



Title: **ANAPHYLACTIC REACTIONS**

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Revised:

Authorization: Sabrina's Law

POLICY

It is the policy of the Bloorview School Authority that:

- a) all students and staff with a life threatening allergy (anaphylaxis) are entitled to safe and healthy learning and working environments.
- b) the long term goal is that students and staff will develop independence with regard to advocating for their personal situation within the school community.

PRINCIPLES

The Board recognizes that there can be major challenges for students or staff members who have life-threatening allergies (anaphylaxis).

This policy applies to anyone suffering from anaphylaxis who has been diagnosed by an allergist or physician who is responsible for prescribing the appropriate treatment and outlines strategies that reduce the risk of exposure to anaphylactic causative agents in the Board's learning and working environments.

The four key categories to consider when providing a safe environment for anaphylactic staff, students and members of the community are:

- information and awareness for the entire school community or workplace;
- avoidance of the allergen that causes anaphylactic reactions, wherever possible and acknowledging that it is impossible to ensure the elimination of all allergens in schools and workplaces;
- emergency response procedures in case of accidental exposure; and
- fostering a safe, caring and supportive environment for those at risk of anaphylaxis.

It must be noted that Holland Bloorview Kids Rehabilitation hospital is not classified as a nut safe environment.

DEFINITIONS

Age and/or Developmentally Appropriate

Students in Junior Kindergarten to Grade 12 are required to carry their epinephrine auto-injector with them at all times; however, it is recognized that age/developmental concerns for individual students will need to be considered by the principal in consultation with the parent(s) and/or guardian(s).

Allergens

For the purpose of this policy allergens are any substance or condition that can bring on an allergic reaction leading to a severe, life-threatening, allergic reaction known as anaphylaxis.

Anaphylaxis

Anaphylaxis is a serious allergic reaction that is rapid in onset and may cause death. Upon first exposure, the immune system treats the allergen as something to be rejected and not tolerated. This process is called sensitization. Re-exposure to the same allergen in the now-sensitized individual may result in an allergic reaction which, in its most severe form, is called anaphylaxis.

Anaphylactic reaction

An anaphylactic reaction can develop within seconds to minutes of exposure to an allergen. In rare cases, the time frame can vary up to several hours after exposure.

The ways these symptoms occur can vary from person to person and even from episode to episode in the same person. Symptoms which can occur in the following organ systems and may appear alone or in any combination include, but are not limited to, the following:

- Skin system-hives, swelling, itching, warmth, redness or rash;
- Respiratory system (breathing)-coughing, wheezing, shortness of breath, chest pain/tightness, throat tightness, hoarse voice, swelling of the tongue, tingling in the mouth, nasal congestion or hay fever-like symptoms (runny, itchy nose and watery eyes, sneezing) or trouble swallowing;
- Gastrointestinal system (stomach)-nausea, pain/cramps, vomiting or diarrhea; and/or
- Cardiovascular system (heart)-pale/blue colour, weak pulse, passing out, dizzy/lightheaded or shock.

Other symptoms may include, but are not limited to, anxiety, feeling of “impending doom”, and headache.

Epinephrine

A synthetic version of the hormone adrenaline that is used in the treatment of anaphylaxis and life-threatening asthma attacks. A second dose of epinephrine may be administered within 5-15 minutes after the first dose is given **IF** symptoms have not improved.

Auto-injector

A medical device that is used to deliver a pre-measured dose (or doses) of epinephrine.

EpiPen

EpiPen® is a frequently used epinephrine injector that contains one dose of epinephrine in one pen which is administered with an auto-injector.

Twinject

Twinject® is a frequently used epinephrine injector that contains two doses of epinephrine in one pen. The first dose is administered with an auto-injector. The second is administered by manual injection.

RESPONSIBILITIES

The Director of Education shall:

- allocate resources to support the Anaphylactic Reactions procedure.
- ensure that the school is meeting the responsibilities of this policy on an annual basis and,
- support the school's implementing a safe, caring, supportive and inclusive environment to those at risk of anaphylaxis

The Principal shall:

- ask parents to inform the school and ensure that the Anaphylactic Reactions Protocol form (Form #) detailing their child's known life-threatening allergies is complete and updated annually;
- distribute and collect upon registration signed authorization for a staff member to administer an epinephrine auto-injector and a signed form for self-administration;
- remind parents that when changes are made to the medication or administration thereof, the Principal must be informed.
- ensure that information regarding anaphylaxis found in the Anaphylaxis Resource Kit (supplied to all schools by the Ontario government) is current and distributed to the staff, students and the parent community in order to raise awareness and understanding of procedures to prevent exposure;
- identify individual students with anaphylaxis to all school staff each September;
- ensure that occasional staff are informed of any students at risk for anaphylaxis in the classroom/school;
- ensure that parents are informed that, even if consent is given by the parent to let the student self-administer medication, the severity of their child's reaction and/or anxiety may hinder any attempt to do so and as a result, the child may require the assistance of others to administer the medication;

- ensure that for each identified student, an Anaphylactic Reactions Protocol form is completed including necessary signatures, a recent photo of the student and an emergency action plan as agreed upon with the parents;
- maintain open communication with parents, staff and students;
- post in the office, common staff area, and provide the student's teachers with, a photo of the child, symptoms of the child's reaction, and an emergency action plan which includes instruction on epinephrine auto-injector use;
- remind parents that they need to provide two, in date epinephrine auto-injector(s), one that remains with the student and one to be kept at the school;
- inform parents that if they choose to leave a Twinject® epinephrine injector at the school, only the first auto-injected dose will be administered by staff and an additional epinephrine auto-injector must also be provided and kept with the child;
- only in cases of financial difficulty, purchase a second epinephrine (which corresponds to the dosage required) auto-injector out of school budgets,
- keep the student's second epinephrine auto-injector provided by parents, in an easily accessible and identifiable location known to all staff along with all documentation as outlined in the Anaphylactic Reactions Protocol form;
- encourage the student, where age and/or developmentally appropriate to carry an epinephrine auto-injector at all times and to wear a Medic Alert bracelet or necklace;
- when necessary, meet with the parent(s) and/or guardian(s) to discuss;
 - the student's level of responsibility,
 - the consequences of not having the epinephrine auto-injector close to the child in the event that it is needed, and
 - an alternate plan, that will allow efficient response, if it is determined that it is in the best interest of the child that the epinephrine auto-injector not be carried by the child;
- provide annual in-service training each September for all school staff in;
 - anaphylaxis prevention,
 - recognition and management,
 - proactive communication of safe, caring and supportive environment
 - Board policy and procedure related to students with anaphylaxis, and
 - use and location of the epinephrine auto-injector;
- invite volunteers and, where possible, occasional teaching staff to the annual in-service training each September;
- request that the entire school community assist in the management of exposure to identified allergens, by periodically communicating identified allergies and avoidance strategies,
- communicate to the entire school community the need for all concerned to share information about known allergies;
- ensure that the used epinephrine auto-injector and the Anaphylactic Reactions Protocol form accompany the student to the hospital as long as no delay is caused in the transporting of the student;
- authorize staff, when a student is known to be at risk of an anaphylactic reactions, to respond to a perceived anaphylactic reaction with an epinephrine auto-injector (with the assurance that they will not be held responsible for any adverse reaction resulting from such administration) and have the individual then seek medical attention immediately;
- create and enforce allergen avoidance strategies within the school environment
- contact and inform parent (or emergency contact if unable to reach parent) as per the emergency action plan if a student is experiencing an anaphylactic reaction; and

- provide Student Transportation with a current copy of the transporting board's required documentation regarding medical information
 - Ensure that all appropriate information is included in each student's Medical Risk Binder
- Teachers shall:

- participate in anaphylaxis training annually;
- meet with the parents of an identified student, if asked by the parent, to discuss and to record in detail;
- be aware of the student's needs, and the school's procedure in case of an emergency and the medical care plan;
- ensure that both the student's and the school's epinephrine auto-injectors and the student's Anaphylactic Reactions Protocol form are taken on excursions and/or activities outside of the school;
- include the student's Anaphylactic Reactions Protocol form in his or her daybook/record book;
- practice allergen avoidance measures within the school, at school events and out-of-school activities;
- communicate to students and staff about how to help with allergen prevention and risks associated with allergies;
- communicate health or safety concerns to the Principal or Vice-Principal;
- ensure that occasional staff in the classroom are aware of students at risk for anaphylaxis by including a communication on daily plans about emergency procedures;
- create and enforce allergen avoidance strategies within the school environment
- foster a safe, caring, supportive and inclusive environment to those at risk of anaphylaxis; and
- inform the Principal of their own allergies.
- Ensure that all appropriate information is included in each student's Medical Risk Binder

Office and support staff, shall:

- participate in anaphylaxis training annually;
- practice allergen avoidance measures within the school, at school events and out-of-school activities;
- communicate to students and staff about how to help with allergen prevention and risks associated with allergies;
- communicate health or safety concerns to the Principal;
- create and enforce allergen avoidance strategies within the school environment
- foster a safe, caring, supportive and inclusive environment for those at risk of anaphylaxis; and
- inform the Principal of their own allergies

Therapists, Visitors and volunteers shall:

- practice allergen avoidance measures within the school, at school events and out-of-school activities;
- communicate to students and staff about how to help with allergen prevention and risks associated with allergies;
- communicate health or safety concerns to the Principal;
- create and enforce allergen avoidance strategies within the school environment
- foster a safe, caring, supportive and inclusive environment for those at risk of anaphylaxis; and
- inform the Principal of their own allergies

Parents shall:

- ensure that their child, where age and/or developmentally appropriate, carries the epinephrine auto-injector with him/her at all times;
- call the school to schedule a meeting with the teacher/principal to discuss their child's Anaphylactic Reactions Protocol form if they so choose;
- alert the school to their child's anaphylactic allergies by completing the Anaphylactic Reactions Protocol form, the request for administration of medication; or advisement of self-administration of medication on the forms prescribed, upon registration for new students and each September for returning students;
- provide their child with suitable identification, for example, Medic Alert, which should be worn and/or carried by the student specifying the nature of the problem and the procedure to be followed in an emergency;
- provide both the school and the student with one in date epinephrine auto-injector each (two in total) to use at school;
- understand that if they choose to leave a Twinject® epinephrine injector at the school, only the first auto-injected dose will be administered and an additional epinephrine auto-injector must also be provided and kept with the child;
- understand that, only in cases of financial difficulty, will the principal purchase a second epinephrine auto-injector out of school budgets, which corresponds to the dosage required;
- replace the epinephrine auto-injectors in advance of the listed expiry date; and
- practice allergen avoidance measures
- inform the Principal when changes are made to the medication or administration thereof.

Students shall:

- carry their epinephrine auto-injectors at all times, where age and/or developmentally appropriate;
- practice allergen avoidance measures;
- refrain from sharing food or items that could carry an allergen; and
- alert staff if they believe they have been accidentally exposed to an allergen.

The responsibilities above will be assessed based on the student's age and capability to understand their life-threatening condition.