

<p>Kelsey School Division Box 4700 The Pas, MB R9A 1R4</p> <p>Phone: 623-6421</p>	<p>CODE: JHCE</p>
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ANAPHYLAXIS

The Kelsey School Division is committed to meeting the educational needs of all students. In order to meet the diverse needs of students, a continuum of supports has been developed. Many students attending schools require health care services in order to attend school.

A comprehensive approach to school health is critical in order to ensure that the health care needs of students are met in school settings and programs. Health and medical interventions, including the administration of medication in a school setting by school personnel, must be necessary for the health of a student. Parents should make arrangements with their physician to have interventions and medications administered outside of school hours. Procedures for the assessment and delivery of services and clarification of roles and responsibilities must be defined in order to provide for the health care needs of students in the Division. The effective delivery of health care services requires teamwork with parents/guardians, students, teachers, support staff, health care professionals, and social service agencies.

Failure by parents/guardians to comply with the procedures outlined in health care policies will result in the refusal by divisional staff to administer medication or the student being requested to remain at home.

Children With Known Risk of Anaphylaxis/Life Threatening Allergies

This policy 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.

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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.

Failure by parents/guardians to comply with the procedures outlined in this policy will result in the refusal by divisional staff to administer medication or the student being requested to remain at home.

Anaphylaxis is life threatening, but it can be treated. Students suffering anaphylaxis must be diagnosed by their physician, who is responsible for prescribing the appropriate treatment for their individual conditions. Schools should never assume responsibility for treatment in the absence of an Individual Health Care Plan/Emergency Response Plan for a specific treatment protocol prescribed by the child’s physician.

Avoidance of the allergen is the only way to protect children known to be at risk of anaphylaxis, however, no individual or organization can guarantee an allergy-free environment. Clear procedures for an emergency response to anaphylaxis must be in place.

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 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
- ▶ Take responsibility to avoid allergens,
- ▶ Recognize and communicate symptoms of anaphylaxis; and
- ▶ Use an auto-injector

Whenever possible, responsibility should be encouraged, recognizing that children who are able to take responsibility for their own care are probably the safest. It should also be recognized that the severity of a reaction may hamper anyone in adrenaline self-administration, regardless of their age, and that assistance may be required.

Failure by parents/guardians to comply with the procedures outlined in this policy will result in the student being requested to remain at home.

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ANAPHYLAXIS REGULATIONS

Anaphylaxis – sometimes called “allergic shock” or “generalized allergic reaction”, is a severe allergic reaction that can lead to rapid death, if untreated. Avoidance of the allergen is the only way to protect children known to be at risk of anaphylaxis, however, the Kelsey School Division cannot guarantee an allergen-free environment.

Clear procedures for an emergency response to anaphylaxis must be in place in each school.

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

Roles and Responsibilities

To minimize risk of exposure and to ensure rapid response to an emergency, parents/guardians, children, 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. The school will endeavour:
 - a) to create a safe and healthy environment for students with severe life-threatening allergies;
 - b) to do so without exceeding the attention required for those particular students;
 - c) to be aware of those students’ needs to maintain a positive self-concept.

2. 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 and after eating,
 - d) learn to recognize symptoms of an anaphylactic reaction (developmentally appropriate),
 - e) promptly inform an adult as soon as accidental exposure occurs if symptoms appear (developmentally appropriate),
 - f) wears a medical identification bracelet,
 - g) keep an auto-injector on their person at all times i.e. fanny pack (developmentally appropriate),
 - h) know how to use the auto-injector (developmentally appropriate).

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3. Responsibilities of the Parents/Guardians of a child with a “life-threatening allergy”:

- a) identify their child’s allergies and needs to the school,
- b) ensure that their child has and carries an up-to-date auto-injector or the auto-injector is in a specified location with child care personnel,
- c) ensure their child has and wears a medical identification bracelet,
- d) provide the school with current (within one year) written medical instruction signed by the child’s physician and parent/guardian,
- e) submit all necessary documentation as required,
- f) provide the school with adrenaline auto-injectors (pre-expiry date),
- g) ensure that auto-injectors are taken on field trips,
- h) participate in the development of a written Individual Health Care Plan for their child, updated annually,
- i) be willing to provide safe foods for their child for special occasions,
- j) provide support to the school and staff as required,
- k) teach their child: (developmentally appropriate)

to recognize the first signs of an anaphylactic reaction:

- i) to know where their medication is kept and who can get it;
- ii) to communicate clearly when he or she feels a reaction starting;
- iii) to carry his/her own auto-injector on their person e.g. fanny pack);
- iv) not to share snacks, lunch or drinks;
- v) to understand the importance of hand washing;
- vi) to cope with teasing and being left out

4. Responsibilities of the School (Principal and Support Personnel);

- a) submit a URIS Application form to URIS (Unified Referral and Intake System),
- b) identify a contact person to liaise with the contracted health care professional, if other than him/herself, develop and assist with the implementation of policies and procedures for reducing risk in the school,
- c) ensure that the parents of an anaphylactic child are aware of relevant board and school policies and procedures, work as closely as possible with the parents/guardians of the child with known risk of anaphylaxis.
- d) ensure the parents/guardians have completed all the necessary forms,

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- e) ensure the instructions from the child's physician are on file,
 - f) post allergy alert forms with photograph, in the staff room and office (with parent/child approval),
 - g) maintain up-to-date emergency contacts and telephone numbers,
 - h) ensure all staff (and possibly volunteers) have received instruction in the use of the auto-injector,
 - i) ensure staff, including substitute teachers and bus drivers, are informed of the presence of a child with known risk of anaphylaxis and that appropriate support/response is available should an emergency occur,
 - j) 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 approval),
 - k) arrange an annual inservice through the Public Health Nurse (or contracted nursing agency if Public Health Nurse is not available) to train staff and monitor personnel involved with the child with life-threatening allergies,
 - l) ensure an Individual Health Care Plan, which includes an Emergency Response Plan, is completed and reviewed annually for each child with a life-threatening allergy,
 - m) if not developmentally appropriate for the child to carry an auto-injector, ensure that it is carried by an adult responsible for administering the medication,
 - n) ensure safe procedures are developed for field trips and extra-curricular activities.
5. Responsibilities of the Classroom Teacher:
- a) discuss anaphylaxis with the class in age appropriate terms,
 - b) inform students of the danger of sharing lunches or snacks,
 - c) choose allergen-free foods for classroom events,
 - d) encourage all children to wash hands before and after eating,
 - e) facilitate communication with other parents,
 - f) follow the school plan for reducing risk in classroom and common areas,
 - g) leave information and a photo of the anaphylactic child in an organized, prominent place and accessible format for substitute teachers,
 - h) ensure auto-injectors are taken on field trips.
6. Responsibilities of Bus Drivers:
- a) attend inservice sessions provided by the school division to receive training in the use of an auto-injector (epipen),
 - b) be aware of emergency response procedures,
 - c) carry a copy of the emergency alert form on the school bus in a safe place,

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- d) ensure that an auto-injector is available and accessible when the student is on the bus.