

Administrative Procedure 6011 MR2  
*Allergies and Anaphylaxis*

1. **Introduction**

The Board of Education expects schools to reasonably accommodate students with medically diagnosed allergies, particularly where those allergies are life threatening.

It is the responsibility of School District 71 (Comox Valley) to:

- a. minimize the risk to students with severe allergies to potential life-threatening allergens without depriving the severely allergic student of normal peer interactions or placing unreasonable restrictions on the activities of other students in the school.
- b. ensure that students at risk of anaphylaxis are identified, strategies are in place to minimize the potential of accidental exposure and staff and key volunteers are trained to respond in an emergent situation.

Anaphylaxis is sudden and severe allergic reaction which can be fatal. Anaphylaxis is a medical emergency that requires immediate emergency treatment with an Epinephrine auto-injector. Any substance can cause an allergic reaction. The most common substances include foods, food additives, medications, insects and latex. Anaphylaxis can include any of the following symptoms, which may appear alone or in any combination:

- Skin: hives, swelling, itching, warmth, redness, rash
- Respiratory (breathing): wheezing, shortness of breath, throat tightness, cough, hoarse voice, chest pain/tightness, nasal congestion of hay fever-like systems (runny itchy nose and watery eyes, sneezing), trouble swallowing
- Gastrointestinal (stomach): nausea, pain/cramps, vomiting, diarrhea
- Cardiovascular (heart): pale/blue colour, weak pulse, passing out, dizzy/lightheaded, shock
- Other: anxiety, feeling of “impending doom”, headache, uterine cramps (in females)

School District No. 71 (Comox Valley) cannot guarantee an “allergy free” environment. It is expected that school staff, parents and students will take reasonable steps to establish an “allergy aware” environment that minimizes the risk of potential anaphylaxis. Schools must take realistic and practical actions that will encourage the support of everyone involved.

Any allergy may develop into an anaphylactic reaction. Schools, in conjunction with parents, students and the Public Health Nurse (PHN), if appropriate, will develop an “Anaphylaxis Health Plan” when a student with an anaphylactic allergy is under their care. The Anaphylaxis Health Plan will include ways of minimizing risk for the student, as well as procedures for responding to anaphylaxis. These plans will be considered in the context of the anaphylactic child’s age and maturity. As children mature, they should be expected to take increasing personal responsibility for avoidance of their specific allergens. An Anaphylaxis Planning Checklist is provided in this regulation for school use to ensure appropriate communication and response is taken at the school when a parent identifies an allergy and the plan is then developed.

## 2. Regulations

These regulations would also apply to medically diagnosed conditions and sensitivities, such as asthma, and other neurological or respiratory diseases that are comparable to allergies in their effect but which may not specifically be diagnosed as allergies.

- a) The student’s parent or guardian has the primary duty to inform school authorities about their child’s medical condition upon registration of the child or upon medical diagnosis of the medical program.
- b) Registration procedures will inquire as to whether or not a student has medical problems of which the school should be aware.
- c) Where medication is either required or is to be on hand, the principal shall ensure that relevant information is provided to all supervisory persons. In instances where the allergy is life-threatening, parents are to be required to provide written medical advice from the child’s physician. Parents must sign a *Medical Alert and Prescribed Medication Record* (6001MR1) for administration of medication.
- d) In developing a reasonable accommodation of the student with anaphylaxis, an *Anaphylaxis Health Plan* will be developed.
  - The classroom teacher/advisor, the parents/guardians, the administration shall develop the plan. Other persons may be involved as determined to be necessary including the Public Health Nurse (if appropriate.)

Consideration should be given to:

- Ensuring all staff (administrative, teaching, and support staff including bus drivers) who come in contact with the student are aware of the allergy;
- Avoidance of allergens from food products prepared for all school-sponsored activities and school/community functions;
- Requesting that staff and students cooperate in seeking to eliminate allergens from the student’s school environment;

- Requesting that playground areas are maintained to eliminate potential allergens, i.e. known wasp nests or bee hives;
  - Removing carpet, draperies and other allergenic materials from the student's classroom;
  - Posting signage identifying the allergy and allergens on the appropriate entrances to the student's classroom(s);
  - Education of the student and parent community, staff and food handlers;
  - Standards of hygiene and maintenance for facilities and students;
  - Custodial and maintenance products and routines;
  - Classroom and school routines: age, maturity and ability of student, and expectations regarding personal responsibility;
  - Emergency procedures and preparation for such procedure to be followed should a 'dangerous' allergen be introduced to the classroom.
- Parents/guardians are responsible for instructing their child:
    - How to avoid contact with the substances to which they are allergic;
    - In the case of food allergies, to eat only foods which have been prepared by the parent;
    - To wear a medical alert device;
    - Where appropriate, how to self-administer medication.
  - Parents/guardians should provide all medication and equipment such as Epi-Pens. Further, it is the parents' or guardians' responsibility to ensure that such medication has not passed its expiry date. This medication shall be kept in unlocked locations that are known to and are easily accessed by supervising adults.

### 3. **Avoidance Strategies**

- a) Schools which enrol students with allergies that may be life-threatening should inform all parents/guardians of this fact in the first newsletter home, with advice on what parents might do to support the school and the student. The students should not be identified.
- b) Teachers shall ensure that other students are aware of those students who may be adversely affected by food, animals, plants or other allergens brought into the classroom.

- c) With regard to providing a safe environment, schools enrolling a student(s) with allergies should review all food-related and other school activities that might lead to the possible introduction of an allergen.
- d) Where a parent/guardian or student refuses to cooperate, the school procedures shall be followed and the family shall be referred to the superintendent's office.
- e) In instances where a 'dangerous' substance is known to have been brought to the classroom, the school should advise all students and families concerned of the procedures to be followed.
- f) Instructions on the use of the auto-injector (Epi-Pen) should be posted in clearly visible locations, along with a list of symptoms and emergency procedures. The auto-injectors must be stored in a covered, secure, unlocked area for quick access.
- g) For kindergarten and primary grade students, classrooms of the children with allergies should be made as safe as reasonably possible. In extreme instances, a segregated environment may be necessary. Such recommendations should be made to the superintendent's office.
- h) For kindergarten and primary-grade students with life-threatening allergies, all parents/guardians of children in those classes should be appropriately informed of the need for a safe environment and asked not to send food products or other substances deemed dangerous to the children with food or other substance allergies.
- i) For older, more mature students with allergies, primary responsibility should be assigned to them in consultation with the parent/guardians.

#### 4. **Emergency Procedures**

- a) At the beginning of each school year, at schools enrolling a student or students with allergies, the administration will arrange for the provision of staff training for the treatment of students at risk of anaphylaxis. Such training is to include the use of epinephrine auto-injection devices, storage of and access to Epi-Pens, and procedures to be followed to secure further medical attention.
- b) Under the guidance of the Public Health Nurse (PHN), if appropriate, a simulated incident and emergency response may be held. Where deemed appropriate and with parent/guardian permission, the student with the allergy and peers of the student may participate in the simulation.

#### 5. **Disputes**

Where agreement cannot be reached as to reasonable accommodation, the dispute shall be referred to the appeals process for resolution.

## ANAPHYLAXIS PLANNING CHECKLIST

As per Policy Manual Management Regulation 6011MR1, Section 2.2, the classroom teacher/advisor, the parents/guardians, the school administration and the Public Health Nurse (PHN), if appropriate, shall develop a Health Plan for the student. This checklist will assist in the development of the plan.

Student Name \_\_\_\_\_

- The Principal or designate will ensure that all staff and parental helpers who are in contact with the student(s) are aware of the child's allergic/anaphylactic condition.
- The Principal or designate will make everyone involved with food product preparation for school-wide sponsored activities and school community functions aware so that these allergens will be eliminated.
- Through staff meetings and classroom newsletters, staff and parents will be requested to cooperate in seeking to eliminate specific allergens from the school environment.
- The staff, student(s) and the parent community will be educated on Anaphylaxis and the use of the Epi-pen by Public Health Nursing, parents and/or other trained personnel (e.g. First Aid Designate).
- Custodial staff will be informed by the administration so that proper cleaning routines are in place.
- Emergency procedures and preparation for such procedures to be followed should a dangerous allergen be introduced to the classroom, (i.e. if a child brings a peanut butter sandwich to a classroom where there is a child with a severe peanut allergy, that child and a friend will eat outside of the classroom, wipe off the table and wash his/her hands before entering back in to the classroom.)
- Parents/guardians are responsible for instructing their child(ren) on how to avoid contact with allergic substances, to eat only foods prepared by the parents, to wear a medical alert device and where appropriate, how to self-administer medication.
- Parents will provide all medication, making sure that such medication has not passed the expiry date. Office staff will ensure that medications are kept in an unlocked location known to all supervising adults. Children should carry an Epi-pen with them and the office should have a back up.

- Parents will also provide the school with three up-to-date pictures that will be visibly located throughout the school in appropriate locations such as the office, staffroom, and staff work rooms.
- Through a newsletter, the entire school parent community will be informed of life-threatening allergies. The student(s)' names should not be identified.
- Where a parent/guardian refuses to cooperate, the school procedures shall be followed and the family should be referred to the superintendent's office.
- Instructions on the use of the Epi-pen should be posted in clearly visible locations, along with a list of symptoms and emergency procedures.
- Medications, including Epi-pens, for individual students are available. In the elementary schools, this involves storage in the @Risk Rescue kit. In the secondary schools, the student is responsible to carry his/her Epi Pen as appropriate.