



ANAPHYLACTIC MANAGEMENT PLAN

Responsibility:	Associate Director
Legal References:	<i>Sabrina's Law</i> <i>MFIPPA</i> PPM 161 <i>Child Care and Early Years Act, 2014</i>
Related References:	Board Policy 1006 - Supporting Students with Prevalent Medical Conditions Board Policy 1008 - Equity and Inclusion <i>AP1460 – Administration of Medication</i>
Revisions:	October 2018, March 2019, September 2019, October 2022, January 2023
Reviewed:	January 2016, October 2022, January 2023

1. Preamble

- 1.1 **The following procedure is in compliance with the Statutes of Ontario 2005, Chapter 7 (Sabrina's Law). This procedure has been developed to ensure the safety of students who suffer from anaphylactic/severe allergies; empower school administrators to respond to their needs; to develop consistent practices to support staff when responding; as well as, recognize individual student differences.**
- 1.2 **In accordance with Ontario regulation 137/15 Child Care and Early Years Act every licensee (board operated Before & After School programs) has developed a policy for supporting students with anaphylactic/severe allergies.**
- 1.3 **The information that follows discusses the nature of anaphylaxis, and provides guidelines and expectations for managing anaphylaxis. This includes reducing the risk of anaphylactic attacks, epinephrine use, emergency plans and related roles and responsibilities.**

2. Purpose

- 2.1 **To provide school personnel (including educators working in board operated Before & After school programs) in the Waterloo Region District School Board with information that supports awareness regarding the nature and seriousness of anaphylaxis.**
- 2.2 **To provide strategies to reduce the risk and identify symptoms of an anaphylactic reaction.**
- 2.3 **To provide strategies for the management of students who have been identified as having anaphylaxis.**

3. Definition, Signs and Symptoms

3.1 Anaphylaxis is a severe allergic reaction that can lead to rapid death if untreated.

Anaphylactic reactions occur when the body's sensitized immune system overreacts in response to the presence of a particular allergen. Anaphylaxis affects multiple body systems including skin, upper and lower respiratory, gastro-intestinal and cardiovascular.

3.2 What does an anaphylactic reaction look like?

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

General	Itchy eyes, itchy nose, flushed face, swollen lips, swollen tongue, weakness, loss of consciousness, sense of doom
Airway:	Trouble breathing or swallowing, hoarseness, choking, coughing, wheezing
Stomach:	Pain, vomiting, diarrhea
Skin:	Rash, itchiness, swelling, hives – (anywhere on the body)

3.3 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 8 hours after exposure, regardless of the initial reaction severity.

4. Plan of Care – Alert Form

4.1 It is essential that the school develops a Plan of Care for each student who has anaphylaxis/severe allergies and that all staff are aware of how to implement it. Each plan should be developed in conjunction with the student's parent(s)/caregiver(s) and summarized on the Plan of Care Alert-Form.

4.2 For board operated Before & After school programs, a copy of the plan of care must be shared with the Before & After School program Supervisor to review with Before & After school educators and a copy placed in the program administration binder.

5. Reducing the Risk

5.1 Avoidance of a specific allergen is the cornerstone of preventing **and managing** anaphylaxis.

5.2 Eliminating allergens from areas within the school where **students with anaphylaxis or anaphylactic reactions** are likely to come into contact with the allergen may be the only way to reduce risk to an acceptable level. **If less allergen is brought into the school, there should be less risk of anaphylactic reactions.**

5.3 While schools cannot guarantee that an environment is completely safe, the School Anaphylaxis Management Policy will include necessary measures and procedures to reduce the risk of anaphylactic reactions and to assist staff in making the school as "allergen-free" as possible. For students attending board operated Before & After school programs menu accommodations will be put into place through the program supervisor with the snack vendor in consultation with the parents/guardian.

5.4 The greatest risk of exposure is in new situations, or when normal daily routines are interrupted such as supply teachers in the classroom, shared birthday treats or school trips. Young students are at the greatest risk of accidental exposure; **however**, studies have indicated that more deaths occur among teenagers due to their increased independence, peer pressure, and reluctance to carry medication.

6. Epinephrine

- 6.1 Epinephrine is the only drug that should be administered to a student suffering an anaphylactic reaction.** The epinephrine (adrenaline) is administered by an auto-injector called an EpiPen® and can be easily and safely administered by non-medical personnel with minimal training. If a reaction is severe, a single dose of the EpiPen® may not be sufficient to stop an anaphylactic reaction. If symptoms continue or worsen before medical help has arrived, a second EpiPen® must be administered. The student affected must be rushed to hospital to receive further medical attention, even if the symptoms improve with the administration of the EpiPen®.

7. Anaphylactic Response Overview

- 7.1** Even when precautions are taken, **students with anaphylaxis or anaphylactic reactions** may come into contact with an allergen while at school. It is essential that the school develops an individual emergency plan for each student and that all staff are aware of how to implement it. Each plan should be developed in conjunction with the student's **parent(s)/caregiver(s)** and documented on the **Plan of Care – Alert Form**.
delayed treatment or failure to treat with epinephrine. Those in positions of responsibility should never assume that the student will self-inject in the face of an emergency; a severe allergic reaction may be so incapacitating as to inhibit the ability to self-administer, regardless of age.
- 7.2** Fatalities are more likely to occur away from home and are usually associated with delayed treatment or failure to treat with epinephrine. **Those in positions of responsibility should never assume that the student will self-inject in the face of an emergency; a severe allergic reaction may be so incapacitating as to inhibit the ability to self-administer, regardless of age.**
- 7.3** Students with anaphylaxis or anaphylactic reactions usually know when a reaction is taking place. **School personnel should be encouraged to listen to the student.** If it is suspected that the student has been exposed to his/her allergen and a suspected anaphylactic reaction is starting to take place, there should be no hesitation in administering the EpiPen®. Accidental administration of the EpiPen® is not a cause for concern, according to the Canadian Pediatric Society. **There is little danger in reacting too quickly, and there may be grave danger in reacting too slowly.**

In cases of an anaphylactic reaction:

- 7.3.1** Administer the EpiPen®, noting the time it is given.
7.3.2 The student should be maintained in a lying position.
7.3.3 Telephone 911. Inform the emergency operator that the student is having an anaphylactic reaction.
7.3.4 Contact the school's main office and alert the school's Emergency Response Team. If during Before & After school hours contact the program supervisor who will notify the program manager.
7.3.5 Phone the **parent(s)/caregiver(s)**.
7.3.6 Have an adult accompany the student to the hospital.
7.3.7 Administer a second EpiPen® in 5-10 minutes **only** if the reaction continues or worsens. This procedure is to occur while waiting for an ambulance.

8. Roles and Responsibilities

8.1 Parent(s)/caregiver(s) or Student (over the age of 18)

The parent(s)/caregiver(s) will:

- 8.1.1 Provide a confirmation of diagnosis (letter from the physician or evidence of prescription), the allergy, its severity, and the medication to be taken by the student.
- 8.1.2 **Provide one EpiPen® that must be located with the student at all times. Families may choose to provide two epipens, the second to be located in the main office** (must be accessible to students attending board operated Before & After school programs where applicable). Renew EpiPens® before the expiry date.
- 8.1.3 Encourage their child to wear a Medical-Alert bracelet.
- 8.1.4 **Collaborate with the school to complete the WRDSB Plan of Care.**
- 8.1.5 Provide EpiBelt/fanny pack/backpack for transport of EpiPens® with student.
- 8.1.6 Help their child develop coping skills to avoid the allergen and recognize and communicate the symptoms to a staff member.

8.2 School Principal

The Principal will:

- 8.2.1 Each June, obtain a list of **students with anaphylaxis or anaphylactic reactions** and their allergies from all feeder schools.
- 8.2.2 Identify students who are anaphylactic from school registration/health forms.
- 8.2.3 **Generate a Plan of Care and Alert Form by ensuring parent(s)/caregiver(s) provide all pertinent medical information.**
- 8.2.4 **Ensure that parent(s)/caregiver(s) provide a confirmation of diagnosis (letter from the physician or evidence of prescription).**
- 8.2.5 Provide each teacher (at the beginning of each semester) with a copy of the **Plan of Care - Alert Form** for each student. **The Plan of Care Alert Form** should be stored in a readily accessible location so teacher and occasional teachers can have ready access, but not easily viewed by students, parent(s)/caregiver(s) or is suggested. For board operated Before & After school programs, a copy of the plan of care must be shared with the Before & After School program Supervisor to review with Before & After school educators and a copy placed in the program administration binder.
- 8.2.6 Purchase an EpiPen® and store the EpiPen® in the main office.
- 8.2.7 Maintain a file for each **Plan of Care - Alert Form for students with anaphylaxis or anaphylactic reactions.** The file must contain a copy of all of the forms mentioned above.
- 8.2.8 Ensure communication is sent home and on school website to make families aware of Sabrina's Law requesting that families avoid potential allergens and ensure the school office is aware of anaphylactic students.
- 8.2.9 **Ensure that** all school staff complete the mandatory anaphylaxis training.
- 8.2.10 Arrange additional online training sessions for staff that missed the earlier training session.
- 8.2.11 Maintain an up-to-date list of personnel who have received anaphylaxis training.
- 8.2.12 Train the Emergency Response Team to provide further support to the student in the event of an anaphylactic reaction.
- 8.2.13 Establish the **students with anaphylaxis or anaphylactic reactions** classroom as an allergy-free area. (elementary schools)

- 8.2.14 Post **Plan of Care - Alert Form** in the staff room, work room and office and **ensure that all staff could identify these students. To maintain the student's personal privacy, these forms must not be easily visible to students, parent(s)/caregiver(s), or volunteers.**
- 8.2.15 Ensure adult supervision during nutrition or lunch breaks.
- 8.2.16 Ensure that peanut/nut avoidance signs are prominently displayed at all school entrances, around allergen-free areas and at all common school areas.
- 8.2.17 When supply teachers are covering classes with **students with anaphylaxis or anaphylactic reactions**, ensure that the supply teacher is made aware of the emergency procedures for those students. Completed **Plan of Care - Alert Form** for each student shall be part of the supply teacher's information package. Speak personally with the supply teacher so that there are no questions about whether the teacher has read and understood the information shared.
- 8.2.18 Increase students', **parent(s)/caregiver(s)** and legal guardians' awareness of anaphylaxis, its avoidance and its treatment.
- 8.2.19 Garbage containers should be removed from doorways to reduce the risk of insect-induced anaphylaxis.
- 8.2.20 School cafeteria food should not contain peanut/nut products.
- 8.2.21 School vending machine products should be free of peanut/nut products.

8.3 Classroom Teacher (as age appropriate for the student) the Teacher (including educators working in board operated Before & After school programs) will:

- 8.3.1 Interview each **student with anaphylaxis or anaphylactic reactions** and/or **parent(s)/caregiver(s)** to gain insight into the specific information about the location of EpiPens® and the history of the allergy.
- 8.3.2 Leave information, including a photo, regarding the **student with anaphylaxis or anaphylactic reactions** in an organized, prominent and accessible format for **occasional teaching and support staff**. The **Plan of Care - Alert Form** should be stored in a readily accessible location.
- 8.3.3 Ensure that the EpiPen® is taken on field trips.
- 8.3.4 Provide a safe environment for the **students with anaphylaxis or anaphylactic reactions**, particularly during nutrition breaks and during class trips and special activities.
- 8.3.5 **Students with anaphylaxis or anaphylactic reactions** should not be involved in garbage disposal, yard clean-ups, or other activities that could bring them into contact with food wrappers, containers, or debris.
- 8.3.6 Conduct food safety discussions with all students at the beginning of the year and at regular intervals throughout the year while exercising sensitivity to impact on affected student's need for privacy.
- 8.3.7 Stress the importance of not sharing lunches, snacks, utensils or containers.
- 8.3.8 **Students with anaphylaxis or anaphylactic reactions** should not eat any foods that do not have ingredient labels (i.e. bulk foods & home baking) or products that have "may contain peanuts/nuts" warnings on the labels.

