

 <p style="text-align: center;"> <small>DIVISION SCOLAIRE</small> LOUIS RIEL <small>SCHOOL DIVISION</small> </p>	<p>Supporting Students with Life-threatening Allergies</p>
<p>ADMINISTRATIVE PROTOCOL Revised: September 3, 2024</p>	<p>Supporting Policy JLCE-2</p>

As per [Policy JLCE-2 – Anaphylaxis](#), all trained school division personnel who are assigned to administer first aid or emergency medical care to students within the Division must follow all procedures outlined below. Similarly, the parent/guardian must comply with the conditions outlined below.

0. INTRODUCTION

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 yellowjackets 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 through an epinephrine auto-injector and calling 911/EMS to have the child transported to the hospital.

I. INFORMATION AND AWARENESS

Identification of the individual student at risk of anaphylaxis and a school-wide understanding of procedures to prevent exposure and treat an emergency are the cornerstones of successful school policies.

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

- 1.1.3. The school will store the completed URIS Group B Application and the Authorization for Administration of Epinephrine and Anaphylaxis Standard Health Care Plan form in the student's cumulative file and store a copy in an accessible and secure location for quick access.
- 1.1.4. The school will submit a copy of the completed URIS Group B Application and the Authorization for Administration of Epinephrine and Anaphylaxis Standard Health Care Plan form to the URIS nurse at the Winnipeg Regional Health Authority.
- 1.1.5. The nurse will consult with the parents/guardians, student, school, and physician, if required.
- 1.2. Identification of students at risk of anaphylaxis to staff:
 - 1.2.1. All school staff will be made aware of the student with anaphylaxis and that anaphylaxis is a life-threatening condition.
 - 1.2.2. 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.
 - 1.2.3. The student's Authorization for Administration of Epinephrine and Anaphylaxis Standard Health Care Plan form will be stored in a place where it is secure yet accessible to school staff.
 - 1.2.4. The classroom teacher will ensure the student with anaphylaxis is identified to substitute teachers.
 - 1.2.5. The school/school division will ensure the student with anaphylaxis is identified to bus drivers.
 - 1.2.6. It is recommended that students wear a medic-alert bracelet that identifies specific medical information.
 - 1.2.7. Epinephrine auto-injectors shall be clearly marked with the student's name.
- 1.3. Training for teachers and other school staff:
 - 1.3.1. The School Principal will ensure that training provided by the URIS nurse occurs annually with school staff, lunch supervisors, and others (as deemed appropriate).
 - 1.3.2. The school division will provide opportunities for training provided by the URIS nurse for substitute teachers and bus drivers. Any newly employed school staff who missed the school-based training may also attend these sessions.
- 1.4. Sharing information with other students
 - 1.4.1. 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

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 student's exposure to the allergen is possible.

Risk reduction strategies should be flexible enough to allow schools and classrooms to adapt to the needs of individual students and their allergens, as well as the organizational and physical environment of the school. The most successful strategies enlist the support of the entire community including parents, students, and school personnel.

2.1.1. Establishing Safe Lunchroom and Eating Area Procedures

Even a very tiny amount of the allergen can cause a severe reaction. The biggest risk is when the food is eaten. Reactions can happen when food is on the hands and then transferred to the mouth. For some allergens like fish or shellfish reactions can occur. This can happen can trigger a reaction and can easily be transferred from a child's hand to shared equipment and facilities. The following risk reductions strategies may be implemented by the school.

It is recommended that the school:

- 2.1.1.1. Strongly recommend that students at risk of anaphylaxis eat only food prepared at home or approved by the parent/guardian for consumption.
- 2.1.1.2. Consult directly with parent/guardian before offering any food to students at risk of anaphylaxis.
- 2.1.1.3. Discourage the sharing of food, utensils, and containers.
- 2.1.1.4. Support the student with life-threatening allergies to take mealtime precautions such as:
 - placing food on a napkin or personal placement rather than directly on the desk or table;
 - taking only one item at a time from the lunch bag to prevent other students from touching food; and
 - packing up lunch and leaving it with the lunch supervisor if it is necessary to leave the room during lunchtime.
- 2.1.1.5. Establish a hand-washing routine before and after eating.
- 2.1.1.6. Ensure that tables and other eating surfaces are washed clean 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. School staff, particularly in the primary grades, should be aware of the possible allergens present in curricular materials such as:

- play dough;
 - 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 normal use;
 - supplies for science projects, Human Ecology classes or special seasonal activities (e.g., egg decorating, garden projects).
- 2.1.2.3. Computer keyboards and musical instruments should be wiped before and after use.
 - 2.1.2.4. Students with life-threatening allergies should not share musical instruments that go in the mouth.
 - 2.1.2.5. School fund-raising activities should avoid products containing the allergens that families are being asked to provide to school.
 - 2.1.2.6. Schoolyard cleanliness contributes to the safety of children with life-threatening allergies. Additional yard clean-ups may be advisable after special occasions such as Halloween, Easter, or special outdoor school events.
 - 2.1.2.7. Students with life-threatening allergies should not be involved in garbage disposal, yard clean-ups, or other activities that could bring them in contact with food wrappers, containers, or debris.
 - 2.1.2.8. Where students with life-threatening allergies are involved in garbage disposal, yard clean-ups, or other activities that could bring them in contact with food wrappers, containers, or debris, the teacher should consult parents/guardians in advance to ensure that appropriate safety protocols can be implemented.
 - 2.1.2.9. Foods are often stored in lockers and desks. Allowing the student with a life-threatening allergy to keep the same locker and desk throughout the school year may help prevent accidental contamination. Thorough cleaning of lockers and desks at the end of the school year is required.

2.1.3. Holidays and Special Celebrations

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

- 2.1.3.1. Limit the student with a life-threatening allergy to eat food brought from their own home or have the classroom teacher or parent/guardian of the student with a life-threatening allergy provide safe food.
- 2.1.3.2. Focus on activities rather than food to celebrate special occasions.

2.1.4. Anaphylaxis to Insect Venom

A person can also have a life-threatening allergy to insects including bees, hornets, wasps, and yellowjackets. While the school cannot take responsibility for possible exposure to these insects, certain precautions can be taken by the student and school to reduce the risk of exposure.

- 2.1.4.1. Always wear shoes outside to prevent stepping on a stinging insect.

- 2.1.4.2. Avoid eating outdoors.
- 2.1.4.3. The student should avoid wearing loose, hanging clothes, floral patterns, blue and yellow clothing, and fragrances.
- 2.1.4.4. Caution students not to throw sticks or stones at insect nests. Request removal of insect nests from school property by calling the school division maintenance department.
- 2.1.4.5. If soft drinks are being consumed outdoors, pour them into a cup and dispose of cans into a covered container.
- 2.1.4.6. Allow students with a life-threatening allergy to insect venom to remain indoors for recess during bee/wasp season.
- 2.1.4.7. Immediately remove a student with a life-threatening allergy to insect venom from the room if a bee or wasp enters.
- 2.1.4.8. Ensure proper storage and prompt disposal of garbage.
- 2.1.4.9. Avoid slapping or brushing insects away. In case of an insect sting, do not pinch the stinger; instead, flick the stinger out with a fingernail or credit card.

2.2. Emergency Response Protocol

Even when precautions are taken, a student with a life-threatening allergy may come into contact with an allergen while at school. The emergency response plan included in the Anaphylaxis Standard Health Care Plan will be implemented for all students with anaphylaxis.

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.
- If the prescription label is not on the student's epinephrine auto-injector, access the Authorization for Administration of Epinephrine and Anaphylaxis Standard Health Care Plan form 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.

2.2.1.2. Calling 911/EMS and transportation of the student to hospital by ambulance

2.2.1.3. Contacting the student's parent/guardian to inform them of the incident. A second dose of epinephrine may be administered within 5-15 minutes after the first dose and if the student has an extra auto-injector at school and if symptoms have not improved.

2.2.2. Location of Epinephrine Auto-injectors

2.2.2.1. Students at risk of anaphylaxis shall carry their own epinephrine auto-injector on their person at all times with instructions for use. In the case of

younger students or those who are otherwise developmentally unable to carry their own device, the epinephrine auto-injector must be kept in an unlocked, safe, easily accessible location. Where a question arises regarding the student's developmental ability to carry their device, the school shall develop an appropriate plan in coordination with the parent/guardian.

- 2.2.2.2. Parents/guardians are recommended to supply an extra epinephrine auto-injector to be kept in the school office, in the event a second dose of epinephrine is required. This extra epinephrine auto-injector shall be kept in a secure location but unlocked for quick access.
- 2.2.2.3. The location of the epinephrine auto-injector should be known to all staff members.
- 2.2.2.4. When a student's epinephrine auto-injector is not accessible and the student is exhibiting a combination of anaphylactic signs, 911 is called.
- 2.2.2.5. Another student's epinephrine auto-injector cannot be used.

2.2.3. Review Process

School emergency procedures for anaphylaxis should be reviewed annually with staff and parents. In the event of an emergency response, an immediate evaluation of the procedure should be undertaken and any epinephrine auto-injectors used must be replaced immediately by the parent/guardian.

2.3. Field Trips/Excursions

In addition to the avoidance strategies at the school, the following **PROCEDURES** apply specifically to field trips/excursions (refer to **PROCEDURES II- I4** of [Policy JLCD – Administering Medicines to Students](#)):

- 2.3.1. Require all staff and volunteers present on the field trip/excursion to be aware of the identity of the student with a life-threatening allergy, and the allergens, symptoms, and treatment.
- 2.3.2. Assign responsibility for the student with a life-threatening allergy to a specific staff member (or volunteer, at the discretion of the school administrator) that has received training for administration of an epinephrine auto-injector. This designated individual must ensure that the epinephrine auto-injector is brought on the field trip and carry a copy of the student's Authorization to Administer Epinephrine and Anaphylaxis Standard Health Care Plan.
- 2.3.3. If the risk factors are too great to control, the student with a life-threatening allergy may be unable to participate in the field trip/excursion. Parents/guardians shall be involved in this decision.
- 2.3.4. 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 allergy.
- 2.4.1.2. Update the school on changes to their child's diagnosis (e.g., new allergen, additional allergy, outgrowing an allergy).
- 2.4.1.3. Include relevant health information on school forms such as registration forms and authorization to administer medication forms (e.g., asthma).
- 2.4.1.4. Submit all necessary documentation (e.g., URIS Group B Application form, Anaphylaxis Standard Health Care Plan form, Authorization to Administer Epinephrine form). 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 the school indicating their decision not to access URIS Group B support and have a health care plan developed for their child and must complete the Self-Administration of Medication form, if applicable. The school will respond to the parent/guardian in writing and outline how the school will respond in the case of a medical emergency.
- 2.4.1.5. Ensure their child has and carries (as developmentally able) a pharmacy-labelled epinephrine auto-injector that is not expired. Parents/guardians should keep a log of expiry dates and replace outdated devices.
- 2.4.1.6. Communicate with school staff about field trip arrangements.
- 2.4.1.7. For food-allergic children, provide non-perishable foods (in case child's lunch is forgotten at home) and safe snacks for special occasions.
- 2.4.1.8. Teach their child:
 - to employ risk reduction strategies applicable to their allergen(s);
 - to recognize the first symptoms of an anaphylactic reaction;
 - to communicate clearly when they feel a reaction starting ;
 - to carry their own epinephrine auto-injector, if developmentally able
 - if not carried on their person, to know where their epinephrine auto-injector is located;
 - not to share snacks, lunches, or drinks ;
 - the importance of handwashing;
 - to report bullying and threats to an adult in authority; and
 - to take as much responsibility as possible for their own safety.
- 2.4.1.9. Consider a medic alert bracelet for their child.

2.4.2. Responsibilities of the School Principal

- 2.4.2.1. Identify a contact person to liaise with the URIS nurse, if other than themselves.
- 2.4.2.2. Ensure all necessary documentation (e.g., URIS Group B Application form, Anaphylaxis Standard Health Care Plan form, Authorization to Administer Epinephrine form) has been completed and submitted.
- 2.4.2.3. Ensure health information on the school division database is maintained and current. Maintain up-to-date emergency contacts and telephone numbers. Ensure the "allergy alert" for students with anaphylaxis is attached to the cumulative file.

- 2.4.2.4. Notify school staff, including lunch supervisors, and volunteers, as applicable, of the student with a life-threatening allergy, their allergen(s), and location of their epinephrine auto-injector. Post allergy-alert forms in staff room and office, as feasible.
- 2.4.2.5. Develop and implement a plan for reducing risk in classrooms and common areas.
- 2.4.2.6. Inform all parents/guardians that a student with a life-threatening allergy is attending the school and ask for their support in complying with risk reduction strategies established by the school.
- 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.
- 2.4.2.9. Ensure all school staff and volunteers are aware of risk reduction strategies established by 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 risk reduction 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. Review the emergency response plan for anaphylaxis annually with school staff. Ensure that all school staff, including lunch supervisors, receive annual training in the use of an epinephrine auto-injector. Maintain an up-to-date list of school staff who have received training in the use of an epinephrine auto-injector.
- 2.4.2.13. Store epinephrine auto-injectors in an unlocked, safe, and easily accessible location, if not carried by the student.
- 2.4.2.14. Establish safe procedures for field trips/excursions and extra-curricular activities.
- 2.4.2.15. Establish procedures for addressing bullying and threats.
- 2.4.2.16. Ensure that substitute teacher files contain a copy of anaphylaxis emergency response plan and list of students in the classroom with a life-threatening allergy.

2.4.3. Responsibilities of the Classroom Teacher

- 2.4.3.1. Participate in the review of the Authorization to Administer Epinephrine and Anaphylaxis Standard Health Care Plan forms for students in their class with a life-threatening allergy.
- 2.4.3.2. Consult parent/guardian of student with a life-threatening allergy.
- 2.4.3.3. Display photo-poster in the classroom with parent/guardian approval.

- 2.4.3.4. Implement the school plan for reducing risk in classrooms and common areas.
- 2.4.3.5. Facilitate communication with parents/guardians of other students of risk reduction strategies.
- 2.4.3.6. Leave information in an organized, prominent, and accessible format for substitute teachers, volunteers, or others who may have occasional contact with students with life-threatening allergies in the classroom.
- 2.4.3.7. Discuss anaphylaxis, in age-appropriate terms, with the class.
- 2.4.3.8. Discourage sharing or trading food. Establish procedures to ensure that the student with a life-threatening allergy eats only what they bring from home.
- 2.4.3.9. Choose products that do not contain allergens present in the class when selecting curricular materials or foods for the classroom.
- 2.4.3.10. Reinforce handwashing before and after eating.
- 2.4.3.11. Follow school procedures to address bullying and threats.
- 2.4.3.12. Plan appropriately for field trips/excursions. Ensure that emergency response plans are developed. Ensure that the student's epinephrine auto-injectors are taken. Ensure risk reduction strategies are in place when planning overnight excursions (e.g., camp) and/or food is provided by an external agency.
- 2.4.3.13. 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, school staff, and other relevant personnel.
- 2.4.4.2. Provide training and monitoring to school and divisional staff that are responsible for students with anaphylaxis.

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

- 2.4.5.1. Carry their epinephrine auto-injector on their person at all times.
- 2.4.5.2. Know how to use the epinephrine auto-injector.
- 2.4.5.3. Eat only foods brought from home or items provided by the school that are pre-approved by their parent/guardian.
- 2.4.5.4. Do not share food or utensils.
- 2.4.5.5. Wash hands with soap and water before and after eating.
- 2.4.5.6. Take as much responsibility as possible for avoiding allergens, including checking food labels.
- 2.4.5.7. Learn to recognize signs of an anaphylactic reaction.
- 2.4.5.8. Promptly inform an adult, as soon as exposure occurs or symptoms appear.

- 2.4.5.9. Wear medical identification, such as a MedicAlert® bracelet which clearly identifies their allergy.

2.4.6. Responsibilities of All Parents/Guardians

- 2.4.6.1. Respond cooperatively to requests from school to eliminate allergens from packed lunches and snacks.
- 2.4.6.2. Participate in parent/guardian information sessions.
- 2.4.6.3. Encourage their children to respect the needs of children with life-threatening allergies and follow school rules.
- 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 Students

- 2.4.7.1. Learn to recognize symptoms of an anaphylactic reaction.
- 2.4.7.2. Avoid sharing food, especially with students with a life-threatening allergy.
- 2.4.7.3. Follow school rules about keeping allergens out of the classroom and washing hands before and after eating.
- 2.4.7.4. Refrain from bullying or teasing a student with a life-threatening allergy.

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.
- 2.4.8.2. Attend annual training provided by the URIS nurses on emergency response procedures and use of an epinephrine auto-injector.
- 2.4.8.3. Know the symptoms of and how to respond to an anaphylactic reaction.
- 2.4.8.4. Store health information for students on the bus in a safe, secure, and accessible location.
- 2.4.8.5. Store a copy of the anaphylaxis Emergency Response Plan in an accessible location.

2.4.9. Responsibilities of Lunch Supervisors

- 2.4.9.1. Require student with a life-threatening food allergy to eat only food prepared at home or approved for consumption.
- 2.4.9.2. Discourage the sharing of food, utensils, and containers.
- 2.4.9.3. Encourage the student with a life-threatening allergy to take mealtime precautions such as:
 - placing food on waxed paper or paper napkin rather than directly on the desk or table;
 - taking only one item at a time from the lunch bag to prevent other children from touching food; and
 - packing up lunch and leaving it with the lunch supervisor if it is necessary to leave the room during lunchtime.
- 2.4.9.4. Establish a hand-washing routine before and after eating.

2.4.9.5. Ensure the tables and other eating surfaces are cleaned after eating, using a cleansing agent approved for school use. This is particularly important for students with a life-threatening allergy to peanuts because of the oily nature of peanuts.

2.4.10. Responsibilities of All Divisional Employees

2.4.10.1. All employees of the school division will refrain from bringing products containing known allergens into the school building or grounds.

3. SUPPORTING DOCUMENTS

This administrative protocol directly supports [Policy JLCE-2 – Anaphylaxis](#). See also related [policies](#):

- Policy JLCD – Administering Medicines to Students
- Policy JLCE-1 – First Aid and Emergency Medical Care

The following forms are archived [here](#):

- Authorization for Administration of Epinephrine and Anaphylaxis Standard Health Care Plan
- Authorization for the Administration of Medication
- Authorization for Self-Administration of Medication
- Administration of Medication Record
- URIS Group B Application
- WRHA letters to parents/guardians

Other documents:

- [Reducing exposure to bloodborne and other bodily fluid pathogens protocol](#)
- [Routine Practices: Guide to Creating a Healthy Environment and Preventing Infections within Child Care Facilities and Schools](#) (Manitoba Education & Early Childhood Learning, 2023)