

POLICIES, GUIDELINES AND PROCEDURES

SUBJECT	N.E.P.N. CODE
FIRST AID AND EMERGENCY MEDICAL CARE: ANAPHYLAXIS	JLCE-2

I. POLICY

The Louis Riel School Division recognizes that students attending school may require the administration of medication in response to anaphylaxis, a life-threatening allergic reaction. For the safety of students and staff, the following **GUIDELINES** and **PROCEDURES** must be followed within the school division.

II. GUIDELINES

Anaphylaxis is a severe allergic reaction that can lead to death, if untreated. Like less severe allergic reactions, anaphylaxis occurs when the body's immune system reacts to harmless substances as though they were harmful invaders. However, instead of developing the familiar runny nose or rash, anaphylaxis is a severe allergic reaction that can result in death due to airway obstruction or a severe drop in blood pressure. It is an extreme total body reaction.

A person can develop a life-threatening allergy to any food. However, foods that commonly cause anaphylaxis include peanuts, nuts, milk, eggs, fish, shellfish, wheat, sesame and soy. Stings from bees, wasps, hornets and yellow jackets can cause anaphylaxis. Medications such as antibiotics, muscle relaxants and anti-convulsants can cause anaphylaxis. Latex may be an allergen for children who have had multiple surgeries with exposure to latex.

After exposure to the allergen, any combination of anaphylaxis symptoms may occur to signal the onset of anaphylaxis. Signs do not always occur in the same sequence, even in the same individual. An anaphylactic reaction most commonly begins within seconds or minutes of exposure to the allergen, with the majority of reactions occurring within thirty minutes. The time from the first signs of anaphylaxis to death can be as little as a few minutes, if the reaction is not treated. Treatment of anaphylaxis includes the administration of epinephrine and calling 911/EMS to have the child transported to the hospital.

III. PROCEDURES

I. INFORMATION AND AWARENESS

I.1. Identification of students to school authorities:

I.1.1. It is the responsibility of the parent/guardian to identify to the school that their child has a life-threatening allergy.

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I.1.2. The school will provide the URIS Group B Application, Anaphylaxis Standard Health Care Plan and Authorization for the Administration of Medication to the parent/guardian for completion.

I.1.3. The school will submit the completed URIS Group B Application and a copy of the Anaphylaxis Standard Health Care Plan to the URIS nurse at the Winnipeg Regional Health Authority.

I.1.4. The nurse will consult with the parents/guardians, student, school, and physician, if required.

I.2. Identification of students who may urgently require medication/treatment to staff:

I.2.1. All school staff will be made aware of the student with anaphylaxis.

I.2.2. All students identified with anaphylaxis will have an "allergy alert" attached to their cumulative file. This "allergy alert" will remain on the cumulative file throughout the student's attendance in the school division.

I.2.3. The student's [Anaphylaxis Standard Health Care Plan](#) will be stored in a place where it is secure yet accessible to school staff.

I.2.4. The classroom teacher will ensure the student with anaphylaxis is identified to substitute teachers.

I.2.5. The school/school division will ensure the student with anaphylaxis is identified to bus drivers.

I.2.6. It is recommended that students wear a medic-alert bracelet that identifies specific medical information.

I.2.7. Epinephrine auto-injectors shall be clearly marked with the student's name.

I.3. Training for teachers and other school staff:

I.3.1. The school administrator will ensure that training provided by the URIS nurse occurs annually with school staff, bus drivers, lunch hour supervisors, and others (if deemed appropriate by the school administrator).

I.3.2. The school division will provide opportunities for training provided by the URIS nurse for substitute teachers. Any newly employed school staff who missed the school-based training may also attend these sessions.

I.4. Sharing information with other students

I.4.1. 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.

2. ANAPHYLAXIS REGULATION

2.1. Avoidance of Allergens

The greatest risk of exposure to allergens is in new situations, or when normal daily routines are interrupted, such as birthday parties or school trips. Young children are at greatest risk of

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accidental exposure. Teenagers may be at risk due to increased independence, peer pressure and reluctance to carry medication.

Avoidance of allergens is the only way to prevent an anaphylactic reaction. It is difficult to achieve complete avoidance of an allergen, reducing the child's exposure to the allergen is possible.

Risk reduction strategies should be flexible enough to address the safety of children with anaphylaxis as well as the organizational and physical environment of the school. Many factors need to be considered when implementing risk reduction strategies such as the age of children, location of eating areas, level of supervision and size of the facility. The most successful strategies enlist the support of the entire community including parents, students and school personnel.

2.1.1. Establishing an Allergen Aware Environment

When the school requests that products containing an allergen not be brought into the school building or grounds, in the Division we use the term “allergen-aware” as opposed to “allergen-free” or “allergen-safe” as it is not possible to guarantee that the allergen will not be present in the facility. The Allergen Aware Sample Letter and School Newsletter Sample Inserts are for use in schools Establishing Safe Lunchroom and Eating Area Procedures.

It is recommended that the school:

- 2.1.1.1. Strongly recommend that students with life threatening allergies eat only food prepared at home.
- 2.1.1.2. Consult directly with parent/guardian before offering any food to students with life threatening allergies.
- 2.1.1.3. Discourage the sharing of food, utensils, and containers.
- 2.1.1.4. Support the child with life threatening allergies to become independent and take precautions such as placing food on wax paper or a paper napkin rather than directly on the desk or table, hand-washing routine before and after eating.
- 2.1.1.5. Wash tables and other eating surfaces after eating, using a cleansing agent approved for school use. This is particularly important for students with peanut allergies because of the oily nature of peanuts.

2.1.2. Allergens in School Activities

Not all allergic reactions are a result of exposure at mealtimes.

- 2.1.2.1. Teachers will attempt to choose products that are safe for all children in the classroom.
- 2.1.2.2. Teachers, particularly in the primary grades, will attempt to be aware of the possible allergens present in curricular materials such as: craft materials (e.g., play dough, egg cartons); pets and pet food; bean-bags, stuffed toys (peanut shells are sometimes used); counting aids (e.g., beans, peas); toys, books and other items which may have become contaminated during

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normal use; science projects, Human Ecology classes; special seasonal activities (e.g., egg decorating, garden projects).

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

2.1.3. Holidays and Special Celebrations

Food is often associated with special occasions and events. The following procedures may help to protect the child with life threatening allergies.

- 2.1.3.1. Require the child with life threatening allergies to eat food brought from their own home.
- 2.1.3.2. Focus on activities rather than food to celebrate special occasions.

2.1.4. Anaphylaxis to Insect Venom

Avoidance is difficult to achieve but certain precautions by the schools may be helpful.

- 2.1.4.1. Request removal of insect nests from school property by calling the school division maintenance department.
- 2.1.4.2. Allow students with a life-threatening allergy to insect venom to remain indoors for recess during bee/wasp season.
- 2.1.4.3. Immediately remove a student with a life-threatening allergy to insect venom from the room if a bee or wasp enters.
- 2.1.4.4. Ensure proper storage and prompt disposal of garbage.

2.2. Emergency Response Protocol

Even when precautions are taken, a student with a life-threatening allergy may come into contact with their allergen while at school. The emergency response plan included in the Anaphylaxis Standard Health Care Plan will be implemented for all students with anaphylaxis. The Anaphylaxis Standard Health Care Plan also contains student specific information including allergens and the type, dosage and location of the student's epinephrine auto-injector.

2.2.1. Emergency Response Plan

The emergency response plan includes the following:

- 2.2.1.1. Administration of the epinephrine auto-injector (NOTE: Although children with life threatening allergies may be taught to administer their own medication, individuals of any age may be unable to complete this task because of the rapid progression of symptoms, or because of the stress of the situation.)
- 2.2.1.2. Calling 911/EMS and transport of the student to hospital by ambulance
- 2.2.1.3. Contacting the parent/guardian of the student

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2.2.2. Location of Epinephrine Auto-injectors

- 2.2.2.1. Students shall carry their own epinephrine auto-injector on their person 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, including a designate back up.
- 2.2.2.2. 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.

2.2.3. Review Process

The school administrator will review the standard emergency response plan annually at the beginning of the school year with school staff.

2.3. Field Trips/Excursions

In addition to the avoidance strategies at the school, the following procedures are recommended specifically for field trips/excursions:

- 2.3.1. Require all staff and volunteers present on the field trip/excursion to be aware of the students with anaphylaxis and their allergens.
- 2.3.2. Assign a specific staff member (or volunteer, at the discretion of the school administrator) that has received URIS training for anaphylaxis to be responsible for the student(s) with anaphylaxis. A copy of the students' Anaphylaxis SHCP shall be carried by the assigned staff member.
- 2.3.3. If the risk factors are too great to control, the student with anaphylaxis may be unable to participate in the field trip/excursion. Parents/guardians shall be involved in this decision.
- 2.3.4. The school administrator shall ensure the student's epinephrine auto-injector is taken on the field trip/excursion.
- 2.3.5. There shall be reasonable and appropriate access to a telephone, cellular telephone, or radio communication during a field trip/excursion.

2.4. Division of Responsibilities

Ensuring the safety of children 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 an emergency, parents/guardians, students and school staff must all understand and fulfil their responsibilities.

2.4.1. Responsibilities of the Parents/Guardians of a Child with Life Threatening Allergies

- 2.4.1.1. Inform the school of their child's life-threatening allergies.
- 2.4.1.2. Submit all necessary documentation (e.g., [URIS Group B Application, Anaphylaxis Standard Health Care Plan, Authorization for the Administration of Medication](#)). If a parent/guardian declines URIS Group B support, after full information has been provided by the school regarding the life-threatening risk, the parent/guardian is required to write a letter to

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the school indicating their decision not to access URIS Group B support and have a health care plan put in place for their child. The school should then respond to the parent/guardian in writing and outline how the school will respond in the case of a medical emergency.

- 2.4.1.3. Endeavour to ensure their child has and carries an epinephrine auto-injector that is not expired and clearly labelled with the child's name.
- 2.4.1.4. Ensure the child takes the epinephrine auto-injector on field trips/excursions.
- 2.4.1.5. Be willing to provide safe foods for their child for special occasions.
- 2.4.1.6. Teach their child:
 - signs of anaphylaxis
 - to recognize the first symptoms of anaphylaxis
 - to communicate clearly when they feel symptoms of anaphylaxis
 - to carry their own epinephrine auto-injector
 - if not carried on their person, to know where their epinephrine auto-injector is located
 - not to share snacks, lunches, or drinks
 - to understand the importance of hand-washing
 - to report bullying and threats to an adult in authority.
 - to take as much responsibility as possible for his/her own safety
- 2.4.1.7. Consider a medic alert bracelet for their child.

2.4.2. Responsibilities of the Administrator

- 2.4.2.1. Identify a contact person to liaise with the URIS nurse.
- 2.4.2.2. Ensure all necessary documentation (e.g., [URIS Group B Application](#), [Anaphylaxis Standard Health Care Plan](#), [Authorization for the Administration of Medication](#)) has been completed and submitted.
- 2.4.2.3. Ensure health information on the school division database is maintained and current.
- 2.4.2.4. Notify school staff of the child with a life-threatening allergy, their allergens and location of their epinephrine auto-injector.
- 2.4.2.5. Develop a plan for avoiding allergens within the school.
- 2.4.2.6. Provide general awareness regarding life-threatening allergies to the school staff and parents (e.g., [letters, notices in school newsletters](#)).
- 2.4.2.7. When the parent/guardian indicates their child has an allergy, and it is not known whether the allergy is of a life-threatening nature, send a letter to the parent/guardian, requesting further information, in order that appropriate action can be determined.
- 2.4.2.8. If a student does not have an epinephrine auto-injector available at school, inform the parent/guardian that the student does not qualify for URIS Group B support and in the event of an emergency, an ambulance will be called to transport the student to the hospital.

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- 2.4.2.9. Ensure all school staff are aware of avoidance strategies established by the school including allergens that are not to be used for teaching purposes, art projects, special events or personal consumption in the school.
- 2.4.2.10. Ensure agencies responsible for the sale or provision of food in the school (e.g., daily lunch programs, cafeteria) are compliant with the avoidance strategies established by the school.
- 2.4.2.11. Ensure school fundraising groups are aware of allergens that are prohibited in the school and do not sell products that contain these allergens.
- 2.4.2.12. Maintain up-to-date emergency contacts and telephone numbers.
- 2.4.2.13. Ensure the "allergy alert" for students with anaphylaxis is attached to the cumulative file.
- 2.4.2.14. Ensure that all school staff, including lunch hour supervisors, receive training related to anaphylaxis.
- 2.4.2.15. Ensure that all substitute teachers are informed of the presence of students with life threatening allergies in the classroom and that appropriate support/response is available should an emergency occur.
- 2.4.2.16. If not deemed appropriate for the student to carry their epinephrine auto-injector, ensure that it is kept in an unlocked, safe, and easily accessible location.
- 2.4.2.17. Ensure that safe procedures are developed for field trips/excursions and extra-curricular activities.
- 2.4.2.18. Respond to any bullying and threats.
- 2.4.2.19. Ensure that substitute teacher files contain a copy of anaphylaxis emergency response plan and list of students with a life-threatening allergy in the classroom.

2.4.3. Responsibilities of the Classroom Teacher

- 2.4.3.1. Implement the strategies included in the schools' plan for avoiding allergens.
- 2.4.3.2. Ensure substitute teachers are aware of the students with life-threatening allergies in the classroom.
- 2.4.3.3. Discuss anaphylaxis, in age-appropriate terms, with the class.
- 2.4.3.4. Discourage sharing or trading food.
- 2.4.3.5. Choose products used in the classroom that do not contain allergens present in the class.
- 2.4.3.6. Reinforce hand washing before and after eating.
- 2.4.3.7. Plan appropriately for field trips/excursions. Ensure that the student's epinephrine auto-injectors are taken on field trips/excursions. Ensure appropriate avoidance strategies are in place when planning overnight excursions (e.g., camp) and/or food is provided by an external agency.

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- 2.4.3.8. Consult with parents/guardians when planning activities such as field trips, art, science and human ecology projects in order that alternate plans can be developed if necessary.

2.4.4. Responsibilities of the URIS Nurse

- 2.4.4.1. Consult with and provide information to parents/guardians, students and school personnel as needed.
- 2.4.4.2. Provide annual training to school staff that are responsible for students with anaphylaxis.

2.4.5. Responsibilities of the Child with a Life-Threatening Allergy (as developmentally appropriate)

- 2.4.5.1. Take as much responsibility as possible for avoiding allergens, including checking food labels.
- 2.4.5.2. Eat only foods brought from home or items provided by the school that are pre-approved by their parent/guardian.
- 2.4.5.3. Wash hands before and after eating.
- 2.4.5.4. Learn to recognize signs of anaphylaxis.
- 2.4.5.5. Promptly inform an adult, as soon as accidental exposure occurs, or symptoms appear.
- 2.4.5.6. Carry their epinephrine auto-injector on their person at all times, if developmentally appropriate.
- 2.4.5.7. Know how to use the epinephrine auto-injector.

2.4.6. Responsibilities of all Parents/Guardians

- 2.4.6.1. Follow this Policy.
- 2.4.6.2. Support requests from school to avoid allergens from packed lunches and snacks.
- 2.4.6.3. Encourage their children to respect the needs of their peers with life threatening allergies.
- 2.4.6.4. Inform the teacher prior to distribution of food products to any children in the school.

2.4.7. Responsibilities of All Children in the Class

- 2.4.7.1. Avoid sharing food, especially with children with known risk of anaphylaxis.
- 2.4.7.2. Follow school rules established related to anaphylaxis and avoidance of allergens.
- 2.4.7.3. Wash hands before and after eating.
- 2.4.7.4. Refrain from bullying or teasing a child with a known risk of anaphylaxis.

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2.4.8. Responsibilities of Bus Drivers

- 2.4.8.1. Be aware of students on their assigned bus that have a life-threatening allergy including their allergen and location of epinephrine auto-injector.
- 2.4.8.2. Attend annual training for anaphylaxis provided by the URIS nurses.
- 2.4.8.3. Carry a copy of the anaphylaxis Emergency Response Plan in an accessible location.

2.4.9. Responsibilities of All Divisional Employees

- 2.4.9.1. All employees of the school division will refrain from bringing products containing allergens included in the allergen aware letter into the school building or grounds.

Required Forms:

[Anaphylaxis SHCP](#)

[Allergen aware sample letter](#)

[School newsletter sample inserts](#)

[Authorization for the Administration of Prescribed Medication](#)

[Group B URIS Health Care Procedures](#)

[VRHA letters to parents/guardians](#)

Reducing exposure to bloodborne and other bodily fluid pathogens [administrative protocol](#)

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