

YORK CATHOLIC DISTRICT SCHOOL BOARD



BOARD POLICY	
<i>Policy Section</i> Students	<i>Policy Number</i> 209
<i>Former Policy #</i> 209	<i>Page</i> 1 of 7
<i>Original Approved Date</i>	<i>Subsequent Approval Dates</i>
April 18, 2006	January 28, 2014 October 28, 2014 June 16, 2020

POLICY TITLE: SUPPORTING STUDENTS WITH PREVALENT MEDICAL CONDITIONS: ANAPHYLAXIS

SECTION A

1. PURPOSE

The York Catholic District School Board recognizes that there are some students within the school system that are susceptible to severe anaphylactic reactions which could be life threatening. The York Catholic District School board also recognizes that anaphylaxis management is a shared responsibility that requires a team approach among allergic students, Parent(s)/Guardians, health care providers and the entire school community.

2. POLICY STATEMENT

It is the policy of the York Catholic District School Board that all students be entitled to safe and healthy environments in our schools. The Board is committed to supporting students with an anaphylactic allergy to fully access school in a safe, accepting and healthy learning environment that supports well-being. An individual plan for a student with an anaphylactic allergy shall be consistent with the Board's policy in accordance with Sabrina's Law, 2005, Statutes of Ontario, Chapter 7.

While it is impossible to create a risk free environment, school staff and Parent(s)/Guardian(s) can take important steps to minimize potentially fatal allergic reactions. There are three key factors to consider in providing a safe, caring, supportive and inclusive environment for anaphylactic students:

1. Information and awareness for the entire school community,
2. Avoidance of the allergen, and,
3. An action emergency plan (outlined within the Individual Action Plan – S15(a) for Elementary; S15(a1) for Secondary) in case of accidental exposure.

3. PARAMETERS

3.1 Every school in the York Catholic District School Board shall implement and maintain procedures in accordance with *Supporting Students with Prevalent Medical Conditions: Anaphylaxis* for the protection of anaphylactic students. While it is impossible to create a risk free environment, school staff and Parent(s)/Guardian(s) can take important steps to minimize potentially life-threatening situations including the following:

- 3.1.1 Avoidance strategies to reduce the risk of exposure to anaphylactic causative agents in classrooms and common school areas;

- 3.1.2 A communication and implementation plan shall be developed for the dissemination of information on life-threatening allergies to Parent(s)/Guardian(s), students and employees; and,
- 3.1.3 Regular training, on a twice per year basis, dealing with life-threatening allergies for all employees and others who are in direct contact with students on a regular basis.
- 3.2 Every Principal shall ensure that, upon registration, or upon being informed of a student's diagnosis, Parent(s)/Guardian(s) and students of 16 years of age or older are asked to supply information on life-threatening allergies.
- 3.3 Every school Principal shall develop an individual action plan (S15(a) for Elementary; S15(a1) for Secondary) for each student who has an anaphylactic allergy which must include:
- details on the type of allergy;
 - monitoring strategies;
 - avoidance strategies;
 - appropriate treatment;
 - a readily accessible emergency procedure for the student; and,
 - storage for Epinephrine auto-injector, where necessary.
- 3.4 Every school Principal shall create and maintain a centrally accessible file containing all individual action plans (S15(a) for Elementary; S15(a1) for Secondary) for the current school year.
- 3.5 No actions 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, unless the damages are the result of an employee's gross negligence (*Sabrina's Law, 2005, S.O., c.7, s.s.3.4*).

4. RESPONSIBILITIES

4.1 Director of Education

- 4.1.1 To oversee compliance with the *Supporting Students with Prevalent Medical Conditions: Anaphylaxis* policy and related procedures and guidelines.

4.2 Superintendents of Education

- 4.2.1 To support Principals with the implementation of and compliance with the *Supporting Students with Prevalent Medical Conditions: Anaphylaxis* policy.

4.3 Senior Managers

- 4.3.1 To ensure that Policy 209, its guidelines and related procedures have been communicated to all permit, contract and lease holders.

4.4 Principals

- 4.4.1 To participate with staff and others in direct contact with students in training on anaphylaxis twice annually to learn how to recognize the symptoms of an anaphylactic reaction and the procedures to follow should a life-threatening allergic reaction occur.
- 4.4.2 To implement and comply with the policy, related guidelines and procedures.
- 4.4.3 To inform Parent(s)/Guardian(s) of the need to advise the school if their child has a life threatening allergy.

- 4.4.4 To communicate with all staff and others who are in direct contact with students the name, grade and classroom teacher of students who could require the immediate administration of medication due to life-threatening allergies and where their individual action plan and medication are located.
- 4.4.5 To develop an “individual action plan” for each student who has an anaphylactic allergy that includes details informing staff and others who are in direct contact with the student on a regular basis of the type of allergy, monitoring and avoidance strategies and appropriate treatment; a readily accessible emergency procedure for the student, including emergency contact information and storage for Epinephrine auto-injector, where necessary.
- 4.4.6 To create and maintain a central file for all students with anaphylaxis.
- 4.4.7 To ensure that this policy and accompanying guidelines are included in the school’s Emergency Response/Action Plan.
- 4.4.8 To provide and communicate to all staff the designated location of medication for students with anaphylaxis.
- 4.4.9 To establish an “allergy safe” school environment via food restrictions, no food sharing rules and hand washing routines.
- 4.4.10 To communicate to the entire school community stressing “allergen safe” schools via newsletter, website, student agendas, regular assemblies and posting of “allergy safe” signs throughout the school.
- 4.4.11 To provide separate communication to individual classrooms regarding allergens in that classroom and through the classroom to the community regarding specific allergens.
- 4.4.12 To promote the avoidance of allergens where practical and possible (i.e., school events, such as Pancake Tuesday, any Food & Nutrition program provided by a third party and all one day and/or overnight school excursions.)
- 4.4.13 To ensure that school volunteers and visitors are aware of the *Supporting Students with Prevalent Medical Conditions: Anaphylaxis* policy.

4.5 School Staff

- 4.5.1 To participate in the regular and current training on anaphylaxis twice annually to learn how to recognize the symptoms of an anaphylactic reaction and the procedures to follow should a life-threatening allergic reaction occur.
- 4.5.2 To provide a copy of the S15(a) or S15(a1) form (which includes a photo of the student) to occasional teachers.
- 4.5.3 To discuss anaphylaxis with the class, in age appropriate terms outlining the allergen in the class, describing symptoms of an anaphylactic reaction and procedures to follow should an anaphylactic reaction occur.
- 4.5.4 To ensure that all reasonable safety procedures are carried out in courses and activities for which the teacher is responsible.
- 4.5.5 To administer an Epinephrine auto-injector or other medication that is prescribed, even if there is no pre-authorization to do so if there is reason to believe that a student is experiencing an anaphylactic reaction.

4.6 Parent(s)/Guardian(s)

- 4.6.1 To inform the Principal immediately upon registration and/or when in receipt of a diagnosis of an anaphylactic allergy.
- 4.6.2 To provide the school with a completed copy of form S15(a) for Elementary students and S15(a1) for Secondary students prior to, or immediately after the start of the student’s Elementary career and prior to, or immediately after the start of the student’s Secondary career, or immediately after a diagnosis of an anaphylactic allergy.

- 4.6.3 To ensure that all medical information pertinent to the student's life-threatening allergy is always current.
- 4.6.4 To provide the school with two (2) * up-to-date single-dose applications of the Epinephrine auto-injector, one to be stored in the school office, clearly marked with student's name and known allergen and the second to be carried on the student's person, clearly marked with the student's name and known allergen.
- 4.6.5 Or, to provide the school with one (1)* up-to-date ALLERJECT application of the Epinephrine auto-injector, to be worn on the student's person, clearly marked with student's name and known allergen or to be kept with a person in a position of authority.
- 4.6.6 To provide your child with a MEDIC ALERT BRACELET to be worn at all times.
- 4.6.7 To practice allergen avoidance measures.
- 4.6.8 To research field trip sites and overnight excursion sites for potential allergen risks.
- 4.6.9 To provide education to their child about their medical condition, as well as the safe keeping and administration of their medication with support from their child's health care professional.

*If the Parent(s)/Guardian(s) is not in agreement with providing the school with two up-to-date applications of the Epinephrine auto-injector or the possession and carrying of one application Epinephrine auto-injector or the ALLERJECT Epinephrine auto-injector on the student then the parent will be required to indicate this on the S15(a) or S15(a1) form upon submission to the Principal acknowledging that they take full responsibility for their decision.

4.7 Students with an Anaphylactic Allergy

- 4.7.1 To practice allergen avoidance measures.
- 4.7.2 To learn to recognize symptoms of an anaphylactic reaction.
- 4.7.3 To promptly inform an adult as soon as accidental exposure occurs or symptoms appear.
- 4.7.4 To take responsibility for advocating for their personal safety and well-being, as well as the safe keeping and administration of their medication that is consistent with their cognitive, emotional, social and physical stage of development and their capacity for self-management. To communicate with their Parent(s)/Guardian(s) and school staff if they are facing challenges related to their medical condition at school.
- 4.7.5 To wear a Medic Alert identification at all times.

4.9 Student Transportation Services

- 4.9.1 To ensure the names of students with a diagnosis of Anaphylaxis have been communicated to Transportation Service Providers.
- 4.9.2 To ensure that Policy 209 *Supporting Students with Prevalent Medical Conditions: Anaphylaxis* has been communicated with all Transportation Service Providers.
- 4.9.2 To ensure that the current form S15(a) or S15(a1) form received from the Principal is available on file:
 - i) in the Student Transportation Services office,
 - ii) in the appropriate service provider's dispatch office, and,
 - iii) in the appropriate school vehicle(s)
- 4.9.3 To require the service provider to ensure there has been adequate Epinephrine auto-injector in-servicing and training of all regular drivers and substitute drivers that transport a student with life-threatening allergies.
- 4.9.4 To work with the school Principal and service provider to assign a specific seat to a student with life threatening allergies, if required.

4.10 Human Resources

4.10.1 To ensure that all occasional teachers and casual support staff are in-serviced upon hiring and on an annual basis by Human Resources on how to recognize symptoms of an anaphylactic attack, on how to respond to life threatening allergic reactions, and how to administer medication (e.g. Epinephrine auto-injector).

5. DEFINITIONS

5.1 Age and/or Developmentally Appropriate

Age and/or developmentally appropriate readiness for individual students will need to be considered by the Superintendent of Schools and Principal in consultation with the Parent(s)/Guardian(s). The responsibilities that a student can assume will be assessed based on the student's age and capability to understand their life-threatening condition. Students with special education needs may require additional assistance and avocation by school or central staff and Parent(s)/Guardian(s).

5.2 Allergens

Allergens are any substance or condition that can bring on an allergic reaction leading to a severe, life-threatening, allergic reaction known as anaphylaxis.

5.3 Allergen Safe School Environment

Allergen safe school environment is one where every reasonable effort and precaution has been taken to minimize the risk of exposure to potentially life threatening allergens.

5.4 Anaphylactic Reaction

Anaphylactic reaction is a life-threatening reaction characterized by a range of symptoms including but not limited to:

Skin Reactions: hives, swelling, itching, body warmth, skin redness or rash

Respiratory Reactions: coughing, wheezing, shortness of breath, chest pain or tightness, throat tightness, hoarse voice, swelling of the tongue, tingling of the mouth, nasal congestion or hay fever-like symptoms or trouble swallowing

Gastrointestinal Reactions: nausea, pain or cramps, vomiting or diarrhea

Cardiovascular Reactions: pale/blue colour, weak pulse, unconsciousness, dizzy or lightheaded, shock

Other symptoms may include, but are not limited to anxiety, headache or feeling of "impending doom" that can develop within seconds to minutes of exposure to an allergen. In rare cases, the timeframe can vary up to several hours after exposure.

5.5 Anaphylaxis

Anaphylaxis means a severe systemic allergic reaction which can be fatal, resulting in circulatory collapse or shock.

5.6 Auto-Injector

An auto-injector is a medical device used to deliver a pre-measured dose (or doses) of Epinephrine auto-injector commonly trademarked as the Epinephrine auto-injector.

5.7 Person in a Position of Authority

A person employed by the Board to perform services with respect to a student or students.

5.8 School Environment

School environment includes the entire school building and grounds, buses and other modes of transportation, school excursions, before and after school programs, and school sanctioned events involving students.

6. CROSS REFERENCES

YCDSB Policy 201A [Healthy Schools - Eating and Nutrition](#)

YCDSB Policy 703 [Community Use of Schools](#)

YCDSB [Purchasing Reference Guide](#)

YCDSB Standard Child Care and Purchasing of Services Leases and/or Contracts

YCDSB Student Transportation Procedures Manual

YCDSB [Third Party Protocol](#)

[An Act to Protect Anaphylactic Pupils](#)

(Sabrina's Law, 2005, Statutes of Ontario, Chapter 7)

[Ontario Ministry of Education Anaphylaxis Resource Kit](#)

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SECTION B: GUIDELINES

Refer to the Ontario Ministry of Education Anaphylaxis Resource Kit provided to each school for procedures and strategies to:

1. Reduce the risk of exposure to causative agents;
2. Create a communication plan; and,
3. Provide training.

The *Anaphylaxis Resource Kit* includes the following tools for school use:

- Auto-Injector training devices for [Allerject](#) and [EpiPen](#)
- Awareness Posters and Information Pamphlets
- Memory Stick with educational materials to assist with training for school personnel and epinephrine auto-injector instructional videos
- [Anaphylaxis in Schools & Other Settings](#) developed by the Canadian Society of Allergy and Clinical Immunology
- Information related to the Ontario Ministry of Education's e-learning module ([Online Anaphylaxis Training: Prevention First - eWorkshop](#)) that includes Ontario-specific anaphylaxis training on Sabrina's law.