ANAPHYLAXIS (LIFE-THREATENING ALLERGIES)

The Chignecto-Central Regional School Board believes that the school environment should be clean, healthy and safe.

Accordingly, the Board recognizes that while it is impossible to eliminate all risks, the Board has a responsibility to maximize the safety of each individual who may be subject to severe allergic reactions (anaphylaxis).

To this end, the Board expects the Superintendent of Schools (or designate) to prepare, implement and monitor guidelines, procedures and standards to promote the following:

- exposure to life-threatening substances is avoided;
- responses to exposure are prompt and appropriate;
- parents of anaphylactic children identify their children to the school principal;
- anaphylactic adults who work/volunteer in the school-system identify themselves to their immediate supervisor; and,
- if appropriate, parents/guardians and the physician attending the child authorize the administration of medication and or treatment of the child by Board personnel.

and, to ensure that:

- each school/work-site establishes and follows a plan which is appropriate to the needs of the anaphylactic individual.
ANAPHYLAXIS (LIFE-THREATENING ALLERGIES)

POLICY #OS-G-05

ADMINISTRATIVE PROCEDURES

Authorization These Administrative Procedures have been authorized by the Superintendent of Schools.

Scope Policy #OS-G-05 and these Administrative Procedures apply to all parents, students and staff in all schools and other Board operated facilities and vehicles whenever an anaphylactic individual has been identified and can be expected to be present.

Responsibility It is the responsibility of the Director of Operational Services to ensure that Policy #OS-G-05 and these Administrative Procedures are implemented.

Implementation Policy #OS-G-05 and these Administrative Procedures will be implemented by each school Principal, assisted as required by school staff; by the Coordinator of Property Services, assisted as required by Property Services staff and tradespersons contracted by the Board; by the Coordinator of Transportation, assisted as required by Transportation staff; and by the Director of Operational Services, assisted by the Coordinator(s) of Human Resources.

Procedures 1. (a) The Director of Operational Services shall ensure that all Principals, Coordinators of departments and all new employees, as part of the orientation process, are made aware of the condition known as anaphylaxis.

(b) Each Principal and Coordinator shall ensure the all employees working under his or her supervision are made aware of the condition known as anaphylaxis.

(c) The Coordinator(s) of Human Resources shall obtain from each Principal the names of all staff members who require training in preparation for working with an anaphylactic child and for administering an Epi-Pen, and shall co-ordinate with
2. (a) **Parents** with anaphylactic children must assume the responsibility to identify their children to the school principal.

(b) **Parents** shall ensure that their child wears a medic-alert bracelet which identifies specific allergens.

(c) **Parents** shall ensure that their child is provided with an auto-injection device (Epi-Pen) and has an appropriate means for carrying his or her Epi-Pen.

(d) **Parents** shall ensure that the school is provided with an adequate supply of Epi-Pens to meet emergency needs for their child.

3. Upon being notified of the identify of an anaphylactic child, the **Principal** shall request the parent to complete Form #OS-G-05(a) (Emergency Allergy Alert Form) to gain an understanding of the child’s condition and needs.

4. The **Principal** shall inform all staff (teaching and non-teaching) of the identity of the child before (when possible) the child begins attendance at the school.

5. (a) The **Principal** shall ensure that copies of Policy #OS-G-05 and these Administrative Procedures are provided to all staff.

(b) The **Principal** shall ensure that specific information about each anaphylactic child in the school is provided to all staff.

(b) The **classroom teacher** and **specialist teachers** of each anaphylactic student shall ensure that information relating to the child’s condition and needs (including directions for the use of auto-injectors) is kept in a place where it will be highly visible and readily understood by substitute teachers or others who might work or volunteer in the classroom.
7. (a) The **Principal** shall annually review (with all staff) information on how to recognize and treat anaphylactic reaction, on school practices to protect anaphylactic children from exposure, and on school practices for responding to emergencies.

(b) The **Principal** shall consult with the parents of individual anaphylactic children to plan information sharing for other students and their parents, and shall ensure that such plans are implemented in a manner which is appropriate in terms of the age and maturity of the children concerned.

(c) The **Principal** (or designate) shall orient all new substitute teachers, volunteers, students and their parents to the presence and needs of each anaphylactic child who attends the school.

8. The **Principal** shall co-ordinate planning and efforts by staff, students, and parents to establish:
   (a) allergen-free areas within the school;
   (b) safe lunchroom and eating procedures;
   (c) review of school activities, supplies, and materials for freedom from allergens; and
   (d) review of holiday, special event, and field trip plans for freedom from allergens.

9. (a) The **Principal** shall take precautions to reduce student’s risk of exposure to insect venom by arranging for prompt removal of insect nests, ensuring grounds cleanliness, and close supervision of students when they are outside during bee/wasp season.

(b) The **Principal** shall ensure that students with anaphylactic reaction to insect venom are permitted to remain indoors during bee/wasp seasons.

10. The **Principal** shall ensure that a separate emergency plan is developed, with parental and medical input, for each anaphylactic child in the school, and that staff are trained
to respond to an allergic reaction. (See Appendix “A” . . . Caring For the Anaphylactic Child)

11. The **Principal** shall ensure that a copy of the emergency plan for each anaphylactic student is posted in the office, the staff room, the student’s classroom(s), the health room and the cafeteria, and that a copy is provided to any person who will provide transportation to the student.

12. The **Principal** shall ensure that an adequate supply of Epi-Pens is available in the school at all times; the **Principal** (or designate) shall assist parents in applying to service clubs or other suitable agencies for assistance if provision of Epi-Pens is beyond the economic means of the parents.

13. (a) The **Principal** shall forward to the Family of Schools Supervisor, the Coordinator of Transportation and the Coordinator of Property Services a copy of the emergency response plan for each anaphylactic child attending the school.

(b) The **Coordinator of Property Services** shall inform Property Services staff and other trades persons who may be assigned work in the school of any precautions which must be taken before and/or during entry of the school.

(c) The **Coordinator of Transportation** shall inform bus drivers of any precautions which must be taken before and/or during transportation of the child and shall provide drivers with a copy of the emergency response plan to be followed by the driver in the event of an emergency during transportation.

**Related Guidelines**

**Associated Forms**
Form #OS-G-05(a) Emergency Allergy Alert Form (Student)
Form #OS-G-05(b) Emergency Allergy Alert Form (Adult)

**Distribution**
All Policy and Procedure Manual holders
INTRODUCTION:

Within the limits allowed by legislation, school configuration and the ability to do so, school staff and parents of every school share a responsibility for creating a safe and healthy environment for everyone who attends or works in that facility.

For schools attended by students with severe/life-threatening allergies, particular attention to a safe and healthy environment must be increased. While it is impossible to eliminate all risks to such students, many cooperative steps can be taken to minimize the chance of potentially fatal reactions.

For some students, severe reactions can be triggered by eating certain foods or even by smelling or touching them. Among substances which put some students at risk are: peanuts, nuts, nut oils, fish and other sea foods, eggs, milk and wheat. Other students are at risk from bee and other insect stings or bites. An increasing number of children, particularly those with Spina Bifida, are showing severe Latex allergies.

While these conditions have implications for operation of the whole school not just their individual classrooms, it is unrealistic to approach the needs of such at risk students through a “ban” on certain products in an effort to eliminate the allergens. Through education about the nature and seriousness of the potential reactions and the establishing and following of a plan which is appropriate to the needs of the individual and the cooperation of all parents and staff within the school, it is possible to minimize and control the use of potential allergens.

The age of the students and the severity of their reactions are factors to be considered in developing an appropriate plan for each student. As students grow older, they develop an increased ability to be responsible for their own behaviour and actions, recognize risks within their own environments and recognize signs of their own allergic reactions. Nevertheless, an individual plan must be in place for all students with life-threatening allergies.

Similar plans should be considered for students with other conditions which in exceptional cases could be life-threatening.
Points to be Considered in the Development of an Individual Plan for Students With Life-Threatening Allergies:

1. A written individual plan will be developed for each student at the beginning of each school year and posted.

2. Request that parents (or students 19 years or over) complete and sign the “Form #OS-G-05, Emergency Allergy Alert Form” which also requires the signature of the student’s physician.

3. In developing the individual plan with the parents, reference should be made to the following elements:

**Basic considerations:**

- pictures of the child to be used as required
- specific information regarding the child’s allergies be provided
- the use of a MediAlert bracelet is strongly recommended
- authorization and directions for the administration of emergency medications such as an EpiPen (FORM #OS-G-05). (EpiPen should never be locked up)
- provision of the appropriately labelled emergency medication (name of student, name of medication, expiry date) by parents
- procedures for storage and availability of medication at all times

*Note:* Students who are old enough to do so should have their EpiPen(s) with them at all times (e.g. via a “fanny pack”)

- a “backup” EpiPen should be supplied to the school by parents in case the student’s is misplaced
- agreement should be reached regarding transportation to hospital if deemed necessary. Ambulance services will be used at the discretion of the Principal in any event warranting such measures
- agreement should be reached on how the child who is experiencing an actual or suspected reaction is to be handled - i.e. who is to be responsible for ensuring that the child is not left alone at any time
- telephone numbers for parents and other designated “emergency contact” must be available and kept up to date
- parents must authorize the release of relevant information and posting of the plan in the school office, staff room, classroom(s), teacher’s plan/day book, etc.
- the plan should be reviewed annually
- if more than one student is affected, consideration may be given to the establishment of an in-school parental support group
Communications Considerations:

- the student’s parents accompanied by the student should have an opportunity to meet the classroom teacher(s) prior to the first day of school and that a mid-year review should be held or consideration given to the plan at parent-teacher conferences.
- other students in the class should be given information about the allergies on the first day of school and asked to cooperate.
- information should be sent to the parents of all students in the class on the first day of school and reminders included in newsletters as deemed appropriate throughout the year.
- ensure that ALL staff members (teachers, substitutes, custodial and office staff, classroom volunteers, bus driver, etc.) can recognize the student, are aware of the procedures to be followed and who to contact.
- provide information through events such as meetings of the School Advisory Committee and Meet the Teacher Nights.
- signs can be posted on the doorway of the classroom(s) to remind everyone that there is a student with severe allergies in that class.
- consider the creation of a “high risk” display board in the staff room with pictures of all students with health risks (such use should be discussed in obtaining the FORM #OS-G-05 release from parents).

Training Considerations:

- contact the Public Health nurse assigned to the school to arrange for training and advice. If for some reason the nurse is unable to be contacted, then contact should be made with the student’s physician.
- in-service training should be made available to ALL staff.

Lunchroom/Cafeteria and Snack Procedures:

- a “peanut-free eating area” should be considered.
- students with allergies should eat only foods brought from home.
- students with allergies should sit in the same spot in the lunch area each day, (preferably at the corner of a table to reduce contacts) and facilitate the task of those who supervise in providing extra vigilance.
- trading and sharing of food with students with allergies should not be allowed.
- children should be reminded not to share cups, straws, etc.
- hand-washing before and after snacks/meals is strongly encouraged.
- desks or lunchroom tables should be kept particularly clean.
• the parents of children with these allergies should consider providing the school with non-perishable special treats for those times when other parents send food into the school (birthday parties, bake sales, weekly treats, etc.)

• as foods dropped on the ground at recess may pose a risk to students with allergies, yard cleanliness is a matter of increased importance

  Note: Students with allergies should have limited participation in all yard clean-up activities, wear gloves, etc. as discussed with parents

• ingredients lists should be available in all school cafeterias and elimination of allergens should be attempted. An information fact sheet on “cross-contamination of food” is attached

Use of Shared Equipment:

• computer keyboards, etc. should be wiped prior to use by students with severe allergies

• particular attention should be paid to cleanliness of drinking fountains and taps within the school

Absence of the teacher:

• the Day/Plan book for the classroom teacher(s) should contain clear indication of the needs of the student and a copy of the plan

• the teacher across the hall (or other staff member) should be designated to act as a backup and remind the substitute teacher who is filling in for the absent teacher

• the display of a sign on the doorway to the classroom will serve as a reminder to all who enter that there is a child with allergies in that class

Field Trips and Extra-Curricular Activities:

• plans should address the need for safe field trips

• emergency procedures are to be reviewed with staff and volunteers before any trips

• permission slips for off-site activities should include information about allergies.

• the EpiPen should be carried on all field trips involving students with these allergies

• bus driver should be alerted as well

• consideration should be given to the use of portable telephone for off-site activities
Information to Senior Administration:

- Principals should inform their Family of Schools Supervisor of the identity of those students identified as having a life-threatening allergy and provide a copy of the plan which is in place for each such student.
CROSS CONTAMINATION OF FOOD

Food Allergy Facts

What is a food allergy?

An allergy is a reaction or sensitivity by the body to a particular substance. A food allergy occurs when the food that causes a reaction is eaten, or in some cases, inhaled.

What is cross contamination of food?

All foods have proteins. It is the food’s protein that causes an allergic reaction. When one food comes in contact with another food, their proteins mix. While a person may not see traces of the food, there may be enough protein present to cause a serious reaction if one is allergic to that food.

How can cross contamination occur?

Cross contamination can occur anytime foods come in contact with each other. Contamination may result from direct contact, from contact during processing and by using serving utensils that have not been properly cleaned.

Things to consider . . .

- Always check the oil in which foods are cooked. Peanut oil must be avoided by persons with a peanut allergy, while those with a fish allergy will have to ensure that foods such as French fries are not cooked in the same oil in which fish has been cooked.

- When using mayonnaise or other spreads, ensure that the knife and/or spoon used to spread a filling such as egg, tuna or salmon is not put back into the jar. It may contaminate the mayonnaise.

- The same caution applies to peanut butter and jam. Never dip a knife into the jam after it has been used in the peanut butter.
When serving cookies or sandwiches, always use different serving trays or plates for each type of food. For example, traces of egg, fish or peanut butter will contaminate other sandwiches on a plate. The same applies to cookies - traces of coconut, nuts, peanut butter, etc. can cause serious problems if spread to other cookies and eaten by a person with an allergy.

Always use different utensils when preparing and serving foods. Traces of food may be left on cutting boards, counters, knives, serving spoons and even hands and may be unknowingly spread to other foods.

Exercise caution when using dish cloths and towels, as traces of certain food (such as peanut butter) may be left on the cloth and spread to other dishes, etc.

Ensure that the foods to which a person is allergic are not cooked on the same BBQ grill as the food the person will eat. Grills and BBQ utensils should be thoroughly cleaned before use.

When serving ice-cream, never use the same scoop in different ice-cream tubs as minute traces of nuts may be left on the scoop and thereby spread to what is thought to be “safe” ice-cream.

Exercise caution in donut shops that display donuts on metal racks as small amounts of coconut and nuts may fall from one donut to another.

Avoid buffet foods in restaurants as the ingredients of particular dishes are not always known and the same serving spoon may be used for more than one dish.

In restaurants, always ask about the ingredients in foods including toppings, stuffings, sauces, gravies, etc. Stuffings containing nuts and eggs are often used in sauces.

Never eat any food that has been touched by an ingredient to which one is allergic. For example, removing peanuts from a sundae does not make it safe to eat. There are minute traces of peanuts left on the ice-cream.

Be careful of “the kiss” - one should avoid kissing a child if one has just eaten a food to which the child is allergic.

Never eat unwrapped candy from coin-operated vending machines. If peanuts for example were previously stored in the bins, traces of peanuts may contaminate the candies that are currently there. Also, the ingredients of the snacks may not be listed on the vending machine.
- Avoid “exotic” or mixed fruit drinks if you are allergic to certain fruits such as strawberry and kiwi.

- Food additives such as nitrates, artificial flavours, preservatives and colours can trigger allergic reactions. Always read labels thoroughly.

At the grocery store . . .

- Use caution with “bulk” food bins as food from one bin may drop into another bin. Also, the scoop may have been used in more than one bin and may be contaminated with traces of other foods. For example, chocolate covered peanuts may easily drop into the chocolate covered raisin bin if they are adjacent.

- Be aware of specialty coffees and the machines used to grind the coffee beans. Traces of the allergy containing food may end up in your coffee! Almond amoretto coffee beans are flavoured with either real almonds or artificial flavouring and if one is allergic to almonds, an allergic reaction might result. The same holds true for hazelnut mocha and other coffees.

- In the deli section, automatic bread, cheese and meat slices may contain traces of the foods to which people are allergic. While whole wheat bread may be safe before slicing, it may pick up traces of nuts and other products from the slicer if a “fruit and nut” loaf was sliced before the bread.

- If one has a fish allergy, be aware of “surimi” or imitation crab or lobster. Surimi is made from a fish muscle that is reshaped and flavoured from actual shellfish.

- Check to see if fish and meats are stored at the same deli counter. If they are, then it is possible that fluids may leak from the fish and contaminate the meats. Cross contamination can also occur on “chopping blocks” and utensils.

- At the grocery check-out, make sure the conveyor belt does not have spills or leaks from the previous person’s groceries. This is especially important for those with a shell or fish allergy as fish packages often leak fluid which may cause a problem if the groceries absorb the fish liquid.

Remember . . . When in doubt . . . throw it out!
Emergency Allergy Alert Form (Student)

(To be completed by parents/guardians of children with life-threatening allergies . . . anaphylaxis)

**A. GENERAL**

Name of Student: ______________________  MSI # ______________

School: ____________________________  Grade: ______________

Parents/Guardians: _____________________________________________

Address: ___________________________________________________

Phone: (Home) ____________________  (Work) __________________

Alternate Contacts (in case of emergency):
(1) Name: ______________________________  Phone: __________________
(2) Name: ______________________________  Phone: __________________

Family Doctor: Name: ________________________________

Phone: __________________

**B. ALLERGY INFORMATION**

Child is allergic to ________________________________________________

_______________________________________________________________

Signs and Symptoms: (check √ if applicable)

- tingling in mouth
- swelling - eyes, lips, face, tongue
- difficulty breathing, swallowing
- coughing, choking
- loss of consciousness
- hives, itching
- tightness in throat, mouth, chest
- wheezing
- vomiting, upset stomach
- other

_____________________________________________________________

_____________________________________________________________
C. AUTHORIZATION FOR ADMINISTRATION OF MEDICATION (PARENTS)

It is neither the objective nor purpose of the Chignecto-Central Regional School Board to administer medication to students. The personnel of the Chignecto-Central Regional School Board are prepared to undertake this activity, however, in an effort to assist those students to attend school who would not otherwise be able to do so.

TO BE COMPLETED BY PARENT / GUARDIAN OR STUDENT (IF 19 YEARS AND OVER)

PARENT RESPONSIBILITY

(a) The prescribed medicine should be brought to the school by the parent, legal guardian or designated representative, together with a written request to have the medication administered. The medication should be in the original container and properly labelled.

(b) The school should insist that the container in which the medicine is kept has a label attached showing the name of the doctor prescribing it, the name of the child for whom it is prescribed, the date prescribed, the dosage and the specific times for administering it. Where the doctor or the pharmacist provides additional information regarding storing, side effects, etc. of the drug, such information should be provided to the school.

MEDICATION INFORMATION

Name of Student: ____________________________________________________________
Name / Type of Medication: __________________________________________________
Dosage / Amount to be given: ________________________________________________
Method of Administration: __________________________________________________
Frequency / Times to be Administered: _________________________________________
Duration: _______________ _________________________________________________
Type of storage required for medication: _______________________________________
Anticipated reaction to medication (symptoms, side effects, etc.): _________________
_________________________________________________________________________
_________________________________________________________________________
Other (Be Specific): ____________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

I / We hereby request, authorize and empower personnel of the Chignecto-Central Regional School Board to administer medication and/or treatment as described herein to the student named above. I / We release the Chignecto-Central Regional School Board, and any employee, from any legal liability that may result from the administration of such medication or the giving of such treatment. I / We also agree to indemnify the Chignecto-Central Regional School Board against any claims at any time made by the student named or by any other party arising out of the administration of medication or treatment described herein. I also understand that I (we) am (are) responsible for disposing of any stale or outdated medication.

_____________________________ ______________________________
Signature of Parent / Guardian / Student Date

_____________________________ ______________________________
Signature of Parent / Guardian Date
D. PHYSICIAN’S STATEMENT

Name of Student: ____________________________________________________________

I hereby certify that the above-named student has a chronic medical condition which makes him / her unable to attend school safely unless he / she receives the following medication and / or treatment.

I also certify that administration of this medication / treatment during school hours is necessary for this child’s attendance at school.

Name / Type of Medication: __________________________________________________
Dosage / Amount to be given: ________________________________________________
Method of Administration: __________________________________________________
Frequency / Times to be Administered: _________________________________________
Duration: __________________________________________________________________
Type of storage required for medication: _______________________________________
Anticipated reaction to medication (symptoms, side effects, etc.): ________________
_________________________________________________________________________
_________________________________________________________________________
Other (Be Specific): ___________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

Physician’s Signature ___________________________ Date __________________________

Physician’s Address ___________________________ Telephone ____________________

NOTE: A NEW EMERGENCY ALLERGY ALERT FORM MUST
BE SUBMITTED TO THE SCHOOL EACH SCHOOL YEAR
AND WHENEVER THE MEDICATION IS MODIFIED.
Chignecto-Central Regional School Board
[Form OS-G-05 (B)]

Emergency Allergy Alert Form (Adult)

A. GENERAL

Name: ___________________________________________  MSI # ________________
School/Work-site: ________________________________________________________________
Address: _____________________________________________________________________
Phone: (Home) ____________________ (Work) ____________________
Alternate Contacts (in case of emergency):
(1) Name: ___________________________ Phone: ________________
(2) Name: ___________________________ Phone: ________________

Family Doctor: Name: ________________________________________________
               Phone: ____________________

B. ALLERGY INFORMATION

I am allergic to/negatively affected by ____________________________________________
__________________________________________________________________________
__________________________________________________________________________

Signs and Symptoms: (check (✓) if applicable)

- tingling in mouth
- swelling - eyes, lips, face, tongue
- difficulty breathing, swallowing
- coughing, choking
- loss of consciousness
- hives, itching
- tightness in throat, mouth, chest
- wheezing
- vomiting, upset stomach
- other ____________________________________________________________________
__________________________________________________________________________

Signature ___________________________ Date __________

NOTE: 1) This form is to be completed by any individual (employee/volunteer or other user) who has an allergy or condition that may be irritated by conditions and/or substances used in a Chignecto-Central school or work-site.

2) The completed form is to be submitted to the Principal or work-site Supervisor.