

CONNECT CHARTER SCHOOL SOCIETY

Policy Title: **Life Threatening Allergies**

Policy No. **6.11**

RATIONALE: Students with life threatening allergies should feel safe at school.

POLICY: The Board recognizes that it has a duty of care to students who are at risk from life threatening allergic reactions while under school supervision. The board also recognizes that this responsibility is shared among student, staff, parents and health care providers.

PRINCIPLES:

Connect Charter School will:

1. establish a process for identifying students with anaphylaxis
2. establish a process for keeping a record with information relating to the specific allergies for each identified student with anaphylaxis to form part of the student's file.
3. establish an emergency procedure plan, to be reviewed annually, for each student with anaphylaxis to form part of the student's file.
4. if necessary, establish an education plan for students with anaphylaxis and their parents to encourage the use of Medic-Alert identification.
5. establish a process for storing and administering medications, including procedures for obtaining preauthorization for employees to administer medication to a student with anaphylaxis.
6. establish a process for principals to monitor and report information about anaphylactic incidents to the Board.

See appendix A

First Reading March 10, 2020

Adopted May 12, 2020

Appendix A

Identification of Children at Risk

It is the responsibility of the anaphylactic/potentially anaphylactic child's parents to inform the school of their child's allergy.

All staff members need to be made aware of these children

Each child should wear a MedicAlert bracelet that states his or her allergy and the location of his/her auto- injector (EpiPen).

A description of each child's allergy will be kept in the main office.

Allergen Awareness/Allergen Avoidance

The risk of accidental exposure to a food allergen cannot be removed but the school will take all necessary precautions to significantly diminish the risk. Given that anaphylaxis can be triggered by minute amounts of allergen, food anaphylactic children and all children must be encouraged to follow certain guidelines.

To eat only food which they have brought from home unless it is packaged, clearly labeled and approved by their parents.

Wash hands before and after eating.

No sharing of food, utensils, or containers.

Place food on a napkin or wax paper rather than in direct contact with a desk or table

Training

Each year there should be awareness sessions and training for all staff, which includes a demonstration on the use of the EpiPen.

Substitute teachers will be advised to check with the main office for a list of the students who are affected by anaphylaxis.

Availability and Location of Epi-Pens

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. As a precaution, the school will keep 2 extra EpiPens in the staff room fridge, in case of emergency.

It cannot be presumed that children/adults will self-administer their auto-injector. All adults in the building should assume that they may have to assist a student with the administration of the EpiPen.

Children who are no longer allergic or no longer require an EpiPen must present a letter of explanation from their allergist.

Additional EpiPens should be brought on field trips.

Treatment Protocol

An individual treatment protocol needs to be established by the child's allergist and parents. A copy of this protocol will be on the information sheet for each child.

To manage an emergency, a routine must be established and practiced. In our training session, we have worked on the following:

- a) One person stays with the injured individual at all times
- b) One person goes to the main office for additional help
- c) Administer epinephrine (EpiPen) at the **first sign** of a reaction, however slight eg. Itching or swelling of the lips/mouth in food allergic children). There are no contraindications to the use of epinephrine for a potentially allergic reaction. Note time of administration.
- d) Call 911 and, regardless of the degree of the reaction or response to epinephrine, transfer the child to the emergency room. Symptoms may recur up to eight hours after exposure to allergen. Once calm and familiar person must stay with the child until a parent or guardian arrives.
- e) Contact the child's parents.
- f) Adults must be encouraged to listen to the concerns of the anaphylactic child. The child usually knows when she/he is having a reaction, even before signs are manifest.
- g) If students are outside a 911 call area, procedures will be established to ensure communication with emergency personnel is available.