of exposure or after several hours.

THERE IS NO DANGER OF REACTING TOO QUICKLY AND POTENTIAL DANGER IN REACTING TOO SLOWLY.

Any combination of the following symptoms may signal the onset of a reaction.

Hives*	Throat tightness or closing
Itching (on any part of the body)	Difficulty breathing
Swelling (of any body part, especially eyes, lips, face, tongue)	Difficulty swallowing
Red watery eyes	Sense of doom
Runny nose	Dizziness
Fainting or loss of consciousness	Vomiting
Diarrhea	Change of colour
Stomach cramps	Change of voice
Coughing	Wheezing

*Hives may be entirely absent, especially in severe or near fatal cases of anaphylaxis.

Symptoms do not always occur in the same order, even in the same individuals. The time from onset of first symptoms to death can be as little as a few minutes if reaction is not treated.

Anaphylactic children usually know when a reaction is taking place. School personnel should be encouraged to listen to the child. If he or she complains of any symptoms that could signal the onset of a reaction, staff should not hesitate to implement the emergency response steps.

Appendix 1

Newsletter Article – Allergy Aware School

We have a number of students and staff in the school with severe life threatening allergies (Anaphylactic reaction). These allergens include: all nuts, soy, fish and kiwi.

An anaphylactic reaction causes shock, suffocation and death within minutes of the allergy reaction commencing if not treated immediately.

Simply touching a surface that has had an allergen product on it can generate these life-threatening reactions.

We are seeking your support in creating a safer environment by:

- Not providing nuts products such as peanut paste or Nutella sandwiches or snack bars with nuts, especially peanuts, pistachios, cashews and pine nuts.
- * If informed by your class teacher that a certain allergen-causing food must be avoided in your child's classroom, respecting the request, and not providing that food, for example, kiwis, soy-products or fish.
- Encouraging your child to not share or swap their food or drink bottles with others.
- Encouraging your child to wash their hands before and after eating
- When having other children to play or for a party be aware they may have allergies, including anaphylactic reactions. Plan for any dietary needs and medication in discussion with the relevant parent.

Thank you for your support with our Allergy Aware policy.

Appendix 2

Allergy Aware Timeline

Term 1:

- 1) Staff P.D - Review Emergency Medical cases and Allergy Aware policy.
- 2) Parent meeting / Class letter will include Allergy Aware policy information.
- 3) Newsletter article - Appendix 1
- 4) Class teachers with anaphylactic allergy students will talk to students.
- 5) Information pack article - Appendix 1
- 6) Parents of students with anaphylactic allergies may send a personal letter to class families.

Term 2 and 3:

- 1) Staff P.D - Review Emergency Medical cases and Allergy Aware policy.
- 2) Newsletter article - Appendix 1
- 3) Information pack article - Appendix 1
- 4) Medical Emergency Plans reviewed with parents.
- 5) Training following year staff in use of Epi-pen.

Appendix 3

Emergency Allergy Response Plan

1) Stay with child, keep them calm

2) Send:

- 2 children to get Epi-pen (if in classroom).
- 2 children to office / staffroom tell children to give allergy student's name and to **RUN**.

3) Action:

- Epi-pen to be administered
 - Pull off grey safety cap.
 - Grip with a tight fist and firmly jab/press black tip into outer thigh. Keep pressed against thigh and hold for count of 10. Do not place thumb at end of Epi-Pen. Listen for “click” and check to see if the needle is exposed when it is pulled out of the thigh. If so, it has worked. If there is no exposed needle, administer the 2nd pen right away.
 - Treat with second dose of epinephrine (Epi-Pen) if necessary in 10 to 15 minutes if an ambulance has not arrived and the symptoms have reappeared.
 - *Note: Used Epi-Pen needs to be discarded in a needle-proof container to minimize any chance of injury.

- Ambulance to be called
 - Call 911. Advise dispatcher that the child is having an anaphylactic reaction.

- Parents to be contacted **ASAP**

- Follow emergency plan