

ANAPHYLAXIS PROCEDURE

SCHOOL RESPONSE

When a school is notified that a child has been diagnosed with a life-threatening allergy and may require the immediate injection of adrenaline by auto-injector, this procedure must be followed:

- (1) The principal or designate will ask the parent if the student carries an auto-injector and/or will be storing one at the school. If one of these conditions is met the parent will be asked if the student requires a health care plan. If a plan is requested a URIS (Unified Referral and Intake System) application and Release of Medical Information (ROMI) must be completed and signed.
- (2) The Principal will submit the URIS application and the ROMI to the Winnipeg Regional Health Authority (WRHA) nurse. The student's URIS application will be forwarded to URIS for approval. Once the application has been approved, the school will be notified and the student's name will be registered on the River East Transcona School Division's Health Care Data Base.
- (3) The Principal will ensure that an Individual Health Care Plan and an Emergency Response Plan are developed by the WRHA in collaboration with the parents/legal guardians, student (if appropriate), administration, classroom teacher, and other appropriate and relevant personnel. The plan will be specific to the age and maturity level of the child, the specific properties of the allergen, and the parameters of the plan.
- (4) If a student does not carry an auto-injector or have one at school, the parent must be informed that the student does not qualify for URIS support. In the event of an emergency, an ambulance will be called to transport the student to the hospital and the parents/legal guardians will be notified.

The Individual Health Care Plan will include:

- (1) student-specific allergens and responses to allergens;
- (2) plans for the avoidance of the allergen, including:
 - (a) establishment of safe lunchroom and eating areas;
 - (b) procedures including cleaning and hand washing routines (see JLCEA-R – Routine Practices and Additional Precautions for Dealing with Body Fluids);

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- (c) avoidance of allergens both known and potentially hidden in school activities (e.g., pet foods, kitchen, stuffed toys, equipment, play dough);
 - (d) special precautions to be taken during holidays and special celebrations and attempting to plan for activities which are not food related.
- (3) An Emergency Response Plan that will include:
- (a) the plan and process for rapid administration of the adrenaline by auto-injector;
 - (b) how to contact Emergency Services;
 - (c) contacting parents/legal guardians or back-up contacts if parents/legal guardians are not available;
 - (d) special precautions in planning for field trips/excursions.

ROLES AND RESPONSIBILITIES

Ensuring the safety of children with known risk of anaphylaxis in a community setting depends on the cooperation of the entire community. To minimize risk of exposure, and to ensure rapid response to an emergency, parents/legal guardians, children, and program personnel must all understand and fulfill their responsibilities. The interrelatedness of these roles is vital, for failure of any group to respond appropriately will negatively impact upon all others.

- (1) **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 eating.
 - (d) Learn to recognize symptoms of an anaphylactic reaction (developmentally appropriate).

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- (e) Promptly inform an adult, as soon as accidental exposure occurs or symptoms appear.
 - (f) Wear a medical identification bracelet.
 - (g) Keep an auto-injector on his or her person at all times, e.g., in a fanny pack, if developmentally appropriate.
 - (h) Know how to use the auto-injector (developmentally appropriate).
- (2) **Responsibilities of the Parents/Legal Guardians of a child with a life-threatening allergy**
- (a) Identify their child's allergies and needs to the principal;
 - (b) Ensure that their child has and carries an up-to-date auto-injector;
 - (c) Ensure that their child has and wears a medical identification bracelet;
 - (d) Provide the school with current prescribed anaphylactic medication (JLCD-E1 – Authorization of Administration for Prescribed Medication).
 - (e) Submit all necessary documentation as required;
 - (f) Provide the school with an adrenaline auto-injector (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 the child:
 - (i) to recognize the first signs of an anaphylactic reaction;
 - (ii) to know where their medication is kept and who can get it;
 - (iii) to communicate clearly when he or she feels a reaction starting;

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- (iv) to carry his or her own auto-injector on his or her person , e.g., in a fanny pack, if developmentally appropriate;
- (v) not to share snacks, lunch or drinks;
- (vi) to cope with teasing and being left out;
- (vii) to report bullying and threats to an adult in authority;
- (viii) to take as much responsibility as possible for his or her own safety.

(3) Responsibilities of the Principal

- (a) Submit a URIS Application and ROMI to the WRHA nurse.
- (b) Identify a contact person to liaise with the health care professional, if other than him or herself.
- (c) Assist with the implementation of policies and procedures for reducing risk in classrooms and common areas.
- (d) Work as closely as possible with the parents/legal guardians of the child with known risk of anaphylaxis.
- (e) Ensure that the parents/legal guardians have completed all the necessary forms.
- (f) Ensure that the instructions from the child's physician are on file (see JLCD-E1 Parents/Legal Guardians and Physician Authorization For Administration of Adrenaline by Auto-Injector).
- (g) Notify staff of the child with known risk of anaphylaxis, the allergens, and the treatment.
- (h) Post allergy alert forms in the staff room or office.
- (i) Maintain up-to-date emergency contacts and telephone numbers.
- (j) Ensure that all school personnel including lunch program staff (and possibly volunteers) have received instruction in the use of the auto-injector.
- (k) Ensure that all substitute staff are informed of the presence of a child with known risk of anaphylaxis, and that appropriate support/response is available should an emergency occur.

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- (l) Arrange an annual in-service through the Public Health Nurse to train staff and monitor personnel involved with the child with life-threatening allergies.
 - (n) Ensure that an Individual Health Care Plan that includes an Emergency Response Plan is completed and reviewed annually for each child with a life-threatening allergy.
 - (o) If not developmentally appropriate for the child to carry an auto-injector, ensure that it is kept in an unlocked, safe, and easily accessible location.
 - (p) Ensure that safe procedures are developed for field trips and extracurricular activities.
- (4) **Responsibilities of the Teacher**
- (a) Participate in a review of the Individual Health Care Plan and Emergency Response Plan.
 - (b) Display a poster in the classroom.
 - (c) Discuss anaphylaxis with the class in age-appropriate terms.
 - (d) Encourage students not to share lunches or trade snacks.
 - (e) Choose products that are safe for all children in the program. (Parental input is required.)
 - (f) Instruct children with life threatening allergies to eat only what he or she brings from home.
 - (g) Reinforce hand-washing before and after eating.
 - (h) Facilitate communication with other parents.
 - (i) Follow policies for reducing risk in classrooms and common areas.
 - (j) Leave information in an organized, prominent and accessible format for substitute staff.
 - (k) Plan appropriately for field trips. Ensure that auto-injectors are taken on field trips and emergency response plans are considered when planning the trip.

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(5) Responsibility of WRHA Nurse

- (a) Consult and provide information to parents/legal guardians, children and school personnel.
- (b) Develop an Individual Health Care Plan and an Emergency Response Plan for the child with known risk of anaphylaxis.
- (c) Facilitate staff training and provide monitoring to personnel involved with children with known risk of anaphylaxis.

(6) Responsibilities of All Parents in the School Community

- (a) Respond cooperatively to requests from the school to eliminate allergens from packed lunches and snacks.
- (b) Participate in parent information sessions.
- (c) Encourage children to respect the child with known risk of anaphylaxis and program policies.
- (d) Inform the teacher before distributing food products to any children in the school.

(7) Responsibilities of All Children in the School (developmentally appropriate)

- (a) Learn to recognize symptoms of anaphylactic reaction.
- (b) Avoid sharing food, especially with children with known risk of anaphylaxis.
- (c) Follow rules about keeping allergens out of the classroom and washing hands.
- (d) Refrain from bullying or teasing a child with known risk of anaphylaxis.

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	JLCEA-R – Routine Practices and Additional Precautions for Dealing with Body Fluids;	
Legal/Cross Reference:	JLCD-E1 – Authorization of Administration for Prescribed Medication; JJE – School Fundraising	