
Board Governance Policy Cross Reference: [1](#), [12](#), [13](#)

Administrative Procedures Cross Reference:

[Accidents-Students](#)

[Administration of Medication](#)

[Unified Referral and Intake System \(URIS\)](#)

Form Cross Reference:

[Authorization for Release of Information Form](#)

[URIS Group B Application](#)

Legal/Regulatory Reference:

[Manitoba Unified Referral and Intake System \(URIS\)](#)

[The Education Administration Act](#), section 4(1)(o.1)

[The Public Schools Act](#), section 47.3

The Interlake School Division (ISD) strives to ensure safe, supportive environments for children with special health care needs. Manitoba schools are required to have policies to protect students with life-threatening allergies. These procedures are aligned with the Children with Known Risk of Anaphylaxis Policy Framework contained in the URIS Policy and Procedure Manual.

Anaphylaxis can be defined as a severe allergic reaction to any stimulus, having sudden onset, involving one or more body systems with multiple symptoms. An allergen is a substance capable of causing an allergic reaction. Upon first exposure, the immune system treats the allergen as something to be rejected and not tolerated. This process is called sensitization. Re-exposure to the same allergen in the now-sensitized individual may result in an allergic reaction which, in its most severe form is called anaphylaxis (Canadian Society of Allergy and Clinical Immunology, 2005).

Although peanuts may be the most common allergen causing anaphylaxis in school children, there are many others. School personnel must be aware that anaphylaxis is a life-threatening condition regardless of the substance which triggers it. Despite the best efforts of parents/guardians and schools, no individual or organization can guarantee an “allergy-free” environment. The only way to protect children who are known to be at risk of anaphylaxis is to avoid the allergen. It is a matter of life and death.

Schools must have a clear plan for responding to an anaphylactic emergency. When an anaphylactic emergency occurs, the injection of epinephrine usually allows enough time to get the child to a hospital. Without epinephrine, death can occur within minutes. Epinephrine will only be administered in schools through the use of an adrenaline Auto-injector (Epi-Pen). For the safety of students, the following regulations are necessary: To meet the needs of anaphylaxis children, the school community must be knowledgeable of the following components:

A. Information and Awareness

1. Parents/guardians will identify students who may urgently require medication/treatment and a school wide understanding of procedures to prevent exposure and treat emergencies are essential.
 - a) When students who may require medication/treatment have been identified by parents/guardians, it is the responsibility of the administration to request that parents/guardians complete the [Authorization for the Release of Information Form](#) and the [URIS Group B Application](#) (See also, Sample Letter to Parents/Guardians in Appendix A)
 - b) The Principal or designate will forward [URIS Group B Application](#) for each identified child and forward to URIS in order to access funding for the training and monitoring of divisional staff by a registered nurse.
 - c) When URIS support is approved, the registered nurse shall review Group B Health Care Procedures for each identified student in order to develop and maintain a written Individual Health Care Plan (IHCP) and/or Emergency Response Plan (ERP) for each child requiring assistance by school personnel for Group B health care procedures. For children who are able to independently accomplish their own Group B health care procedure, the registered nurse will develop a child specific Emergency Response Plan (ERP). These plans are developed by the registered nurse in consultation with parents/guardians, school personnel and, if required, the physician.

2. Identification of Students who may urgently require medication/treatment to staff.
 - a) All staff members shall be made aware that a child who may urgently require medication/treatment is attending their school, and the child shall be identified, either individually or at a staff meeting at the beginning of the school year.
 - b) School administration is responsible for informing the Transportation Department of the Emergency Response Plan.
 - c) All students identified as having a life-threatening allergy shall have an “allergy alert” attached to their cumulative file. This “allergy alert” shall remain on the cumulative file throughout the student’s attendance in the Interlake School Division.
 - d) The child’s classroom teacher shall ensure that a copy of the Individual Health Care Plan (IHCP) and/or Emergency Response Plan (ERP) is kept in a place where it will be highly visible and readily available to substitute teachers.
 - e) It is recommended that students wear a medic-alert bracelet which identifies specific medical information.
 - f) Medications shall be clearly marked with the student’s name.

3. Training for School Personnel and Other Staff

- a) The Principal shall ensure that group training provided by a health care professional (i.e. registered nurse/doctor/pharmacist) occurs annually with school personnel and, when appropriate, bus drivers and lunch hour supervisors in schools where children with life-threatening medical conditions are enrolled.
- b) All staff who may be in a position of responsibility for children with life-threatening medical conditions shall receive from a registered nurse child specific training related to the medical condition.
- c) Parents/guardians of the child with life-threatening medical conditions shall ensure that the specific information about their child is made available to school personnel to be included in training sessions. Parents/guardians are encouraged to attend/participate in training sessions.

4. Sharing Information with Other Students and Parents/Guardians

- a) In consultation with parents/guardians and student, the school may identify a student with life-threatening medical conditions to classmates who are in direct contact with the child and enlist their understanding and support. This shall be done in a way that is appropriate to the student's age and maturity, without creating fear and anxiety.

5. Maintaining Open Communication between Parents/Guardians and the School

- a) The school shall maintain open lines of communication with the parents/guardians of students with life-threatening medical conditions.
- b) Parents/guardians shall be involved in establishing Individual Health Care Plans for their own children, and may be involved in training staff in emergency procedures.

B. Avoidance

The greatest risk of exposure to allergens is in new situations, or when normal daily routines are interrupted, such as birthday parties, camping, or school trips. Young children are at greatest risk of accidental exposure, but many allergists believe that more deaths occur among teenagers due to their increased independence, peer pressure and a reluctance to carry medication.

Avoidance of specific allergens is the cornerstone of management in preventing anaphylaxis. All of the following strategies shall be considered in the context of the student's age and maturity as well as the organization and physical layout of the school and the properties of the allergen(s). As students mature, they shall be expected to take increasing personal responsibility for avoidance of their specific allergen(s). Students with life-threatening allergies are dependent upon the school community to minimize the presence of substances to which the student is allergic. The following cautions are essential:

1. Safe Lunchroom and Eating Area Procedures

- a) Encourage students with life-threatening allergies to eat only food prepared from home.
- b) Discourage the sharing of food, utensils and containers.

- c) Encourage the child with life-threatening allergies to take the following precautions such as:
 - placing food on wax paper or a paper napkin rather than directly on the desk or table
 - taking only one item at a time from the lunch bag to prevent cross contamination.
- d) Establish a hand-washing routine before and after eating.
- e) Recommend that tables and other eating surfaces are washed clean after eating, using a cleansing agent approved for school use. This is particularly important for students with peanut allergies because of the adhesive nature of peanut butter.

2. Allergens Possibly Found in School Activities

Not all allergic reactions are a result of exposure at meal times. Children with life-threatening allergies may be at risk if involved in garbage disposal, recycling, yard clean-ups, or other activities which could bring them into contact with food wrappers, containers or debris.

Teachers shall be aware of the possible allergens present in curricular materials such as:

- craft materials (play dough, egg cartons, etc.);
- pets and pet food;
- bean-bags, stuffed toys (peanut shells are sometimes used) counting aids (beans, peas);
- toys, books and other items which may have become contaminated in the course of normal use;
- science projects, participation in Home Economics;
- special seasonal activities (Easter eggs and garden projects);
- All chocolates, ice-cream, other nuts, ground nuts (peanuts);

Allow the child with life-threatening allergies to keep the same locker and desk all year in order to help prevent accidental contamination, as foods are often stored in lockers and desks.

3. Holidays and Special Celebrations Food.

The following procedures will help to protect the child with life-threatening allergies:

- a) Encourage the child with life-threatening allergies to eat food brought from his or her own home.
- b) Focus on activities rather than food to celebrate special occasions.

4. Offsite Activities

In addition to the usual school safety precautions applying to offsite activities, the following procedures shall be in place to protect the child with life-threatening allergies:

- a) Require all staff and volunteers to be aware of the identity of the child with life threatening allergies, the allergens, symptoms and treatment.
- b) Ensure that a staff member with training in the use of the Auto-injector (Epi-Pen) is assigned responsibility for the child with life-threatening allergies. A copy of the Individual Health Care Plan (IHCP) and Emergency Response Plan (ERP) shall be carried by the person responsible for administration of the Auto-injector (Epi-Pen).

- c) If the risk factors are too great to control, the child with life-threatening allergies may be unable to participate in the offsite activity. Parents/guardians shall be involved in this decision.
- d) Teachers/Administrators shall ensure that Emergency Response Plans are in place when planning the trip. There shall be reasonable and appropriate access to a telephone, cellular telephone, or radio communication during an offsite activity.

C. Emergency Response Protocol

Even when precautions are taken, a student with life-threatening allergies may come into contact with an allergen while at school. A separate emergency plan shall be developed for each child with life-threatening allergies, in conjunction with the child's parents/guardians and registered nurse and kept in a readily accessible location.

Emergency Plans for Anaphylactic Reaction

Epinephrine is the treatment for an anaphylactic reaction. Epinephrine must be administered as early as possible after the onset of symptoms of severe allergic response. The emergency plan includes the following:

- communicate the emergency rapidly to a staff person who is trained in the use of the Auto-injector (Epi-Pen);
- administer the Auto-injector (Epi-Pen) (NOTE: Although most children with life-threatening allergies learn to administer their own medication by about age 8, individuals of any age may require help during a reaction because of the rapid progression of symptoms, or because of the stress of the situation. Adult supervision is required.);
- telephone 911 and inform the emergency operator that a child is having an anaphylactic reaction;
- transport the child to hospital at once by ambulance;
- provide a copy of the Individual Health Care Plan (IHCP) and/or Emergency Response Plan (ERP) as well as the used Auto-injector (Epi-Pen) to the ambulance attendants;
- telephone the parents/guardians of the child.

D. Location of Auto-injectors (Epi-Pen)

Students shall carry their own Auto-injectors (Epi-Pens) on their person at all times with instructions for use. Where a question arises regarding the urgency of medication or the capability of a student, the registered nurse in consultation with parent/guardian, physician, and school personnel shall develop an appropriate plan. Parents/guardians have the option of supplying an extra Auto-injector (Epi-Pen) to be kept in the school office for emergency situations. An optional back up Auto-injector (Epi-Pen) shall be kept in a covered and secure area, but unlocked for quick access.

E. Review Process

School emergency procedures for each student with life-threatening allergies shall be reviewed annually at the beginning of September with staff and parents/guardians. In the event of an emergency response, an immediate evaluation of the procedure shall be undertaken.

F. Responsibilities

1. Responsibilities of the Principal

- Send the [URIS Group B Application](#) to the URIS for support of a registered nurse to train and monitor personnel involved with the child with life-threatening allergies;
- ensure that the parents/guardians have completed all the necessary forms;
- check that an Individual Health Care Plan is completed and reviewed annually for each child with a life-threatening allergy;
- ensure that the instructions from the child's physician are on file (medical assessment);
- notify staff of the child with known risk of anaphylaxis, the allergens and the treatment;
- assist with the development and implementation of policies and procedures for reducing risk in classrooms and common areas;
- maintain up-to-date emergency contacts and telephone numbers;
- ensure that all staff (including bus drivers and possibly volunteers) have received instruction in the use of the Epi-Pen;
- ensure that all substitute staff are informed of the presence of a child with known risk of anaphylaxis, and that appropriate support/response is available should an emergency occur;
- inform parents/guardians that a child with a life-threatening allergy is in direct contact with their child, and ask for their support and cooperation;
- ensure that safe procedures are developed for offsite activities and extra-curricular activities;
- if not developmentally appropriate for the child to carry an Epi-Pen, ensure that it is kept in an unlocked, safe, easily accessible location.
- maintain communication with the parents/guardians of the child with known risk of anaphylaxis.

2. Responsibilities of the Teacher

- display a photo-poster in the classroom (with parent/child approval);
- discuss anaphylaxis with the class, in age-appropriate terms;
- encourage students not to share lunches or trade snacks;
- choose products which are safe for all children in the program (parental input is recommended);
- instruct children with life-threatening allergies to eat only items brought from home;
- reinforce hand washing before and after eating;

- when appropriate (and with parental permission), facilitate communication between or with other parents/guardians about the specific situation;
- follow procedures for reducing risk in classrooms and common areas;
- leave information in an organized, prominent and accessible format for substitute;
- ensure that all relevant medications are taken on offsite activities and emergency response plans are considered when planning the trip.

3. Responsibilities of School Bus Drivers and Operators

A school bus driver will:

- be aware of those student(s) on their assigned bus that carry an adrenaline Auto-injector(s) (Epi-Pen) and their particular allergies, as well as the location of the Auto-injector(s) (Epi-Pen);
- attend inservice sessions provided by the Division or school and prepare for the possibility of an anaphylactic reaction by receiving training in the use of an adrenaline Autoinjector (Epi-Pen) and of the symptoms leading up to anaphylaxis;
- carry a copy of the Emergency Response Plan in an accessible location;
- assist in developing procedures that minimize risk while traveling on a school bus;
- assist in developing an Emergency Response Plan that relates directly to bussing and be prepared to carry out the Emergency Response Plan as necessary.

4. Responsibilities of Registered Nurse

- consult with and provide information to parents/guardians, children, and program personnel;
- develop an Individual Health Care Plan (IHCP) for the child with known risk of anaphylaxis;
- provide training and ongoing monitoring of staff's skill level.

5. Responsibilities of the Child with a Life-threatening Allergy

- take as much responsibility as possible for avoiding allergens, including checking labels and monitoring intake (developmentally appropriate);
- eat only foods brought from home;
- wash hands before eating;
- learn to recognize symptoms of an anaphylactic reaction (developmentally appropriate);
- promptly inform an adult, if possible, as soon as accidental exposure occurs or symptoms appear;
- know where his/her medication is kept and who can get it;
- know how to use the auto-injector (developmentally appropriate).

6. Responsibilities of the parents/guardians of a child with a life-threatening allergy

- identify their child's allergies and needs to the school Principal;
- complete a [URIS Group B Application](#) and an [Authorization for the Release of Information Form](#);
- ensure that their child has and wears a medic alert bracelet;
- provide the school with yearly written medical instructions from the physician and any subsequent changes;
- provide the school with adrenaline auto-injectors (pre-expiry date);
- ensure that relevant medications are taken on offsite activities;
- participate in the development of a written IHCP for their child;
- be willing to provide safe foods for their child for special occasions;
- teach their child:
 - to recognize the first signs of anaphylactic reaction;
 - to know where their medication is kept and who can get it;
 - to communicate clearly when he or she feels a reaction starting;
 - not to share snacks, lunch, or drinks; and
 - to understand the importance of hand washing.
- provide support to program and teachers as required;
- if possible, and appropriate, supply medically approved information for school newsletters/publications (e.g. recipes, foods to avoid, alternative snack suggestions, and resources).

7. Responsibilities of All Parents/Guardians

- respond cooperatively to requests from the school/program to eliminate allergens from packed lunches and snacks;
- participate in parent information sessions;
- encourage their children to respect the child with known risk of anaphylaxis;
- inform the teacher prior to distribution of food products to any children in the class/school.

8. Responsibilities of All Children in the School (developmentally appropriate)

- learn to recognize symptoms of anaphylactic reaction;
- avoid sharing food, especially with children with known risk of anaphylaxis;
- follow program rules about keeping allergens out of classroom and washing hands;
- refrain from bullying or teasing a child with known risk of anaphylaxis.

Appendix A
Sample Letter to Parents/Guardians

Dear Parents/Guardians:

You have indicated on the Interlake School Division registration form that your child has a medical condition. We need your assistance to learn about that condition and what to do at the school to ensure your child's health and safety.

The Unified Referral and Intake System (URIS), a partnership between the provincial Departments of Family Services, Education and Health, supports community programs in the care of children with special health care needs when they are apart from their families. URIS provides policy direction and assistance to community programs (i.e., school divisions, licensed child care facilities, recreation programs, and agencies providing respite service) to address the medical needs of children.

As well, URIS provides funding to community programs for a registered nurse to:

- develop an Individual Health Care Plan and/or an Emergency Response Plan;
- provide child-specific training to personnel in the community program involved with the child (e.g. teachers, educational assistants, secretaries, resource staff, custodians, bus drivers); and
- monitor personnel in the community program involved with the child as necessary.

In summary, we want to join with you to help support your child's special health care needs while at school. In order to plan for your child, please complete the attached **URIS Group B Application** and **Authorization for the Release of Information Form** and return it to the school as soon as possible. Thank you in advance for your cooperation. Please feel free to call your school administrator if you have any questions.

Interlake School Division