

## **Wakefield Elementary School Policy Management of Life-Threatening Allergies**

### **1.0 Objective**

To create a safe and healthy environment for students through a co-operative effort by staff, parents, schools and related agencies, while recognizing that there are limits imposed by legislation, school configuration, numbers of students and available staff.

### **2.0 Definitions**

- 2.1 An allergy is a specific reaction or sensitivity by the body to an allergen.
- 2.2 Anaphylaxis is a severe, allergic response, usually to foods, insect bites, medications and rarely, vigorous exercise that, if untreated, can lead to sudden death.

### **3.0 Identification of Children at Risk**

- 3.1 It is the responsibility of the anaphylactic/potentially anaphylactic child's parents to inform the school principal of their child's allergy/ies.
  - 3.1.1 All staff members need to be made aware of these children.
- 3.2 Each child should wear a MedicAlert\* bracelet that states his or her allergy/ies and the location of his/her auto-injector(s) (EpiPen\*).
- 3.3 A photograph and a description of each child's allergy should be kept discretely in the child's classroom, the office, the daycare office, the gym, the school bus and the teacher's agenda. Parental permission is required for this. For younger children, it may be appropriate to have the Anaphylaxis Alert Poster in a visible area.

### **4.0 Availability and Location of EpiPens**

- 4.1 Anaphylactic, or potentially anaphylactic children who are old enough, should carry at least one EpiPen with them at all times and have back ups available in the school. Most children are able to carry their own auto-injector by the age of 6 to 8. For children with insect sting allergy, this would not have to be for the full year, but from September to November and March to June. As a precaution, the school will keep 2 extra EpiPens in the office, in case of an emergency.
- 4.2 Each child should wear a MedicAlert\* bracelet that states his or her allergy/ies and the location of his/her auto-injector(s) (EpiPen\*).
- 4.3 It cannot be presumed that children will self-administer their auto-injector. (The child may not be able to self-administer while having a reaction)

- 4.4 Posters describing the signs and symptoms of anaphylaxis and the use of the EpiPen should be posted in relevant classrooms, the office, the staff room, the daycare office and the gym.
- 4.5 Children who are no longer allergic or no longer require an EpiPen must present a letter of explanation from their allergist.
- 4.6 Additional EpiPens should be brought on field trips. It is recommended that the organizer of the field trip carry a cell phone as well.

## 5.0 Treatment Protocol

- 5.1 An individual treatment protocol needs to be established by the child's allergist. The school cannot assume responsibility for treatment in the absence of such a protocol. A copy of this should be present in the classroom and office along with a photo of the child.
- 5.2 To manage an emergency, a routine must be established and practiced:
  - 5.2.1 One person stays with the injured child at all times.
  - 5.2.2 One person goes for help.
  - 5.2.3 Administer epinephrine (EpiPen) at the **first sign** of reaction, however slight (e.g. itching or swelling of lips/mouth in food allergic children). **There are no contraindications to the use of epinephrine for a potentially life-threatening allergic reaction.** Note the time of administration.
  - 5.2.4 Call 911 and, regardless of the degree of reaction or response to epinephrine, transfer the child to an emergency room. Symptoms may recur up to eight hours after exposure to the allergen. One calm and familiar person must stay with the child until a parent or guardian arrives. If the child is being driven to the hospital, it is recommended that another individual accompany the driver to provide assistance.
  - 5.2.5 Contact the child's parents.
- 5.3 Adults must be encouraged to listen to the concerns of the anaphylactic child. **The child usually knows when s/he is having a reaction, even before signs are manifest.**

## 6.0 Training

- 6.1 Each year there should be awareness sessions for students and training for all staff, which includes a demonstration on the use of the EpiPen.
- 6.2 As a quick refresher, teachers could practice use of the EpiPen during

scheduled staff meetings.

- 6.3 Substitute teachers will be advised to review the Anaphylaxis Alert posters for children in their class and to review emergency protocol with the designated staff member for their grade level.

## 7.0 Allergen Awareness / Allergen Avoidance

Anaphylactic children must learn to avoid specific triggers. While the key responsibility lies with the anaphylactic individual and his/her family, in the case of a young anaphylactic child, the school community must also be aware.

At Wakefield Elementary School, the significant allergies are to peanuts and nuts. There are allergies to other foods and insect/wasp stings as well. We have appealed to the community to keep peanut / nut products out of the school.

In the classroom of anaphylactic children, special care is taken to avoid allergens. Parents must consult with the teacher before supplying food or craft materials to these classrooms. Food allergy facts, peanut free lunch ideas and a list of anaphylaxis information resources are distributed to parents during parent/teacher interviews. Basically, the risk of accidental exposure to a food allergen has been significantly diminished. **However, this risk can never be completely removed.**

Given that anaphylaxis can be triggered by minute amounts of an allergen, food anaphylactic children must be encouraged to follow certain guidelines:

- ⇒ Eat only food that they have brought from home unless it is packaged, clearly labeled and approved by their parents.
- ⇒ Wash their hands before eating.
- ⇒ Do not share food, utensils or containers.
- ⇒ Ensure that food does not come into direct contact with tables or desks.

## **References**

Health Canada: Anaphylaxis – A Handbook for School Boards

([www.hc-sc.gc.ca/fn-an/nutrition/child-enfant/anaphylaxis-anaphylaxie\\_e.html](http://www.hc-sc.gc.ca/fn-an/nutrition/child-enfant/anaphylaxis-anaphylaxie_e.html))

Ontario Medical Association – Anaphylaxis in School and Child Care Settings

([www.oma.org/phealth/allergy.htm](http://www.oma.org/phealth/allergy.htm))

Canadian Paediatric Society (CPS)

([www.cps.ca/english/statements/AL/al94-01.htm](http://www.cps.ca/english/statements/AL/al94-01.htm))

Allergy / Asthma Information Association

(<http://aaia.ca/en/aboutAnaphylaxis.htm>)

Anaphylaxis Canada

([www.anaphylaxis.org](http://www.anaphylaxis.org))

Safe 4 Kids

([www.safe4kids.ca](http://www.safe4kids.ca))