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## Anaphylaxis Policy

### Preamble

The Thunder Bay Christian School mission statement states that we are committed to providing a supportive classroom community for each student. We seek to address a wide range of gifts, skills and challenges within the context of the body of Christ; a body called to exercise love.

A supportive classroom community includes the obligation for a greater awareness of individual needs. Needs present themselves in various ways. Health and safety needs are as important as learning needs, and certainly of paramount importance if one's life may be threatened because of foreseeable risks.

Thunder Bay Christian School will require and encourage its parents, staff and students to operate responsibly in order to control identified risks in such a way so that all God's children can safely learn, play and visit within Thunder Bay Christian School's facilities.

It should be recognized that Thunder Bay Christian School cannot guarantee an allergen-free or risk-free environment, and that there is no legal responsibility in any jurisdiction to do so. However, in schools where anaphylactic students have been identified, school staff do have a legal responsibility to take reasonable measures to reduce risk. This policy is intended to provide procedures which are designed to minimize the risk of anaphylaxis and provide a reasonable and appropriate standard of care.

School personnel should note there are no contraindications to the use of epinephrine in treating a life-threatening allergic reaction. Also note, there is also no significant cause for concern should the drug be administered in error (as in the child is not having an anaphylactic reaction). Life-saving injection in cases of suspected anaphylaxis outweighs any small risk of side effects. If attempts to administer the life-saving treatment fail, courts have held that a person who takes a reasonable decision as to a course of action in an emergency, will not be treated as having acted negligently if the course of action decided upon turns out to be wrong. Failure to respond to an emergency when forearmed with information concerning the potential emergency and the required intervention, would be interpreted by the courts as gross negligence.

### Definitions

#### **Anaphylaxis:**

Anaphylaxis, sometimes called allergic shock, is a potentially fatal allergic reaction to a specific substance, for example, certain foods, bee/insect stings, latex, and some medications. Symptoms of anaphylaxis may include the following:

- sense of fear or impending doom
- tingling of the mouth
- swelling and/or itchiness of tongue, lips, eyes, face, body
- hives, swelling, blotchy redness
- flushing of face, neck
- tightness in throat and/or chest, shortness of breath, wheezing, trouble swallowing, drooling, change in voice, excessive clearing of throat, marked nasal stuffiness
- coughing, wheezing and/or choking



- nausea, vomiting, cramps, diarrhea
- weakness, dizziness, loss of colour, sweatiness
- sudden unsteadiness, collapse, loss of consciousness, cessation of breathing
- rapid, weak pulse rate
- coma, respiratory failure

It is essential that care givers be aware of possible symptoms and the necessity of immediate treatment. Not all symptoms have to be present for an anaphylactic reaction to be taking place. Reactions can be delayed for up to two hours.

**Cross Contamination:** Cross contamination occurs when the protein from the allergenic food comes in contact with other non-allergenic foods. While we may not see the traces of the food, there may be enough protein present to cause a serious reaction if the individual is anaphylactic to that protein. Cross contamination can occur by direct contact with the allergenic protein during processing, or when using utensils which have not been thoroughly cleaned.

**EpiPen:** An EpiPen is a medically prescribed auto-injection device used to administer epinephrine in the case of an anaphylactic reaction. This instrument is only to be used under trained adult supervision. There are two possible dosages, and an "EpiPen Jr." or an "EpiPen" is prescribed according to weight. Medication expiration dates are noted on the outside of the EpiPen. The medication is transferable if size/weight of student is taken into consideration. However, there may be legal ramifications if the medication is administered to another student. It remains the objective of any school staff member to do what is reasonable and appropriate during a life threatening situation.

**Safe Environment:** A safe environment exists when the school has done all that is reasonable to prevent an anaphylactic reaction.

## AVOIDANCE

### **Responsibilities:**

#### **A. The Principal**

1. develops school policy
2. advises parents of policy
3. requests parents sign:
  - a. the authorization to administer medication form and
  - b. the consent form to post information including the student's picture
4. ensures that the parents have completed all the necessary forms and have provided medication and suitable identification (medic-alert jewelry)
5. informs the supporting community of the anaphylactic student and school policy
6. posts allergy alert forms in the staff room and office
7. posts signs on appropriate doors and hallways indicating that this is a nut safe school
8. ensures that all teaching, non-teaching, and substitute teaching staff receive training and arranges for an in-service session conducted by health personnel
9. requires the regular classroom teacher to keep information about the anaphylactic student in a specific/standard location for the benefit of substitute teachers



10. ensures a copy of all pertinent information and medications are available for field/class trips; bring a phone or be certain a phone is available; remind the teacher to include the anaphylactic child in his/her group
11. ensures that renters are informed; establish protocol with Booster Club.
12. implements a no-eating policy on the bus (if bus is transporting allergic child/ren). Allergic children are to sit at the front to avoid possible inadvertent exposure to peanut butter residue on other children's clothes/hands due to eating peanut butter at breakfast
13. requires anaphylactic students to eat only food prepared at home
14. ensures that anaphylactic students are not involved in garbage disposal, yard clean-ups or other activities that should bring them in contact with food

**B. The Parents/Guardians of anaphylactic children**

1. must participate as actively as possible in the development of procedures to protect their children
2. must assist by providing the school with up-to-date information and prescribed medication\* being mindful of expiry dates
  - a. \*ideally, the school requires two EpiPens per anaphylactic child: one worn by the child or in the teacher's desk (age appropriate, and as determined by the parent and teacher), and one with the child's poster in the staff room
3. ensure that a treatment protocol is signed by the child's physician (preferably allergist)
4. provide the principal with a recent photograph of the student
5. provide the student with Medic-Alert jewelry or other suitable predetermined identification
6. assist the principal in establishing suggestions for student snacks and food to avoid, for the Parent Handbook
7. assist the school in field trips and other events where feasible
8. train children to recognize risks and to take preventative action

**C. The Anaphylactic Students**

1. carry epinephrine, if age-appropriate (check with parents)
2. wear Medic-Alert jewelry
3. no sharing of food
4. wash hands before eating
5. be aware, when age-appropriate, of own medical condition and learn ways to keep self safe (eg: learn to read labels, learn to inject themselves)

**D. The Staff Members with Anaphylactic Students**

1. comply with school policy
2. never assume that children or teens will self-administer
3. discuss anaphylaxis with the class, in age-appropriate terms
4. encourage students not to share food
5. choose allergy-free foods/materials for classroom events or crafts
6. reinforce hand washing before and after eating
7. facilitate communication with other parents
8. leave information in predetermined location for substitute teachers



9. ensure a copy of all pertinent information and medications are available for field/class trips; bring a phone or be certain a phone is available; include the anaphylactic child in the staff member's group; ensure that field/class trip chaperones are informed
10. ensure desk tops are washed regularly, use specific cloth for allergic child's desk
11. inform parents in advance of special occasions in classroom where food will be prepared or served, as a precautionary gesture

**E. Parents of Non-Affected Students**

1. comply with school policy
2. be informed and respect the guidelines detailed in the Parent Handbook
3. train children to be aware of contamination and situations which put the anaphylaxis child at risk

**F. The Health & Safety Committee**

1. regularly reviews the school policy (every year is recommended)
2. ensures that appropriate signs are posted in numerous locations
3. ensures that garbage and recycle containers are placed in appropriate locations

**G. The Renters**

1. comply with school policy

**H. The Bus Drivers**

1. comply with school policy
2. be trained in action protocol in the case of an emergency and be trained to administer EpiPen if necessary
3. know where to find a child's EpiPen, whether it is worn by the child, or is in their knapsack

**ACTION**

**The Bus Driver**

Emergency Response within Thunder Bay/911 available area

1. the driver will administer epinephrine promptly
2. a designated person will call 911 and inform them that an allergic reaction is in progress
3. 911 will advise what to do

Emergency Response while on Field Trips outside Thunder Bay/911 available area

1. determine the emergency response protocol for locations outside Thunder Bay

**The Staff**

2. Emergency Response at school:
3. the staff member closest to the student will either help or administer EpiPen in the outer thigh immediately (remove grey cap from EpiPen and apply black tip to outer thigh; apply pressure and after feeling click, hold firmly in place for a slow count of 15 seconds; do not block either end of EpiPen when using)



4. after the EpiPen has been administered, the attending staff member will notify the office of the emergency (do not leave the student alone)
5. the office will call 911 and send someone to assist the attending staff member
6. keep the student comfortable and still; encourage the student to sit or lay down
7. repeat EpiPen every 10-20 minutes or whenever symptoms begin to recur. Note the time epinephrine has been given
8. assign a familiar adult to accompany the student
9. contact the student's parents

**Emergency Response elsewhere:**

1. the staff member will administer epinephrine promptly
2. after the EpiPen has been administered, call 911 (ask a chaperone to do this)
3. keep the student comfortable
4. assign a familiar adult to accompany the student
5. contact the school office, who will contact the parents