

PEACE WAPITI PUBLIC SCHOOL DIVISION NO. 76

POLICY IHCE – Anaphylaxis (Severe Allergic Reaction)

The school recognizes its responsibility to provide educational programs for students with potentially life threatening allergies. While the school cannot guarantee a 100% allergen free environment, it has a responsibility to take reasonable steps to reduce the risk of a child's exposure to allergens and when possible, to reduce food allergens in an anaphylaxis's child's immediate environment.

In situations relating to the administration of emergency medication, the school recognizes that its employees do not generally possess the expertise to determine the need for, or the appropriate means of, administering medication to the students. Nevertheless, under circumstances that are deemed exceptional by the principal or designee, a staff member may be required to administer medication to preserve the life or physical well-being of a student.

GUIDELINES & PROCEDURES

1. When a respiratory reaction to a food allergen results in either asthma or anaphylactic shock, the child's parents may request that the school takes steps to reduce their child's risk of exposure to the allergen or that in the case of an anaphylactic shock that staff administer emergency medication.
2. Registration advertisements should encourage parents of anaphylactic or asthmatic children to register as soon as possible to allow for restrictions and precautions to be put in place.
3. In attempting to provide for the safety of the child, the principal may request that the anaphylactic child not attend school for up to three days to allow the appropriate safe guards to be put in place.
4. School staff includes the bus driver if applicable.
5. As attempting to ensure the safety of the anaphylactic child depends upon the cooperation of the entire school community, the following lists should provide a basis for discussions concerning stakeholder responsibilities.

Parent of the Anaphylactic Child to:

- raise awareness in the child of the social aspects of the allergy;
- inform the school of their child's allergies;
- provide a medical alert bracelet or some means of clear identification for their child;
- provide the school with physicians instructions for administering medications;
- provide the school with up-to-date injection kits;
- provide support and in-service to the staff if requested;
- review the school action plan;
- supply information regarding safe foods for school publications;
- provide safe foods for special occasions;
- if possible, teach their child to recognize the symptoms of an anaphylactic reaction;

- inform the school of up-to-date emergency contacts and telephone numbers.

Anaphylactic Child (when age appropriate) to:

- know where medication is kept;
- communicate clearly when he/she is experiencing the start of a reaction;
- carry his/her own injector;
- not share food or drink;
- understand the importance of hand washing;
- report bullying or teasing;
- take as much responsibility as possible for his/her own safety.

Principal to:

- work as closely as possible with the parents of an anaphylactic/asthmatic child to provide a reasonably safe environment;
- ensure that the parents have completed all the necessary forms;
- ensure that instructions from the child's physician are on file;
- notify the school community of the anaphylactic child, the allergens and the treatment;
- post allergy-alert forms in the staff rooms and office;
- maintain up-to-date emergency contacts and telephone numbers;
- make a reasonable effort at ensuring that all staff and volunteers have received instruction with the auto-injector;
- include in the sub handbook, or communicate to subs, information regarding the presence of an anaphylactic/asthmatic child, and steps to be taken in the event of an emergency;
- attempt to inform all parents that a child with life-threatening allergies is attending the school, and ask for their support;
- arrange for an annual in-service for those who are involved with the child;
- implement the Board policy for reducing risk in classrooms and common areas.

Teachers to:

- display a photo-poster in the classroom, with parental approval;
- discuss anaphylaxis or asthmatic reactions with the class, in age-appropriate terms;
- encourage students not to share lunches or trade snacks;
- avoid foods that are identified as allergy causing for classroom events;
- establish procedures to reasonably ensure that the anaphylactic child eats only what he/she brings from home;
- reinforce hand-washing before and after eating;
- facilitate communication with other parents;
- implement the Board policy for reducing risk in classrooms and common areas;
- leave information in an organized, prominent and accessible format for sub. Teachers;
- ensure that auto-injectors are taken on field trips where an anaphylactic child is present.

Bus Drivers to:

- with parental approval, inform all passengers of the student's condition;
- discuss anaphylactic and asthmatic reactions with the passengers;
- arrange for assistance of an older student;
- facilitate communication with other parents.

All Parents Should Be Encouraged To:

- respond to requests from school to eliminate allergens from packed lunches and snacks;
 - read and familiarize themselves with information provided by the school.
6. A written request for restrictions on food allergens should be made annually, signed by the child's parent and doctor. It also must include the following information:
 - a) student's name;
 - b) a picture of the student;
 - c) identification of the allergen;
 - d) symptoms of the allergic reactions;
 - e) actions to be taken by the staff in the case of a reaction;
 - f) special instructions for storing medications;
 - g) termination date, if any, of administering the medication;
 - h) student's ability to self-administer.
 7. Upon receiving the request, the principal will consult with the child's parents and the classroom teacher to determine the need for and the extent of restrictions on the allergen.
 8. Should restrictions on food allergen be deemed necessary the principal will:
 - a) inform the school community of the restrictions, the reasons for the restrictions, and the ways other parents can cooperate;
 - b) arrange for the in-servicing of all staff, including the bus driver if applicable, on the administering of emergency medications (auto-injectors);
 - c) work with the staff to develop an emergency response plan;
 - d) meet with the staff and parents to identify each stakeholder's responsibilities as put forth in the guidelines.
 9. Emergency Response Plan
 - a) When a staff member notices a child having anaphylactic reaction symptoms he/she will immediately call the office (by intercom or by sending a student to the office) to request assistance. There should be an attempt to bring the child to the office.
 - b) If the pen is in the office the person in the office receiving the message will get the epi-pen out and ready for usage.

- c) If there is a severe reaction, 911 (or the emergency number for your area) shall be called by the administrator or designate and an ambulance summoned.
- d) Parents must be notified at once.
- e) The administrator or designate will administer the epi-pen and decide if the child should be put in a vehicle and started toward the hospital to meet the ambulance. If this occurs, the vehicle transporting the child should travel with flashers on and stop to transfer the child to the ambulance when they meet. One office staff will call the ambulance to inform them they will be met.

10. Emergency Plan for School Busses

- a) The bus driver would immediately contact the Director of Transportation for assistance.
- b) The Director of Transportation would immediately inform the parents.
- c) Depending on the student's condition, the driver would either re-route to take the student home, or in severe cases, the Director of Transportation would call 911 (or the emergency number for your area) and ask for an ambulance to be dispatched to meet the bus which would be proceeding to the nearest hospital.

REFERENCES

Cross References: links to

Legal Reference:

BM#: 215-97