



Administrative Procedure 4525

Children with Known Risk of Anaphylaxis / Life Threatening Allergies

Board Governance Policy Cross Reference: [1, 13](#)

Administrative Procedures Cross Reference:

[Records Management](#)

Form Cross Reference:

Legal/Regulatory Reference:

Manitoba's Unified Referral and Intake System (URIS) Manual (Note: this is not a direct link as the manual is only available in hard copy. The manual is available through the Office of the Superintendent)

[The Personal Health Information Act \(PHIA\)](#)

Date Adopted: October 2005

Amended: February 2019

The Brandon School Division is committed to providing for the educational needs of the whole child and to providing for the safety and security of all children. Life threatening allergies constitute a serious risk to some students. The schools in the Division will take measures to provide the safest possible environment for students with life threatening allergies.

To address this risk each school in the Division shall:

- Ensure that for each child presenting a known allergy risk there will be on file an Anaphylaxis Individualized Health Care Plan (IHCP) and Emergency Response Plan.
- Ensure that instructions on the use of auto-injectors are posted in the child's classroom(s).
- Ensure that appropriate and comprehensive information and awareness of life threatening allergies and anaphylaxis is provided to the entire school community, including: students, parents/guardians and staff.
- Develop a comprehensive approach to dealing with specific health plans including the appropriate in-servicing of all personnel that would have contact with the child at risk, including:
 - teaching staff;
 - non-teaching staff;

- bus drivers; and
- others that may be in contact with children in the building on a regular basis.
- Establish allergen avoidance procedures that:
 - establish allergen-free areas for identified students;
 - establish safe lunchroom and eating area procedures; and
 - establish procedures for handling of foods for:
 - holidays and special celebrations;
 - field trips; and
 - school bus trips.
- Establish an emergency response plan for each identified anaphylactic student. Each plan must be reviewed each year with appropriate refresher in-servicing to all staff including emergency procedures, rapid communication strategies, location of emergency medication and administration of auto-injector / use of auto-injector medication/medication administration.

These Procedures reflect the guidelines and procedures outlined in the provincial Unified Referral and Intake System's (URIS) Policy and Procedure Manual June 1999.

Anaphylaxis – sometimes called “allergic shock” or “generalized allergic reaction”, is a severe allergic reaction that can lead to rapid death, if untreated. Sufferers of anaphylaxis respond with an extreme total body reaction. The reaction may begin with itching, hives, vomiting, diarrhea, or swelling of the lips or face; within moments, the throat may begin to close, choking off breathing and leading to unconsciousness and death.

Although peanuts may be the most common allergen causing anaphylaxis in school children, there are many others. School personnel must be aware that anaphylaxis is a life-threatening condition regardless of the substance which triggers it.

Despite the best efforts of parents/guardians and schools, no individual or organization can guarantee an “allergy-free” environment. The only way to protect children who are known to be at risk of anaphylaxis is to avoid the allergen.

Anaphylaxis is life threatening, but it can be treated. Students suffering anaphylaxis must be diagnosed by their physician, who is responsible for prescribing the appropriate treatment for their individual conditions.

Clear procedures for an emergency response to anaphylaxis must be in place.

The first plan of action calls for the administration of epinephrine (also known as adrenaline) by auto-injection **immediately**, at the first sign of a reaction, followed by immediate transportation to hospital, by ambulance if possible.

Without epinephrine, death can occur within minutes. Epinephrine will only be administered in schools through the use of an epinephrine auto-injector.

Schools should not assume responsibility for treatment in the absence of an Individual Health Care Plan/Emergency Response Plan or a specific treatment protocol prescribed by the child's physician unless in life threatening situation (i.e. a student with no health care plan carries an auto-injector and exhibits symptoms of anaphylaxis shock auto-injector would be administered).

Developmental factors such as age, and physical or cognitive ability, may affect a child's ability to:

- Safely carry an epinephrine auto-injector;
- Take responsibility to avoid allergens;
- Recognize and communicate symptoms of anaphylaxis; and
- Use an auto-injector.

Whenever possible, responsibility should be encouraged, recognizing that children who are able to take responsibility for their own care are probably the safest. It should also be recognized that the severity of a reaction may hamper anyone in epinephrine self-administration, regardless of their age, and that assistance may be required.

Failure by parents/guardians to comply with the procedures outlined in this policy will result in the student being requested to remain at home.

School Response

When a school is notified that a child has been diagnosed with a life-threatening allergy and may require the immediate injection of epinephrine by auto-injector, this procedure must be followed:

- If a child has an allergy risk the parents/guardians will:
 - complete a Unified Referral and Intake System (URIS) Group B application;
 - complete an Anaphylaxis Individualized Health Care Plan (IHCP) and Emergency Response Plan; and
 - be aware that when epinephrine by auto-injector is used, an ambulance is to be called immediately and the student will be transported to hospital.
- When the school is made aware that a student has an allergy, the resource teacher will submit the Unified Referral and Intake System (URIS) Group B application and Anaphylaxis (IHCP) to the URIS program.
- A URIS nurse will review the Anaphylaxis Individualized Health Care Plan (IHCP) filled out by parents/guardians and contact parents/guardians/physician to collect any additional information if necessary.
- The School Leader or designate will ensure that an Anaphylaxis Individualized Health Care Plan and Emergency Response Plan is then shared with classroom teachers and other appropriate and relevant personnel.

- The plan will be specific to the age and maturity level of the child, the specific properties of the allergen, and the parameters of the program. The Anaphylaxis Individual Health Care Plan and Emergency Response Plan will include: demographic information, allergy information, auto-injector information, responding to anaphylactic reaction, parent and nurse signatures.

Roles and Responsibilities

Ensuring the safety of children with known risk of anaphylaxis in a community setting depends on the cooperation of the entire community. To minimize risk of exposure; and to ensure rapid response to an emergency, parents/guardians, children and program personnel must all understand and fulfill their responsibilities. The inter-relatedness of these roles is vital, for failure of any group to respond appropriately will negatively impact upon all others.

- Responsibilities of the **child** with a life-threatening allergy:
 - Take as much responsibility as possible for avoiding allergens, including checking labels and monitoring intake (developmentally appropriate).
 - Eat only foods brought from home.
 - Wash hands before eating.
 - Learn to recognize symptoms of an anaphylactic reaction (developmentally appropriate).
 - Promptly inform an adult, as soon as accidental exposure occurs or symptoms appear.
 - Wear a medical identification bracelet.
 - Keep an auto-injector on their person at all time (e.g. fanny pack).
 - Know how to use the auto-injector (developmentally appropriate).
- Responsibilities of the **parents/guardians** of a child with a life-threatening allergy:
 - Identify their child's allergies and needs to the school.
 - Complete the Unified Referral and Intake System (URIS) Group B application.
 - Complete the Anaphylaxis Individualized Health Care Plan and Emergency Response Plan for their child, updated annually or with changes in health status.
 - Ensure that their child has and carries up-to-date auto-injector at all times if developmentally appropriate; otherwise provide a school delegate with an up-to-date auto-injector (Failure to do this will result in the student being sent home.)
 - Ensure that their child has and wears a medical identification bracelet.

- Be willing to provide safe foods for their child for special occasions, if allergy is food specific.
- Provide support to the school and staff as required.
- Teach their child:
 - to recognize the first signs of an anaphylactic reaction;
 - to know where their medication is kept and who can get it;
 - to communicate clearly when they feel a reaction starting;
 - to carry their own auto-injector on their person (e.g. fanny pack);
 - to eat only food and drinks provided from home;
 - to understand the importance of hand washing;
 - to take as much responsibility as possible for their own safety.
- Responsibilities of the **School Leader:**
 - Ensure a Unified Referral and Intake System (URIS) Group B application, Anaphylaxis IHCP and Emergency Response Plan have been filled out by parents/guardians. A copy was kept at the school, and the original has been submitted to the URIS program
 - Identify a contact person (resource teacher) to liaise with the URIS Nurse, other than themselves, who will notify staff of the child with known risk of anaphylaxis, the allergens and the treatment.
 - Assist with the implementation of policies and procedures for reducing risk to classrooms and common areas.
 - Work as closely as possible with the parents/guardians of the child with known risk of anaphylaxis.
 - Keep Anaphylaxis/IHCP and Emergency Response Plan in a central location accessible to staff (binder in office).
 - Maintain up-to-date emergency contacts and telephone numbers.
 - Ensure that all staff have received instruction in the use of the auto-injector on an annual basis.
 - Ensure that all substitute staff are informed of the presence of a child with known risk of anaphylaxis, and that appropriate support/response is available should an emergency occur.
 - Inform parents/guardians that a child with a life-threatening allergy is in direct contact with their child, and ask for their support and cooperation (with parent/guardian/child approval). See sample letter below.
 - If not developmentally appropriate for the child to carry an auto-injector, ensure that it is kept in an unlocked, safe, easily accessible location.
 - Ensure that the Anaphylaxis/IHCP and Emergency Response Plan is reviewed by all appropriate staff prior to taking field trips and/or

participating in extra-curricular activities. (Bus driver will receive a current copy for children who take the bus.)

- Comply with Administrative Procedures *Records Management*.
- **Responsibilities of the Teacher:**
 - Participate annually in URIS anaphylaxis training and practice using an auto-injector.
 - Participation in a review of the Anaphylaxis/IHCP and Emergency Response Plan.
 - Discuss anaphylaxis with the class, in age-appropriate terms.
 - Encourage students not to share lunches or trade snacks.
 - In the event that common food/snacks are given to the whole class endeavour, after consulting with parents/guardians, to choose products which are safe for all children in the program.
 - Instruct children with life threatening allergies to eat only what they bring from home.
 - Reinforce hand washing before and after eating.
 - Facilitate communication with other parents/guardians by sending non-student specific information on life threatening allergies.
 - Follow policies for reducing risk in classroom and common areas.
 - In the event the teacher is absent, the information is to be left in an organized, prominent and accessible format for substitute staff, that comply with Administrative Procedures *Records Management*.
 - Plan appropriately for field trips. Ensure that the Anaphylaxis Individualized Health Care Plans and auto-injectors are taken on field trips and Emergency Response Plans are considered when planning the trip.
 - To comply with Administrative Procedures *Records Management*.
- **Responsibility of URIS Nurse:**
 - Consult with and provide information to parents/guardians and school personnel.
 - Develop an Anaphylaxis Individualized Health Care Plan and an Emergency Response Plan for the child with known risk of anaphylaxis and provide to the resource teacher/school.
 - Facilitate staff training and provide monitoring to all personnel involved with children with known risk of anaphylaxis.
- **Responsibilities of All Parents/Guardians:**
 - Respond cooperatively to requests from the school to eliminate allergens from packed lunches and snacks.

- Participate in parent/guardian information sessions.
- **Encourage children to respect the child with known risk of anaphylaxis and program policies.**
- Inform the teacher **prior** to distribution of food products to any children in the school.
- Responsibilities of **All Children** in the School (developmentally appropriate):
 - Learn to recognize symptoms of anaphylactic reaction.
 - Avoid sharing food, especially with children with known risk of anaphylaxis.
 - Follow rules about keeping allergens out of the classroom and washing hands.
 - Be supportive to any classmates with known risk of anaphylaxis.
- Responsibilities of **bus drivers**, including substitutes:
 - Participate annually in URIS anaphylaxis training and practice using an auto-injector.
 - A copy of the Anaphylaxis Individualized Health Care Plan and Emergency Response Plan is easily accessible.
 - Pertinent information should be available in an organized and accessible format for substitute drivers.
 - Enforce no eating on bus policy.
 - As much as possible, carry out interventions to avoid allergens on the bus.
 - Bus drivers have the right to refuse to transport a student diagnosed with a life-threatening allergy who is not carrying their prescribed auto-injector.
 - In case of anaphylactic reaction, the bus driver is responsible to administer the auto-injector and call 911 or notify the Transportation Office to call for an ambulance and contact parents/guardians.
 - To comply with Administrative Procedures *Records Management*.

Sample Letter to Parents/Guardians Regarding Life Threatening Allergies

(Name of School)

(Date)

Dear Parents/Guardians:

There is a child in our school/your child's classroom/lunch program, who has a severe allergy to _____. Even exposure to a tiny amount of this item could be potentially serious and life threatening. We can play a role in preventing such a dangerous and frightening situation at school. Although the specific child and their family must take responsibility to avoid exposure, staff, other children and their families can also help to make the school environment safer. Your cooperation is asked, as follows:

1. Please check the list of ingredients on items you send to school.
2. Avoid sending _____ or items containing _____, including _____, to school with your child.
3. Discourage your child from sharing lunch or snack foods at school.
4. Teach your children to respect this very serious situation. Discourage teasing or threatening this child.

This may be an inconvenience for you but please realize how important your cooperation is. We would take the same care should your child have such a health care need.

Thank you for your cooperation. For more information, please call _____.

Sincerely,

(School Leader)