

APPLEBY COLLEGE ANAPHYLAXIS POLICY

Anaphylaxis is a serious allergic reaction that can be life threatening; it requires practice of good avoidance strategies and immediate response in the event of an emergency.

In the event on an individual going into anaphylactic shock, the first line of treatment is to administer an epinephrine auto injector. Epinephrine by injection is the treatment of choice for anaphylactic reactions because it quickly begins working to reverse symptoms of an anaphylactic reaction, by:

- relaxing the muscles in your airways so you can breathe more easily
- helps reverse the rapid and dangerous decrease in blood pressure
- stimulates the heartbeat, and works to reverse hives and swelling around the face and lips
- the effects of epinephrine usually last 10 to 20 minutes

There are no contraindications to using epinephrine for a life-threatening allergic reaction. This means that in normally healthy individuals, epinephrine will not cause harm if given unnecessarily.

Sabrina's Law requires that every school board in Ontario establish and maintain an anaphylaxis policy to help students with serious allergies. It also requires that schools create individual plans for each student at risk of anaphylaxis

POLICY STATEMENT

Appleby recognizes the dangers faced by students and staff with severe reactions to certain allergens. While Appleby cannot guarantee an allergen-free environment, we will take reasonable steps to ensure a safe environment for students with life-threatening allergies further to the goal of maintaining an appropriate learning environment for all students.

Appleby College's goal is to ensure that school staff and other in contacts with students at risk of anaphylaxis are prepared to handle an emergency situation.

ROLES AND RESPONSIBILITIES

Parents/Guardians

- Should make every effort to teach their allergic/anaphylactic children to self-protect and practice good avoidance strategies. Good safety habits should be established from an early age.
- Are responsible for informing Appleby College Health Centre about the child's allergies/anaphylaxis at the beginning of each school year or when first diagnosed and updating the health centre on any medical changes
- Provide a doctor's note if a student has out grown an allergy and no longer anaphylactic.

- Provide the child and Appleby College Health Centre with an epinephrine autoinjector which is not expired, as well as replacing any epinephrine autoinjector that does become expired.
- Must complete an Anaphylaxis Plan of Care which has the child's photograph and allergy information, emergency contact numbers, emergency protocol, and signature of the parent/guardian and physician each school year.
- For food-allergic children, should provide non-perishable foods and safe snacks for special occasions as deemed necessary by the parent.
- Should meet with food service staff to inquire about allergen management policies and menu items, if their child is to eat foods prepared at school.

Anaphylactic Students

- Must carry their own epinephrine auto-injector on them at all times and provide the Health Centre with an extra auto-injector. Both must not be expired.
- Must notify their parents/Health Center staff if they misplace or lose their auto-injector.
- Practice good avoidance strategies and be discouraged from eating if they do not have an auto-injector with them.
- Be very cautious when eating foods prepared by others.
- Take responsibility for advocating for personal safety and well-being, and immediately notify a staff member if they begin to feel unwell and feel they may be having a reaction.
- Wear medical identification, such as a Medic Alert bracelet (or necklace for older children) which clearly identifies their allergy

School Staff

- Participate in annual anaphylactic education, training and resource review to learn or to be reminded of how to respond during an anaphylactic emergency.
- Complete routine checks to ensure that anaphylactic students are carrying their epinephrine autoinjectors at all times (during classrooms, breaks, lunch, field trips, during evacuation procedures, lockdown, etc.).
- All teachers must have access to a student's Anaphylactic Plan of Care, which will be provided and updated through the Health Center; this is also where valuable information is organized for substitute teachers.
- All staff involved with anaphylactic students must review the child's Plan of Care and know how to access it at all times, both inside and outside the classroom.
- Identify anaphylactic students to all school personnel, including volunteers, substitute teachers, student teachers that do not typically interact with the student.
- The entire school population should be educated regarding the seriousness of Anaphylaxis and be taught how to respond during an emergency. This can be achieved through general awareness sessions in an assembly or a health lesson.
- Peers should be taught that bullying and teasing students with anaphylaxis is unacceptable. Bullying and teasing incidents should be dealt with immediately.

Health Centre / Principal

- Review the contents of the student's Plan of Care and make an electronic file for each Anaphylactic student. This information will be made available for the rest of the school staff, ensuring they have quick and easy access to this information at all times.
- Will store a second epinephrine autoinjector for each anaphylactic student in the Health Centre (to be provided by the parent), that will accompany student on school outings.
- The Health Centre will provide an epinephrine auto-injector during field trips, sporting events, and special outings in First Aid Kits that are to be requested by the teacher organizing the trip/team.
- Notify parents once student's epinephrine autoinjector becomes expired.

Foodservice and bus companies/drivers

- Foodservice companies operating in a school setting are responsible for ensuring that their personnel are trained to reduce the risk of cross-contamination through purchasing, handling, preparation, and serving of food.
- Contents of foods served in school cafeterias and brought in for special events should be clearly identified.
- Bus companies should include anaphylaxis training as part of the regular first-aid training which drivers are required to complete. Bus companies are encouraged to establish and enforce a 'no eating' rule during daily travel on buses.
- Staff at both foodservice and bus companies should participate in the school's anaphylaxis training, which includes the identification of students at risk and how to use an epinephrine auto-injector.

Responsibility of the Board of Directors

- The Board of Directors are expected to communicate, on an annual basis, their policies on supporting students with a prevalent medical condition to parents, school board staff, and others in the school community who are in direct contact with students (e.g., food service providers, transportation providers, volunteers). At a minimum, the board is expected to make their policies and their Plan of Care templates available on their public website in the language of instruction.
- Provide training and resources on prevalent medical conditions on an annual basis.
- Develop strategies that reduce the risk of student exposure to triggers or causative agents in classrooms and common school areas.
- Develop expectations for schools to support the safe storage and disposal of medication and medical supplies and communicate these expectations to schools and support schools in the implementation of the expectations.
- Preventative strategies to be undertaken by the school to reduce the risk of medical incidents and exposure to triggers or causative agents in classrooms and common school areas.
- Communicate expectations that consider this policy and related board policies when entering into contracts with transportation, food service, and other providers.

PLAN OF CARE

Parents of students with severe allergies must advise the Health Center about the student's severe allergy at the beginning of each school year or when the allergy is first diagnosed.

Each anaphylactic student must have a completed Anaphylaxis Plan of Care, which should be signed by their family physician and include a photo of the student.

The Anaphylaxis Plan of Care should be provided at the beginning of the school year, or once the student is first identified as being anaphylactic. A new Plan of Care should be provided whenever any changes to the plan occur.

Should an anaphylactic student no longer be anaphylactic, a doctor's note must be provided to the Health Center confirming this information and outlining that they no longer require carrying an epinephrine auto-injector.

The Anaphylaxis Plan of Care is included at the end of this policy.

FACILITATING & SUPPORTING DAILY OR ROUTINE MANAGEMENT

It is very important that students at risk of anaphylaxis practice good avoidance strategies to their allergens. Appleby College will do its best in supporting these students and ensuring they have a safe and appropriate learning environment.

Allergy avoidance strategies

- Individuals with a food allergy should not trade or share food, food utensils, or food containers.
- Parents should work closely with foodservice staff to ensure that food being served during lunch and snack programs is appropriate.
- The use of food in crafts and cooking classes may need to be modified or restricted depending on the allergies of the children.
- Ingredients of food brought in for special events by the school community, served in school cafeterias, or provided by catering companies should be clearly identified.
- All children should be encouraged to comply with a 'no eating' rule during daily travel on school buses.
- All children should wash their hands before and after eating.
- Surfaces such as tables, toys, etc. should be carefully cleaned of contaminating foods.

Insect stings avoidance strategies

- Keep garbage cans covered with tightly fitted lids in outdoor play areas.
- Consider restricting eating areas to designated locations inside the school building during daily routines. This allows for closer supervision, avoids schoolyard cleanup, and helps reduce the prevalence of insect stings.
- Have insect nests professionally relocated or destroyed, as appropriate.

When the Health Centre has information that a student who is registered at the school is at risk of anaphylactic shock they will:

- Develop a medical response plan, with parents and family physician to be shared with all employees through Medical Documentation on the school information system.
- Provide information about the student and the student's allergies to the school staff, cafeteria staff, bus driver and substitute personnel who may be required to assess the student's need for administration of the EpiPen and administer the EpiPen.
- Arrange for information and training session for all staff who deal with the student (teachers, coaches, bus driver, etc.).

EMERGENCY RESPONSE

Epinephrine is the first line medication, which should be used in the emergency management of a person having a potentially life-threatening allergic reaction.

Signs and symptoms: Signs and symptoms of a severe allergic reaction can occur within minutes of exposure to an allergen. An anaphylactic reaction can involve any of the following symptoms, which may appear alone or in any combination, regardless of the triggering allergen:

Skin system: hives, swelling, itching, warmth, redness, rash.

Respiratory system (breathing): coughing, wheezing, shortness of breath, throat tightness, hoarse voice, nasal congestion or hay fever-like symptoms (runny nose and watery eyes, sneezing), trouble swallowing.

Gastrointestinal system (stomach): nausea, pain/cramps, vomiting, diarrhea

Cardiovascular system (heart): pale/blue colour, weak pulse, passing out, dizzy/lightheaded, shock

Other: anxiety, feeling of 'impending doom' headache, metallic taste Note: it is important to note that anaphylaxis can occur without hives.

Note: Symptoms may vary with each individual, depending upon the specific food and quantity ingested, and may be only one or any combination of the symptoms above. Time from onset of first symptoms to death can be in as little as a few minutes, if the reaction is not treated immediately. Even when symptoms have subsided after initial treatment, they can return within eight to twelve hours after the first exposure.

If anyone is exhibiting signs of anaphylactic shock the following steps should be taken:

1. **Administer Epinephrine** – to be injected in the muscle on the outer side of the thigh.
2. **Call 9-1-1**, and the Appleby Nurse. Remain with student until help arrives.

3. **All individuals receiving epinephrine must be transported to hospital** (by ambulance preferably), as symptoms may reoccur, and further injections may be required
 - Additional epinephrine must be available during transport.
 - A second dose may be administered within 10 to 15 minutes or sooner, after the first dose is given if symptoms have not improved. The second dose should only be given in situations where the allergic reaction is continuing or getting worse.
 - Call emergency contact persons as listed on the student's Anaphylactic Emergency Plan.

There are no contraindications to using epinephrine for a life-threatening allergic reaction. This means that in normally healthy individuals, epinephrine will not cause harm if given unnecessarily. Possible side effects from epinephrine can include: rapid heart rate, flushing or pallor (paleness), dizziness, weakness, tremors and headache. These side effects are generally mild and subside within a few minutes.

Students with asthma and anaphylaxis: Antihistamines and asthma medications must not be used as first line treatment for an anaphylactic reaction. While they do no harm when given as additional or secondary medication, they have not been proven to stop an anaphylactic reaction.

If a child has asthma and is also at risk for anaphylaxis and it is unclear which emergency the child is experiencing:

1. First give epinephrine and call 9-1-1 for an ambulance
2. Then give the reliever inhaler (Ventolin – usually a blue inhaler)

Individuals with anaphylaxis who are feeling faint or dizzy because of impending shock should lie down unless they are vomiting or experiencing severe respiratory distress. To improve blood circulation, caregivers should lift the person's legs above the level of the heart, keeping the legs raised by putting something (e.g. a pillow) underneath. Keep the person lying down until emergency responders arrive.

No person should be expected to be fully responsible for self-administration of an epinephrine auto injector. Individuals may not physically be able to self-administer epinephrine when they are suffering from a reaction.

RAISING AWARENESS OF POLICY & RESOURCES

All teaching staff and school-based non-teaching staff will receive training annually or more frequently if required, in the recognition of a severe allergic reaction and the use of injectors and the emergency response protocol.

All members of the school community including substitute teachers, student teachers and volunteers will have appropriate information about severe allergies including background information on allergies, anaphylaxis and safety procedures.

All off-site activity service providers are to be notified of the student's severe allergy.

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.

Additional information on anaphylaxis can be found at www.foodallergycanada.ca

TRAINING

All individuals who have been prescribed an epinephrine auto-injector should know how to use it before an emergency arises.

All Appleby staff members who are in regular contact with students at risk of anaphylaxis should participate in annual training sessions. In the school setting, this would include; school staff, nurses, foodservice staff, bus drivers, coaches, camp counselors, lifeguards and so forth.

Standardized anaphylaxis training will be provided once a year at a minimum, preferably around the start of the school year. Training will include ways to reduce the risk of exposure, recognition of signs and symptoms of anaphylaxis and when and how to give the epinephrine auto-injector.

Continuous updates will be communicated to all Appleby staff, and related medical information on a student will be made accessible through the school information system, as well as be included in first aid kits.

SAFETY CONSIDERATIONS

All anaphylactic students should carry their own personal epinephrine auto-injector with them at all times. This includes while in the classroom, physical education classes, dining hall, on the bus, and sporting and special events. The auto-injector should never be left in the student's locker at any time. Student's must immediately notify the Appleby College Health Centre and their parents if they have lost/misplaced their auto-injector.

Multiple epinephrine auto-injectors will be made available throughout the Appleby College Campus in the event that any individual goes into anaphylactic shock. Epinephrine auto-injectors will be located at the following locations on campus:

- Health Center
- Dining Hall
- Swimming Pool
- Front Reception
- Arena

An additional epinephrine auto-injector will also accompany any Anaphylactic student attending school related trips/events. These auto-injectors will be provided in the First Aid Kit created by the Health Center, which will be requested by teachers/school staff organizing the trip. It is the student's responsibility to ensure that they are also carrying their own personal auto-injector with them during the trip/school outing.

In the event that an epinephrine auto-injector is used, it will be safely disposed of in a sharps container, one is located in the Health Centre.

PRIVACY AND CONFIDENTIALITY

Parents of anaphylactic students must advise the Health Centre of the child's condition and provide a completed Plan of Care during registration or when newly diagnosed. All information provided will be handled with respect and confidentiality as required.

The student's Plan of Care will be made accessible to all school staff and personnel who may interact with the student through teachers access on the school information system. A student's Plan of Care must be signed by the parent/guardian before being shared with school staff, as the Plan of Care will provide permission for the document to be shared.

A Student's Plan of Care will only be shared with the necessary school staff members, and will not be distributed outside of Appleby College, unless requested and/or permissions is granted by the parents/guardians or student.

REPORTING

All medical diagnosis and any medical incidences (on school property and off) should be reported to the Appleby College Health Center to ensure that students can be best supported as possible. Appleby College Health Centre will maintain confidential records, ensuring only permitted and necessary staff have access to information as needed or requested by parents.

Any medical incidences/emergencies will always be reported to the Head of the school to ensure that the necessary and appropriate follow up is completed. This is to ensure that all students remain safe, that appropriate training is always completed, and to allow policies to be reviewed to ensure that they are always in the student's best interest.

LIABILITY

In 2001, the Ontario government passed the Good Samaritan Act to protect individuals from liability with respect to voluntary emergency medical or first-aid services. Subsections 2(1) and (2) of this act state the following with regard to individuals:

2. (1) Despite the rules of common law, a person described in subsection (2) who voluntarily and without reasonable expectation of compensation or reward provides the services described in that subsection is not liable for damages that result from the

person's negligence in acting or failing to act while providing the services, unless it is established that the damages were caused by the gross negligence of the person.

(2) Subsection (1) applies to,
... (b) an individual ... who provides emergency first aid assistance to a person who is ill, injured or unconscious as a result of an accident or other emergency, if the individual provides the assistance at the immediate scene of the accident or emergency.

As well, Sabrina's Law and Ryan's Law each include provisions limiting the liability of individuals who respond to an emergency relating to anaphylaxis or asthma, respectively, as cited below.

Subsection 3(4) of Sabrina's Law states:

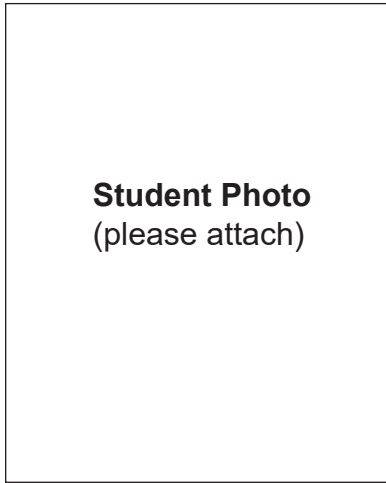
No action for damages shall be instituted respecting any act done in good faith or for any neglect or default in good faith in response to an anaphylactic reaction in accordance with this Act, unless the damages are the result of an employee's gross negligence.

Subsection 4(4) of Ryan's Law states:

No action or other proceeding for damages shall be commenced against an employee for an act or omission done or omitted by the employee in good faith in the execution or intended execution of any duty or power under this Act.

Anaphylaxis Emergency Plan: _____ (name)

This person has a potentially life-threatening allergy (anaphylaxis) to:



(Check the appropriate boxes.)

- | | |
|------------------------------------|--|
| <input type="checkbox"/> Peanut | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Tree nuts | <input type="checkbox"/> Insect stings |
| <input type="checkbox"/> Egg | <input type="checkbox"/> Latex |
| <input type="checkbox"/> Milk | <input type="checkbox"/> Medication: _____ |

Food: The key to preventing an anaphylactic emergency is absolute avoidance of the allergen. People with food allergies should not share food or eat unmarked / bulk foods or products with a "may contain" warning.

Epinephrine Auto-Injector: Expiry Date: _____ / _____

- Dosage:**
- | | |
|---|---|
| <input type="checkbox"/> EpiPen® Jr 0.15 mg | <input type="checkbox"/> EpiPen® 0.30 mg |
| <input type="checkbox"/> Twinject® 0.15 mg | <input type="checkbox"/> Twinject® 0.30 mg |
| <input type="checkbox"/> Allerject™ 0.15 mg | <input type="checkbox"/> Allerject™ 0.30 mg |

Location of Auto-Injector(s): _____

- Previous anaphylactic reaction:** Person is at greater risk.
- Asthmatic:** Person is at greater risk. If person is having a reaction and has difficulty breathing, give epinephrine auto-injector before asthma medication.

A person having an anaphylactic reaction might have ANY of these signs and symptoms:

- **Skin system:** hives, swelling, itching, warmth, redness, rash
- **Respiratory system (breathing):** coughing, wheezing, shortness of breath, chest pain/tightness, throat tightness, hoarse voice, nasal congestion or hay fever-like symptoms (runny, itchy nose and watery eyes, sneezing), trouble swallowing
- **Gastrointestinal system (stomach):** nausea, pain/cramps, vomiting, diarrhea
- **Cardiovascular system (heart):** pale/blue colour, weak pulse, passing out, dizzy/lightheaded, shock
- **Other:** anxiety, feeling of "impending doom", headache, uterine cramps, metallic taste

Early recognition of symptoms and immediate treatment could save a person's life.

Act quickly. The first signs of a reaction can be mild, but symptoms can get worse very quickly.

1. **Give epinephrine auto-injector** (e.g., EpiPen®, Twinject® or Allerject™) at the first sign of a known or suspected anaphylactic reaction. (See attached instruction sheet.)
2. **Call 9-1-1** or local emergency medical services. Tell them someone is having a life-threatening allergic reaction.
3. **Give a second dose of epinephrine** in 5 to 15 minutes **IF** the reaction continues or worsens.
4. **Go to the nearest hospital immediately (ideally by ambulance)**, even if symptoms are mild or have stopped. The reaction could worsen or come back, even after proper treatment. Stay in the hospital for an appropriate period of observation as decided by the emergency department physician (generally about 4 hours).
5. **Call emergency contact person (e.g. parent, guardian).**

Emergency Contact Information

Name	Relationship	Home Phone	Work Phone	Cell Phone

The undersigned patient, parent, or guardian authorizes any adult to administer epinephrine to the above-named person in the event of an anaphylactic reaction, as described above. This protocol has been recommended by the patient's physician.

 Patient/Parent/Guardian Signature Date Physician Signature On file Date



Anaphylaxis Canada

