

## **ALLERGIES AND ANAPHYLAXIS**

### **Background**

The District expects principals to reasonably accommodate students with medically diagnosed allergies, particularly where those allergies are life threatening.

It is the responsibility of the District to:

- 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.
- 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)

The District 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. Principals must take realistic and practical actions that will encourage the support of everyone involved.

Any allergy may develop into an anaphylactic reaction. Principals, 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 are to be expected to take increasing personal responsibility for avoidance of their specific allergens. An [Anaphylaxis Planning Checklist](#) (Appendix) is

provided 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.

## Procedures

1. These procedures 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.
  - 1.1. The student's parent 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.
  - 1.2. Registration procedures will inquire as to whether or not a student has medical problems of which the Principal is to be aware.
  - 1.3. 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 Form \(Form 316-1\)](#) for administration of medication.
  - 1.4. In developing a reasonable accommodation of the student with anaphylaxis, an Anaphylaxis *Health Plan* will be developed.
    - 1.4.1. The classroom teacher/advisor, the parents and the Principal shall develop the plan. Other persons may be involved as determined to be necessary including the Public Health Nurse (if appropriate.)
    - 1.4.2. Consideration is to be given to:
      - 1.4.2.1. Ensuring all staff (administrative, teaching, and support staff including bus drivers) who come in contact with the student are aware of the allergy;
      - 1.4.2.2. Avoidance of allergens from food products prepared for all school-sponsored activities and school/community functions;
      - 1.4.2.3. Requesting that staff and students cooperate in seeking to eliminate allergens from the student's school environment;
      - 1.4.2.4. Requesting that playground areas are maintained to eliminate potential allergens, i.e. known wasp nests or bee hives;
      - 1.4.2.5. Removing carpet, draperies and other allergenic materials from the student's classroom;
      - 1.4.2.6. Posting signage identifying the allergy and allergens on the appropriate entrances to the student's classroom(s);
      - 1.4.2.7. Education of the student and parent community, staff and food handlers;
      - 1.4.2.8. Standards of hygiene and maintenance for facilities and students;
      - 1.4.2.9. Custodial and maintenance products and routines;
      - 1.4.2.10. Classroom and school routines: age, maturity and ability of student, and expectations regarding personal responsibility;

- 1.4.2.11. Emergency procedures and preparation for such procedure to be followed when a 'dangerous' allergen is introduced to the classroom.
- 1.5. Parents are responsible for instructing their child:
  - 1.5.1.1. How to avoid contact with the substances to which they are allergic;
  - 1.5.1.2. In the case of food allergies, to eat only foods which have been prepared by the parent;
  - 1.5.1.3. To wear a medical alert device;
  - 1.5.1.4. Where appropriate, how to self-administer medication.
- 1.6. Parents are to provide all medication and equipment such as Epi-Pens. Further, it is the parents' 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.

## 2. Avoidance Strategies

- 2.1. Principals who enrol students with allergies that may be life-threatening are to inform all parents of this fact in the first newsletter home, with advice on what parents might do to support the school staff and the student. The students are not to be identified.
- 2.2. 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.
- 2.3. With regard to providing a safe environment, principals enrolling a student(s) with allergies are to review all food-related and other school activities that might lead to the possible introduction of an allergen.
- 2.4. Where a parent or student refuses to cooperate, the school procedures shall be followed and the family shall be referred to the Superintendent's office.
- 2.5. In instances where a 'dangerous' substance is known to have been brought to the classroom, the Principal is to advise all students and families concerned of the procedures to be followed.
- 2.6. Instructions on the use of the auto-injector (Epi-Pen) is to 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.
- 2.7. For kindergarten and primary grade students, classrooms of the children with allergies are to be made as safe as reasonably possible. In extreme instances, a segregated environment may be necessary. Such recommendations are to be made to the Superintendent.
- 2.8. For kindergarten and primary-grade students with life-threatening allergies, all parents of children in those classes are to 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.
- 2.9. For older, more mature students with allergies, primary responsibility is to be assigned to them in consultation with the parent.

### 3. Emergency Procedures

- 3.1. At the beginning of each school year, at schools enrolling a student or students with allergies, the Principal 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.
- 3.2. 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 permission, the student with the allergy and peers of the student may participate in the simulation.

### 4. Disputes

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

Reference: Sections 7, 17, 20, 22, 65, 84, 85, 95 School Act  
School Regulation 265/89  
Anaphylaxis Protection Order M232/07  
Anaphylaxis: A Handbook for School Boards, Canadian School Boards Association  
British Columbia Anaphylactic and Child Safety Framework

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