



**Occupational
Health + Safety**

Keeping Health and Safety Top of Mind



Elk Island
Public Schools

School Asthma, Allergy and Anaphylaxis Plan Sherwood Heights Junior High School

Overview

Creating safe and healthy working and learning environments is a shared responsibility among the individual, parents, staff and health care providers. While the school cannot guarantee an allergen free environment, we will take all reasonable precautions to ensure an *asthma and allergy safe environment* for all staff and students. This document outlines procedures and guidelines for the management of students and staff with asthma and/or at risk of severe allergic reactions (anaphylaxis) while they are the responsibility of the school. These are aligned with the guidelines and recommendations of the [Alberta School Boards Association advisory policy](#), Anaphylaxis Canada, Asthma Society of Canada, Alberta Lung Association and the Canadian Society of Allergy and Clinical Immunology.

Education and awareness are essential to keeping students with asthma and potentially life-threatening allergies safe. Our school asthma, allergy and anaphylaxis plan is designed to ensure that at risk staff/students are identified, *avoidance strategies* are in place to minimize the potential for accidental exposure, and staff and key volunteers are trained to respond in an emergency situation.

In our school, we have staff and students who are at risk for potentially life-threatening conditions that may include asthma and allergies. Food-allergic (e.g. nuts, dairy, eggs) individuals can experience a life-threatening reaction Anaphylaxis (pronounced *anna-fill-axis*) from ingesting a very small amount of their allergen. Some individuals also have environmental sensitivities to dust, animals, insects or perfumes which can also trigger asthma or severe allergic reactions. Exposure to triggers through skin contact or inhalation can cause allergic reactions, but generally not anaphylaxis.

Scent Aware Environment

Elk Island Public Schools is a scent aware environment. The entire school community needs to be aware of and respect the potential adverse impact of odours and scented materials on the health of others.



Staff and students are expected to cooperate with site and division controls or initiatives that limit or eliminate the use of perfumes and scented personal care products whenever possible. This may also include highly scented flowers, cigarette smoke on clothing, air fresheners and essential oil diffusers.

Identification of at Risk Staff/Students

At the time of registration, parents are asked about medical conditions, including whether their child has severe allergies or is at risk of anaphylaxis, asthma or medical conditions. This information is flagged in the student information system (Powerschool). Staff emergency and medical information is documented in the Hour Zero online emergency preparedness program. All supervisors, staff and adults working directly or indirectly with at-risk individuals must be made aware of these conditions.

It is the school administrator's responsibility to:

- Ensure that a written school/site based asthma, allergy and anaphylaxis plan is developed and reviewed annually with staff and the school community.
- Provide staff education and training on the nature, prevention and treatment of allergies, asthma and anaphylaxis.
- Work with staff, students and parents/guardians to determine and implement reasonable and appropriate avoidance strategies based on the nature of allergic individuals and the school environment.
- Provide members of the school community including students, substitute staff, student teachers and volunteers with appropriate information about asthma, severe allergies, anaphylaxis and safety procedures.
- At the time of registration, gather medical information about students and establish a record of life threatening asthma and allergy information for each student.
- Ensure an *Individual Anaphylaxis Emergency Plan* and/or Asthma Alert form is completed for all at-risk staff and students.
- Obtain staff or parental permission to share information with staff and others in regular contact with asthmatic and/or allergic staff or students.
- Forward a copy of the emergency plan to Student Transportation if the child is bussed.



- With the consent of the parent, and working with the classroom teacher and support staff ensure that the student's classmates are provided with information on medical conditions and severe allergies in a manner that is appropriate for the age and maturity level of the students and strategies to reduce teasing and bullying are incorporated in this information.
- Inform Facility Services of at-risk individuals in the school where maintenance or renovations activities may have an adverse impact.
- Ensure staff maintain good housekeeping in their working and learning areas and do not use or accumulate items such as soft furnishings, chemicals, animals, perfumes, air fresheners or other items that may contribute to dust accumulation and possible asthma or allergy triggers.
- Ensure bullying prevention strategies are incorporated into information and education materials provided to staff, students and parents.

It is the responsibility of the parent/guardian to:

- Inform the school principal of their child's allergy (and any other medical conditions) at time of registration.
- Teach their child that anaphylaxis is life-threatening and let the child know which allergens need to be avoided (e.g. self protection strategies). In addition, the child must be prepared for an asthma attack or anaphylactic reaction and must know how to use their inhaler and/or auto injector.
- Inform school authorities, both verbally and in writing of their child's medical needs.
- Assist the school in a timely manner with completion of medication and personal care consent forms and if applicable an *Anaphylaxis Emergency and/or Asthma Alert Plan*. These documents include a photograph, description of the child's allergy/asthma, emergency protocol, contact information, and consent to administer medication (if necessary). With parental permission the emergency plan should be posted in key areas such as the child's classroom (posted on the wall or inside a cupboard door), the office (bulletin board), teacher's daybook, and school cafeterias (inside the food preparation areas).
- Provide permission to share child's information with other staff and students.
- Ensure children at risk of asthma and/or anaphylaxis who have demonstrated maturity carry an inhaler and/or auto-injector with them at all times. Most children are able to carry their own auto-injector and asthma inhaler (if needed) by grade one or two. For children with stinging insect allergy, this would not have to be for the full year but during insect season (warmer months).



- Provide where possible two auto injectors including one in the office as back up to be used in case of a medical emergency. (This needs to be assessed on an individual basis.)
- Provide a safe carrying case for the auto injector to be worn on the child's person, such as a waist pouch.
- Ensure that any medication intended for the child has not reached its "best before" or expiry date.
- Educate their children with anaphylaxis not to take or share food with other children.
- Visit the child's classroom, meet with the teacher and identify any potential hazards in the classroom.
- Work with the school administrator to ensure that bus drivers and food service providers are aware of the names of asthmatic or allergic students and the allergens they are anaphylactic to.
- Provide safe snacks for special occasions for younger children.
- Communicate with the school staff about field trip arrangements.
- Ensure their child wears medical identification (e.g. MedicAlert bracelet). The identification could alert others to the child's allergies and indicate that the child carries an epinephrine auto-injector. Note: EIPS participates in the Medic Alert Foundation "no child without program" Contact the principal for more information.
- Advise the school if their child has outgrown an allergy or no longer requires an epinephrine auto-injector. (A letter from the child's physician should be provided).

It is the responsibility of at-risk staff and students to:

- Carry an inhaler and/or auto-injector (age appropriate) and self-protect.
- Avoid exposure to asthma triggers or known allergens.
- Read food labels and ask about ingredients.
- To refrain from eating if they do not have their auto-injector with them.
- Wear medical identification (i.e. MedicAlert).
- Inform someone when they feel like they're having a reaction.
- For staff, keep their emergency and medical information up to date in Hour Zero Online and notify their supervisor of life threatening conditions.
- Follow the avoidance strategies outlined in this plan.

It is the responsibility of school staff including substitutes to:



- Know the at-risk students under their care and the appropriate emergency protocol.
- Participate in staff education/training sessions or review assigned webinars on the nature, prevention and treatment of allergies, asthma and anaphylaxis.
- Ensure off-site activity service providers are notified of the student's severe asthma, allergy, or medical condition if necessary.
- With the consent of the parent, ensure that the student's classmates and their parents are provided with age appropriate information on medical conditions and strategies to reduce teasing and bullying are incorporated in this information.
- Ensure avoidance strategies identified in this plan are practiced by the parents, students and visitors in their classroom.
- Maintain good housekeeping in their work areas and do not use or accumulate items such as soft furnishings, chemicals, air fresheners, perfumes, animals or other items that may contribute to dust accumulation and possible asthma or allergy triggers.
- Immediately report any incidences of bullying to school administration.

Protocol for Substitute Staff

Messaging around anaphylaxis is posted on Staff Connect>Division Documents>Bulletins - for Existing Substitutes. New substitutes complete an online training module and submit the Completion Certificate to Human Resources. Substitutes are required to refresh anaphylaxis training online at least once annually as part of their renewal agreement.

The school/teacher will provide a copy of individual anaphylaxis emergency plans and medical emergency plans for any at risk children they will be working with. This information will be included in teacher and EA sub-plans.

Teachers when creating absences in the Absence Management System (Formerly AESOP) are encouraged to leave special instructions for substitutes if they have anaphylactic or children with medical needs.

When checking in for an assignment a knowledgeable person (e.g. school secretary) will alert substitutes of children with anaphylaxis or other medical conditions, review signs/symptoms and the location of the auto injector.

Avoidance Strategies.



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The risk of accidental exposure to an asthma trigger and/or food allergen can be significantly diminished by means of specific avoidance strategies. Individuals at risk of asthma, allergies and anaphylaxis must learn to avoid specific triggers.

While the key responsibility lies with the staff/students at risk and their families, the school community must also be aware and support these efforts. Special care is taken to help students avoid exposure to asthma or allergy-causing substances. The principal and teachers will to inform staff, parents, volunteers and visitors through written communication which foods or other potential allergens such as animals can be brought into the school and classrooms.

Given that anaphylaxis can be triggered by minute amounts of an allergen when ingested, children with severe food allergies must be encouraged to follow these guidelines. It is not necessary to restrict allergic individuals from participating in school activities.

- Eat only food which they have brought from home unless it is packaged, clearly labeled and approved by their parents.
- Peanut Butter alternatives such as “WowButter” are not recommended as they can cause confusion for staff and students.
- Products with “may contain” labels for the allergen of concern should be avoided.
- Refrain from eating if they do not have their auto-injector with them.
- Wash hands before and after eating.
- Do not share food, utensils or containers.
- Place food on a napkin or wax paper rather than in direct contact with a desk or table.

School staff and administration will work with parents and the school community to:

- Provide adult supervision of young children while eating.
- Encourage individuals with food allergies to not trade or share food, food utensils, or food containers.



- Work closely with staff and foodservice staff to ensure that food being served during lunch, snack programs and special celebrations is appropriate.
- Ensure the use of food in crafts and cooking classes is avoided or modified depending on the allergies of the children.
- Avoid putting foods in vending machines that contain nuts or known food allergens.
- Ensure ingredients of food brought in for special events community, served in school cafeterias, or provided by catering companies is clearly labeled/identified.
- Ensure all children are encouraged to comply with a 'no eating' rule during daily travel on school buses.
- Promote hand washing before and after eating.
- Ensure surfaces such as tables, toys, etc. are carefully cleaned of contaminating foods.
- If necessary, designate allergy safe zones in areas where food is served.
Note: this should not be necessary if other avoidance strategies are followed and there is a risk of stigmatizing the allergy sufferer.
- Restrict the use of scented products, perfumes etc throughout the facility
- Keep garbage cans covered with tightly fitted lids in outdoor play areas.
- Have insect nests professionally relocated or destroyed, as appropriate.
- Restrict animals in the classroom unless approved by the principal.
- Restrict the use of scented cleaners, air fresheners, and scented personal care products such as colognes and perfumes.
- Avoid use of textiles, soft furnishings (couches, pillows, area rugs etc.) as they act as reservoirs for allergens.

Emergency Protocol

An Individual Anaphylaxis Emergency Plan and/or Asthma Alert Form signed by the child's physician will be kept in designated areas of the school such as the classroom, office and staff room. Staff is encouraged to listen to the concerns of the child who usually knows when a reaction is occurring, even before signs appear. It cannot be assumed that children will be able to properly self-administer their auto-injector.

(Children may be fearful of getting a needle, they may be in denial that they are having a reaction, or they may not be able to self-administer due to the severity of the reaction.)



To respond effectively during an emergency, a routine has been established and practiced, similar to a fire drill. During an anaphylaxis emergency:

1. Give epinephrine auto-injector (EpiPen®) at the first sign of a known or suspected anaphylactic reaction. For asthmatic individuals showing signs of anaphylaxis always give epinephrine first.
2. Inject epinephrine into the muscle through clothing on the outer side of the thigh avoiding seams.
3. Call 9-1-1 or local emergency medical services. Tell them someone is having a life-threatening allergic reaction.
4. Monitor the person and give a second dose of epinephrine in 5 to 15 minutes if the reaction continues or worsens. Note the time of injection and be prepared to give this information along with the auto-injector to emergency personnel when they arrive.
5. Go to the nearest hospital immediately (ideally by ambulance), even if symptoms are mild or have stopped. The reaction could worsen or come back, even after proper treatment. Stay in the hospital for an appropriate period of observation as decided by the emergency department physician (generally about 4 hours).
6. Call the emergency contact person (e.g. parent, guardian).

Important notes

- No person should be expected to be fully responsible for self-administration of an auto injector when they are experiencing a reaction. Assistance may be needed.
- A person should stay with the child or staff member having the reaction at all times. All persons injected with epinephrine must be transported to a hospital for further evaluation/treatment.
- Note the time of administration of the first epinephrine auto injector so that you know how long it has been since the person received the first dose of epinephrine and you can provide this information to emergency responders.



- The use of epinephrine for a potentially life-threatening allergic reaction will not harm a normally healthy child, even if epinephrine was not required.
- If an asthma attack and/or anaphylactic emergency occur, both the school asthma/anaphylaxis plan and the child's Individual Anaphylaxis Emergency Plan and/or Asthma Alert form should be reviewed and amended as necessary.
- Additional auto-injectors should be brought on field trips. The field trip organizer should carry a cell phone and know the location of the closest medical facility.
- If a needle stick accidentally occurs to the person administering the auto-injector report the incident on the division [Occupational Incident/Injury Report](#) form and seek medical attention.

Education and Training

- Each year there will be training for staff which includes an overview of asthma, anaphylaxis, signs and symptoms and a demonstration on the use of epinephrine. Staff will have an opportunity to practice using an auto-injector trainer (i.e. device used for training purposes) and are encouraged to practice with the auto-injector trainer throughout the year, especially if they have a student at risk in their class.
- Noon hour supervisors and substitute teachers will be directed to review the individual Anaphylaxis Emergency Plan and/or Asthma Alert for children in their care and complete the [online webinar](#) located on Staff Connect. The principal and/or teacher will advise these individuals on the site procedures for responding to emergency situations.
- All training (dates and staff trained) will be documented and kept on file in the main office.
- Follow-up refresher training sessions will be provided on an annual and as needed basis. Resources and training materials are available [on Staff Connect Asthma, Allergies and Anaphylaxis Information Page](#) and through the Occupational Health and Safety Specialist, Human Resources.
- Students will learn about asthma, allergies, anaphylaxis in general assemblies, special classes or school presentations.



- Posters which describe signs and symptoms of asthma, allergies and anaphylaxis and how to give an epinephrine auto-injector will be placed in relevant areas of the school e.g. classrooms, office, staff room, lunch room and cafeteria.
- Online training is available for school staff at the following links found on Staff Connect:
 - [Anaphylaxis in Schools Online Training -What Educators Need to Know](#) (30 min online course with certificate)
 - [Foundation in Food Allergy](#) (30 min Webinar (Optional 30 min Q & A at the end)
 - [Anaphylaxis Refresher](#) (15 min) Note: The information in this webinar is current with the following exception: Currently the Epipen is the only approved auto injector on the market.

Bake Sales

If the school restricts foods with common allergens, this restriction should continue with bake sales. As these baked goods are made in anyone's kitchen there is no guarantee that cross-contamination has not occurred, as such all home baked goods should come with a may contain warning and no child with food allergies should eat them. Children with food allergies should only eat food coming from home or prepackaged and labelled treats can be provided for them at a separate table so they can feel included.

Hot Lunches

When planning hot lunch programs consider: Who is making these meals? Do they have an allergen policy in place? Do they track the ingredients and may contains from all sources? Will they provide you with a full ingredients list? What is their policy on providing food for food allergic students? Do they understand the risks of cross-contamination and do they have policies in place to prevent this?



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Helpful Resources:

For posters, links to training materials, letter templates and website resources visit Staff Connect Asthma, Allergies and Anaphylaxis Information Page at http://eips.staffconnect.ca/document/view_document/1755

[Food Allergy Canada](#)

[Alberta Education - Allergy and Anaphylaxis Informational Response \(AAIR\)](#)

[Canadian Society of Allergy and Clinical Immunology Consensus Statement \(2005\)](#)

[Allergy/Asthma Information Association \(AAIA\)](#)

[Canadian MedicAlert Foundation- No Child Without Program](#)