

Topic:	Supporting Students with Anaphylaxis
Effective:	April 2018
Review Date:	April 2019
Cross-Reference:	<i>Human Rights Code, RSO 1990, c.H.19</i> <i>Education Act, RSO 1990, c.E.2, s. 265(1)(j)</i> Regulation 298 made under the Education Act, S. 11(1) and 20(g) <i>Good Samaritan Act, 2001, SO 2001, c 2</i> <i>Health Care Consent Act, 1996, SO 1996, c 2, Sch A</i> <i>Health Promotion and Protection Act, RSO 1990, c H.7.</i> <i>Municipal Freedom of Information and Protection of Privacy Act, RSO 1990, c.M56</i> <i>Personal Health Information Protection Act, 2004, SO 2004, c 3, Sch A</i> <i>Regulated Health Professions Act, SO 1991, SO 1991, c 18</i> <i>Sabrina's Law, 2005, SO 2005, c 7</i> PPM 81, Provision of Health Support Services in School Settings PPM 149 Protocol for Partnerships with External Agencies for Provision of Services by Regulated Health Professionals, Regulated Social Service Professions and Paraprofessionals PPM 150 Collaborative Professionalism PPM 161 Supporting Children and Students with Prevalent Medical Conditions in Schools HDSB Administrative Procedures: <i>Administration of Prescribed and Emergency Medication – Elementary and Secondary; Day Field Trips and In-School Presentations; Student Excursions</i>
Responsibility:	Superintendent of Education, Student Health

INTENDED PURPOSE:

The Halton District School Board is committed to providing direction to school administrators, staff, students and parent / guardians about the appropriate response on both a school-wide and individual level to minimize the inherent risks to students and others who are identified as being susceptible to anaphylactic reactions due to individual allergic conditions.

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

PROCEDURE:**1. Roles & Responsibilities****a. Parents of Children with Anaphylaxis**

As primary caregivers of their child, parents / guardians are expected to be active participants in supporting the management of their child's anaphylaxis while the child is in school. Parents are expected to:

- i. Inform the principal about their child's life threatening allergies.
- ii. **Meet** with the principal prior to the child's first day of school and provide information related to their child's anaphylaxis.
- iii. Co-create, review and update the Anaphylaxis Plan of Care and other required forms within the first 30 days of each school year and upon any changes or a new diagnosis.
- iv. Provide the school with two epinephrine auto-injection kits in a protective container labeled with the child's name and prescription details.
- v. Collect expired medication for appropriate disposal.
- vi. Communicate with school staff about arrangements and considerations for field trips, excursions, co-curricular activities and co-operative education placements.
- vii. Support the school in its efforts to have their child carry their epinephrine auto-injector at all times.
- viii. Encourage their child to wear medical alert identification.
- ix. Seek medical advice from a medical doctor, nurse practitioner or pharmacist to contribute to the Anaphylaxis Plan of Care, as appropriate, and to set goals for self-management.
- x. Educate their child about anaphylaxis, their Anaphylaxis Plan of Care, and support them to reach their full potential for self-management and self-advocacy.

b. Students with Anaphylaxis

Depending on their cognitive, emotional, social and physical stage of development, and their capacity for self-management, students are expected to actively support the development and implementation of their Anaphylaxis Plan of Care. Students are expected to:

- i. Carry an epinephrine auto-injector on their person at all times.
- ii. Wear medical alert identification at all times.
- iii. Set goals for increased self-management, in conjunction with parents / guardians and health care professionals.
- iv. Participate in the development and review of the Anaphylaxis Plan of Care to promote an understanding of the plan and develop their potential for self-advocacy and self-management.

- v. Promptly inform, if possible, a responsible adult should there be accidental exposure to an allergen, appearance of symptoms, a general feeling of unwellness or any challenges they may be facing related to anaphylaxis at school.
- vi. As appropriate, take responsibility for advocating for their personal safety and well-being.
- vii. If possible, inform school staff and / or peers if there is a medical emergency.

c. School Staff

School staff play a key role in supporting the student's safe, accepting, and healthy learning environment, and allowing students to participate in school to their fullest potential. School staff will:

- i. Meet with the student and parents / guardians of any student with whom they have direct contact within the first 30 days of school to review the Anaphylaxis Plan of Care and gather information related to the allergen(s), severity of allergy, past incidents of anaphylactic reactions and other health concerns.
- ii. Review and implement the Anaphylaxis Plan of Care for each student with whom they have direct contact and, for those on the School Care Team, participate in student-specific training.
- iii. Participate in anaphylaxis training, annually and as otherwise required by the school board.
- iv. Promote education for all students about the seriousness of anaphylaxis, signs and symptoms of an anaphylactic reaction, and students' role in contributing to a safe and inclusive minimized allergen environment. With authorization from parents / guardians, share child-specific information regarding anaphylaxis and their allergen.
- v. Identify a student with anaphylaxis to occasional staff through the online absence reporting portal and the absent educator's supply plans, and ensure that the Plan of Care is available and in an organized, prominent and accessible format for occasional teachers and occasional support staff.
- vi. Ensure classroom volunteers are informed about the student with anaphylaxis and the Plan of Care, with authorization from parents / guardians.
- vii. Monitor the students to ensure that they are carrying their auto-injectors.
- viii. Implement school and board strategies that promote a minimized allergen environment.
- ix. Ensure the student's Anaphylaxis Plan of Care is carried and followed, along with required materials (e.g., auto-injector), and the risk of exposure to causative agents are identified and minimized on school trips, excursions, co-curricular activities, and co-operative education placements.
- x. Support a student's daily or routine management of their condition, and respond to medical emergencies that occur during school, in accordance with Board policies and procedures.
- xi. Support a student's inclusion by allowing them to perform daily or routine management activities in a school location, as outlined in their Anaphylaxis Plan of Care, while respecting the confidentiality and dignity of the student.

d. The Principal

In addition to the responsibilities outlined under “School Staff”, the principal (or designate) will:

- i. Encourage the identification of staff who can support the daily or routine management needs of students in the school with anaphylaxis, while honouring the provisions of the collective agreement.
- ii. Ensure there is a process in place to collate and share with staff the information on life threatening allergies collected through the Registration Form or the annual Verification Form.
- iii. Ensure that parents/guardians are aware of their duty to notify the school of their child’s diagnosis, and any changes to their child’s condition.
- iv. Ensure an Anaphylaxis Plan of Care is co-created, reviewed or updated by the parent, in consultation with the student and school staff, within the first 30 days of the school year or as soon as possible for new registrations, or where there is a new diagnosis.
- v. Maintain a Student Medical File for each student with anaphylaxis and include information such as a copy of any prescriptions, the signed Request for School Personnel to Administer Prescribed and Emergency Medication Form, the Anaphylaxis Plan of Care, Medical Emergency Record and OSBIE Student Incident Reports.
- vi. Share the Anaphylaxis Plan of Care with all parties identified in the plan, as authorized by the parent.
- vii. Ensure that students with both asthma and anaphylaxis have both conditions included on their respective Plans of Care.
- viii. Collect from the parent two auto-injectors in a protective container labelled with the student’s name and prescription details. One auto-injector is to be stored in a secure but unlocked, accessible location (i.e., the office) and the second on the child.
- ix. Ensure there is a process in place to support students with anaphylaxis on field trips, excursions and co-curricular activities, and include their Anaphylaxis Plan of Care with all other materials required for these events (e.g., auto-injector).
- x. Ensure that staff are provided with the opportunity to complete the necessary training, annually and as otherwise required by the school board.
- xi. Communicate to staff their roles and responsibilities to support a student with anaphylaxis and review the child’s Anaphylaxis Plan of Care, as well as identify and provide student-specific training for those on the School Care Team. The School Care Team must be comprised of a minimum of two staff members.
- xii. Ensure that a process is in place by which all relevant occasional staff and others identified in the Plan of Care are informed of the presence of child with anaphylaxis and provided a copy of the student’s Anaphylaxis Plan of Care.

- xiii. Provide ongoing communication to the school community regarding the school's plan to support students with anaphylaxis (e.g., email, website, poster) with reminders about a minimized allergen environment.
- xiv. Implement strategies that reduce the risk of exposure to anaphylactic causative agents in classrooms and common school areas.
- xv. Review the requirements of a minimized allergen environment with contracted food service providers, including the avoidance of cross contamination of food allergens during the purchase, receiving, storage, handling, preparation and service of food.
- xvi. Ensure a representative from the food service provider in a cafeteria is present if an outside caterer uses the facility for a function to ensure the food service provider's procedures related to allergen avoidance are not compromised in the cafeteria area.
- xvii. Develop a plan to respond to an anaphylactic emergency during a school emergency (e.g., evacuation, hold and secure, lockdown).
- xviii. Communicate with parents / guardians in the event of an anaphylactic emergency by filing an OSBIE Student Incident Report online and a copy in the Student Medical File.
- xix. Debrief an anaphylactic emergency with staff, as appropriate, to review the Plan of Care.
- xx. Ensure that occasional teachers have access to the student's Anaphylaxis Plan of Care and are familiar with emergency procedures.
- xxi. Ensure that medication and medical supplies are safely stored by the student and staff.
- xxii. Ensure that personal health information is safely and confidentially stored and destroyed as necessary.
- xxiii. Communicate with parents in medical emergencies, as outlined in the Anaphylaxis Plan of Care.

e. School Board

The Halton District School Board will:

- i. Post the Supporting Students with Anaphylaxis Administrative Procedure, and related forms and resources, on the HDSB public website and myHDSB employee site.
- ii. Provide annual staff training on anaphylaxis within the first 30 days of each school year.
- iii. Develop strategies that reduce the risk of student exposure to triggers or causative agents in classrooms and common school areas.
- iv. Consider the Supporting Students with Anaphylaxis Administrative Procedure when entering into contracts with transportation, food service and other providers.
- v. Develop expectations for schools to support the safe storage and disposal of medication and medical supplies.
- vi. Ensure that students' personal health information is safely and confidentially stored and destroyed as necessary.
- vii. Raise awareness of their policies and procedures relating to student health needs.

2. Anaphylaxis Plan of Care

The Anaphylaxis Plan of Care is a form that contains individualized information on the student's allergy, preventative strategies to reduce risk, symptoms of an anaphylactic reaction and emergency medical response.

The Anaphylaxis Plan of Care shall be co-created, reviewed or updated by the parents / guardians in consultation with the principal, designated staff and the student within the first 30 days of the school year or as soon as possible upon registration or diagnosis.

A School Care Team, with a minimum of two staff, will be identified on the Anaphylaxis Plan of Care. Specific responsibilities of the School Care Team in supporting, monitoring and responding to an anaphylactic emergency will be delineated. The School Care Team will receive student-specific training by the principal and/or parent on the implementation of the Anaphylaxis Plan of Care.

Parents have the authority to designate who is provided access to the Anaphylaxis Plan of Care. With authorization from parents / guardians, the Anaphylaxis Plan of Care will be:

- i. Shared with appropriate school staff and others who are in direct contact with students with anaphylaxis (e.g. food service providers, transportation providers, volunteers).
- ii. Posted in a key area of the school where staff have access on a regular basis.
- iii. Posted inside the food preparation area of the cafeteria.
- iv. Located in the educator's daybook and/or occasional educator plans.

3. Facilitating and Supporting Daily or Routine Management

Students are to have access to two (2) epinephrine auto-injectors at school:

- i. Children who have demonstrated maturity (usually by the age 6 years) must carry their own epinephrine. Direct adult supervision should be available in the case of younger children, as very young children might require staff to carry or store the auto-injector to allow medication to be available in the classroom.
- ii. A spare epinephrine auto-injector is to be kept in a location on school site that is easily accessible, usually in the office, and not in locked cupboards or drawers.

All employees, the student with anaphylaxis and others who come in regular contact with the student should know the location of the auto injectors.

It is a shared responsibility between the school, students and parent / guardians to promote and maintain an allergen minimized environment.

In addition to being carried by the student, an auto-injector with the original pharmacist label and container may be stored in the office or other secure location, in accordance with the Board's

Administrative Procedure “Administration of Prescribed and Emergency Medication – Elementary and Secondary”.

4. Emergency Response

“Emergency” is defined by the *Health Care Consent Act, 1996* to include a situation where the individual is experiencing severe suffering, or is at risk of sustaining serious bodily harm, if the treatment is not administered promptly.

All staff are required to be trained annually in the emergency response to an anaphylactic reaction. The individualized response to a student’s anaphylactic emergency shall be detailed in their Anaphylaxis Plan of Care. Staff who are in direct contact with the student, and those identified on the School Care Team, shall review and be trained on the Anaphylaxis Plan of Care.

Generally, in the event of an emergency, staff shall:

- i. Give an epinephrine auto-injector (e.g., EpiPen®) at the first sign of known or suspected anaphylactic reaction.
- ii. Call 9-1-1. Tell them someone is having a life-threatening allergic reaction.
- iii. Call, or direct another adult to call, the emergency contact person.
- iv. Give a second dose of epinephrine as early as five (5) minutes after the first dose if there is no improvement in symptoms.
- v. Transport the student to the hospital by ambulance, even if symptoms are mild or have stopped. The reaction could worsen or return, even after treatment.
- vi. Provide the used auto-injector to the paramedics for safe disposal.
- vii. Complete a Medical Emergency Record and an OSBIE Student Incident Report.

5. Documentation

The Principal shall maintain the following for each student with anaphylaxis:

- i. An Anaphylaxis Plan of Care that is co-created with the parent / guardians and student, and reviewed or updated each year.
- ii. A signed Request for School Personnel to Administer Prescribed and Emergency Medication Form.
- iii. Accurate data entry in the student information system that flags the student with a life-threatening condition - medical peril - anaphylaxis.
- iv. A Medical Emergency Record and an OSBIE Student Incident Report are completed and filed in the Student Medical File in the event of an anaphylactic emergency requiring the use of an epinephrine auto-injector.
- v. A Student Medical File for each student with anaphylaxis, containing all relevant documentation.

6. Liability

The Good Samaritan Act, passed in 2001, protects 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 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.

In addition, Sabrina's Law (2005) includes provisions limiting the liability of individuals who respond to an emergency relating to these conditions, as cited below:

Section 3(4) of Sabrina's Law:

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.