

POLICY: SUBJECT:

PAGE:

JLCE **Emergency Medical Care** (Anaphylaxis) APPROVAL DATE: December 7, 2020 1 of 4

## 1. **GENERAL**

- 1.1 Winnipeg School Division (WSD) will attempt to provide support services for students with special health care needs who require health or personal care procedures in order to attend and benefit from an accessible educational program.
- 1.2 (WSD) recognizes that the safety of students/staff is a priority. It is the responsibility of the parent/guardian to notify the school that their child has a life-threatening allergy. Children known to be at risk of anaphylaxis must be diagnosed by their physician who is also responsible for prescribing the appropriate treatment protocol.
- 1.3 WSD recognizes that ensuring the safety of students with life threatening allergies in a school setting depends upon the understanding and support of the entire school community. To minimize the risk of exposure and to ensure rapid response to emergency, parents/guardians, students and school staff must all understand and fulfill their responsibilities.
- 1.4 WSD will assist parents/guardians in applying to the Provincial Unified Referral and Intake System (URIS) Group B Support which includes the development of a health care plan and training of program staff by a registered nurse when required.
- 1.5 In consultation with parents/guardians of the student with anaphylaxis, the school may identify a student with anaphylaxis to classmates who are in direct contact with the student and enlist their understanding and support. This will be done in a way that is appropriate to the students' age and maturity, without creating fear and anxiety.
- 1.6 WSD recognizes the only way to protect children known to be at risk of anaphylaxis is avoidance of the allergic substance, however, no individual or organization can guarantee an allergy-free environment.
- 1.7 WSD recognizes that developmental factors such as age, and physical or cognitive ability, may affect a child's ability to:
  - safely carry an adrenaline auto-injector
  - take responsibility to avoid allergens
  - recognize and communicate symptoms of anaphylaxis
  - use an adrenaline auto-injector.
- 1.8 WSD will ensure that all staff are aware that anaphylaxis is a life-threatening condition.

## 2. DEFINITION

2.1 Anaphylaxis

> Anaphylaxis, sometimes called "allergic shock", is a severe allergic reaction that can lead to rapid death, if untreated. The reaction may begin with itching, hives, sneezing, difficulty breathing, vomiting, diarrhea, or swelling of the lips or face. Within moments, the throat may begin to close, choking off breathing and leading to unconsciousness and death. A reaction can develop within seconds of exposure, or as long as eight hours later.

2.2 The Unified Referral and Intake System (URIS) developed a standard means to classify the complexity of health care procedures along with a level of gualification required by staff members that support these students.



POLICY: SUBJECT:

PAGE:

JLCE **Emergency Medical Care** (Anaphylaxis) APPROVAL DATE: December 7, 2020 2 of 4

# 3. **EPINEPHRINE AUTO-INJECTOR**

- 3.1 Students shall carry their own epinephrine auto-injector at all times with instructions for use. If the student is not developmentally able to carry the epinephrine auto-injector, it will be kept in an unlocked, safe, easily accessible location, and a staff member will be designated its responsibility.
- 3.2 Parents/guardians have the option of supplying an extra epinephrine auto-injector to be kept in the school office. This extra epinephrine auto-injector shall be kept in a secure location, but unlocked for quick access.
- 3.3 When a student's prescribed epinephrine auto-injector is not accessible and the student is exhibiting a combination of anaphylactic, the following emergency response plan will be followed:
  - a) Call 911/EMS.
  - b) Access the student's Anaphylaxis Standard Health Care Plan to confirm the epinephrine dosage prescribed. If the student's health care plan is not accessible, follow directions from the EMS personnel regarding recommended dosage.
  - Administer the "School Emergency Use" epinephrine auto-injector. C)
- 3.4 When a student who is NOT prescribed an epinephrine auto-injector and is exhibiting a combination of anaphylactic signs, the following emergency response plan will be followed:
  - Call 911/EMS. a)
  - Inform that a "School Emergency Use" epinephrine auto-injector(s) is available. b)
  - c) Follow directions provided by the EMS personnel including use of "School Emergency Use" epinephrine auto-injector, if applicable.
- 3.5 All EpiPens® shall be stored in a safe location as determined by the Principal. All staff will be informed of the procedures on the use of EpiPens<sup>®</sup>.
- 3.6 All school staff will be made aware of the student with anaphylaxis. It is recommended that students wear a medic-alert bracelet that identifies specific medical information.
  - All students identified with anaphylaxis will have an "allergy alert" attached to their cumulative a) file. This "allergy alert" will remain on the cumulative file throughout the student's attendance in WSD.
  - The student's Anaphylaxis Standard Health Care Plan will be stored in a secure place that is b) accessible to school staff.

# RESPONSIBILITIES 4.

# 4.1 Chief Superintendent/CEO

The Chief Superintendent/CEO is responsible for the implementation of this policy.

# 4.2 Principal

It is the responsibility of the Principal\_to obtain relevant medical information from the parents by obtaining a completed written release of information (Exhibit 1, 2, or 3) which allows WSD to request information and direction in writing from an appropriate health care professional as required. The Principal will share the necessary information with staff who may be directly involved with the student.



PAGE:

JLCE **Emergency Medical Care** (Anaphylaxis) APPROVAL DATE: December 7, 2020 3 of 4

- The Principal will ensure that training provided by the URIS direct service nurse occurs annually a) with school staff and other personnel (if deemed appropriate by the school administrator).
- WSD will provide opportunities for training provided by the URIS direct service nurse for b) substitute teachers and bus drivers.
- Schools with students who have prescribed epinephrine auto-injectors due to life-threatening c) allergies will receive the correct number of dosage of EpiPens(s)® based on the URIS Group B Data collected. Where a student or students require the .3 mg dose, one "School Emergency Use" EpiPen<sup>®</sup> will be stored at the school.
- d) The principal shall review the emergency response plan with school staff annually at the beginning of the school year.

#### 4.3 Parent/Guardian

It is the responsibility of the parents/guardians, along with URIS to advise the principal of any allergies and provide all necessary documentation to the school. The Principal should be notified immediately when the health care needs of a student change.

The Parent/Guardian is responsible to:

- Submit all necessary documentation (i.e. URIS Group B Application, Anaphylaxis Standard a) Health Care Plan, Authorization for the Administration of Medication).
- Ensure their child has and carries an epinephrine auto-injector that is not expired and clearly b) labelled with the child's name.
- Ensure the child takes the epinephrine auto-injector on field trips/excursions. c)
- Be willing to provide safe foods for their child for special occasions. d)
- Teach their child: e)
  - to recognize the first symptoms of an anaphylactic reaction i)
  - to communicate clearly when they feel a reaction starting ii)
  - iii) to carry their own epinephrine auto-injector
  - iv) if not carried on the person, to know where medication is kept
  - v) not to share snacks, lunches or drinks
  - vi) to understand the importance of hand-washing
  - vii) to take as much responsibility as possible for their own safety
- To consider a medic alert bracelet for their child. f)

All parents/guardians are expected to:

- a) Comply with WSD Anaphylaxis Policy.
- b) Support requests from school to eliminate allergens from packed lunches and snacks.
- Encourage their children to respect the needs of their peers with life threatening allergies. c)
- d) Inform the teacher prior to distribution of food products to any children in the school.

# 4.4 Students

The student is required to assume as much responsibility as possible in self-management. Selfmanagement will vary with age and maturity level and to different physical properties and organizational structures of the programs to which they are registered.

- Take as much responsibility as possible for avoiding allergens, including checking food labels. a)
- Eat only foods brought from home. b)
- c) Wash hands before and after eating.
- d) Learn to recognize symptoms of an anaphylactic reaction.
- Promptly inform an adult, as soon as accidental exposure occurs or symptoms appear. e)



POLICY: SUBJECT:

PAGE:

JLCE **Emergency Medical Care** (Anaphylaxis) APPROVAL DATE: December 7, 2020 4 of 4

- f) Carry their epinephrine auto-injector on themselves at all times
- Know how to use the epinephrine auto-injector. g)

All students are expected to:

- Avoid sharing food, especially with children with known risk of anaphylaxis. a)
- Follow school rules established related to anaphylaxis and avoidance of allergens. b)

# 4.5 The Unified Referral and Intake System (URIS) Service Provider

The URIS Service Provider will provide information, consultation and support to school personnel for all students who qualify for URIS Group B support. To access this support, schools must submit a completed URIS Group B application (Exhibit 1) to the URIS Service Provider.

# Unified Referral and Intake System (URIS) Direct Service Nurse 4.6

The United Referral and Intake System (URIS) Direct Service Nurse shall:

- Review and sign the Anaphylaxis Standard Health Care Plans completed by the student's a) parent/guardian.
- Consult with and provide information to parents/guardians, students and school personnel as b) needed.
- Provide training and monitoring to school staff that are responsible for students with c) anaphylaxis.

# 4.7 **Inclusive Education**

The decision to involve the Inclusive Education is dependent upon the educational needs of the student and the health care supports required.

# 4.8 **Bus Drivers**

All bus drivers will be informed of students on their assigned bus that have anaphylaxis including their allergen and location of epinephrine auto-injector.

Bus Drivers shall:

- Attend annual training for anaphylaxis provided by the URIS direct service nurses a)
- Carry a copy of the anaphylaxis Emergency Response Plan in an accessible location. b)
- 4.9 All Employees

All employees of the school division will refrain from bringing products where known food allergies exist.