Preamble

The administration of the Catholic Independent Schools Vancouver Archdiocese ("CISVA") recognizes that it and its schools have a duty of care to students who are at risk from life-threatening allergic reactions while under school supervision. The CISVA also recognizes that this responsibility is shared among the students, parents, the school system and health care providers.

The purpose of this policy is to minimize the risk to students with severe allergies to potentially life-threatening allergens without depriving severely allergic students of normal peer interactions or placing unreasonable restrictions on the activities of other students in the school.

This policy is designed to ensure that students 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.

Policy

While the CISVA cannot guarantee an allergen-free environment, all CISVA schools will take reasonable steps to provide an allergy-aware environment for students with life-threatening allergies.

All CISVA schools must develop a plan to implement the steps outlined in the CISVA Anaphylaxis Policy. This plan must include:

(a) a process for identifying anaphylactic students;

(b) a process for keeping a record with information relating to the specific allergies for each identified anaphylactic student;

(c) a process for establishing an student emergency procedure plan, to be reviewed annually, for each identified anaphylactic student to form part of the student's record;

(d) procedures for storing and administering medications, including procedures for obtaining preauthorization for employees to administer medication to an anaphylactic student; and

(e) an education and communication plan to inform the whole school community of their roles and responsibilities with respect to creating an allergen-aware environment.

1. Description of Anaphylaxis

Anaphylaxis is a sudden and severe allergic reaction, which can be fatal, requiring immediate medical emergency measures be taken.

Signs and symptoms of a severe allergic reaction can occur within minutes of exposure to an offending substance. Reactions usually occur within two hours of exposure, but in rarer cases can develop hours later. Specific warning signs as well as the severity and intensity of symptoms can vary from person to person and sometimes from reaction to reaction in the same persons.

The following chart lists common allergens and their sources:

Foods which are common sources of anaphylactic reaction	Other possible sources in prepared foods	Non-food sources
• Peanuts/peanut butter/peanut oil: **the most prevalent among students** • Tree nuts: hazelnuts, walnuts, pecans, almonds, cashews • Sesame seeds & sesame oil • Cow's milk and dairy products • Eggs • Fish • Shellfish • Wheat • Soy • Bananas, avocados, kiwis and chestnuts for children with latex allergies	• Cookies • Cakes • Cereals • Granola bars • Candies	• Play dough (may contain peanut butter) • Scented crayons and cosmetics • Peanut-shell stuffing in "bean bags" and stuffed toys • Wild bird seed, sesame • Insect venom (bees, wasps, hornets, yellow-jackets) • Rubber latex (gloves, balloons, erasers, rubber spatulas, craft supplies, balls) • Vigorous exercise • Plants such as poinsettias for children with latex allergies • Perfumes and scented products

It has been estimated that more than 600,000 or 1% to 2% of Canadians are at risk of anaphylaxis (from food and insect allergy), and that up to 6% of young children less than three years of age are at risk. In the school age population, it is estimated that between 2-4% of children are at risk of anaphylactic reactions to foods.

An anaphylactic reaction can involve **any** of the following symptoms, which may appear alone or in any combination, regardless of the triggering allergen:

- **Skin:** hives, swelling, itching, warmth, redness, rash
- **Respiratory (breathing):** wheezing, shortness of breath, throat tightness, cough, hoarse voice, chest pain/tightness, nasal congestion or hay fever-like symptoms (runny itchy nose and watery eyes, sneezing), trouble swallowing
- **Gastrointestinal (stomach):** nausea, pain/cramps, vomiting, diarrhoea
- **Cardiovascular (heart):** pale/blue colour, weak pulse, passing out, dizzy/light-headed, shock

- **Other:** anxiety, feeling of "impending doom", headache, uterine cramps in females

Because of the unpredictability of reactions, early symptoms should never be ignored, especially if the person has suffered an anaphylactic reaction in the past.

If an allergic student expresses any concern that a reaction might be starting, the student should always be taken seriously. When a reaction begins, it is important to respond immediately, following instructions in the student's Student Emergency Procedure Plan. The cause of the reaction can be investigated later.

The following symptoms may lead to death if untreated:

- breathing difficulties caused by swelling of the airways; and/or
- a drop in blood pressure indicated by dizziness, light-headedness or feeling faint/weak.

2. Identifying Individuals at Risk

At the time of registration, using space provided on the school's registration form, parents are asked to report on their child's medical conditions, including whether their child has a medical diagnosis of anaphylaxis. Parents will be provided with medical forms and a Student Emergency Procedure Plan. If they have identified that their child has a medical diagnosis of anaphylaxis, they will be required to fill out this form in the manner described below.

It is the responsibility of the parent/guardian to:

- Inform the school principal when their child is diagnosed as being at risk for anaphylaxis.
- At the time of registration (yearly), complete medical forms and the Student Emergency Procedure Plan which includes a description of the child's allergy, emergency procedures, contact information, and consent to administer medication. This form should be completed in consultation with the child's physician.
- Provide the school with updated medical information whenever there is a significant change related to their child.
- Inform service providers of programs delivered on school property by non-school personnel of their child's anaphylaxis and care plan, as these programs are not the responsibility of the school.

The school will contact anaphylactic students and their parents to encourage the use of medical identifying information (e.g. MedicAlert® bracelet). The identifying information could alert others to the student's allergies and indicate that the student carries an epinephrine auto-injector. Information accessed through a special number on the identifying information can also assist first responders, such as paramedics, to access important information quickly.

3. Record Keeping – Monitoring and Reporting

For each identified student, the school principal will keep the Student Emergency Procedure Plan on file.

It is the school principal's responsibility to collect and manage the information on students' life threatening health conditions and to review that information annually.

The school principal will also monitor and report information about anaphylactic incidents to the CISVA administration in aggregate form (to include number of at-risk anaphylactic students and number of anaphylactic incidents) at a frequency and in a form as directed by the superintendent.

4. Emergency Procedure Plans

- **Student Level Emergency Procedure Plan**

  As noted above, the Student Emergency Procedure Plan must be completed by a student's parents and physicians on a yearly basis.

  The Student Emergency Procedure Plan will include at minimum:

  - the diagnosis;
  - the current treatment regimen;
  - who within the school community is to be informed about the plan – e.g. teachers, volunteers, classmates;
  - current emergency contact information for the student's parents/guardian;
  - a requirement for those exposed to the plan to maintain the confidentiality of the student's personal health information;
  - information regarding the parent's responsibility for advising the school about any change/s in the student's condition; and
  - information regarding the school's responsibility for updating records.

  With parental permission, a copy of the plan will be placed in readily accessible, designated areas such as the classroom and office.

- **School Level Emergency Procedure Plan**

  Each school must develop a School Level Emergency Procedure Plan describing the steps to take in the event of a reaction. This plan must include the following elements:

  1. Administer the student's auto-injector (single dose) at the first sign of a reaction. The use of epinephrine for a potentially life-threatening allergic reaction will not harm a normally healthy child, if epinephrine was not required. Note time of administration.

2. Call emergency medical care (911 – where available)
3. Contact the child's parent/guardian
4. A second auto-injector may be administered within 5 to 15 minutes after the first dose is given if symptoms have not improved (i.e. the reaction is continuing, getting worse, or has recurred).
5. If an auto-injector has been administered, the student must be transported to a hospital (the effects of the auto-injector may not last, and the student may have another anaphylactic reaction).
6. One person stays with the child at all times.
7. One person goes for help or calls for help.

The school principal, or designated staff, must ensure that emergency plan measures are in place for scenarios where students are off-site (e.g. bringing additional single dose auto-injectors on field trips).

5. Provision and Storage of Medication

Children at risk of anaphylaxis who have demonstrated maturity should carry one auto-injector with them at all times and have a back-up auto-injector stored at the school in a central, easily accessible, unlocked location. For children who have not demonstrated maturity, their auto-injector(s) will be stored in a designated school location(s).

The location(s) of student auto-injectors must be known to all staff members and caregivers.

Parents will be informed that it is the parents' responsibility:

- to provide the appropriate medication (e.g. single dose epinephrine auto-injectors) for their anaphylactic child;
- to inform the school where the anaphylactic child's medication will be kept (i.e. with the student, in the student's classroom, and/or other locations);
- to inform the school when they deem the child competent to carry their own medication/s (children who have demonstrated maturity, usually Grade 1 or Grade 2, should carry their own auto-injector), and it is their duty to ensure their child understands they must carry their medication on their person at all times;
- to provide a second auto-injector to be stored in a central, accessible, safe but unlocked location;
- to ensure anaphylaxis medications have not expired; and
- to ensure that they replace expired medications.

6. Allergy Awareness, Prevention and Avoidance Strategies

a) Awareness

The school principal should develop a Communication Plan that includes the following key elements:

- A request that parents and students make respectful choices
- Information educating parents and students on the potentially lethal outcomes of severe allergies and the specific allergens known to be a concern at the school
- A focus on the importance of hand washing
- A request to discourage teasing.

The school principal should ensure:

- That all school staff and persons reasonably expected to have supervisory responsibility of school-age students receive training annually in the recognition of a severe allergic reaction and the use of single dose auto-injectors and standard emergency procedure plans.

- That all members of the school community including substitute employees, employees on call, student teachers and volunteers have appropriate information about severe allergies including background information on allergies, anaphylaxis and safety procedures.

- With the consent of the parent, the principal and the classroom teacher must ensure that the student's classmates are provided with information on severe allergies in a manner that is appropriate for the age and maturity level of the students, and that strategies to reduce teasing and bullying are incorporated into this information.

Posters which describe signs and symptoms of anaphylaxis and how to administer a single dose auto-injector should be placed in relevant areas. These areas may include classrooms, office, staff room, lunch room and/or the cafeteria.

b) Avoidance/Prevention

While parents may ask that allergens be banned from the school as part of a prevention plan, such a request cannot be reliably implemented. There is no legal responsibility in any jurisdiction to reduce the risk of exposure to allergens to zero, and the CISVA cannot assume responsibility for providing an "allergen-free" environment.

Our world is contaminated with potential allergens. Individuals at risk of anaphylaxis must learn to avoid specific triggers. While the key responsibility lies with the students at risk and their families, the school community must participate in creating an "allergy-aware" environment. The CIVSA's approach is to regularly educate the parent community and solicit the co-operation of families, and to set in place procedures that are designed to safeguard the anaphylactic student.

In classrooms of anaphylactic students, special care is taken to avoid exposure to allergy-causing substances. Parents are asked to consult with the teacher before sending in food, toys, balloons, or craft materials to these classrooms.

The risk of accidental exposure to a food allergen can be significantly diminished by means of such measures, although it can never be completely eliminated.

Given that anaphylaxis can be triggered by minute amounts of an allergen when ingested, students with food allergies must be encouraged to follow certain guidelines:

- Eat only food which they have brought from home unless it is packaged, clearly labelled and approved by their parents
- Wash hands before and after eating.
- Not share food, utensils or containers.
- Wipe off the desk table area to ensure a clean food space
- Place food on a napkin or wax paper rather than in direct contact with a desk or table
- Do not leave food unattended

c) Roles and Responsibilities

The safety of children with anaphylaxis depends on the shared responsibility of:

- Anaphylactic student and his/her parents
- School administrators and staff
- Other parents, students, parent groups, coaches, etc.
- Public health nurse.

Given the severe consequences of anaphylaxis, it is very important for all parties to accept their roles and responsibilities and work together to provide a safe environment in schools, as described below:

<u>School Principal</u>

- Works closely with the parents of an anaphylactic student
- Ensures that parents/guardians and students are asked to complete the Student Emergency Procedure Plan upon registration
- Maintains a file for each anaphylactic student of current treatment and other information, including a copy of prescriptions and instructions from the student's physician and a current emergency contact list
- Develops a communication plan for the dissemination of information on life-threatening allergies to parents, students and employees
- Requests that the school community not bring or send allergens to school

- Notifies all appropriate school personnel of medical concern, treatment and established procedure
- Reviews procedures with entire staff each September and provides regular training to staff on emergency response measures for anaphylactic event
- Conducts food safety discussions with all students at the beginning of the year and at regular intervals throughout the year

Teacher

- Displays Student Emergency Procedure Plan and Anaphylaxis Emergency Guide/Guidelines/911 Protocol in the classroom, with parental approval when appropriate based on the age, maturity and responsibility level of the anaphylactic student
- Discusses anaphylaxis with the class, in age-appropriate terms
- Encourages students not to share lunches or trade snacks
- Encourages/organizes celebrations and activities that are not focused on food, or if this is not possible, choose allergen-free foods for classroom events (where necessary and appropriate, in consultation with the parents of the anaphylactic students)
- Establishes procedures to ensure that the anaphylactic student only eats what he/she brings from home
- Reinforces with all students the importance of hand washing before and after eating
- Facilitates communication with other parents
- Enforces school rules about bullying and threats
- Leaves information in an organized, prominent and accessible format for occasional/substitute teachers
- Ensures that epinephrine is taken on field trips
- Ensures that they are up to date on all training and are comfortable administering an auto-injector as necessary

Parents of Anaphylactic Child

- Inform the school of their child's allergies and completes Student Emergency Procedure Plan
- Ensure that their child's file is up to date
- Provide a MedicAlert® bracelet for their child
- Provide the school with two up-to-date auto-injection kits, clearly labeled with the child's name and prescription details; and ensures that the child carries with him or her at least one auto-injector at all times
- Provide their child with safe foods, including for special occasions
- Teach their child
    - About the allergen and its triggers
    - How to recognize the first symptoms of an anaphylactic reaction
    - To know where medication is kept and who can get it
    - To communicate clearly when he or she feels a reaction starting
    - To carry his or her own auto-injector
    - Not to share shacks, lunches or drinks

- To understand the importance of hand-washing
- To cope with teasing and being left out
- To report bullying and threats to an adult in authority

Anaphylactic Student

- Has an age-appropriate understanding of his/her allergy and its triggers
- Learns how to inform others of the allergy and its consequences
- Complies with taking medication as arranged and approved by school principal
- Takes as much responsibility as possible for avoiding allergens
- As age-appropriate, takes responsibility for checking food labels and monitoring food intake
- Washes hands before and after eating
- Learns to recognize symptoms of an anaphylactic reaction and promptly inform an adult as soon as accidental exposure occurs or symptoms appear
- Keeps an auto-injector on their person or close by at all times (where age-appropriate)
- Knows how to use an auto-injector (where age appropriate; staff must recognize that anaphylactic students will likely not be able to self-administer during an anaphylactic reaction)
- Has an increased responsibility for being vigilant around potential allergens, as he/she ages.

Public Health Nurse

- Acts in an advisory capacity to school principal and staff, collaborating and facilitating access to information, training and other resources
- Provides annual training to staff

All Parents

- Respond cooperatively to requests from school to eliminate allergens from packed lunches and snacks, and to avoid bringing shared food into schools that may contain allergens
- Participate in parent information sessions
- Encourage students to respect anaphylactic student and school prevention plans

All Students

- Learn to recognize symptoms of anaphylactic reactions
- Avoid sharing food, especially with anaphylactic students
- Follow school rules about keeping allergens out of the classroom and washing hands
- Refrain from bullying or teasing a student with a food allergy

7. Training Strategy

A yearly training session on anaphylaxis and anaphylactic shock will be held for all school staff and persons reasonably expected to have supervisory responsibility of school-age students and preschool age children participating in early learning programs (e.g. food service staff, volunteers, bus drivers, custodians).

Experts (e.g. public health nurses, trained occupational health & safety staff) will be consulted in the development of training policies and the implementation of training. Training will be provided by individuals trained to teach anaphylaxis management.

The training sessions will include:

- signs and symptoms of anaphylaxis;
- common allergens;
- avoidance strategies;
- emergency protocols;
- use of single dose epinephrine auto-injectors;
- identification of at-risk students (as outlined in the individual Student Emergency Procedure Plan);
- emergency plans; and
- method of communication with and strategies to educate and raise awareness of parents, students, employees and volunteers about anaphylaxis.

Participants will have an opportunity to practice using an auto-injector trainer (i.e. device used for training purposes) and are encouraged to practice with the auto-injector trainers throughout the year, especially if they have a student at risk in their care.

References	*Approved*
Anaphylaxis Protection Order – School act, RSBC 1996, c 412 BC Anaphylactic and Child Safety Framework – BC Ministry of Education *Anaphylaxis in Schools and Other Settings* (National Anaphylaxis Guidelines)	CISVA Board of Directors 6 February 2018