

[School Name] School Anaphylaxis Plan

A. Introduction

Our school anaphylaxis plan is designed to ensure that students at risk of anaphylaxis are identified, that strategies are in place to minimize the potential for accidental exposure, and that staff are trained to respond in emergency situations.

Our school anaphylaxis plan must be read and implemented in conjunction with the CISVA's Anaphylaxis Policy. All members of the school community are required to read and adhere to the CISVA's Anaphylaxis Policy.

Specifically, our plan implements in our school community the followings items as mandated in the CISVA's Anaphylaxis Policy:

- (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.

B. Anaphylaxis Triggers

It is important to be aware of the common sources of anaphylaxis triggers in allergic children. These can include:

Foods which are common sources of anaphylactic reaction	Other possible sources in prepared foods	Non-food sources
<ul style="list-style-type: none"> • Peanuts/peanut butter/peanut oil: the most prevalent among students • Tree nuts: hazelnuts, walnuts, pecans, almonds, cashews • Sesame seeds & sesame oil 	<ul style="list-style-type: none"> • Cookies • Cakes • Cereals • Granola bars • Candies 	<ul style="list-style-type: none"> • 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,

<ul style="list-style-type: none"> • Cow’s milk and dairy products • Eggs • Fish • Shellfish • Wheat • Soy • Bananas, avocados, kiwis and chestnuts for children with latex allergies 		<ul style="list-style-type: none"> 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
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While not all anaphylaxis triggers can be avoided at all times, at our school we strive to create an allergy-aware environment in light of the particular needs of our students with respect to these triggers.

C. Student Emergency Response Plan

Through the use of the Student Emergency Response Plan, our school will identify children at risk, keep records with information relating to each student with anaphylactic allergies, and ensure there is a plan in place to support that student in the event of an anaphylactic reaction.

At the time of registration (yearly), all parents will be asked to identify on registration materials whether or not their child has any anaphylactic allergies. Parents of children with anaphylactic allergies will be required to complete the Student Emergency Response Plan which requires the signature of the child’s physician.

A copy of this Emergency Response Plan will be kept in the School Principal’s office as part of the student’s permanent school record. Additional copies will be given to the student’s teacher to be kept in the student’s classroom for access by all those with supervisory care of the student, including occasional teachers. Finally, copies of each child’s Student Emergency Response Plan will be available in the staff room, copy room, and next to any location where auto-injectors are stored in the school.

All parents must advise the School Principal of any changes in their child’s health that would impact any of the information provided in the Student Emergency Response Plan, and the Student Emergency Response Plan must then be updated to reflect that new information. It is the parents’ responsibility to communicate this information to the School Principal in a timely manner.

D. School Emergency Response Plan

In addition to each individual child’s Student Emergency Response Plan, the school has a broader School Emergency Response Plan to ensure an appropriate and timely response in the event of an anaphylactic reaction. That plan includes the following items.

(i) Storage and Provision of Medications

Children at risk of anaphylaxis who have demonstrated maturity should carry one auto-injector with them at all times and have a back-up available in the school. The location of the student's personal auto-injector (i.e. in a fanny pack on the student or in a backpack in the classroom) should be disclosed to the student's teacher and noted on the Student's Emergency Response Plan.

The school will keep auto-injectors stored in the following locations [to be filled out by each school].

Posters that describe the signs and symptoms of anaphylaxis and how to administer an auto-injector will be placed in relevant areas (classrooms, office, staff room, lunch room) and will always be placed next to the auto-injector itself.

Additional auto-injectors will be brought on all field trips, along with copies of students' Student Emergency Response Plans.

Twice-yearly, the School Principal (or designate) will check all stored auto-injectors on school property to ensure the medication has not expired. The School Principal will keep a record of these twice-yearly checks.

(ii) Training

The School Principal will ensure that 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.

Specifically, this training will include the following elements:

- Symptoms of anaphylaxis
- Procedures when a reaction is occurring, namely:
 - Administer the Epi-Pen without hesitation
 - Have someone call 911
 - The student should rest quietly and should not be sent to the office
 - Help the student to remain calm and breathe normally. An adult must stay with the student.
 - Call the parents/emergency contact
 - Observe and monitor the student until the ambulance arrives
 - If symptoms persist, administer a second Epi-Pen 10-20 minutes after the first, to a maximum of 3 doses.
- How to administer auto-injector

- Protocol for calling 911

(iii) Incident Debriefing

Following treatment for an anaphylactic response, the staff will debrief and review the school's response. The school will also report to the CISVA Superintendent's office in aggregate form the number of anaphylactic incidents (e.g. the number of students with anaphylaxis, the number of students where epinephrine was administered, and who administered it).

E. School Communication Plan

Our entire school community is responsible for ensuring that we maintain an allergen-aware environment. In order to ensure all members of the school community are aware of the importance of ensuring the safety of all students with allergies, our school has a communication plan.

All letters and notices sent pursuant to this communication plan will include the following 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.

Our school communication plan may include the following items:

1. Posters/Signage:

- "Allergy-Aware" Posters in the school informing school community members of known anaphylaxis allergies (listing the specific known allergens)
- Classroom-specific "Allergy-Aware" Posters posted in classrooms of children with known anaphylaxis allergies (listing the specific known allergens)
- Posters throughout the school reminding all students to be safe, not share food, wash their hands before eating, only allow their own food on their desks, and clean up their spills.

2. School Principal Messaging:

- The School Principal will send letters/messages home to the parents at regular intervals throughout the school year reminding them of the presence of anaphylactic children in the school and requesting they refrain from sending known allergen items to school with their child.
- These letters/messages will also emphasize the importance of clearing any food brought for special occasions with the School Principal to ensure no allergens are present and/or students with special dietary restrictions are accommodated.
- Prior to school-sponsored special events, the School Principal will work with the parents of students with known allergens to ensure there is minimal exposure to those allergens

3. School assemblies/classroom instruction:

- Students will be educated about anaphylaxis in both classroom and school-wide setting as appropriate.
- Such education will emphasize the importance of washing hands, not sharing food, and showing respect for all students.

F. Roles and Responsibilities

At our school, we acknowledge that anaphylaxis management is a shared responsibility that includes all members of our school community: the allergic children, their parents/guardians, teachers and staff, the school principal, and all students. We strive to fulfill our respective roles and responsibilities as outlined in the CISVA's Anaphylaxis Policy, and together aim to increase awareness of life-threatening allergies with the goal of avoiding any serious incidents so that all children can be safe at school.