



KENORA CATHOLIC DISTRICT SCHOOL BOARD

300 Student Procedures

AP 303: Safe Schools – Safe and Healthy Schools for Children with Allergies

While it is impossible for the Kenora Catholic District School Board to ensure an environment free of allergens, the safety of anaphylactic children in school settings depends on the co-operation and support of all stakeholders in the school community.

“Anaphylaxis, sometimes called ‘allergic shock’ or ‘generalized allergic reaction’, is a severe reaction that can lead to rapid death if untreated.” Anaphylactic shock or reaction can occur as a result of exposure to only minute amounts of an allergen being present in an environment. Common allergens include food (the most common being peanuts), insect venom medications, latex and rarely, exercise.

A. Information and Awareness:

1. Parents or Guardians Responsibilities

- 1.1 Parents or guardians with anaphylactic children have the responsibility to identify their children to the principal and to provide information regarding:
 - 1) The allergens which trigger the reaction.
 - 2) A “Medical Alert Planning Form and Request for Medication Administration” signed by the child’s physician.
 - 3) Any changes in the child’s condition from previous years or since last reported.
- 1.2 Anaphylactic students should wear Medic Alert bracelets which identify the specific allergens.
- 1.3 Parents or guardians are responsible for providing validated adrenaline auto-injectors for their children.

2. Identification of Anaphylactic Students to Staff

- 2.1 All staff members (teaching, administration and support staff including bus drivers) should be made aware that a child with life threatening allergies (anaphylaxis) is attending their school and the child should be identified.
- 2.2 Instructions on the use of the auto-injector (such as, Epi-pen) should be posted along with a list of symptoms and emergency procedures in clearly visible locations. The auto-injectors must be stored in a covered, secure, unlocked area for quick access.

- 2.3 The classroom teacher should ensure that information regarding anaphylactic children is in a highly visible place and is readily accessible and understandable by teachers-on-call and occasional teachers.
- 2.4 The school in consultation with the parents or guardians should decide whether information and/or a picture should also be placed in the children’s classroom and other locations such as the school bus. If the information is not posted in the classroom it should be in the teacher’s “daybook”.

3. In-service for Teachers and Other Staff

- 3.1 In schools where anaphylactic children are enrolled, in-service should be provided on an annual basis to all those working with or involved with the anaphylactic children.
 - 1) This includes school personnel, occasional teachers, bus drivers and volunteers.
 - 2) They should be in-serviced on how to recognize and treat anaphylactic reaction, on school procedures to protect anaphylactic children from exposure and on school protocol for responding to emergencies.
 - 3) Auto-injectors are only to be used for students who have been previously diagnosed with an anaphylactic condition.
- 3.2 The assistance of public health nurses in developing in-service may be utilized.

4. Sharing Information with Other Students and Parents or Guardians

- 4.1 The school should inform students and parents or guardians of the presence of students with life threatening allergies in their school and the measures to be taken to protect those students.
- 4.2 A letter should be sent home to parents or guardians at the beginning of the school year requesting that parents or guardians cooperate with any measures that are being taken to protect anaphylactic children.

B. Avoidance:

Peer relations play an important role in students’ lives. Schools are encouraged to find innovative ways to reduce the risk of exposure without impeding or unduly restricting the activities of anaphylactic children or other students.

1. Providing an Allergen-free Area

- 1.1 Where possible schools should establish an eating area or part of a room as “allergen free”.
- 1.2 If an allergen free area cannot be designated, an eating area for the anaphylactic children needs to be provided by the school.
- 1.3 Encourage anaphylactic children to take precautions at mealtimes such as washing hands before and after eating, not sharing food, utensils, or food containers with other students, and not putting food directly on the desk. Schools should try and ensure that the eating surface is cleaned appropriately.

- 1.4 Anaphylactic students should not be permitted to eat snacks provided by the teacher or other parents or volunteers. As a protective measure, only allergen-free snacks provided by the student’s family should be given to the anaphylactic child.

2. Allergens Hidden in School Activities

- 2.1 Schools should take precautions during holiday and special celebrations and in the planning of extra-curricular events and field trips:
 - This includes making all supervisors, staff and parents or guardians on a field trip or at an extra-curricular event aware of any anaphylactic children involved.
 - Having at least one supervisor who has training in the use of an auto-injector.
 - The auto-injector should be brought by the parent if they are with the student or by the supervisor if the parent is not on the trip or part of the event.
 - Students may wish to carry the auto-injectors themselves. If this is the case, parents and/or student are responsible for informing the supervisor of the location of the auto-injector.
- 2.2 Staff should be aware of other possible sources of allergens including such items as play dough, beans and peas for counting, “bean” bag chairs and stuffed toys (peanut shells are at times used).
- 2.3 In addition, anaphylactic children should not be involved in garbage disposal, clean-ups or other activities which could bring them into contact with such items as food wrappers, containers or debris.

C. Emergency Response:

Even when precautions are taken, it is still possible that an anaphylactic child will come into contact with an allergen while at school or at a school event. An individualized emergency plan should be developed for each anaphylactic child in consultation with the school public health nurse and the child’s physician. Usually anaphylactic children know when a reaction is taking place. It is essential that school personnel listen to the child. If the child complains of symptoms which are indications of the onset of a reaction, school personnel should not hesitate to implement the emergency plan. Reactions can not be too quick, but can be too slow.

1. Emergency Plans

The emergency plan should include procedures to:

- 1.1 Communicate the emergency rapidly to a staff person who is trained in the use of the auto-injector.
- 1.2 Administer the auto-injector (Note: Although most anaphylactic children learn to administer their own medication by about age 8, individuals of any age may require assistance during a reaction because of the rapid progression of symptoms, or because of the stress of the situation. Adult supervision is required.)

- 1.3 Telephone 911 and inform the emergency operator that a child is having an anaphylactic reaction.
- 1.4 Transport the child to the hospital at once.
- 1.5 Telephone the hospital to inform them that a child having an anaphylactic reaction is enroute.
- 1.6 Telephone the parents or guardians of the child.
- 1.7 Re-administer the epinephrine every ten to fifteen minutes while waiting for the ambulance and enroute to the hospital, if breathing does not improve or if symptoms reoccur.
- 1.8 Assign a staff person to take extra auto-injectors, accompany the child to the hospital, and stay with them, until a parent or guardian arrives.

Legal References:

1. Education Act S. 265(1) (j)
2. Legislation: Bill 3, 2005 (Sabrina's Law)

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