



Anaphylaxis and the Toronto District School Board

As a school in the Toronto District School Board (TDSB), Givins/Shaw adheres to the policy in the TDSB's operational procedure regarding Anaphylaxis which is referred to as PR 563. The entire PR 563 document can be found at:

<http://tdsbweb.tdsb.on.ca/ppf/uploads/files/live/100/282.pdf>

PR 563 states that schools are to develop a prevention and management plan in accordance with the operational procedure and Givins/Shaw's Caring and Safe School committee worked together to formulate the plan you are about to read.

As a school we look to ensure that each individual has a plan in place to meet their specific needs. The information contained in the following Givins/Shaw Anaphylaxis Plan has been assembled to guide the school's approach to the management of the risk of anaphylaxis among students. The guideline is driven by student need and it will be regularly altered as dictated by changes to our staff and student body.

Givins/Shaw Public School Anaphylaxis Plan 2017

Anaphylaxis is a severe, life-threatening allergic reaction that can be caused by foods, insect stings, medications, latex or other substances.

In our school, we have children with life-threatening food allergies. Among their allergens are avocado, eggs, milk, nuts, and sesame. Food-allergic individuals can experience a life-threatening reaction from ingesting a very small amount of their allergen. (Exposure through skin contact or inhalation can cause allergic reactions, but generally not anaphylaxis.) Education and awareness are key to keeping students with potentially life-threatening allergies safe.

Identification of Children at Risk

At Givins/Shaw we place a great emphasis on student safety, and all staff must be aware of children at risk of anaphylaxis.

At the time of registration, parents are asked about medical conditions, including whether children are at risk of anaphylaxis and asthma. We do this because research indicates that if a student suffers from both, it can increase the severity of anaphylactic reactions.

It is the responsibility of the parent to:

- Inform the Principal of their child's allergy (and asthma).
- In a timely manner, complete medical forms and the Anaphylaxis Emergency Plan, which includes a photograph, description of the child's allergy, emergency procedure, contact information, and consent to administer medication. [The Anaphylaxis Emergency Plan is posted

in key areas (classroom wall—teacher area), office bulletin board (copier room), teacher's daybook, Nutrition Room. Parental permission is required to post the child's plan.]

- Advise the school if their child has outgrown an allergy or no longer requires an epinephrine auto-injector. (A letter from the child's allergist is required.)
- Consider that their child wear medical identification (e.g. medicAlert bracelet). The school shares information with families regarding subsidy.
 - The medical identification could alert others to the child's allergies and indicate that the child carries an epinephrine auto-injector. Information accessed through a special number on the identification jewelry can also assist the local emergency medical services (e.g. paramedics) to access important information quickly.

Availability and Location of Epinephrine Auto-injectors

- Children at risk of anaphylaxis who demonstrate maturity (usually by grade one or two) carry one auto-injector with them at all times. (Children with bee sting allergies would only carry it during warmer months.) In the case of Kindergarten children, a supervising adult (teacher/early childhood educator/lunch room supervisor) carries an auto-injector.
- Back up auto-injectors are located in the office, Nutrition Room, Caretaking office, and Library.
- Additional auto-injectors are brought on field trips for classes with children who have anaphylaxis. An adult supervisor (i.e. Teacher, Educational Assistant, Early Childhood Educator, Special Needs Assistant) on a field trip will carry a cell phone to make 911 calls if needed.

Training

Each year Givins/Shaw staff, including all lunchroom staff, complete anaphylaxis training in accordance with TDSB guidelines. Currently, we augment that training during a September staff meeting. At that time, a training session occurs that includes an overview of anaphylaxis, signs and symptoms, the potential social-emotional impact for students and staff who suffer from anaphylaxis, and a demonstration on the use of the epinephrine. Interventions that cannot be connected to research or authoritative best practices will be discouraged. Training is to be provided or co-ordinated by the Toronto District School Board's Health Nurse who is liaised with Givins/Shaw. The TDSB Health Nurse works in concert with Toronto Public Health (TPH). Givins/Shaw will also consult with Food Allergy Canada to ensure that the training provided is current and reflects best practices. The goal will be to empower staff to manage anaphylaxis carefully and according to research-based best practices. As the school year progresses, if TPH or Food Allergy Canada determines that a different method for anaphylaxis safety has been proven to be more effective, then the school will re-address the staff training. We will also hold student information assemblies about anaphylaxis early in the school year. Training will also occur midway through the year. The principal will monitor practices in the school to address gaps in understanding among staff and students.

A copy of the Givins/Shaw Anaphylaxis Plan will also be included in plans left for Occasional Teachers along with Anaphylaxis Emergency Plans for specific students. The principal or designate will ensure that information regarding the School Plan and the Anaphylaxis Emergency Plans are reviewed by occasional teaching staff. The Occasional Teacher Handbook created by the TDSB also directs Occasional Teaching staff to be aware of any students in their classes who are anaphylactic. We will also post current resources on our website that can be reviewed by our staff, community and students to ensure that we are able to regularly update or refresh our knowledge.

Givins/Shaw Nutrition Program

At Givins/Shaw we currently have a nutrition program that provides a morning snack for the students. Student Nutrition Programs must follow the allergy and anaphylaxis policies of their school or community centre. Parents, students, administrators and Nutrition Program coordinators & volunteers must work together to protect the health of participants. The Public Health Inspectors provide basic safe food handling for Student Nutrition Programs. It is required by law.

The five topics they cover are:

1. Hand washing and personal hygiene
2. Sanitizing and dishwashing. Schools must use a food safe sanitizer. (Please note that disinfecting does not aid in anaphylaxis management. The removal of food residue does.)
3. Safe food preparation which includes cross-contamination and the three ways it happens -- cooking hazardous foods, storage etc.
4. Safe Food Service
5. Housekeeping

Emergency Protocol

The emergency procedures covered during the staff training include the following recommended protocol.

Adults must be encouraged to listen to the concerns of the child, who usually knows when a reaction is occurring, even before signs appear. It cannot be assumed that children will be able to properly self-administer their auto-injector. (Children may be fearful of getting a needle, they may be in denial that they are having a reaction, or they may not be able to self-administer due to the severity of the reaction.) When giving epinephrine, it is recommended to have the person sit or lie down. When administering to a child, it may be helpful to support or brace their leg to reduce movement.

1. Give epinephrine auto-injector (e.g., EpiPen) at the first sign of a known or suspected anaphylactic reaction. ****Note time and stay with the child.****
2. Call 9-1-1. Tell them someone is having a life-threatening allergic reaction ("Anaphylaxis").
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 (by ambulance, ideally) even if the symptoms are mild or have stopped. Principal will assign a staff member to accompany the student and parent has yet to arrive. Student stays 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 (parent/guardian)

Body Position

After giving epinephrine, place the person on their back with their legs raised. If they feel sick or are vomiting, they should be placed on their side so that the airway is clear and they do not choke on vomit. It is important to avoid having an individual immediately sit up or stand after receiving epinephrine as these sudden changes of position may lower their blood pressure, worsen their condition, and potentially result in death. Additionally, emergency responders should be directed to the person's

location and transport the person on a stretcher. The person should not be made to walk to emergency responders.

Important notes

- A person should stay with the child at all times.
- It is important to note the time of administration of the first epinephrine auto-injector so that you know how long it has been since the child received the first dose of epinephrine.
- The use of epinephrine for a potentially life-threatening allergic reaction will not harm a normally healthy child, even if epinephrine was not required.
- If an anaphylactic emergency occurs, both the school anaphylaxis plan and the child's Anaphylaxis Emergency Plan should be reviewed and amended as necessary.

Creating an Allergy-Safe School Environment

Individuals at risk of anaphylaxis must learn to avoid specific triggers. While the key responsibility lies with the students at risk and their families, the school community must also be aware. Special care is taken to avoid exposure to allergy-causing substances and increase awareness.

- To facilitate inclusivity, staff will be encouraged to hold celebrations that do not involve food.
- Parents are reminded not to bring food into the school for general consumption without first checking with the supervising staff member. Staff do not offer food to children with anaphylaxis without prior approval (from parents).
- If any classroom or school event involves food or food products, staff are to clearly read the food labels and not offer items to children with anaphylaxis without prior approval (from parents). Staff read clearly all food labels, always referring to the school's Medical Information list. If there is a safety concern, alternatives are offered to students with allergies (with parental approval) E.g. milk alternatives.
- Staff purchasing food read labels every time, as ingredients may change.
- Staff to take precautions to minimize the risk of cross-contamination in food preparation and handling.
- Students are frequently reminded of the no-sharing policy (food, utensils, containers, straws...)
- Eating surfaces are thoroughly cleaned before and after food consumption.
- All students are encouraged to, and have the opportunity to, wash their hands before and after eating. Givins/Shaw lunchroom supervisors currently supply a hand wipe to all students at the beginning of lunch as they enter our lunch room
- Food is disposed properly after snack and lunch periods.
- Students are supervised when eating.
- Lunch supervising staff alert caretaker to clean spills, etc. immediately.
- In classrooms with allergic children, parents and staff reduce the risk of accidental exposure by understanding that items such as cooking products, craft products, egg tempura paints, egg cartons, and milk cartons may cause an allergic reaction and the usage of any such products need to be discussed in advance with affected families
- Regular communication with students and the school community regarding anaphylaxis (education and awareness activities)
- Anaphylaxis Canada visuals around the school
- Information on anaphylaxis presented throughout the curriculum

Children with food allergies are encouraged to:

- Eat only food which they have brought from home unless it is packaged, clearly labeled and approved by their parents
- Wash hands before and after eating
 - Not share food, utensils or containers and to place food on a napkin or wax paper rather than in direct contact with a desk or table