

Ovens N.S.

Ovens N.S. School Policy for Management of Life-Threatening Allergies

A. Identification of Children at Risk

- It is the responsibility of the parents of the child with, or potentially with, Anaphylaxis to inform the school principal of the child's allergy.
- All staff members need to be made aware of these children.
- The location of his/her auto-injectors (EpiPen) should be made known to all staff.
- A description of each child's allergy should be kept discreetly in the office and the teacher's note book. Parental permission is required for this. For younger children, it may be appropriate to have the Anaphylaxis Alert Poster in a visible area.

B. Availability and Location of EpiPens®

- Children with, or potentially with, Anaphylaxis, who are old enough, should carry at least one EpiPen with them at all times and have back ups available in the school. Most children are able to carry their own auto-injector by the age of 6 or 8. For children with insect sting allergy, this would not have to be for the full year but from March to November. As a precaution, the school will keep extra EpiPens in the office, in case of an emergency.
- It cannot be presumed that children/adults will self-administer their auto-injector. (The individual might not be able to self-administer while having a reaction).
- Posters describing the signs and symptoms of anaphylaxis and the use of the EpiPen may be posted in the office and in the staff room.
- Children who are no longer allergic or no longer require an EpiPen must present a letter of explanation from their allergist.
- Additional EpiPens should be brought on field trips. If the location is remote, it is recommended that the organizer of the field trip carry a mobile phone as well.

C. Treatment Protocol.

- An individual treatment protocol needs to be established by the child's allergist. The school cannot assume responsibility for treatment in the absence of such protocol. A copy of this should be available in the classroom and office.
- To manage an emergency, a routine must be established and practised.
 - a. One person stays with the individual at all times.
 - b. One person goes for help.
 - c. Administer epinephrine at the first sign of reaction, however slight (e.g. itching or swelling of the lips/mouth in food allergic children).

There are no contraindications to the use of epinephrine for a potentially life threatening allergic reaction. Note time of administration.

- d. Call 911 and, regardless of the degree of reaction or response to epinephrine, transfer the child to an emergency room. Symptoms may recur up to eight hours after exposure to allergen. One calm and familiar person must stay with the child until a parent or guardian arrives. If the child is being driven to hospital, it is recommended that another individual accompany the driver to provide assistance.
 - e. Contact the child's parents.
- Adults must be encouraged to listen to the concerns of the child with Anaphylaxis. The child usually knows when s/he is having a reaction, even before the signs are manifest.

D. Training

- There should be awareness sessions/ training for staff, including a demonstration on the use of the EpiPen.
- As a quick refresher on a periodic basis, teachers could practise use of the EpiPen during scheduled staff meetings.
- Substitute teachers will be advised to review emergency protocol with the designated staff member.

E. Allergen Awareness / Allergen Avoidance.

The question of banning anything in schools is controversial. We live in a world that is contaminated with potential allergens. Children with Anaphylaxis must learn to avoid specific triggers.

While the key responsibility lies with the individual with Anaphylaxis and his/her family, in the case of a young child with Anaphylaxis, the school community must also be aware.

In our school, significant allergies are to peanut, nuts and eggs. There are allergies to other foods and insect/wasp stings as well.

In the classrooms of children with Anaphylaxis, special care is taken to avoid allergens. Parents must consult with the teacher before supplying food or craft materials to these classrooms. The risk of accidental exposure to a food allergen has been significantly diminished although it can never be completely removed.

