

ANAPHYLACTIC STUDENTS

Policy G.1.K

Anaphylaxis, sometimes called “allergic shock” or “generalized allergic reaction”, is a severe allergic reaction that can lead to rapid death, if untreated. Like less severe allergic reactions, anaphylaxis occurs when the body’s immune system reacts to harmless substances as though they were harmful invaders.

Although peanuts may be the most commonly known allergen causing anaphylaxis in students, there are other life-threatening allergens such as insect venom, pollen, medications, or other substances. School personnel must be aware that anaphylaxis is a life-threatening condition regardless of the substance which triggers it.

The diagnosis of an allergy with a risk of anaphylactic reaction is done by a specially trained allergy physician. The diagnosis is based on the student’s history and confirmed with appropriate skin and/or blood tests. Treatment protocols are prescribed by a physician for use in the school setting.

Schools in Frontier School Division will establish “allergy-free” environments. However, the Division acknowledges that, despite the best efforts of parents and schools, such environments cannot be guaranteed. It is difficult to achieve complete avoidance of all allergens, as there can be hidden or accidentally introduced sources.

Schools in Frontier School Division will:

- reduce the child’s exposure to life-threatening allergens within school settings,
- ensure children with allergies are supported to maintain a positive self-concept,
- implement the child’s health care plan which includes the emergency response plan, as developed by the parent and the school.

The roles and responsibilities for those involved with a diagnosed child are detailed in the accompanying regulations.

Information: [Canadian Association of School Boards, *Anaphylaxis: A Handbook for School Boards*](#)
[Canadian Society of Allergy and Clinical Immunology, *Anaphylaxis in Schools and Other Child Care Settings*](#)

Adopted September 1, 2009		
---------------------------	--	--

The responsibilities of parents/guardians, Principals, teachers, students, and health professionals follow.

1. Parents/Guardians

Parents/guardians shall:

- a. inform the school of their child's medically diagnosed allergies and the causal allergens and/or any changes in the child's condition, as they occur,
- b. provide a Medic-Alert bracelet or equivalent for their child,
- c. provide the school with physician's instructions for administering medication, participate in developing their child's health plan and complete all consent forms,
- d. provide the school with an up-to-date auto-injector kit, and replace it before the expiration date,
- e. provide their child with an up-to-date auto-injector to be carried with him/her at all times and replace it before the expiration date,
- f. support the school in such matters as developing a communication and/or action plan,
- g. provide information about specific allergens and circumstances to avoid,
- h. support in-service training for school personnel regarding the child's allergy,
- i. be willing to provide safe foods for special occasions (if foods are the allergen),
- j. remove auto-injectors from the school at the end of the school year and replace them at the beginning of the school year,
- k. teach their child (depending on age, maturity and allergen) to:
 - recognize the first symptoms of an anaphylactic reaction,
 - know where medication is kept, and who/how to access it,
 - communicate clearly when he/she feels a reaction starting,
 - carry his/her own auto-injector at all times, e.g. in a fanny-pack,
 - not share snacks, lunches or drinks,
 - understand the importance of hand-washing routines,
 - recognize their individuality and develop coping strategies,
 - take as much responsibility as possible for his/her own safety.

2. Principal

The Principal shall:

- a. recognize that education and supervision are paramount in dealing with issues regarding life-threatening allergies,
- b. ensure that the parents/guardians have completed all necessary forms including appropriate consent forms and health care plans,

- c. ensure that instructions from the child's physician are on file, and maintain up-to-date emergency contacts and telephone numbers,
- d. identify anaphylactic students to all staff, and notify the school committee of the anaphylactic child, the allergens and the treatment, with proper consideration given to avoid drawing undue attention to the child,
- e. ensure all staff have received training regarding allergen avoidance strategies, recognition of symptoms and emergency treatment, and that the training be done in a timely manner,
- f. ensure that all substitute teachers are informed of the presence of an anaphylactic child, and have been adequately trained to deal with an emergency,
- g. inform all parents that a child with life-threatening allergies is attending the school, and ask for their support,
- h. develop an emergency protocol for each anaphylactic child in collaboration with parents and health care professionals,
- i. store auto-injectors in an unlocked easily accessible location, in original containers, clearly labelled with students' full name and physician's instructions for use,
- j. ensure that safe procedures for field trips and extra-curricular activities are in place,
- k. ensure that a school plan for reducing risk in classrooms and common areas is in place.

3. Classroom Teacher

The classroom teacher will:

- a. participate in the health care planning and implementation process,
- b. follow the school plan for ready access to auto-injector at all times,
- c. discuss anaphylaxis with the class, in age-appropriate terms, and with sensitivity, inviting parental involvement,
- d. instruct students not to share lunches or trade snacks if foods are the allergen,
- e. instruct anaphylactic child to eat only foods brought from home,
- f. choose products for use in the classroom that are safe for all children (parental input is required),
- g. reinforce appropriate hand-washing routines,
- h. facilitate communication with other parents,
- i. help students develop personal coping strategies and maintain a positive self-image,
- j. follow the school plan for reducing risk in classrooms and common areas,
- k. identify the anaphylactic child to substitute teachers, educational assistants, and others who may be working with the class,
- l. follow school plan for field trips and extra-curricular activities.

4. Anaphylactic Students

Anaphylactic students will:

- a. keep an auto-injector on person at all times,
- b. know how to use auto-injector, depending on age and maturity,
- c. recognize symptoms of an anaphylactic reaction, depending on age and maturity,
- d. promptly inform an adult as soon as accidental exposure occurs or symptoms appear,
- e. take as much responsibility as possible for avoiding allergens including checking labels,
- f. eat only foods brought from home if food is the allergen,
- g. follow appropriate hand washing routines,
- h. wear a Medic-Alert bracelet or equivalent at all times,
- i. participate in the health care planning and implementation, depending on age and maturity,
- j. recognize their own individuality and develop personal coping strategies.

5. All Students

All students will:

- a. follow school plan with respect to sharing food,
- b. follow school plan about keeping allergens out of the classroom,
- c. follow appropriate hand washing routines,
- d. be respectful of individual differences and needs.

6. Health Professionals

The health care planning process necessitates involvement of a health care professional who will:

- a. collaborate with the parents/guardians and school to develop an Individual Health Care Plan, including emergency response plan for the child with anaphylaxis,
- b. provide education and training for school personnel on anaphylaxis,
- c. review the student plan for the children with anaphylaxis and the use of the auto-injector, and/or other procedures, as required.

7. Emergency Response

The health care plan must have emergency procedures that include a rapid response that will:

- a. administer the auto-injector as per health care plan,
- b. transport the child to the nearest health care facility accompanied by a familiar and trusted adult,
- c. contact the hospital or health care facility, and
- d. contact the student's parents/guardians or emergency contact person.

Adopted September 1, 2009		
---------------------------	--	--



AUTHORIZATION FOR THE RELEASE OF MEDICAL INFORMATION
Exhibit G.1.K-EX1

I, _____ of _____ authorize
(Parent/Guardian) (Address)

Frontier School Division to exchange and release medical information and consult with physician if required for the purpose of developing an Individual Health Care Plan and/or Emergency Plan for

(Student's Name)

I understand as the parent/guardian that I may amend or revoke this decision at any time with written correspondence.

(Parent/Guardian Signature)

(Witness Signature)

(Date)

This contract expires June 30, or when the child leaves Frontier School Division or if there is a change in either custody or legal guardianship, in which case, a new form must be completed.

Note: A copy of this form is to be sent to the Area Special Services Consultant and the original is to be kept in the student's file.

Adopted September 1, 2009		
---------------------------	--	--

Date Completed _____

School _____ Phone _____

Teacher _____ Grade _____

Release of Information/Consent Signed (Copy Attached – Exhibit G.1.K-EX1)

STUDENT INFORMATION

Name _____ Date of Birth _____

Address _____

M.E.T.# _____ Treaty# _____

MB Health# _____ MHSC PHIN# _____

Parents/Guardians: _____ Phone _____

Primary Caregiver (if other than guardian): _____ Phone _____

Emergency Contact Person _____ Phone _____

HEALTH CARE INFORMATION

Family Physician _____

Address _____ Phone _____

Consulting Physician _____

Address _____ Phone _____

Area of Expertise _____

Other Health Care Professionals _____

Diagnosis _____

Presenting Health Care Needs _____

Plan Participants

Name	Role
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Review Date _____

HEALTH CARE PLAN

The Health/Nursing Care Plan was developed or recommended by:

_____ Date _____
 (Health Care Professional)

Health Care Plan (check where appropriate)

_____ is attached and/or _____ is described below

PROCEDURES

(what, where, when, how, supplies/equipment)

PRECAUTIONS

EMERGENCY PROCEDURES

Contact Person _____ Phone _____

Alternate _____ Phone _____

If you see this:	Do this:
_____	_____
_____	_____
_____	_____
_____	_____

TRANSPORTATION PLAN _____

Name of Adult Accompanying Child _____

RECORD OF PERSONNEL TRAINING

Primary Person trained _____

Date trained _____

Date recommended for retraining _____

Back-up person(s) trained _____

Training Provided by _____

Level and description of training _____

Name of Trainer (please print)

Signature

Date

Name of Principal (please print)

Signature

Date

Adopted September 1, 2009		
---------------------------	--	--

(Date)

Dear Parents/Guardians:

School records indicate that your child has a medical condition. The Division needs your further help to learn about that condition and develop plans to ensure your child's health and safety. Some medical conditions are straightforward and are managed by you and your doctor. For others, we believe it would be helpful for our staff to be aware of what to do to help your child if an emergency arises.

The Division will act in your child's best interest with regards to his/her health needs. Sometimes staff require training in order to learn how to manage these medical situations either on a day to day basis or should an emergency arise. In order for this to happen, the Division needs a parent/guardian signature on the attached Release of Medical Information form. This release allows two things:

1. A nurse will be involved in the development of a health care plan for your child if this is necessary. They will be in contact with you before this plan is developed.
2. Frontier School Division can access funding for our staff to be trained. This funding, and related training, is based upon your authorization through this release.

In summary, the Division wants to join with you to ensure your child's health while at school and appreciates your help in developing a health plan. Please reply to this request for the Release of Medical Information as soon as possible.

Thank you in advance for your cooperation. Please feel free to call your school administration if you have any questions.

Principal

Adopted September 1, 2009		
---------------------------	--	--