



<b>ANAPHYLAXIS POLICY</b>			
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<b>Policy Type:</b>	510- Students	<b>Initially Approved:</b>	August 2010
<b>Last Revised:</b>	August 2018	<b>Review Scheduled:</b>	January 2023

**I.      POLICY STATEMENT**

All students and staff members are entitled to safe and healthy learning environments in School. This position constitutes a major challenge in those cases where a student has a life-threatening allergy (anaphylaxis). **In order for this policy to apply, anyone suffering from anaphylaxis must be previously diagnosed by an allergist/physician who is responsible for prescribing the appropriate treatment.** There are three key factors to consider in providing a safe environment for anaphylactic students:

- information and awareness for the entire school community
- avoidance of the allergen; acknowledging that it is impossible to eliminate all allergens; and
- an action emergency plan in case of accidental exposure.

**II.      DEFINITIONS**

*Anaphylaxis*

Anaphylaxis is a severe, life-threatening allergic reaction that, if not treated, can very quickly lead to death. It occurs when a susceptible individual comes into contact with foods, is stung by an insect, or is given medication, to which he/she is allergic (allergens). Anaphylaxis affects multiple systems in the body. The most dangerous reactions result in breathing difficulties and a drop in blood pressure or shock which are potentially fatal.

*Allergens*

For the purpose of this policy, allergens are any substance or condition that we can bring on an allergic reaction leading to a severe, life-threatening, allergic reaction known as anaphylaxis.

*Anaphylactic reaction*

An anaphylactic reaction can develop within seconds to minutes of exposure to the product to which one is allergic, but may be delayed for several hours. Delayed reactions can be extremely dangerous because the initial symptoms could be mild but serious symptoms can occur several hours later.

Symptoms include: tingling in mouth; swelling of the eyes, lips, face, tongue; difficulty breathing, swallowing; coughing, choking; loss of consciousness; hives, itching; tightness in throat, mouth, chest, wheezing; or vomiting, upset stomach, or diarrhea.

Anyone suffering from anaphylaxis must be previously diagnosed by an allergist/physician who is responsible for prescribing the appropriate treatment. The treatment is epinephrine (adrenaline) which is a hormone produced in our bodies when we are stressed. It works on the cardiovascular and respiratory systems to constrict blood vessels and to improve breathing. It can also prevent low blood pressure and prevent loss of consciousness. Epinephrine is only given by injection and the most common methods are the EpiPen® and EpiPen® Junior Auto-Injectors.

*It is the expectation of School that all employees, students and persons invited to or visiting the School properties, or partaking/volunteering in the School's events and activities will respect the policies and procedures of the School. The term "parents" refer to biological/adoptive parents and guardians in all School policies and procedures.*

## **PROCEDURES**

### **PROTECTION OF ANAPHYLACTIC STUDENTS**

#### **I. Avoidance strategies**

Protecting anaphylactic students from exposure to life threatening substances creates a major challenge to schools. The following are avoidance strategies to be implemented:

- a) Establish an "allergy aware" school environment via food restrictions, no food sharing rules and hand washing routines. School environment includes entire school grounds, buses and other modes of transportation, school trips, before/after school/weekend programs, and school sanctioned events involving pupils.
- b) Communicate to the entire school community stressing "allergen safe" school via newsletter, and posting of "allergy safe" signs throughout the school.
- c) Take special precautions around holidays and special celebrations, along with attempts to plan activities that are not food oriented.
- d) Special communication to individual classrooms regarding allergens in that classroom and through the classroom to the community regarding specific allergens.
- e) Ensure that all products sold through the school for fundraising or otherwise are allergen free.

- f) Prohibit food outdoors to minimize exposure to insects (i.e. wasps, etc.).
- g) Ensure that permit holders, visitors and all school staff are aware of the Protection of Anaphylactic Students Policy.
- h) Strategy and information as well as lists will be revised as necessary depending on the life threatening allergies of the children reenrolled.
- i) Subject to the Principal's approval, an anaphylactic student's parents may submit in writing and request to bring food to be consumed by the student alone.

#### A. RESPONSIBILITY OF PARENT/GUARDIAN

When a student has a Life Threatening allergy to insects, peanuts/nuts/and/or other foods, or other allergens as described on form S15(a) , (Administration of Prescription Medication for Anaphylaxis: Individual t), the parent/guardian shall:

- a) Advise school immediately upon registration and/or diagnosis of an anaphylactic allergy.
- b) Provide the principal with a completed copy of form (Administration of Medication for Anaphylactic Students: Acknowledgement and Consent) and (Administration of Prescription Medication for Anaphylaxis: Individual treatment protocol established by child's allergist) prior to, or immediately after, the beginning of the school year. Ensure that the information is kept current. **It cannot be presumed that children will self-administer their auto-injector.** (The individual might not be able to self-administer while having a reaction.)
- c) Provide school personnel with training (as required by the Ministry) regarding carrying out the Action-Emergency Plan.
- d) Provide the school with one (1) in date EpiPen®, to be stored in the office as back up, and clearly marked with student's name and known allergen.
- e) If the child is in elementary program, provide one (1) in date EpiPen®, clearly marked with the student's name and known allergen, to be carried by the student at all times.
- f) If the child is in Casa program, provide one (1) in date EpiPen®, clearly marked with the student's name and known allergen, kept in an emergency medication pouch with other emergency medication, which pouch will be kept close to the student's class teacher at all times, and passed on from one class to the next class's teacher.

- g) Encourage your child to wear a MEDIC ALERT BRACELET at all times.
- h) A letter of explanation written by the child's allergist must be provided to the Principal, when the child is no longer allergic or no longer require an EpiPen® .
- i) The parents provide annual training to the child's homeroom teacher regarding carrying out the anaphylactic plan as prescribed by the child's medical officer.
- j) Additional EpiPen® (s) should be provided upon request if the destination of a field trip is remote.
- k) Replace EpiPen® (s) in advance of the listed expiry date.
- l) In the case that a student is permitted to bring his/her own food to school, the parents must only send in commercially packaged food which comes with a list of ingredients. If a parent forgets to send the child's lunch to school, the parent will be contacted and is expected to bring the child's lunch to school as quickly as possible.

**It is the responsibility of the anaphylactic/potentially anaphylactic child's parents to inform the school principal of their child's allergy, and to provide the school with 2 EpiPen® (s).**

## **B. RESPONSIBILITY OF THE STUDENT WITH AN ANAPHYLACTIC ALLERGY**

Where a student has a LIFE THREATING allergy to insect, peanuts/nuts and/or other foods, or other allergens as described on form S 15 (a), the student shall:

- a) Use best efforts to avoid allergens, includes but not limited to:
  1. To consume only food which they have brought from home, prepackaged with a label of content, or prepared by other providers approved by parents (e.g. by the school caterer).
  2. Wash hands before eating.
  3. Not share food, utensils or containers
  4. Place food on a napkin or wax paper rather than in direct contact with a desk or table.
- b) Learn to recognize symptoms of an anaphylactic reaction.
- c) Promptly inform an adult as soon as accidental exposure occurs or symptoms appear.

- d) (For students in the elementary program), take responsibility for keeping their EpiPen® with them at all times and know how to use the EpiPen® auto-injector.
- e) Wear Medic Alert identification.

**C. RESPONSIBILITY OF SCHOOL ADMINISTRATOR:**

When a student has a Life Threatening allergy to insects, peanuts/nuts and/or other foods, or other allergens as described on form S15 (a), the administrator shall:

- a) Place form S15 (a) (Administration of Prescription Medication for Anaphylaxis) in a prominent place in the general office and student's classroom, along with all documentation including a signed authorization for all staff member to administer a EpiPen®, authorization for the student to self-administer medication , and the student's picture. If a parent/guardian does not wish the S15 (a) posted in the classroom/staffroom, the principal shall direct the classroom teacher to place the form in the "Student Information File" or an acceptable alternative.
- b) Require the parent/guardian to provide the school with TWO (2) EpiPens®, one for the office and one to be carried by the student or the class teacher.
- c)
  - i) Ensure that staff members are fully briefed, and students are aware, that some students have life-threatening allergies. School must develop and implement practical and realistic avoidance strategies.
  - ii) File in the school office an ACTION PLAN as specified on FORM S15 (a).
- d) Require and arrange for the parent/guardian to come in and train the child's homeroom teachers how to carry out the anaphylactic plan.
- e) Ensure the homeroom teachers then train the rest of the staff members how to carry out the anaphylactic plan during the Staff Planning Week at the end of August.
- f) Ensure that catering service provider is well informed about students' allergy and diet restrictions.
- g) Ensure, in the case of an out-of-school activity, that the staff, parent/guardian or an adult designated by the parent is acquainted with the procedure, accompany the student on such activity, and bring a copy of form S15 (a), along with the EpiPen®.
- h) Strongly encourage a parent/guardian to have their child wear a MEDIC ALERT

BRACELET.

- i) Schedule annual in-service each September for teachers and non-teaching staff on how to recognize symptoms of an anaphylactic attack and how to respond to life- threatening allergic reactions.
- j) Maintain a written record of training for staff, students and volunteers on procedures to be followed for EACH CHILD who has an anaphylactic allergy.
- k) Request and periodic reminders will be provided to the entire school community to assist in the management of exposure to the allergens, especially peanuts and nuts, by avoiding sending them to school (e.g. prior to Halloween, March Break, etc.)
- l) Ensure that parents who decide to send their own food have submitted the request in writing and agree to provide commercially packaged food that comes with a list of ingredients.
- m) In the situation of an accidental exposure:
  - 1. Ensure that the student is transported to hospital, preferably by ambulance, following the administration of an EpiPen®.
  - 2. Ensure that the used EpiPen and the protocol sheet accompany the student to the hospital as long as no delay is caused in the transporting of the student.
  - 3. Authorize staff, when a student is known to have anaphylactic reactions, to respond to a perceived anaphylactic reaction with an EpiPen® (with the assurance that they will not be held responsible for any adverse reaction resulting from such administration) and have the individual then seek medical attention immediately.
  - 4. Contact and inform parent (or emergency contact if unable to reach parent) as per the emergency action plan if a student has experienced an anaphylactic reaction.

**D. RESPONSIBILITY OF TEACHER:**

When a student has a life threatening allergy to insects, peanut/nuts and/or other foods, or other allergens as described on form S15(a), the teacher shall:

- a) Provide clear information for occasional teachers including a copy of the form S 15(a) (which includes a photo of the student).
- b) Discuss anaphylaxis with the class, in age appropriate terms. Outline the allergen in the class, describe symptoms of an anaphylactic attack and procedures to follow

should an attack occur.

- c) Regularly remind students to help minimize risk by not bringing food allergens to school.
- d) Enforce no food sharing rule.
- e) Ensure that the school's EpiPen® and the student's anaphylactic reactions protocol are taken on excursions and/or activities outside of the school.
- f) Include the student's anaphylactic reactions protocol in his/her log book/record book.
- g) Train all the staff members of the School how to carry out the anaphylactic plan(s) for his/her student(s).
- h) Meet with the parents of an identified student, if asked by the parent, to discuss and to record in detail:
  - the student's needs, and
  - the school's procedure in case of an emergency and the medical care plan;
- i) When booking a field-trip, ask the staff of destination to provide him/her with the estimated time to reach the nearest hospital from the destination.
- j) To visually inspect the food that the anaphylactic student brought to school comes with a list of ingredients.
- k) Bring a walkie/talkie or cell phone in case of emergency, to communicate and call 911.

#### **F. RESPONSIBILITY OF FOOD CATERING PROVIDER**

When a student has a life threatening allergy to insects, peanut/nuts and/or other foods, or other allergens as described on form S15(a), and where a Food Service provide is informed of this allergy, they shall:

- a) Ensure that all personnel are trained to reduce the risk of cross-contamination through purchasing, handling, preparation and service food.
- b) Ensure that the contents of all food delivered are clearly identified.
- c) In the case that the provider is a parent, the parent must ensure that the food brought in is commercially packaged and come with a list of ingredients.

#### **G. RESPONSIBILITY OF THE SCHOOL**

In order to protect students with life threatening allergies to insects, peanuts/nuts and/or other foods or other allergens the school shall:

- a) Ensure that all occasional teachers and casual support staff are in-serviced upon hiring and annually on how to recognize symptoms of an anaphylactic attack and on how to respond to life threatening allergic reactions. This in-service shall also include how to administer medication (e.g. EpiPen®).
- b) Ensure the school premises are maintained and necessary maintenance/repairs are completed so as to minimize student exposure to insects/other allergens.

## **H. RESPONSIBILITY OF THE SCHOOL COMMUNITY**

In our school, the significant allergies are to peanut and nuts. There are allergies to other foods and insect/wasp stings as well. We have appealed to the school community to keep peanut butter (in particular) and other peanut/nut products out of the school.

*It is the expectation of our School that all employees, students and persons invited to or visiting the School properties, or partaking/volunteering in the School events and activities will respect the policies and procedures of the School. The term "parents" refer to biological/adoptive parents and guardians in all School policies and procedures.*

**Meadow Montessori School**  
ADMINISTRATION OF MEDICATION for  
ANAPHYLACTIC STUDENTS  
Acknowledgement and Consent

It should be understood that parents are asking non-medical persons to undertake the administration of prescription medications (i.e. epinephrine auto injector) and must, therefore, assume the associated inherent risks. Meadow Montessori School staff members providing assistance in the administration of prescription medication to students are not medically trained personnel. They will endeavour to follow all reasonable instructions, as provided on the forms S15 (a), in order to ensure the safety and security of each student.

If you choose to request Meadow Montessori School staff to administer prescription medication to your child, you must understand that you bear the responsibility of any accident that might occur.

*S3(4) Sabrina's Law, 2005*

*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.*

In order to minimize these risks, parents should ensure that their requests include all information that might be needed to safely administer prescription medication, including the identification of possible side effects as identified, on S15(a), by a licensed physician. Meadow Montessori School does not provide medical expense insurance on behalf of its students who require assistance in the administration of prescription medication.

It is your legal obligation to ensure that the information in your child's file is kept up to date with the medication that your child is taking.

If you choose for your child to bring his/her own lunch to school, you agree to only send in commercially packaged food which comes with a list of ingredients.

**ACKNOWLEDGEMENT and CONSENT**

**WE HAVE READ AND ACKNOWLEDGE THE ABOVE, AND HEREBY CONSENT TO THE ADMINISTRATION OF PRESCRIPTION MEDICATION**

TO \_\_\_\_\_ BY MEADOW MONTESSORI SCHOOL  
NAME OF STUDENT  
STAFF MEMBERS.

Signature of Parent/Guardian : \_\_\_\_\_

Date: \_\_\_\_\_

Parents/Guardians may request a copy of his/her Acknowledgement and Consent Form from Meadow Montessori School.

# Meadow Montessori School

## ADMINISTRATION OF PRESCRIPTION MEDICATION FOR ANAPHYLAXIS

S15(a)  
(Rev. 2006)

THE FOLLOWING REQUEST(S) WILL EXPIRE IN AUGUST OR WHEN THE PRESCRIPTION EXPIRES - MEDICATION SHALL BE REMOVED FROM THE SCHOOL AT THAT TIME.

**STUDENT'S NAME:** \_\_\_\_\_ **TEACHER'S NAME:** \_\_\_\_\_

Address _____ _____ Phone# _____ _____ Physician's Name Phone# _____ _____	<b>PLACE STUDENT'S PHOTO HERE (MUST BE KEPT CURRENT)</b>	<b>MEDICATION KEPT:</b>  With Student <input type="checkbox"/> Specify location:  In Office <input type="checkbox"/>  Other:
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<b>POSSIBLE ANAPHYLACTIC SYMPTOMS:</b> flushed face, hives, tingling in the mouth, swelling or itchy lips, tongue, eyes tightness in throat, chest difficulty breathing or swallowing, wheezing, coughing, choking, vomiting, nausea, diarrhea, stomach pains loss of consciousness, fear and/or panic	<b>LIST ADDITIONAL/OTHER SYMPTOMS FOR YOUR CHILD:</b>     <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/></td> <td>I have provided an EpiPen® for the office.</td> </tr> <tr> <td><input type="checkbox"/></td> <td>I have provided an EpiPen® for my child to carry at all times. Note: Twin-Jet will not be accepted.</td> </tr> <tr> <td><input type="checkbox"/></td> <td>I have provided a Medic Alert Bracelet and will encourage my son/daughter to wear it at all times.</td> </tr> </table>	<input type="checkbox"/>	I have provided an EpiPen® for the office.	<input type="checkbox"/>	I have provided an EpiPen® for my child to carry at all times. Note: Twin-Jet will not be accepted.	<input type="checkbox"/>	I have provided a Medic Alert Bracelet and will encourage my son/daughter to wear it at all times.
<input type="checkbox"/>	I have provided an EpiPen® for the office.						
<input type="checkbox"/>	I have provided an EpiPen® for my child to carry at all times. Note: Twin-Jet will not be accepted.						
<input type="checkbox"/>	I have provided a Medic Alert Bracelet and will encourage my son/daughter to wear it at all times.						

**ACTION - EMERGENCY PLAN: (See Reverse for Additional Information)**

- ▶ **a** Use EpiPen® immediately and try to keep child calm **OR Cluse** Benadryl first. If allergy symptoms do not subside, use EpiPen® immediately.
- ▶ DESIGNATE SOMEONE TO CALL 911 and advise the dispatcher that a student is having an anaphylactic reaction (a severe life-threatening allergic reaction).
- ▶ Call parent or guardian
- ▶ If ambulance has not arrived in 10-15 minutes and breathing difficulties are present (e.g. wheeze, cough, throat clearing), or student is unconscious give a second EpiPen®.
- ▶ The student must be taken to a hospital immediately, even if symptoms subside entirely.
- ▶ Send an additional EpiPen® (if available) with the ambulance driver.

Parent/Guardian Signature: _____	Date: _____
Physician Signature: _____	Date: _____
NAME OF MEDICATION(S): _____	

Personal information on this form is collected under the authority of the *Education Act*, R.S.O. 1990, c.E.2 and the *Municipal Freedom of Information and Protection of Privacy Act*, R.S.O., 1990, c.M.56.

Cont'd. on reverse

PARENT INPUT ON EMERGENCY PLAN:

DESCRIPTION OF ALLERGY

THIS STUDENT HAS A LIFE-THREATENING ALLERGY TO THE FOLLOWING:

AND ALL FOODS CONTAINING THESE ALLERGENS IN ANY FORM OR AMOUNT, INCLUDING THE FOLLOWING:

STRATEGIES (List avoidance/safety rules for your child, if any):