

HAMILTON-WENTWORTH CATHOLIC DISTRICT SCHOOL BOARD



Believing, Achieving, Serving

**Elementary
ALLERGY/ANAPHYLAXIS**

Roles and Responsibilities

REVISED
December 2021

2.0 ROLES AND RESPONSIBILITIES



2.1 Collective Responsibilities

The staff members of the Hamilton-Wentworth Catholic District School Board understand that students are diagnosed with anaphylaxis at various ages. Some will be very young while others will be older, and still others will have special needs. Regardless of their age or their special needs, the Board has two primary objectives with respect to the management of anaphylaxis in schools:

- to support students who have been diagnosed with anaphylaxis to fully access school in a safe, accepting and healthy learning environment which enhances their physical, mental, and spiritual well-being; and,
- to empower students, as confident and capable learners, to reach their full potential for self-management of their condition, according to their Individual Anaphylaxis Plan of Care.

While the primary responsibility for anaphylaxis management rests with the family and the student, the school does play an important role in providing support as the student moves from dependence to independence, by creating an environment in which this transition can occur.

In order for the school to provide appropriate support, it is critical that the parent/guardian keeps the principal/designate fully informed about the student's allergic condition as well as the medication which has been prescribed by their physician or nurse practitioner to address the condition.

2.2 Role of the Parent/Guardian

As primary caregivers of their child, **parent(s)/guardian(s)** are expected to be active participants in supporting the management of their child's medical condition(s) while the child is in school. Failure to complete the forms described below prior to October 1 of the new school year could result in the student being excluded from school.

At a minimum, **parent(s)/guardian(s)** should:

- inform the school principal/designate of the details regarding a their child's potentially life threatening allergy, including a list of foods (if food allergic) and/or substances to be avoided, the actions/conditions/or events that may result in an anaphylactic reaction, and the required medication(s) to be given if an anaphylactic reaction occurs through completing the Annual Parent/Guardian Request and Consent for Allergy/ Anaphylaxis Intervention form (Appendix A) on an annual basis, and the Physician/Nurse Practitioner Authorization for Administration of Medication for Anaphylactic Reaction (Appendix B) when the school is first informed of the condition and if the condition changes.
- confirm annually to the principal or the principal's designate that their child's medical status is unchanged through the submission to the principal of the Annual Parent/Guardian Request and Consent for Allergy/ Anaphylaxis Intervention form (Appendix A);

- inform the school principal/designate of any changes to the allergic/anaphylactic condition and/or the medications by arranging for the healthcare provider to complete the Physician/Nurse Practitioner Authorization for Administration of Medication for Anaphylactic Reaction form (Appendix B);
- inform a new school of their child's allergic/anaphylactic condition, if the child transfers to another school within the Board's jurisdiction;
- where the child is new to the school community, a meeting between the child's parent/guardian and the school will be scheduled prior to the child's first day of attendance at the new school. The details of the child's potentially **life-threatening** allergy, including a list of foods (if food allergic) and or substances to be avoided, the actions/conditions/or events that may result in an anaphylactic reaction, and the required medication(s) to be given, if an anaphylactic reaction occurs shall be documented at that time;
- co-create the Individual Allergy/Anaphylaxis Plan of Care with the principal or principal's designate;
- initiate and participate in consultations to co-create/review their child's Plan of Care on an annual basis, which will be used in turn to develop Individual Allergy/Anaphylaxis Accommodation Plan (Appendix D);
- provide two (2) up-to-date medication packages (epinephrine auto-injectors). If the parent/guardian chooses to waive this expectation, the Allergy/Anaphylaxis Management Plan Waiver (Appendix H) must be requested by the parent/guardian from the principal of the school and submitted to the school;
- track expiration dates of medication sent to the school and send replacement when medication reaches the expiry date;
- provide up-to-date emergency contact names and telephone numbers annually;
- provide a current and colour photograph of their child annually;
- provide a list of acceptable foods/snacks for their child;
- strongly encourage their child to wear medical identification such as Medic Alert™ (available as bracelets bands or necklaces);
- guide and encourage their child to reach their full potential for self-management and self-advocacy;
- educate their child about their medical condition(s) with support from their child's health care professional, as needed;
- teach their child to:
 - understand the nature of her/his allergy;

- eat only foods brought from home (if food allergic) or food which parents/guardians have approved after consultation with school administrators and/or food service staff;
- read labels before eating a food (if food allergic) and monitor intake;
- understand the importance of handwashing;
- recognize the first symptoms of an anaphylactic reaction;
- communicate clearly and directly when s/he feels a reaction starting;
- carry her/his own epinephrine auto-injector and when age appropriate understand its purpose;
- practice with an epinephrine auto injector training device;
- use the epinephrine auto-injector, if capable of self-administration;
- know where additional medication is stored in the school and who can access their epinephrine auto-injector;
- seek medical advice from a medical doctor, nurse practitioner, or pharmacist, where appropriate; and,
- report any instances of bullying to a school board employee or to a parent or guardian.
All acts of bullying should be reported to the principal.

2.3 Role of the School Board.

The school board shall communicate, on an annual basis, the policies and procedures adopted to support students with anaphylaxis to parents, guardians, school board staff and all others in the school community who are in direct contact with students (e.g. transportation providers, food service providers) by making its policies and procedures and its Allergy/Anaphylaxis Plan of Care templates available on its public website.

Additionally, the school board shall:

- develop procedures for the safe storage of medication;
- develop strategies that reduce the risk of student exposure to triggers or causative agents in classrooms and common school areas;
- outline board expectations for school staff responses to medical incidents and/or medical emergencies at school that involve students with prevalent medical conditions. The response should align with the Individual Allergy/Anaphylaxis Plan of Care established for the student;
- provide **training** and resources on anaphylaxis conditions for staff on an **annual basis**; and,
- ensure that students are allowed to carry their medication to support the management of their anaphylaxis condition, as outlined in their Individual Allergy/Anaphylaxis Plan of Care.

2.4 Role of Principal/Designate

In addition to the responsibilities outlined in subsection 2.5, the principal should:

2.4.1. Registration

Clearly communicate via school website/ school newsletter to parents/guardians and appropriate staff the process for **parent(s)/guardian(s)** to notify the school of and confirm annually their child's medical condition(s), as well as the expectation for **parent(s)/guardian(s)** to consult on the co-creation, review, and update of the Individual Allergy/Anaphylaxis Plan of Care with the principal or the principal's designate. This process should be communicated to parent(s)/guardian(s), at a minimum:

- during the time of registration;
- each year during the first week of school;
- when a child is diagnosed and/or returns to school following a diagnosis.

At the time of the registration of each new student, the school principal/designate shall note if the student has an allergic/anaphylactic condition and shall record that information in the medical information section on the Personal Screen of the Trillium Student Information Management System.

Where the child at risk of anaphylaxis is new to the school community, a meeting between the child's parent/guardian and the school will be scheduled prior to the child's first day of attendance at the new school. **At this time**, the details of the child's potentially life-threatening allergy including a list of foods (if food allergic) and/or substances to be avoided, the actions/conditions/or events that may result in an anaphylactic reaction, and the required medication(s) to be given if an anaphylactic reaction occurs shall be documented. The principal/designate will provide the parent/guardian with the Allergy/Anaphylaxis Management Parent/Guardian Checklist form (Appendix I).

Where a child has been identified as being at risk of anaphylaxis, an Individual Allergy/Anaphylaxis Plan of Care shall be co-created/reviewed in consultation with the parent/guardian, school staff (as appropriate) and student (as appropriate) within the first 30 days of every school year, and updated as appropriate, during the school year where required.

An Individual Allergy/Anaphylaxis Accommodation Plan shall also be developed for each student identified as being at risk of anaphylaxis.

2.4.2. Authorization

When the school principal/designate is informed by the parent/guardian that the student has an allergic/anaphylactic condition and may require the administration of medication, the school principal/designate shall:

- require that the parent/guardian complete the Annual Parent/Guardian Request and Consent for Allergy/ Anaphylaxis Intervention form (Appendix A) on an annual basis;
- require that the parent/guardian have the Physician/Nurse Practitioner Authorization for Administration of Medication for Anaphylactic Reaction form (Appendix B) completed by the healthcare provider when the school is first informed of the **student's** condition or if **his/her** condition changes;

- request that the parent/guardian assist in the co-creation/ review of the Individual Allergy/Anaphylaxis Plan of Care form on an annual basis; and,
- parent/guardian authorizes sharing of relevant information from the student's Plan of Care to school staff and others who are identified in the Plan of Care (e.g., food service providers, occasional staff, transportation providers, volunteers who will be in direct contact with the student), including any revisions that are made to the plan.

2.4.3. Medication

If the student requires the administration of medication at the time of an anaphylactic reaction, the principal/designate shall:

- be provided with two (2) up-to-date epinephrine auto-injectors by the parent/guardian. If the parent chooses to waive this expectation, the Allergy/Anaphylaxis Management Plan Waiver (Appendix H) must be **completed** and submitted to the school;
- require the student to have one (1) epinephrine auto-injector on her/his person (e.g. in a fanny-pack) at all times. If the parent/guardian chooses to waive this expectation, the Allergy/Anaphylaxis Management Plan Waiver (Appendix H) must be submitted to the school. Medications carried in backpacks or kept in lockers are not accepted as they are not readily available in case of a reaction;
- arrange to have the second epinephrine auto-injector stored in a safe, unlocked location (e.g. main office) at room temperature;
- require that the medication be clearly labelled to indicate the name of the student, the name of the medication, child or adult dose and the expiry date;
- ensure that medication which has reached its expiry date is returned to the parent/guardian when replaced by up-to-date medication. Principal/designate will track medication expiry dates using the Epi-pen Expiry Date and Anaphylaxis Management Plan Document Tracking form (Appendix M);
- where antihistamines (e.g. Benadryl) or other medications have been prescribed by the physician/**nurse practitioner** to treat an allergic reaction, the parent/guardian will provide the medication to the school, clearly labelled with the name of the student, and indicate whether the medication should be carried by the student at all times.

In the situation where an elementary school does not have a student enrolled who has been diagnosed by a physician/nurse practitioner as being at risk to have an anaphylactic reaction, the school will purchase and maintain, on an annual basis, two (2) up-to-date packages of medication (epinephrine auto-injectors: 0.15 mg and/or 0.30 mg). **Note: no physician/nurse practitioner direction is required to administer this medication to address a potential anaphylactic reaction.**

In the event that a student with undiagnosed anaphylaxis begins to demonstrate symptoms of an anaphylactic reaction, or a student with anaphylaxis does not have an epinephrine auto-injector, an available auto-injector in the school may be used. The injection should be given immediately, and 9-1-1 is to be called. If the emergency auto-injector used belongs to another student, the principal shall replace the auto-injector using school funds.

2.4.4. Staff Training

When the principal/designate is informed by the parent/guardian that a student has an allergic/anaphylactic condition and both the Annual Parent/Guardian Request and Consent for Allergy/ Anaphylaxis Intervention form (Appendix A) and the Physician/Nurse Practitioner Authorization for Administration of Medication for Anaphylactic Reaction form (Appendix B) have been **completed and returned** to the principal/designate shall:

- with written parent/guardian authorization, identify the student to all staff members as designated in the Plan of Care, through the use of an alert system (e.g. Alert Board, Lesson Plans, Medical Alert Binder etc.);
- arrange for an annual online Anaphylaxis awareness session on dealing with life-threatening allergies for all employees and others who are in direct contact with students on a regular basis, including the use of an epinephrine auto-injector; and,
- encourage the identification of staff who can support the daily or routine management needs of students in the school with an anaphylactic condition, while honouring the provisions within their collective agreements.

Further information about anaphylaxis can be found on the Ministry of Education site: Edugains Prevalent Medical Conditions.

2.4.5 Allergy/Anaphylaxis Plan of Care

The principal/designate should:

- co-create, review, and update the Individual Allergy/Anaphylaxis Plan of Care form in consultation with the parent/guardian, staff (as appropriate) and student (as appropriate) on an annual basis within the first 30 days of the school year;
- provide relevant information from the student's Individual Allergy/Anaphylaxis Plan of Care to school staff and others who are identified in the Plan of Care, including any revisions to the plan; and,
- with parent/guardian written authorization, the Individual Allergy/Anaphylaxis Plan of Care shall be posted in key locations in the school, (e.g. staff room, main office, classroom).

A binder of all Plans of Care will be maintained in the Main Office separate from the OSR.

A copy shall be provided to the Bus Company and food service providers.

Parent(s)/guardian(s) have the authority to designate who is provided access to the Individual Allergy/Anaphylaxis Plan of Care. With authorization from the parents/guardians, the principal or the principal's designate should share the Plan of Care with school staff who are in direct contact with students with anaphylactic conditions, and, as appropriate, others who are in direct contact with students with anaphylactic conditions (e.g. Designated Early Childhood Education staff, food service providers, occasional staff, Ontario Early Years Child Care Centre staff, Parent and Family Literacy Program staff, transportation providers, and volunteers).

2.4.6. Student Medical File

Following the **development** of the Individual Allergy/Anaphylaxis Plan of Care, the school principal/designate shall establish a Student Medical File, which is stored in a separate file outside of the OSR and in the Main Office only:

The file should contain:

- the Individual Allergy/Anaphylaxis Plan of Care; and,
- the Individual Allergy/Anaphylaxis Accommodation Plan.

*Note, these documents should **also** be stored in the documentation file of the OSR

2.4.7 Documentation

- The principal/designate shall ensure that each time a student is administered the epinephrine auto-injector because of an anaphylactic reaction, the incident will be recorded on the Individual Student Log of Administered Medication form (Appendix F) and an Ontario School Board Insurance Exchange (OSBIE) Report is completed.
- The school principal/designate shall ensure that each time a student is administered medication because of an allergic reaction (e.g. Benadryl), the incident will be recorded on the Individual Student Log of Administered Medication form (Appendix F) and an OSBIE Report is completed. This may be stored in a binder in the Main Office, with copies to the OSR and Medical file.

2.4.8 Prevention

Depending on the nature of the allergic/anaphylactic condition, the principal/designate may take the following steps to prevent exposure to allergenic substances:

- **establish** an Allergy/Anaphylaxis Advisory Committee comprised of parents/guardians and staff members to assist with the implementation of preventative strategies within the school community;

- **inform** the students, parents/guardians and Catholic School Council about the nature of allergies and anaphylactic reactions as well as the nature of the life-threatening foods/substances to which students enrolled in the school are allergic through a letter sent home to all **parent(s)/guardian(s)** at the beginning of the school year. **Such information can also be distributed through** the school newsletter, the school website and workshop presentations for parents/guardians;
- **avoid** allergens hidden in materials used within the school (e.g. pet foods, play dough, stuffed toys, etc.); and,
- **ensure** that school maintenance staff routinely check for active bee/hornet/wasp hives/nests around school property and cover/remove garbage containers to reduce the risk of anaphylaxis for insect allergic students.

Depending on the nature of the allergic/anaphylactic condition, the principal/designate must take the following steps to protect students with potentially life – threatening allergies from exposure to allergenic substances:

- request the cooperation of the school community in implementing the School's Allergy/Anaphylaxis Management Plan and the student's Allergy/Anaphylaxis Plan of Care where appropriate;
- with parent/guardian written authorization, provide an awareness workshop for students in the class of the student who is at risk of anaphylaxis;
- prohibit the consumption of food and drinks on school buses;
- with parent/guardian written authorization, post signs at the door of the classroom to which the **at-risk** child is assigned, using the Allergy/Anaphylaxis Management Plan Standard Classroom Signage (Appendix K);
- post signs at school entrances indicating Allergy – Aware Environment; using the Allergy/Anaphylaxis Management Plan Standard Front Door Signage (Appendix L);
- establish safe lunchroom and eating area procedures, including cleaning and handwashing;
- take special precautions with respect to the food provided for school celebrations and co-curricular activities;
- provide the parents/guardians of the school community with a list of appropriate food substitutes which do not induce reactions and post this information on the school website;
- discuss with food services providers foods to which students may be allergic along with appropriate substitutes;
- ensure that when an at-risk student is involved in an out-of-school learning experience the student has an epinephrine auto-injector on her/his person and that the

supervising teacher has a second epinephrine auto-injector as well as a cell phone to be used in emergency situations; and,

- document the strategies which are adopted by the school to prevent an anaphylactic reaction from occurring in the Individual Allergy/Anaphylaxis Accommodation Plan (Appendix D).

2.5 Role of the School Staff

All school personnel (who are in direct contact with students on a regular basis) have the responsibility to:

- participate in an on-line education session on anaphylaxis and the use of an epinephrine auto-injector. Training should take place within the student's first thirty days of school, where possible; **and**,
- participate in training, during the instructional day, on prevalent medical conditions, at a minimum annually, as required by the school board;

School staff shall:

- review the contents of the Individual Allergy/Anaphylaxis Plan of Care for any student with whom they have direct contact, as authorized by the parents/guardians;
- share information on a student's signs and symptoms with other students, as outlined in the Individual Allergy/Anaphylaxis Plan of Care when authorized by the parents/guardians and principal in writing;
- follow school board strategies that reduce the risk of student exposure to triggers or causative agents in classrooms, common school areas, and extracurricular activities, in accordance with the student's Plan of Care;
- remain vigilant concerning circumstances and/or events which may constitute an unsafe situation for students at risk of anaphylaxis and report these to the school principal/designate;
- support a student's daily or routine management, and respond to medical incidents and medical emergencies that occur during the school day as well as during school and board sponsored events;

At the time of an anaphylactic reaction, the staff member(s) who recognize the warning signs/symptoms shall administer the epinephrine auto-injector immediately and shall direct a staff member to call 9-1-1, *using the posted 9-1-1 Protocol Anaphylaxis* form (Appendix E), and also call the student's parent/guardian.

After the medication has been administered, the staff member(s) shall record the incident in the Individual Student Log of Administered Medication form (Appendix F) and ensure an OSBIE Report is completed.

If the student participates in a field trip authorized by the school, the following procedures shall be implemented by the school staff:

- provide allergy aware lunches/snacks for students who bring allergens on the field trip, if consistent with the prevention plan;
- assign a field trip supervisor, trained in the administration of epinephrine auto-injectors to the identified student;
- provide the field trip supervisor with access to a telephone/cell phone in case of an emergency;
- ensure each student identified as being at risk of having an anaphylactic reaction is provided with two (2) epinephrine auto-injectors;
- ensure each identified student has an epinephrine auto-injector on her/his person.

In the event of a school emergency (e.g., bomb threats, evacuation, fire, “hold and secure”, lockdown), the school will implement the procedures that support the student with an Anaphylactic allergy. **This support must include access to their medication.**

Enable students with prevalent medical conditions to participate in school to their full potential, as outlined in the Individual Allergy/Anaphylaxis Plan of Care along with the Individual Allergy/Anaphylaxis Accommodation Plan.

Support inclusion by allowing students with prevalent medical conditions to perform daily or routine management activities in a school location (e.g., classroom), as outlined in their Plan of Care, while being aware of confidentiality and the dignity of the student.

2.6 Role of the Classroom/Subject Teacher

In addition to the duties described in subsection 2.5, classroom/subject teachers are also expected to take the following steps:

- when a student in a specific class has been identified as being at risk of anaphylaxis to an allergen, a letter shall be sent to the parent/guardian of each child in that class. See the enclosed Sample Letter to School Community Regarding Life Threatening Allergies form (Appendix G);
- The letter should strongly encourage parents/guardians to refrain from sending food/substances to school which may contain the allergen(s) if it is consistent with the prevention strategies outlined in the Individual Allergy/Anaphylaxis Accommodation Plan (Appendix D);
- share information on a student’s signs and symptoms with other students, as outlined in the Plan of Care when authorized by the parent/guardian in writing;
- monitor the presence of substances within the classroom which may cause an anaphylactic reaction in the identified student;
- **strongly encourage students to choose food** for snacks and lunches which do not contain the allergen;

- provide a substitute for unacceptable lunches/snacks;
- encourage proper handwashing with soap and water before and after foods are eaten;
- ensure that the identified student is carrying an epinephrine auto-injector on her/his person when age – appropriate, during all out-of-school learning experiences; and
- where no washrooms are available, provide sanitary hand wipes.

2.7 Role of the Educational Assistant

In addition to the duties described in subsection 2.5, the educational assistants **who work closely with the student** diagnosed with allergy/anaphylaxis are expected to:

- participate in the training on the use of the epinephrine auto injector; and,
- take appropriate action at the time of an allergic reaction, as outlined in the **student's Individual Allergy/Anaphylaxis Plan of Care**.

2.8 Role of the School Secretary

In addition to the duties described in subsection 2.5, the school secretary is expected to follow the 9-1-1 Protocol Anaphylaxis (Appendix E) in the event of an anaphylactic reaction.

2.9 Role of School Bus Driver

In addition to the duties described in the school bus company's policy and procedures manuals, the school bus driver shall:

- ensure, to the extent possible, that the student(s) diagnosed with allergy/anaphylaxis is/are sitting at the front of the bus, near the driver; and,
- in the event of an allergy/anaphylaxis attack, the bus driver will contact dispatch, explain the issue, along with the name of the student experiencing an allergy/anaphylaxis attack, and state the geographic location prior to administering medication. This allows dispatch to contact 911 and look up the plan.
- the bus driver will not have a copy of the plan. The HWSTS staff fax/email plans to the individual carriers, which is kept on file.

Of note, the HWSTS staff provide binders to the individual carriers, containing all students with prevalent medical conditions, including students whom they do not transport.

2.10 Role of the Student at Risk of Anaphylaxis

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

- wear a Medic Alert™ bracelet, band, necklace or equivalent;
- carry an epinephrine auto-injector on her/his person at all times;
- follow the instructions of her/his physician/**nurse practitioner** and parent(s)/guardian(s);

- tell teachers, educational assistants, principal, custodians, friends and occasional personnel (i.e. occasional teachers, occasional early childhood educators, occasional educational assistants, lunch room monitors/supervisors, crossing guards, school bus drivers, volunteers) about her/his allergy;
- tell teachers, educational assistants, principal and friends where to find her/his epinephrine auto-injector;
- when age appropriate, provide information about her/his allergic condition to teachers and principal when moving to a new school;
- participate in the development and review of the Plan of Care, as appropriate;
- carry out daily or routine self-management;
- set goals on an ongoing basis for self-management of their medical condition in conjunction with their **parent(s)/guardian(s)** and health care professional(s);
- communicate with their **parent(s)/guardian(s)** and school staff if they are facing challenges related to their medical condition(s) at school;
- learn about the ingredients of products in the natural environment (e.g. restaurants, stores);
- wash hands with soap and water before and after eating;
- eat only foods brought from home or foods approved by parent/guardian;
- avoid open containers which could contain food waste, if insect allergic;
- refrain from participating in recycling programs;
- understand how to use epinephrine auto-injector, if capable of self-administration;
- learn to recognize the symptoms of an anaphylactic reaction;
- tell an adult if a situation of concern or potential danger occurs;
- use a buddy system;
- monitor her/his person and promptly inform an adult as soon as accidental exposure occurs or symptoms appear; and,
- if possible, inform school staff and/or their peers if a medical incident or a medical emergency occurs*.

* Note: Due to the rapid rate of an anaphylactic reaction, the student may not be able to notify an adult and/or self-administer the epinephrine auto-injector.

2.11 Role of School Community, Parents/Guardians and Volunteers

All parents/guardians and volunteers within the wider school community have the responsibility to:

- participate in the activities of the Allergy/Anaphylaxis Advisory Committee and assist with the implementation of preventative strategies within the school community;
- participate in training concerning the management of Allergy/Anaphylaxis which occurs during the orientation session for school volunteers;
- assist the school principal and the staff of the school in disseminating information to all members of the community about allergies and anaphylactic reactions; and,
- be aware of and comply with the School Allergy/Anaphylaxis Management Plan **found on the HWCDSB board website.**