POLICY:

REGULATION: JHCG – Guidelines for Managing Students with Allergies and Health Conditions

EXHIBIT:

Introduction

Allergies and serious health conditions such as Anaphylaxis shock can be life threatening, if untreated. The emergency response to anaphylactic shock is the administration of an adrenaline auto-injector, which is a Group B health care procedure under the Unified Referral and Intake System (URIS).

Not all Health related conditions are covered by URIS Group B health care plans but still require strong communication between home and school to ensure safe procedures for students. In order to realize a reasonable level of safety and well-being for students the identification of other health related issues is necessary and may include: the identification of student health needs, health counseling, health and safety education, and the maintenance of a sanitary, safe and healthy school environment.

The Division recognizes that parents/guardians have the primary responsibility for the health of their students. Schools will cooperate with parents/guardians and with the appropriate professional organizations associated with maintaining individual and community health and safety.

What is Anaphylaxis?

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. The reaction may begin with itching, hives, vomiting, diarrhea, or swelling of the lips or face; within moments, the throat may begin to close, chocking off breath and leading to unconsciousness and death.

Peanuts may be the most common allergen causing anaphylaxis in school children

In addition to peanuts, the foods most frequently implicated in anaphylaxis are tree nuts (eg. hazelnuts, walnuts, almonds, cashews), cow's milk and eggs. Fish, shellfish, wheat and soy are potentially lethal allergens as well and anaphylaxis is occasionally induced by fruits and other foods. Non-food triggers of anaphylactic reactions include insect venom, medications, latex and rarely, vigorous exercise. Most individuals lose their sensitivity to milk, soy, egg and wheat by school age, but reactions to peanut, tree nuts, fish/shellfish tend to persist throughout life.

The onset of anaphylaxis may be signaled by severe, but non-life threatening reactions, which become increasingly dangerous with subsequent exposure to the allergen. However, anaphylaxis may occur even if previous allergic reactions have been mild. While the condition often appears in early childhood, it can develop at any age.

APPROVED:
REVISED: October, 2012
SOURCE: Children with Known Risk of Anaphylaxis, Unified Referral and Intake System Manual, MB, 1999
OTHER REFERENCE:

What does an Anaphylactic Reaction Look Like?

An anaphylactic reaction can begin within seconds of exposure or after several hours. Any combination of the following symptoms may signal the onset of a reaction:

- Hives
- Itching (on any part of the body)
- Swelling (of any body parts, especially eyes, lips, face, tongue)
- Red watery eyes
- Runny nose
- Vomiting
- Diarrhea
- Stomach cramps
- Change of voice
- Coughing
- Wheezing
- Throat tightness or closing
- Difficulty swallowing
- Difficulty breathing
- Sense of doom
- Dizziness
- Fainting or loss of consciousness
- Change of colour

Symptoms do not always occur in the same order, even in the same individuals. Time from onset of first symptoms to death can be as little as a few minutes, if the reaction is not treated. Even when symptoms have subsided after initial treatment, they can return as much as eight hours after exposure.

When is it Likely to Occur?

The greatest risk of exposure is in new situations, or when normal daily routines are interrupted, such as birthday parties, camping or school trips. Young children are at greatest risk of accidental exposure, but many allergists believe that more deaths occur among teenagers due to their increased independence, peer pressure and reluctance to carry medication.

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Emergency Response

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. Schools should never assume responsibility for treatment in the absence of an Individual Health Care Plan (IHCP)/Emergency Response Plan or a specific treatment protocol prescribed by the child's physician.

The first plan of action calls for the administration of epinephrine (also known as adrenaline) immediately, at the first indication of a reaction, followed by immediate transportation to the hospital, by ambulance if possible. The Canada Pediatric Society has issued a position statement on fatal anaphylactic reactions to food in children which supports this treatment protocol: "Epinephrine must be administered promptly at the first warning symptoms, such as itching or swelling of the lips or mouth, tightening of the throat or nausea, and before respiratory distress, stridor or wheezing occur." It is anticipated that most, if not all, peanut allergic children and all children who experienced previous anaphylaxis will follow this plan.

In other words, if there is any reason to suspect an anaphylactic reaction is taking place, and if epinephrine has been prescribed as the treatment protocol, caregivers should not hesitate to administer the medication.

<u>Guidelines for Managing Students with Allergies</u>
Allergies can be life threatening. The risk of accidental exposure to allergens and certain foods can be reduced in the school setting when schools work with students, parents, and physicians to minimize risks and provide a safe educational environment for allergic students.

1. 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
- Keep an auto-injector on their person at all times (eg. fanny pack)
- Know how to use the auto-injector (developmentally appropriate)

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2. Responsibilities of the parents/guardians of a child with life-threatening allergy:

- Identify their child's allergies and needs to the school principal
- Ensure that their child has and wears a medical identification bracelet
- Provide the program with current (within two years) written medical instructions from the physician
- Provide the program with adrenaline auto-injectors (pre-expiry date)
- Ensure that auto-injectors are taken on field trips and buses
- Participate in the development of a written IHCP for their child
- Be willing to provide safe foods for their child for special occasions
- Teach their child:
  - To recognize the first signs of anaphylactic reaction
  - To know where their medication is kept and who can get it
  - To communicate clearly when he or she feels a reaction starting
  - To carry his/her own auto-injector on their person (eg. in a fanny pack)
  - Not to share snacks, lunch 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, and
  - To take as much responsibility as possible for his/her own safety
- Provide support to program and teachers as required
- Participate in parent advisory/support groups
- If possible and appropriate, supply medically approved information for program newsletters/publications (eg. recipes, foods to avoid, alternative snack suggestions and resources)

3. Responsibilities of the Teacher

- Display a photo-poster in the classroom (with parent/child approval)
- Discuss anaphylaxis with the class, in age-appropriate terms
- Encourage students not to share lunches or trade snacks
- Choose products which are safe for all children in the program (parental input is recommended)
- Instruct child with life threatening allergies to eat only what is brought from home
- Reinforce hand washing before and after eating
- Where appropriate, facilitate communication with other parents
- Follow policies for reducing risk in classrooms and common areas
- Enforce rules about bullying and threats
- Leave information in an organized, prominent and accessible format for substitute.
- Ensure that auto-injectors are taken on field trips and emergency response plans are considered when planning the trip

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4. School's Responsibility

- Be knowledgeable about and follow applicable school division policies that apply.
- Review the health records submitted by parents and physicians.
- Include allergic students in school activities. Students should not be excluded from school activities solely based on their allergy.
- Identify a core team of, but not limited to, parents, classroom teacher, principal, school food service and counselor/resource teacher to work with parents and the student (age appropriate) to establish a prevention plan. Changes to the prevention plan to promote allergy management should be made with core team participation.
- Assure that all staff who interact with the student on a regular basis understands the allergy, can recognize symptoms, and knows what to do in an emergency.
- With the case of food allergies, works with other school staff to eliminate the use of food allergens in the allergic student's meals, educational tools, arts and crafts projects, or incentives.
- Practice the emergency plan for the student before an allergic reaction occurs to assure the efficiency/effectiveness of the plans.
- Coordinate with the principal or designate to be sure medications are appropriately stored, and be sure that an emergency kit is available that contains a physician's standing order for epinephrine. Medications need to be kept in a easily accessible secure location central to designated school personnel, not in locked cupboards or drawers. Students should be allowed to carry their own epinephrine, if age appropriate after approval from the student's parent.
- Designate school personnel who are properly trained to administer medications.
- Be prepared to handle a reaction and ensure that there is a staff member available who is properly trained to administer medications during the school day regardless of time or location.
- Review policies/prevention plan with the core team members, parents/guardians, student (age appropriate), and physician after a reaction has occurred.
- Work with the district transportation supervisor to assure that school bus driver training includes symptom awareness and what to do if a reaction occurs.
- Enforce a "no eating" policy on school buses with exceptions made only to accommodate special needs under individual plans. Discuss appropriate management of food allergy with family.
- Discuss field trips with the family of the allergic child to decide appropriate strategies for managing the allergy.
- Follow provincial laws and regulations regarding sharing medical information about the student.
- Take threats or harassment against an allergic child seriously.

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5. Responsibilities of Registered Nurse:

- Consult with and provide information to parents/guardians, children, and program personnel
- Develop an Individual Health Care Plan or an Emergency Response Plan for the child with known risk of anaphylaxis
- Provide training and ongoing monitoring to personnel involved with children with known risk of anaphylaxis

6. Responsibilities of Parents:

- Respond cooperatively to requests from the program to eliminate allergens from packed lunches and snacks
- Participate in parent information sessions
- Encourage children to respect the child with known risk of anaphylaxis
- Inform the teacher prior to distribution of food products to any children in the class/school

7. 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 program rules about keeping allergens out of classroom and washing hands
- Refrain from bullying or teasing a child with known risk of anaphylaxis

8. Responsibilities of Bus Drivers

- Receive training in recognizing the symptoms of an anaphylactic reaction and in the use of an auto-injector
- Carry a copy of the IHCP on the school bus
- Assist in developing procedures to minimize risk on the school bus
- Carry out emergency plans as necessary
- Ensure that an auto-injector is stored in a safe and accessible place on the school bus.

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