

## **Anaphylaxis Policy**

Anaphylaxis is a sudden and severe allergic reaction, which can be fatal, requiring immediate medical emergency measures be taken. While the Whistler Waldorf School cannot guarantee an allergen-free environment, it is expected that school staff, parents and children will take important steps to minimize 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.

The following procedures are in place to minimize and reduce exposure to allergens.

### **Administrative Procedures**

#### **Identification of Students at Risk for Anaphylaxis**

At the time of registration, using the WWS Application form parents are asked to report on their child's medical conditions, including whether their child has a medical diagnosis of anaphylaxis. Information on a student's life-threatening conditions will be recorded and updated on the student's Permanent Student Record annually.

It is the responsibility of the parent/guardian to:

- Inform the Director of Education or the Admissions Manager at the time of registration, when their child is diagnosed as being at risk for anaphylaxis
- In a timely manner, complete medical forms and the Student Emergency Procedure Plan, which includes a photograph, description of the child's allergy, emergency procedures, contact information, and consent to administer medication
- Provide the school with updated medical information at the beginning of each school year, and whenever there is a significant change related to their child
- Inform service providers of programs delivered on school property by non-school personnel of their child's anaphylaxis and care plan, as these programs are not the responsibility of the school.

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

For each identified student, a Student Emergency Procedure Plan is kept on file. These plans will contain the following information:

##### **Student-Level Information**

- Name
- Contact information
- Diagnosis
- Symptoms
- Emergency Response plan

##### **School-Level Information**

- Emergency procedures/treatment

##### **Physician section**

- Student's diagnosis, medication
- Physician's signature.

Information on students' life-threatening health conditions is collected, managed and reviewed annually to form part of the students' Permanent Student Record. This includes checking off the Medical Alert box in the upper right corner on the Permanent Student Record.

Information regarding anaphylactic incidents are reported to the Board of Trustees in aggregate form (to include number of at-risk anaphylactic students and number of anaphylactic incidents).

## **Emergency Procedure Plans**

### **a) Student Level Emergency Procedure Plan**

Parents and students (where appropriate), are provided with an opportunity to meet with designated staff, prior to the beginning of each school year or as soon as possible to develop/update an individual Student Emergency Procedure Plan. The Student Emergency Procedure Plan must be signed by the student's parents and the student's physician. The Student Emergency Procedure Plan will be posted in key areas such as in the child's classroom, the office, and the teacher's daybook. Parental permission is required to post or distribute the plan.

The Student Emergency Procedure Plan will include at a minimum:

1. The diagnosis
2. The current treatment regimen
3. Who within the school community is to be informed about the plan
4. Current emergency contact information for the student's parents/guardian
5. A requirement for those exposed to the plan to maintain the confidentiality of the student's personal health information
6. Information regarding the parent's responsibility for advising the school about any change/s in the student's condition
7. Information regarding the school's responsibility for updating records.

### **b) School Level Emergency Procedure Plan**

1. Administer the student's auto-injector (single dose, single-use) at the first sign of a reaction. Note time of administration. The use of epinephrine for a potentially life-threatening allergic reaction will not harm a normally healthy child, if epinephrine was not required
2. Call 911
3. Contact the child's parent/guardian A second single dose-single use auto-injector may be administered within 10 to 15 minutes or sooner, after the first dose is given IF symptoms have not improved (i.e., the reaction is continuing, getting worse, or has recurred)
4. If an auto-injector has been administered, the student must be transported to a hospital via ambulance (the effects of the auto-injector may not last, and the student may have another anaphylactic reaction)
5. One person stays with the child at all times
6. One person goes for help or calls for help.

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

Field trips are an extension of school and appropriate duties of care exist towards students. The Director of Education or designated staff, must ensure that emergency plan measures are in place for scenarios where students are off-site (e.g., bringing additional single dose, single-use auto-injectors on field trips). However, field trips require informed consent from parents/guardians who must decide if a given field trip is appropriate for their child.

When a student with anaphylaxis is participating in a field trip activity:

- A cell phone, the student's Anaphylaxis (Life Threatening Allergy) Information – Emergency Plan and the student's EpiPen® should be taken on the field trip
- All adults accompanying students on a school outing should know who has anaphylaxis and where the EpiPen® is kept
- Students must not eat or drink at anytime, while in vehicles going to and returning from field trips if this will place the anaphylactic student at risk
- Students with anaphylaxis should only eat approved foods.

### **Provision and Storage of Medication**

Children at risk of anaphylaxis who have demonstrated maturity should carry one single dose single use auto-injector with them at all times and have a back-up single dose single use auto-injector stored at the school in a central, easily accessible, unlocked location. For children who have not demonstrated maturity, their auto-injector(s) will be stored in a designated school location(s).

The location(s) of student auto-injectors must be known to all staff members and caregivers.

Parents will be informed that it is the parents' responsibility:

- To provide the appropriate medication (e.g., single dose, single-use epinephrine auto-injectors) for their anaphylactic child
- To 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)
- To inform the school when they deem the child competent to carry their own medication/s (children who have demonstrated maturity, usually Grade 1 or Grade 2, should carry their own auto-injector), and it is their duty to ensure their child understands they must carry their medication on their person at all times
- To provide a second single dose single use auto-injector to be stored in a central, accessible, safe but unlocked location
- To ensure anaphylaxis medications have not expired
- To ensure that they replace expired medications.

### **Allergy Awareness, Prevention and Avoidance Strategies**

#### **a) Awareness**

- That all members of the school community including substitute employees, employees on call, student teachers and volunteers will have appropriate information about severe allergies including background information on allergies, anaphylaxis and safety procedures made available to them on our school webpage and in the employee handbook.

- With the consent of the parent, the class teacher must ensure that the student’s classmates are provided with information on severe allergies in a manner that is appropriate for the age and maturity level of the students, and that strategies to reduce teasing and bullying are incorporated into this information.
- Posters which describe signs and symptoms of anaphylaxis and how to administer a single dose, single-use auto-injector will be placed in the faculty room, and also in relevant areas including classrooms, reception and kitchen.

### **b) Avoidance/Prevention**

Individuals at risk of anaphylaxis must learn to avoid specific triggers. While the key responsibility lies with the students at risk and their families, the school community must participate in creating an “allergy-aware” environment. Special care is taken to avoid exposure to allergy-causing substances. All parents are asked to consult with the teacher before sending in food to classrooms where there are food-allergic children. The risk of accidental exposure to a food allergen can be significantly diminished by means of such measures.

Given that anaphylaxis can be triggered by minute amounts of an allergen when ingested, students with food allergies must be encouraged to follow certain guidelines as outlined in the Student Responsibilities - Anaphylaxis Responsibility Checklist.

It is not necessary to attempt to designate the entire school as an area free of a specific allergen because the risk of anaphylaxis from airborne allergens is negligible. To reduce risk to an acceptable and realistic level, “allergen aware” areas of the school will be created as necessary:

- Classrooms will be established as an “allergen-aware” area, using a cooperative approach with students and parents in the class
- Posters which describe signs and symptoms of anaphylaxis and how to administer a single dose, single-use auto-injector should be placed in these areas.

It is recommended the parent share information in a class parent meeting with other parents in the affected classroom, in consultation with the teacher and/or Public Health Nurse, to explain the seriousness of the situation.

The Director of Education (or designate) will send a letter to parents in the classroom requesting they not send the allergenic food or foods that may contain that ingredient. Provide parents with a listing of ways the offending food may be found in ingredient labels. Provide parents with sample lunch/snack ideas that do not contain the offending food.

### **Training Strategy**

At the earliest opportunity in each school year, a training session on anaphylaxis and anaphylactic shock will be held for all school staff and persons reasonably expected to have supervisory responsibility of school-age students.

Efforts shall be made to include the parents, and students (where appropriate), in the training. Experts will be consulted in the development of training policies and the implementation of training.

The training sessions will include:

- Signs and symptoms of anaphylaxis
- Common allergens
- Avoidance strategies
- Emergency protocols
- Use of single dose, single-use epinephrine auto-injectors· Identification of at-risk students (as outlined in the individual Student Emergency Procedure Plan)
- Emergency plans
- Method of communication with and strategies to educate and raise awareness of parents, students, employees and volunteers about anaphylaxis.
- Practise using an auto-injector trainer (i.e., device used for training purposes)

Students will learn about anaphylaxis in a general assembly or special class presentations.

### **Resources**

[Anaphylaxis Protection Order - Ministry of Education - February 2009](#)

[British Columbia Anaphylactic and Child Safety Framework 2007 - Ministry of Education](#)

[Anaphylaxis - BC Ministry of Education Core Anaphylaxis Resources - BC School Trustees Association's DocuShare](#)

[Vancouver Coastal Health - North Shore - School Health Manual - Medical Alerts, Allergies and Anaphylaxis](#)