

BOARD ADMINISTRATIVE PROCEDURE	
<i>Administrative Procedure</i> Anaphylaxis: Reducing the Risks	<i>Administrative Procedure Number</i> 319 (NEW) 404 (OLD)
<i>Directional Policy</i> Student Achievement and Well-Being #300	

TITLE OF ADMINISTRATIVE PROCEDURE:

Anaphylaxis: Reducing the Risks

DATE APPROVED:

January 30, 2018

PROJECTED REVIEW DATE:

2023

DIRECTIONAL POLICY ALIGNMENT:

Student Achievement and Well-being

ALIGNMENT WITH MULTI-YEAR STRATEGIC PLAN:

LEAD: Broaden and provide for training and resources to support well-being for all students and staff.



Strategic Priorities 2017-2020

Vision

Achieving Excellence in Catholic Education
LEARN • LEAD • SERVE

Mission

To educate students in faith-filled, safe, inclusive Catholic learning communities by nurturing the mind, body and spirit of all.

LEARN

Achieve excellence in instruction and assessment to enable all students to become reflective, self-directed, lifelong learners.

LEAD

Foster critical thinking, creativity, collaboration, and communication, to enable all students to realize their God-given potential.

SERVE

Inspire engagement and commitment to stewardship for creation to enable all students to become caring and responsible citizens.

ACTION REQUIRED:

It is the policy of the Peterborough Victoria Northumberland and Clarington Catholic District School Board that all students and staff have a right to safe and healthy learning and work environments. There are individuals who have life-threatening, anaphylactic allergies. Anaphylaxis management is a shared responsibility among the individuals with life-threatening, anaphylactic allergies, parents, and the entire school or workplace community.

PPM 161: *Supporting Children and Students with Prevalent Medical Conditions in Schools*, states that any policy developed to support students with life-threatening allergies should have as its goals:

- to support students with prevalent medical conditions to fully access school in a safe, accepting, and healthy learning environment that supports well-being;
- to empower students, as confident and capable learners to reach their full potential for self management of their medical condition(s), according to their Plan of Care.

While it is impossible to create a risk-free environment, students, staff and parents/guardians can take important steps to minimize potentially fatal allergic reactions. There are key factors to consider in providing a safe, caring, supportive and inclusive environment for individuals living with life-threatening allergies. According to Bill 3, *Sabrina's Law*, 2005, school boards are expected to:

1. develop awareness in the school/workplace community about the management of allergens;
2. establish avoidance strategies to reduce the risk of exposure to allergens;
3. provide training on addressing life-threatening allergies; and
4. develop and communicate a Plan of Care for each individual living with life-threatening allergies.

In the case of an emergency related to anaphylaxis, school staff should refer to the student's individualized Plan of Care, and the following steps should be taken:

1. Stay calm.
2. Give epinephrine auto-injector (e.g., EpiPen®) at the first sign of a known or suspected anaphylactic reaction.
3. Dial 9-1-1. Students must go to the hospital, even if symptoms are mild or have stopped, as the reaction could get worse or come back.
4. Give a second dose of epinephrine as early as 5 minutes after the first dose if there is no improvement in symptoms,
5. Inform the emergency contact, as outlined in the student's Plan of Care.

Since anaphylaxis can be life-threatening, it must always be considered a medical emergency and treated promptly. If an individual, particularly a child, appears to be having an anaphylactic reaction, but staff is not sure, it is better to err on the side of caution and use epinephrine. The drug will not cause harm if given unnecessarily to normally healthy people, including children, and side effects are generally mild. According to Sabrina's Law, "no action for damages shall be instituted respecting any act done in good faith or for any neglect or default in good faith in response to an anaphylactic reaction in accordance with this Act, unless the damages are the result of an employee's gross negligence."

These Administrative Procedures provide direction to students, staff, parents, and the school/workplace community in understanding and fulfilling the Board's responsibilities under *Sabrina's Law* and PPM 161.

RESPONSIBILITIES:**The Board of Trustees is responsible for:**

1. reviewing this administrative procedure to ensure its alignment with the Student Achievement and Well-being Directional Policy;
2. reviewing this administrative procedure as part of the regular policy and procedures review cycle.

The Director of Education is responsible for:

1. ensuring that the Student Achievement and Well-Being Directional Policy, and all Administrative Procedures supporting it, are in line with, and expressive of, the PVNC Multi-year Strategic Plan: Vision, Mission and Strategic Priorities;
2. overseeing implementation of the Anaphylaxis: Reducing the Risks Administrative Procedure.

The Superintendent with responsibility for Healthy Schools is responsible for:

1. ensuring training resources on prevalent medical conditions are available to all PVNC schools on an annual basis, particularly through the PVNC Safe Schools Training website portal. The scope of training should include the following:
 - strategies for preventing risk of student exposure to triggers and causative agents;
 - strategies for supporting inclusion and participation in school;
 - recognition of symptoms of a medical incident and a medical emergency;
 - medical incident response and medical emergency response;
 - documentation procedures;
2. raising awareness with all PVNC staff of Board administrative procedures on prevalent medical conditions;
3. raising awareness with all PVNC staff of the range of evidence-based resources that provide information on various aspects of prevalent medical conditions;
4. subject to relevant privacy legislation, and for the purposes of informing cyclical policy review, developing a process to collect data regularly, including, but not limited to, data on the number of students with prevalent medical conditions at each school, on the number of occurrences of medical incidents and medical emergencies, as well as on the circumstances surrounding these events.

The Superintendent with responsibility for Transportation and for Purchasing is responsible for:

1. ensuring that transportation contracts include provisions for driver training on allergy avoidance strategies, emergency procedures, and awareness of students at risk on their routes;
2. ensuring that school principals are aware that a Plan of Care for Prevalent Medical Conditions form is completed in the Maplewood database for each student with a life-threatening medical condition, and that a copy of this form must be provided to the student's transportation provider;
3. ensuring that cafeteria and catering contracts are written to include provisions to address anaphylaxis including staff training, reducing the availability of foods with common allergens, implementing strategies for allergen risk management, and labelling ingredients on foods sold. Ingredient information should be available in a manner that is understandable to the consumer.

The Superintendent with responsibility for Human Resource Services is responsible for:

1. ensuring that there is appropriate training for responding to life-threatening allergic reactions available for staff and that the training is completed annually.

The Superintendents of Schools are responsible for:

1. ensuring each school has developed a school-wide Anaphylaxis Prevention and Management Plan (see Appendix E), as well as a Plan of Care for each student and staff member with life-threatening allergies.

Principals and Vice-Principals are responsible for:

1. communicating, on an annual basis, Board policies on supporting students with prevalent medical conditions to parents, staff, and others in the school community who are in direct contact with students (e.g., food service providers, transportation providers, volunteers);
2. creating a school-wide Anaphylaxis Prevention and Management Plan, which includes:
 - a. sharing information and creating awareness;
 - b. developing reasonable procedures for avoidance of potential life-threatening allergic reactions; and
 - c. executing appropriate emergency procedures;
3. communicating to parents and appropriate staff the process for parents to notify the school of their child's medical condition(s), as well as the expectation for parents to co-create, review, and update a Plan of Care for Prevalent Medical

Conditions form in the Maplewood database with the principal. This process should be communicated to parents, at a minimum:

- a. during the time of registration;
 - b. each year during the first week of school, by providing an updated Authorization for Administration of Medication form (see Appendix A) to be completed and returned;
 - c. when a child is diagnosed and/or returns to school following a diagnosis;
4. respecting the confidentiality of students' medical information within the school environment, including practices for accessing, sharing, and documenting information. Schools must comply with applicable privacy legislation and obtain parental consent in the individual Plan of Care prior to sharing student health information with school staff, other students, or service providers. Parents and school staff should be informed of the measures to protect the confidentiality of students' medical records and information;
 5. maintaining a file with the Plan of Care and supporting documentation for each student with a prevalent medical condition;
 6. providing relevant information from the student's Plan of Care to school staff, and others who are identified in the Plan of Care, as well as to occasional staff, volunteers, co-operative education students, student teachers, and other service providers, as appropriate, including when there are any revisions made to the plan;
 7. providing relevant information from the student's Plan of Care to the student's transportation provider, including updates when the plan is revised;
 8. facilitating mandatory training related to life-threatening allergic reactions, via the [Safe Schools Training website portal](#), at a minimum annually, for all school staff who have direct contact with students with medical condition(s). Particular consideration should be given to the training needs of occasional staff. Training should take place within the students' first thirty days of school, where possible, to ensure the safety and well-being of the student;
 9. implementing school-based procedures to minimize exposure to allergens found in their school community such as, but not limited to:
 - a. conducting food safety discussions with all students at the beginning of the year and at regular intervals throughout the year while exercising sensitivity to impact on affected students' need for privacy;
 - b. highlighting the school Anaphylaxis Prevention and Management Plan twice annually through school newsletters, websites, or social media feeds and at Catholic School Council meetings;
 - c. providing anaphylaxis information through distribution of the PVNC brochure, "Keeping Schools Safe - Protecting Students with Life-

threatening Allergies” (see Appendix B), through student agenda books, the school website, and social media;

10. identifying locations where students are at risk by posting ‘Allergy Alert Stop Signs’ outside affected classrooms;
11. promoting emergency procedures by displaying the posters such as [“Anaphylaxis: Delaying Treatment Could Be Fatal”](#) and [“Blue to the Sky, Orange to the Thigh”](#) throughout the school in prevalent and relevant areas;
12. informing parents of students with life-threatening allergies in writing (see sample letter in Appendix C) that the school requires two EpiPens®: one which is to be worn on the student’s person at all times, and one which is to be kept at a central location in the school, accessible to staff if needed for that student;
13. storing the second EpiPen® provided by the parents to the school in a safe, central location, readily accessible to all staff, and communicate this location to all staff, to the parents of students with life-threatening allergies, and to the students with life-threatening allergies themselves. Locations may vary within the school and between schools, given the varying floor plans, yard parameters, number of staff, number of classrooms, number of students with life-threatening allergies, etc.;
14. requesting the cooperation of parents and students of the school community in creating an allergy-safe environment (see sample letter Appendix D);
15. including a process and appropriate resources to support students with prevalent medical conditions in the event of a school emergency (e.g., bomb threats, evacuation, fire, “hold and secure”, lockdown) or for activities off school property (e.g., field trip, sporting event). This process should also include considerations for occasional staff;

School staff are responsible for:

1. ensuring that they know their responsibilities as outlined in Bill 3, Sabrina’s Law, and that they are knowledgeable about these Administrative Procedures;
2. being aware of all students with life-threatening allergies in the school via the Plan of Care for Prevalent Medical Conditions forms provided by the school administration;
3. participating in annual training related to life-threatening allergic reactions, via the [Safe Schools Training website portal](#) provided;
4. reviewing the contents of the Plan of Care for any student with whom they have direct contact;
5. sharing information on a student’s signs and symptoms with other students, as outlined in the Plan of Care;

6. following strategies that reduce the risk of student exposure to triggers or causative agents in classrooms, common school areas, and extracurricular activities, in accordance with the student's Plan of Care;
7. supporting a student's daily or routine management, and responding to medical incidents and medical emergencies that occur during school, as outlined in the student's Plan of Care;
8. supporting inclusion by allowing students with prevalent medical conditions to perform daily or routine management activities in a school location (e.g., classroom), as outlined in their Plan of Care, while being aware of confidentiality and the dignity of the student;
9. enabling students with prevalent medical conditions to participate in school to their full potential, as outlined in their Plan of Care;
10. being involved in the review of the school Anaphylaxis Prevention and Management Plan annually;
11. leaving appropriate student Plan of Care information for occasional staff replacing them, in a prominent and accessible format;
12. discussing life-threatening allergies and how to avoid these reactions with their classes, in age-appropriate terms, including:
 - a. encouraging students not to share lunches or trade snacks;
 - b. choosing allergy-safe foods for classroom/school events;
 - c. reinforcing with all students the importance of hand washing before and after eating;
 - d. the importance of cleaning surfaces after eating;
13. covering/removing garbage containers to reduce the risk of insect-induced anaphylaxis;
14. washing and disinfecting tables, other areas, equipment, and materials that are used by students with life-threatening allergies, as required;
15. ensuring that the student's second EpiPen® is taken on field trips and excursions for emergency purposes.

Parents are responsible for:

1. educating their child about their medical condition(s) with support from their child's health care professional, as needed;
2. guiding and encouraging their child to reach their full potential for self-management and self advocacy;
3. informing the school of their child's medical condition(s) and allergens, and keeping the school updated on any changes in the child's Plan of Care;
4. completing the Authorization for Administration of Medication form, in conjunction with the child's health care professional, on an annual basis;

5. supplying their child and the school with two current EpiPens® (one which is worn on the student's person, and one which is kept in a central, accessible location in the school) in their original, clearly labelled containers, as prescribed by a health care professional and as outlined in the Plan of Care, and tracking the expiration dates;
6. completing the Plan of Care for Prevalent Medical Conditions form in conjunction with the school administration;
7. providing their child with a way to carry at least one EpiPen® at all times (such as a belt with a holster, a body pouch or fanny pack);
8. providing a Medic Alert bracelet or necklace for their child;
9. providing their child with safe foods, including for special occasions celebrated at school events;
10. responding cooperatively to requests from the school to eliminate allergens from packed lunches and snacks;
11. encouraging their children to respect school prevention plans.

Students are responsible for:

1. taking responsibility for advocating for their personal safety and well-being that is consistent with their cognitive, emotional, social, and physical stage of development and their capacity for self management;
2. participating in the development and review of their Plan of Care;
3. carrying out daily or routine self-management of their medical condition to their full potential, as described in their Plan of Care (e.g., carrying their EpiPen® on their person, avoiding allergens, knowing how to administer their EpiPen®);
4. communicating with their parent(s) and school staff if they are facing challenges related to their medical condition(s) at school;
5. wearing medical alert identification as provided by their parents;
6. if possible, informing school staff and/or their peers if a medical incident or a medical emergency occurs;
7. learning to recognize symptoms of an anaphylactic reaction;
8. following the school rules about keeping allergens out of the classroom and all common areas of the school.

PROGRESS INDICATORS:

1. The members of PVNC school and workplace communities have the information which they need to provide support to those with life-threatening allergies, including minimizing the risk of a life-threatening allergic reaction, and responding effectively if one occurs.

2. Service providers for PVNC schools also have the information which they need to provide support to those with life-threatening allergies, including minimizing the risk of a life-threatening allergic reaction, and responding effectively if one occurs.
3. Students advocate for their own health and well-being to minimize the risk of a life-threatening allergic reaction.
4. Parents cooperate with the school to provide all relevant information on their child's allergies, they consent to share that information appropriately, and they provide two EpiPens® to the school for their child's safety.
5. Data indicates that the implementation of these administrative procedures results in a decrease in life-threatening allergic reactions at school or at work.

DEFINITIONS:

ANAPHYLAXIS

Anaphylaxis is a serious and possibly life-threatening allergic reaction that requires immediate recognition and intervention. Symptoms can vary from person to person and may include:

Skin: hives, swelling (face, lips and tongue), itching, warmth, redness

Breathing (respiratory): coughing, wheezing, shortness of breath, chest pain/tightness, throat tightness, hoarse voice, nasal congestion or hay fever-like symptoms (runny, itchy nose and watery eyes, sneezing), trouble swallowing

Stomach (gastrointestinal): nausea, pain/cramps, vomiting, diarrhea

Heart (cardiovascular): paler than normal/blue skin colour, weak pulse, passing out, dizziness or light-headedness, shock

Other: anxiety, sense of "doom" (the feeling that something bad is about to happen), headache, uterine cramps, metallic taste

It is important to note that any food can cause a reaction. The priority food allergens as identified by Health Canada are peanuts, tree nuts, eggs, shellfish, seafood, milk, wheat, sesame seeds, sulphites, mustard and soy products.

While food is one of the most common causes of anaphylaxis, insect stings, medications, latex and exercise (alone or sometimes after eating a specific food) can also cause reactions. The recommended treatment for anaphylaxis is epinephrine (e.g., EpiPen®).

PLAN OF CARE

A Plan of Care is a form that contains individualized information on a student with a prevalent medical condition. According to PPM 161, school board policies and procedures must include a Plan of Care form, to include:

1. preventative strategies to be undertaken by the school to reduce the risk of medical incidents and exposure to triggers or causative agents in classrooms and common school areas;
2. identification of school staff who will have access to the Plan of Care;
3. identification of routine or daily management activities that will be performed by the student, parent(s), or staff volunteer(s), as outlined in school board policy, or by an individual authorized by the parent(s);
4. a copy of notes and instructions from the student's health care professional, where applicable;
5. information on daily or routine management accommodation needs of the student (e.g., space, access to food). Where possible, a student should not be excluded from the classroom during daily or routine management activities, unless the student or the parent(s) indicate they prefer exclusion;
6. information on how to support or accommodate the student to enable participation to their full potential in all school and school board activities (e.g., field trips, overnight excursions, board-sponsored sporting events);
7. identification of symptoms (emergency and other) and response;
8. emergency contact information for the student;
9. clear information on the school board's emergency policy and procedures;
10. details related to storage and disposal of the student's prescribed medication(s) and medical supplies, such as:
 - a. parental permission for the student to carry medication and/or medical supplies;
 - b. location of spare medication and supplies stored in the school, where applicable;
 - c. information on the safe disposal of medication and medical supplies;
11. requirements for communication between the parent(s) and the principal (or the principal's designate) and/or school staff, as appropriate, including format and frequency;
12. parental consent to share information on signs and symptoms with other students.

The Plan of Care for a student with a prevalent medical condition should be co-created, reviewed, and/or updated by the parent(s) in consultation with the principal or the principal's designate, designated staff (as appropriate), and the student (as appropriate), during the first thirty school days of every school year and, as appropriate, during the school year (e.g., when a student has been diagnosed with a prevalent medical condition).

Parents have the authority to designate who is provided access to the Plan of Care. With authorization from the parents, the principal or the principal's designate should share the Plan of Care with school staff who are in direct contact with students with

prevalent medical conditions and, as appropriate, others who are in direct contact with students with prevalent medical conditions (e.g., food service providers, transportation providers, volunteers).

REFERENCES AND RESOURCES:

Sabrina's Law: <https://www.ontario.ca/laws/statute/05s07>, 2005.

[PPM 161](#): Supporting Children and Students with Prevalent Medical Conditions (Anaphylaxis, Asthma, Diabetes, and/or Epilepsy) in Schools, 2017.

Food Allergy Canada: <http://foodallergycanada.ca/resources/print-materials/>

Allergy Aware: www.allergyaware.ca (Free online courses about food allergy and anaphylaxis for school, child care and community settings)

Healthy Schools, Ministry of Education:

<http://www.edu.gov.on.ca/eng/healthyschools/medicalconditions.html>

[PVNCCDSB Brochure "Keeping Schools Safe - Protecting Anaphylactic Students"](#)