



MAPLE HILL SCHOOL
SUMMITTING TOGETHER

Maple Hill School

SECTION	General School Administration
POLICY NAME	Anaphylactic Policy
POLICY NUMBER	301
DATE CREATED	July 21, 2017
DATE REVISED	
DATE IMPLEMENTED	September 1, 2017

Preamble

Anaphylaxis is a sudden and severe allergic reaction, which can be fatal, requiring that immediate medical emergency measures be taken.

Policy

Maple Hill School will follow the guidelines as stated in the British Columbia Anaphylactic and Child's Safety Framework (2013) and is committed to providing a safe learning and teaching environment as far as possible for its students, staff and volunteers. While the school cannot guarantee a 100% allergen-free environment, it is expected that school staff, parents and students will support the school in following important procedures to minimize the risk of potentially fatal anaphylactic reactions.

Implementation

The following procedures are designed to ensure that students with severe allergies are as safe as possible while on school grounds.

1. Identification of Students at Risk for Anaphylaxis

- a. All parents/guardians must ensure that their student's school file contains current information of medical conditions for health risks, allergies and other medical concerns. This requirement includes Informing the school if/when their child is diagnosed as being at risk for anaphylaxis.
- b. All parents/guardians must update the student's medical information at the beginning of each school year or whenever there is a significant change in health related to their child.
- c. Parents/guardians of students who have serious medical conditions that require medication must complete additional Medical Forms and the Student Emergency Procedure Plan (available from the school office), that includes:
 - i. Photograph of the student
 - ii. description of the child's allergy/medical condition
 - iii. emergency procedures to be undertaken by staff of school
 - iv. parent/guardian emergency contact information
 - v. signed Consent to Administer Medication release form
 - vi. Medical equipment required to treat a condition must be supplied by the parent/guardian, with clear instructions on its use, e.g., EpiPen® or auto injector

- d. It is strongly recommended anaphylactic students wear medical identifying information, e.g., MedicAlert® bracelet
- e. By law, the school is required to keep an official student file that contains medical information.

2. Record Keeping – Monitoring and Reporting

- a. For each identified student, the school will keep a Student Emergency Procedure Plan on file, containing the following information:
 - i. Student-Level Information:
 - 1. Name
 - 2. Contact information
 - 3. Diagnosis and symptoms
 - 4. Emergency Response Plan
 - ii. School-Level Information:
 - 1. Emergency procedures/treatment
 - 2. Physician section with signature
 - 3. The student's diagnosis
 - 4. Medication

3. Responsibility

- a. It is the responsibility of parents/guardians to inform the school of their student's medical conditions that may require emergency treatment.
- b. It is the principal's responsibility to ensure collecting and managing the information on students' life-threatening health conditions and reviewing that information annually to form part of the student's' Permanent Student Record. This includes checking off the Medical Alert box in the upper right corner on the Permanent Student Record.

4. Emergency Procedure Plans

- a. Student Level Emergency Procedure Plan
 - i. The school will ensure that the parents/guardians and student (where appropriate), are provided with an opportunity to meet with or communicate with designated staff, prior to the beginning of each school year or as soon as possible to develop/update an individual Student Emergency Procedure Plan.
 - ii. The Student Emergency Procedure Plan must be signed by the student's parents/guardians.
 - iii. The Student Emergency Procedure Plan will be posted in key areas such as in the student's classroom, the office, the teacher's daybook, and food consumption areas such as the lunch rooms and cafeteria. Parental permission is required to post or distribute the plan.
 - iv. The Student Emergency Procedure Plan will include at a minimum:
 - 1. Diagnosis
 - 2. Current treatment regimen
 - 3. Who within the school community is to be informed about the plan, e.g., teachers, volunteers, classmates
 - 4. Current emergency contact information for the student's parents/guardian
 - 5. Confidentiality form for staff to maintain the privacy laws

6. Information regarding the parent's responsibility for advising the school about any change/s in the student's condition
7. Information regarding the school's responsibility for updating records

b. School Level Emergency Procedure Plan

- i. Administer the student's auto-injector (single dose, single-use) at the first sign of a reaction. Note time of administration.
- ii. One staff member stays with the child at all times.
- iii. One person (possibly other student) goes for help or calls 911.
- iv. Contact the child's parent/guardian.
- v. If symptoms have not improved a second single dose-single use auto-injector may be administered within 10 to 15 minutes or sooner, after the first dose is given (i.e., the reaction is continuing, getting worse, or has recurred).
- vi. If an auto-injector has been administered, the student must be transported to a hospital via ambulance as the effects of the auto-injector may not last, and the student may have another anaphylactic reaction)

c. Precautions for Teachers Outside the Classroom (Field Trip)

- i. The principal, or designated staff, will ensure that emergency plan measures are in place for scenarios where students are off-site:
 1. Additional single dose, single-use auto-injector.
 2. Cell phone must be brought.
 3. Student's Anaphylaxis (Life Threatening Allergy) Information is provided to volunteers or staff involved
 4. All adults accompanying students on a school outing should know who has anaphylaxis and where the EpiPen® is kept and how to use it.
 5. Other students will not be allowed to bring or eat food that may cause an allergic reaction at all times.
 6. Students with anaphylaxis should bring along a safe and approved meals or consult with an adult to help ensure that food does not have an allergen present

d. Provision and Storage of Medication

- i. Students at risk of anaphylaxis who have demonstrated maturity should carry one single dose single use auto-injector with them at all times and have (1-2) backup single dose single use auto-injector stored at the school in a central, easily accessible, easily removable and unlocked location.
- ii. The location(s) of student auto-injectors must be known by all staff members.
- iii. It is the student and parent's' responsibility:
 1. To provide the appropriate medication (e.g., single dose, single-use epinephrine auto-injectors) for their anaphylactic student.
 2. To inform the school where the anaphylactic child's medication will be kept, e.g., with the student, in the student's classroom, and/or other locations.

3. Ensure the student understands they must have medication with them at all times
 4. o provide additional (1-2) single dose single use auto-injector to be stored in the central, accessible, safe but unlocked location.
 5. To ensure anaphylaxis medications have not expired and to replace expired medications.
- e. In the case of an evacuation
It is the responsibility of the front desk attendant, if possible without endangering self, to bring with him/her the first aid kit and the stored additional single dose auto-injectors.
- f. Allergy Awareness, Prevention and Avoidance Strategies
- i. The school shall ensure that all members of the school community including substitute employees, employees on call, student teachers and volunteers have appropriate information about severe allergies including background information on allergies, anaphylaxis and safety procedures.
 - ii. With the consent of the parent, the principal and the classroom teacher must ensure that the student's classmates are provided with information on severe allergies in a manner that is appropriate for the age and maturity level of the students, and that strategies to reduce teasing and bullying are incorporated into this information.
 - iii. Posters which describe signs and symptoms of anaphylaxis and how to administer a single dose, single-use auto-injector should be placed in relevant areas. These areas may include classrooms, office, staff room, lunch room and/or the cafeteria.
- g. Avoidance/Prevention
- i. If possible, avoid using the classroom of an anaphylactic child as a lunchroom. If the classroom must be used as a lunchroom, establish it as an "allergen-aware" area.
 - ii. Eating is not permitted in certain common areas of the school such as the library, computer room and office areas.
- h. Training Strategy
- i. The principal is responsible to provide annually, preferably at the start of each school year, a training session on anaphylaxis and anaphylactic shock for all school staff and persons reasonably expected to have supervisory responsibility of students, including parents and volunteers. Such a training session should include the signs and symptoms of anaphylaxis, avoidance strategies and emergency protocols.