

OVERVIEW

Our school recognizes that students can be at risk for potentially life-threatening allergies. Anaphylaxis is a severe allergic reaction that can be caused by the ingestion of foods, insect stings, medications, latex or other substances. While anaphylaxis can lead to death if untreated, anaphylactic reactions and fatalities can be avoided. Education and awareness are key to keeping students with potentially life-threatening allergies safe.

Our school Anaphylactic Management Plan (based on UGDSB Policy 507) is designed to ensure that children at risk are identified, strategies are in place to minimize the potential for accidental exposure, and staff and key volunteers are trained to respond in an emergency situation.

IDENTIFICATION OF STUDENTS AT RISK

At the time of registration, parents are asked about medical conditions, including whether children are at risk of anaphylaxis, asthma or other medical conditions.

It is the responsibility of the parent to:

- Inform the school principal of their child's allergy and provide them with appropriate medication to be kept at the school.
- Complete and return the *Life-Threatening Management and Prevention Plan*, (Form 507-1) which is reviewed annually.
- Advise the school of any updates or changes to the plan, including if their child has outgrown an allergy or no longer requires an epinephrine auto-injector.
- Have their child wear medical identification (e.g. MedicAlert® bracelet). The identification could alert others to the child's allergies and indicate that the child carries an epinephrine auto-injector. Information accessed through a special number on the identification jewelry can also assist the local emergency medical services to access important information quickly.

AVAILABILITY AND LOCATION OF PLANS AND EPINEPHRINE AUTO-INJECTORS (E.G., ALLERJECT®, EPIPEN®)

The *Life-Threatening Management and Prevention Plans* for all students will be displayed in key areas such as in the teacher's daybook/Occasional Teacher Handbook and in the school office.

UGDSB Policy 507 states that "all anaphylactic students should carry an epinephrine auto-injector with them at all times." In addition, schools will "ask parents to provide, where possible, at least one additional epinephrine auto-injector where it will be stored in a readily accessible location in the school." In our school, medication is kept [REDACTED].

On field trips, students will carry their own epinephrine auto-injectors, and staff will carry the additional one.

EMERGENCY PROTOCOL

If an anaphylactic reaction is suspected, staff must follow the direction on the *Life-Threatening Management and Prevention Plan*. *The following is a general protocol that can be followed in the event the LTMPP is unavailable:*

1. **Give epinephrine auto-injector** at the first sign of a known or suspected anaphylactic reaction
2. **Call 9-1-1.** Tell them someone is having a life-threatening allergic reaction.
3. **Call emergency contact person** (e.g. parent, guardian).
4. **Give a second dose** of epinephrine in 10 to 15 minutes IF the reaction continues or worsens and advised to do so by medical personnel or parent.
5. **Go to the nearest hospital immediately (ideally by ambulance)**, even if symptoms are mild or have stopped. The reaction could worsen or come back, even after proper treatment.

Notes:

- An adult should stay with the child at all times.
- It is important to note the time of administration of the first epinephrine auto-injector so that you know how long it has been since the child received the first dose of epinephrine.

TRAINING

- Staff will be given training each year which includes an overview of anaphylaxis, signs and symptoms, and a demonstration on the use of epinephrine.
- Substitute teachers will be directed to review the *Life-Threatening Management and Prevention Plan* for children in their class.
- Posters which describe signs and symptoms of anaphylaxis and how to administer an epinephrine auto-injector will be placed in relevant areas (e.g., office medication room, and staff room).

CREATING AN ALLERGY-SAFE SCHOOL ENVIRONMENT

Given that anaphylaxis can be triggered by minute amounts of an allergen when ingested, children with a food allergy are encouraged to follow certain guidelines:

- Wash hands before and after eating
- Ensure epi-pen is handy
- No sharing of food, utensils or containers
- Place food on barrier (napkin, wax paper, tray etc.) rather than be in direct contact with eating surface
- Eat only food that they have brought from home unless it is packaged, clearly labeled and approved by their parents.

No guarantee can be made that contact with allergens will never occur, however special care is taken to decrease the chances of accidental exposure. Teachers are to inform parents if highly allergic students are in their class and to remind them which foods can be safely brought into their classrooms. School-initiated treat days, fundraisers and/or snack programs will not contain foods with nut or nut products.

COMMUNICATION PLAN

The school will communicate with the entire school community not less than twice per school year on any issues relating to anaphylaxis and the maintenance of an allergy-safe school environment. This may include letters to parents, newsletters (hard and e-copies) and on-line postings. Such communications may include reminders about foods to be avoided at school and other safety measures such as hand washing and not eating food in common areas.

In addition, the school will communicate as needed with parents of children in specific classes with anaphylactic children regarding measures within these classes and compliance with these measures.