ANAPHYLAXIS

A Resource Document For Schools

To be read and used in conjunction with:
Ministry of Education Policy/Program Memorandum No 81 and Board Administrative Procedures Section 01.16.00: Administration of Prescribed and Emergency Medication – Elementary and Secondary.

September 1999

ANAPHYLAXIS
These guidelines have been designed to attempt to ensure the safety of an anaphylactic child in a school setting and in locations for out-of-school activities. The focus in these documents is on the preventative measures required by both the parent/guardian and the school, together with the support of the school’s parent and student communities. Our efforts will be concentrated in reducing the risks for the anaphylactic child, and acting as a prudent parent in the event of an emergency, following the guidelines outlined in the accompanying documents.

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OTHER RESOURCES

1  The Anaphylaxis Network of Canada (416-785- 5666)
2  ALLERGIES, ASTHMA AND ANAPHYLAXIS (Kit with video) – Item No.090094, Available from the video library at the J.W. Singleton Centre.
ANAPHYLAXIS

1.1 ANAPHYLAXIS: INTRODUCTION

Children with anaphylaxis have been entering our schools in growing numbers each year. Anaphylaxis usually appears in early childhood and the parent/guardian with a child entering the school system for the first time will want to know what procedures the school has in place in the event of a child experiencing an anaphylactic reaction. They will also want to know what procedures are in place in your school to help prevent contact with the allergen. They expect the school staff to be knowledgeable about anaphylactic symptoms and be familiar with general information and emergency procedures.

Each school may have only a small number, or no children, who experience anaphylactic reaction, however, that reaction can develop within seconds of exposure: it is severe and can lead to rapid death if untreated.

Peanut products are the leading cause of food-induced anaphylaxis, and exposure to even a small amount of allergen through the eyes, nose or mouth can cause a peanut allergy sufferer to experience strong reactions. While the school cannot ensure a “peanut-free” environment, protecting children with life-threatening food allergies means imposing some limitations on the foods which other children and school staff can bring into the school, or the places where the foods can be enjoyed.

The safety of students who suffer from extreme allergies and display anaphylactic shock in the school, on school grounds or on school sponsored activities must be given immediate attention by the Principal and school staff.

1.2 ANAPHYLAXIS: DEFINITIONS

ANAPHYLAXIS

Anaphylaxis is an instant severe allergic reaction affecting multiple systems of the body. The most dangerous are breathing difficulties and a drop in blood pressure which are potentially fatal. A life-threatening allergic reaction may be triggered by:

- foods
- insect Stings
- medication
- exercise
- latex

ANAPHYLACTIC REACTION
Anaphylactic reactions occur when the body’s sensitized immune system overreacts in response to the presence of a particular allergen. Anaphylaxis affects multiple body systems i.e. skin, upper and lower respiratory, gastrointestinal and cardiovascular. Symptoms may include any of the following:

- itchy eyes, nose, face
- flushing of face & body
- swelling of eyes, face, lips, tongue and throat
- hives
- vomiting
- diarrhea
- wheezing
- a feeling of foreboding, fear & apprehension
- weakness & dizziness
- inability to breathe
- loss of consciousness
- coma

In its most severe form a reaction can result in death. Consultation with a qualified doctor is strongly advised if any of the above symptoms are experienced.

1.3 ANAPHYLAXIS: GENERAL INFORMATION

At present, it is estimated that 1 to 2 percent of the population have an extreme life-threatening allergy to foods, mainly peanuts, and insect stings. According to the Allergy/Asthma Information Association, as many as 12 Canadians die each year from anaphylaxis. In the United States approximately 100 food-induced anaphylactic deaths are recognized each year, while stings of wasps, bees, hornets and yellow-jackets cause approximately 50 deaths per year.

Anaphylaxis is a life-threatening condition regardless of the substance that triggers it. The greatest risk of exposure is in new situations or when normal daily routines are interrupted, such as birthday parties, or other celebrations and school trips. Young children are at greatest risk of accidental exposure, but more deaths occur among teenagers.

Food is the most common trigger of an anaphylactic reaction in school children, and the only allergen which schools can reasonably be expected to monitor. Although the school cannot take responsibility for possible exposure to bees, hornets, wasps, and yellow-jackets, certain precautions can be taken by the student and the school to reduce the risk of exposure.
Symptoms vary from child to child. The parent or guardian may be able to advise on specific signs of an anaphylactic reaction. Time from the onset of first symptoms to death can be as little as a few minutes if the reaction is not treated. Even when symptoms have subsided after initial treatment, they can return as much as eight hours after exposure. If a suspected anaphylactic reaction is taking place, and the child’s physician for treatment has prescribed epinephrine, there should be no hesitation in administering the medication. Accidental administration of the medication, if a reaction is not actually taking place, is not a cause for concern, according to the Canadian Paediatric Society. “In young patients serious adverse effects of epinephrine such as cardiac arrhythmias and hypertensive crisis are extremely rare, and the life-saving benefit of injecting epinephrine in cases of suspected anaphylaxis outweighs any small risk of side effects.”

Parents/guardians of an anaphylactic child will have had the child diagnosed by their doctor, who is responsible for prescribing the appropriate treatment protocol for individual conditions. Where the EpiPen is part of treatment, children usually begin to take responsibility for carrying their own EpiPens early in their school lives, and many know how to inject themselves by the age of 7 or 8. Those in positions of responsibility should never assume that children will self-inject in the face of an emergency, and should always ensure that a trained adult is on hand to assist. It is generally felt that the earlier children learn to manage their own allergic condition, the more easily they will weather the turbulent teen-age years when peer pressure and the need to conform place additional stresses on anaphylactic students.

1.4 ANAPHYLAXIS: LEGAL CONSIDERATIONS

The focus of these documents is preventive measures by both the parent/guardian and the school, together with the support of the school’s parent and student communities. Our efforts will be concentrated in reducing the risks for the anaphylactic child, and acting as a prudent parent in the event of an emergency, following the procedures outlined.

Each school location is required to provide for the administration of first aid to students and staff. (see Administrative Procedures: First Aid)

The concept of duty of care is absolutely fundamental to the issue of providing first aid. Duty of care is a legal principle, which identifies the obligation of individuals and organizations to take reasonable measures to care for and to protect their clients to an appropriate level or standard. If the clients (students, employees) are vulnerable, if they cannot protect, defend or assert themselves, permanently or temporarily, as can occur in an accident or first aid situation, then that duty becomes more intense and the standard higher.

Teachers have a legal responsibility to shelter students from harm by providing the level of care and supervision that could reasonably be expected of a prudent parent. This legal duty of care requires teachers to take measures to protect allergic students from exposure
to an allergen while at school. Failure to take reasonable precautions could result in liability if a student suffers anaphylaxis while under a teacher’s care and supervision.

In addition to the general duty of care that teachers owe to their students, the Education Act imposes specific duties on teachers and principals. Section 265 (j) of the Act stipulates that principals have a duty “to give assiduous attention to the health and comfort of the pupils.” Although there are no reported cases directly on point, this section of the Act arguably imposes upon principals a duty to safeguard the health of allergic students by minimizing the risk of exposure to an allergen while at school.

The Ontario Human Rights Code requires that measures be taken to create a safe environment for allergic students to attend school. Public education is a service that cannot legally be denied to students on the basis of a disability. If the issue were litigated, a human rights tribunal would likely find that a severe allergy is a disability, which must be accommodated in order to respect the allergic student’s equal right to receive an education. A discrimination complaint could therefore be made against a school board that refused to alter the school environment in order to accommodate the allergic student.

While it is necessary that teachers learn to accommodate and protect allergic students by taking reasonable measures to reduce the risk of exposure to an allergen at school, it is important to recognize that, there is no legal obligation for a school board or any of its employees to provide an “allergen – free” environment. No principal, teacher, or educational support person should ever assume such an obligation by promising the parents of an allergic student that a risk-free environment will be created and maintained for their child. Such a promise could render staff liable for a student’s anaphylactic reaction, notwithstanding that reasonable efforts were taken to avoid contact with an allergen. The promise of a risk-free environment has the potential to create a false sense of security, which can induce allergic students and their parents to abandon regular safeguards, thereby increasing the likelihood of their exposure to an allergen. No matter how committed the school staff, it is simply not realistic to believe that the risk of an allergic student’s exposure can be completely eliminated. Parents of allergic children should not be led to develop unrealistic expectations. Parents can, however, reasonably expect that teachers, principals and other school board employees will fulfill the legal obligation of accommodating and protecting allergic students by taking precautions to minimize the risk of exposure to an allergen while at school.

The Board’s Liability policy provides coverage for employees while acting within the scope of their duties with the Board. Thus all school staff, who administer first aid (which would include the administration of an EpiPen) within the schools or on school activities, would be covered.

In the event of an anaphylactic reaction, all employees in the vicinity will provide interim first aid measures until the identified first aid provider or emergency services arrive on the scene. No person having an anaphylactic reaction should be left unattended.
2. ANAPHYLAXIS: DIVISION OF RESPONSIBILITIES FOR PARENTS, STUDENTS, SCHOOL PERSONNEL

ENSURING THE SAFETY OF ANAPHYLACTIC CHILDREN IN A SCHOOL SETTING DEPENDS ON THE COOPERATION OF THE ENTIRE SCHOOL COMMUNITY. TO MINIMIZE RISK OF EXPOSURE, AND TO ENSURE RAPID RESPONSE TO EMERGENCY, PARENTS, STUDENTS AND SCHOOL PERSONNEL MUST UNDERSTAND AND FULFILL THEIR RESPONSIBILITIES.

RESPONSIBILITIES OF THE PARENTS OF AN ANAPHYLACTIC CHILD

- Inform the school of their child’s allergies.
- Provide a medic alert bracelet for their child.
- Provide the school with physician’s instructions for administering medication.
- Provide the school with up-to-date injection kits, and keep them current.
- Provide the school with an auto-injector trainer.
- Provide support to school and teachers as requested.
- Provide in-service for staff, if requested.
- Participate in parent advisory/support groups.
- Assist in school communication plans.
- Review the school action plan with school personnel.
- Supply information for school publications.
  - recipes
  - foods to avoid
  - alternate snack suggestions; and
  - resources
- Be willing to provide safe foods for special occasions
- Teach their child:
  - to recognize the first symptoms of an anaphylactic reaction;
  - to know where medication is kept, and who can get it;
  - to communicate clearly when he or she feels a reaction is starting;
  - to carry his/her own auto-injector in a fanny-pack;
  - not to share snacks, lunches or drinks;
  - to understand the importance of hand-washing;
  - to cope with teasing and being left out;
  - to report bullying and threats to an adult in authority; and
  - to take as much responsibility as possible for his/her own safety.
- Welcome other parents’ calls and questions about safe foods.
RESPONSIBILITIES OF THE SCHOOL PRINCIPAL
(AS AGE APPROPRIATE FOR THE STUDENT)

- Work closely as possible with the parents of an anaphylactic child
- Ensure that the parents have completed all the necessary forms. (sample attached from Administrative Procedures: Administration of Prescribed and Emergency Medication Section 01.16.00)
- Ensure that instructions from the child’s physician are on file
- Notify the school community of the anaphylactic child, the allergens and the treatment
- Post allergy-alert forms in the staff room and office. (sample attached from Administrative Procedures: Administration of Prescribed and Emergency Medication Section 01.16.00)
- Maintain up-to-date emergency contacts and telephone numbers
- Ensure that appropriate staff and volunteers have received instruction with the auto-injector
- Ensure that substitute teachers are informed of the presence of an anaphylactic child, and have been adequately trained to deal with an emergency
- Inform all parents that a child with life-threatening allergies is attending the school, and ask for their support.(sample letters and newsletter attached in Appendix A, B, C)
- Arrange for appropriate in-service. At least annually if there are anaphylactic students
- Develop an emergency protocol for each anaphylactic child. (see Appendix D)
- Maintain an auto-injector in the school’s first aid kit or supply area
- Store auto-injectors in easily accessible locations
- Establish safe procedures for field trips and extra-curricular activities.(see section 3. Avoidance– Field Trips)
- Implement Board procedures for reducing risk in classrooms and common areas. (See section 3. Avoidance– Establishing Safe Lunchroom and Eating Procedures)
- Enforce disciplinary procedures for dealing with bullying and threats.

RESPONSIBILITIES OF THE CLASSROOM TEACHER
(AS AGE APPROPRIATE FOR THE STUDENT)

- Display a photo-poster in a classroom, with parental approval. (sample attached from Administrative Procedures: Administration of Prescribed and Emergency Medication Section 01.16.00: Appendix F)
- Discuss anaphylaxis with the class, in age appropriate terms
- Encourage students not to share lunches or trade snacks
- Choose allergy-free foods for classroom events
- Establish procedures to ensure that the anaphylactic child eats only what he/she brings from home
- Reinforce hand washing before and after eating
- Facilitate communications with other parents
Follow the Board’s procedures for reducing risk in classrooms and common areas. (see section 3, Avoidance)
Enforce school rules about bullying and threats
Leave information in an organized, prominent and accessible format for substitute teachers
Ensure that the auto-injectors are taken on field trips

RESPONSIBILITIES FOR PUBLIC HEALTH

Consult with or act as a resource and provide information to parents, students and school personnel
Participate in planning Board policy and procedures

RESPONSIBILITIES OF ANAPHYLACTIC STUDENTS
(As age appropriate for the student)

Take as much responsibility as possible for avoiding allergens
**Eat only foods brought from home**
Take responsibility for checking labels and monitoring intake (older students).
Wash hands before eating
Learn to recognize symptoms of an anaphylactic reaction
Promptly inform an adult, as soon as accidental exposure occurs or symptoms appear
Take responsibility for keeping their auto-injector with them at all times
3. ANAPHYLAXIS: AVOIDANCE OF THE ALLERGEN IN SCHOOLS

THE GOAL OF THE BOARD IS TO PROVIDE A SAFE ENVIRONMENT FOR CHILDREN WITH LIFE THREATENING ALLERGIES, BUT IT IS NOT POSSIBLE TO REDUCE THE RISK TO ZERO. HOWEVER, THE FOLLOWING LIST OF PRECAUTIONS OFFERS SCHOOLS SUGGESTIONS OF WAYS TO MINIMIZE THE RISK AND ALLOW THE ANAPHYLACTIC CHILD TO ATTEND SCHOOL IN RELATIVE CONFIDENCE. IT IS RECOMMENDED THAT IN-SCHOOL PROCEDURES BE FLEXIBLE ENOUGH TO ALLOW SCHOOLS AND CLASSROOMS TO ADAPT TO THE NEEDS OF INDIVIDUAL CHILDREN AND THE ALLERGEN REACTIONS, AS WELL AS THE ORGANIZATIONAL AND PHYSICAL ENVIRONMENT IN DIFFERENT SCHOOLS. IT SHOULD BE NOTED THAT PRECAUTIONS MAY VARY DEPENDING ON THE PROPERTIES OF THE ALLERGEN. THE VISCOSITY OF PEANUT BUTTER, FOR EXAMPLE, PRESENTS PARTICULAR CHALLENGES IN TERMS OF CROSS-CONTAMINATION AND CLEANING; AND WHILE IT MAY BE POSSIBLE TO ELIMINATE PEANUT PRODUCTS FROM SCHOOL CAFETERIAS, IT WOULD BE IMPOSSIBLE TO DO SO WITH MILK OR WHEAT PRODUCTS.

All of the following recommendations should be considered in the context of the anaphylactic child’s age and maturity. As children mature, they should be expected to take increasing personal responsibility for avoidance of their specific allergens.

Schools are encouraged to find innovative ways to minimize the risk of exposure without depriving the anaphylactic child of normal peer interactions or placing unreasonable restrictions on the activities of other children in the school. One school developed a “red card” system, where any child who ate peanut butter left a red card on the table, signaling it a high-risk area for the anaphylactic student until properly cleaned.

PROVIDING ALLERGEN-FREE AREAS

Eliminating allergens from areas within the school, where the anaphylactic child is likely to come into contact with food, may be the only way to reduce risk to an acceptable level.

- If possible, avoid using the classroom of an anaphylactic child as a lunch room
- If the classroom must be used as a lunch room, establish it as an “allergic-free” area, using a co-operative approach with students and parents
• Establish at least one common eating area, or a section of the single common eating area, as “allergen-free”
• Develop strategies for monitoring allergen-free areas, and for identifying high-risk areas for anaphylactic students
• As a last resort, if allergen-free eating areas cannot be established, provide a safe eating area for the anaphylactic child

ESTABLISHING SAFE LUNCHROOM AND EATING AREA PROCEDURES

The most minute quantities of allergen can trigger a deadly reaction. Peanut butter on a friend’s hand could be transferred to a volleyball or a skipping rope. Therefore, protection of the anaphylactic child requires the school to exercise control over all food products, not only those directly consumed by the anaphylactic student.

• Require anaphylactic students to eat only food prepared at home
• Discourage the sharing of food, utensils and containers
• Increase lunch-hour supervision in classrooms with an anaphylactic child
• Encourage the anaphylactic child to take mealtime precautions like:
  • placing food on wax paper or a 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 the food; and
  • packing up their lunch and leaving it with the lunch supervisor, if it is necessary to leave the room during lunch time.

• Establish a hand-washing routine before and after eating. Success will depend on the availability of hand-washing facilities
• If the school has a cafeteria, keep the allergen, including all products with the allergen as an ingredient, off the menu. Provide in-service for cafeteria staff, with special emphasis on cross-contamination and labeling issues
• If the school has a vending machine, ensure that products containing the allergen are not available
• 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 peanut-allergic students because of the adhesive nature of peanut butter.

ALLERGIES HIDDEN IN SCHOOL ACTIVITIES

Not all allergic reactions to food are a result of exposure at meal times.
• Teachers, particularly in the primary grades, should be aware of the possible allergens present in curricular materials like:
  • play dough;
  • bean-bags, stuffed toys (peanut shells are sometimes used);
• counting aids (beans, peas);
• toys, books and other items which may have become contaminated in the course of normal use;
• science projects; and
• special seasonal activities, like Easter eggs and garden projects.
• Computer keyboards and musical instruments should be wiped before and after use.
• Anaphylactic children should not be involved in garbage disposal, yard clean-ups, or other activities which could bring them into contact with food wrappers, containers or debris.
• Foods are often stored in lockers and desks. Allowing the anaphylactic child to keep the same locker and desk all year may help prevent accidental contamination.

HOLIDAYS AND SPECIAL CELEBRATIONS

Food is usually associated with special occasions and events. The following procedures will help to protect the anaphylactic child:
• Establish a class fund for special events, and have the classroom teacher or the parent of the anaphylactic child provide only safe food.
• If foods are to come into the classroom from home, remind parents of the anaphylactic child’s allergens, and insist on ingredients lists.
• Limit the anaphylactic child to food brought from his or her own home.
• Focus on activities rather than food to mark special occasions.

FIELD TRIPS

In addition to the usual school safety precautions applied to field trips, the following procedures should be in place to protect the anaphylactic child:
• Include a separate “serious medical conditions” section as a part of the school’s registration/permission forms for all field trips in which the details of the anaphylactic student’s allergens, symptoms and treatment can be recorded. A copy of this information should be available on site at any time during the field trip.
• Require all supervisors, staff and parents, to be aware of the identity of the anaphylactic child, the allergens, symptoms and treatment.
• Ensure that a supervisor with training in the use of the auto-injector is assigned responsibility for the anaphylactic child.
• If practical, consider providing a cell phone for buses used on field trips.
• Require the parent of the anaphylactic child to provide several auto-injectors to be administered every 10 to 15 minutes en route to the nearest hospital, if breathing problems persist or if symptoms reoccur.
• If the risk factors are too great to control, the anaphylactic child may be unable to participate in the field trip. Parents should be involved in this decision.
SUBSTITUTE TEACHERS, PARENT VOLUNTEERS AND OTHERS WITH OCCASIONAL CONTACT

All schools involve adults in their classrooms who are unfamiliar with individual students and school procedures. The following suggestions would help to prepare them to handle an anaphylactic emergency.

- Require the regular classroom teacher to keep information about the anaphylactic student’s allergies and emergency procedures in a visible location.
- Ensure that procedures are in place for informing substitute teachers and volunteers about anaphylactic students.
- Involve substitute teachers and volunteers in regular in-service programs, or provide separate in-service for them.

ANAPHYLAXIS TO INSECT VENOM

Food is the most common trigger of an anaphylactic reaction is school children, and the only allergen which schools can reasonably be expected to monitor. The school cannot take responsibility for possible exposure to bees, hornets, wasps and yellow-jackets, but certain precautions can be taken by the student and the school to reduce the risk of exposure. It should also be noted that desensitization treatment for allergies to insect venom is available, and has a 95 percent success rate (Ontario Allergy Society, “Information Notes: Allergic Reactions to insect Stings”).

- Avoid wearing loose, hanging clothes, floral patterns, blue and yellow clothing and fragrances.
- Check for the presence of bees and wasps, especially nesting areas, and arrange for their removal.
- If soft drinks are being consumed outdoors, pour them into a cup and dispose of cans in a covered container.
- Ensure that garbage is properly covered.
- Caution children not to throw sticks or stones at insect nests.
- Allow students who are anaphylactic to insect stings to remain indoors for recess during bee/wasp season.
- Immediately remove a child with an allergy to insect venom from the room, if a bee or wasp gets in.

In case of insect stings, never slap or brush the insect off, and never pinch the stinger, if the child is stung. Instead, flick the stinger out with a fingernail or credit card.
ANAPHYLACTIC SHOCK

SAMPLE NEWSLETTER

We felt that all parents would like to be aware that there is a child (or several children) in school with a severe life-threatening food allergy to peanuts and nuts (anaphylaxis). This is a medical condition that causes a severe reaction to specific foods and can result in death within minutes. Although this may or may not affect your child’s class directly, please send foods with your child to school that are free from peanuts or nut products. There will be more information about anaphylaxis at our Meet the Teacher Night.

Thank you for understanding and cooperation.

(ANAPHYLAXIS DOCUMENT 2.0)
ANAPHYLACTIC SHOCK

SAMPLE REMINDER/THANK YOU LETTER

Dear Parents:

Re: Peanut Allergies

The children in our school with severe peanut allergies, and their families, would like to join me in thanking you for your understanding and cooperation as a result of the request to avoid sending peanut and nut products to school. There has been a reduction in the number of peanut and nut products brought to school in snacks and lunches, and we would like to thank you for continuing to avoid sending these products to school with your child.

Since even a minute amount of the allergic substance can cause a life-threatening reaction, keeping it out of the classroom is our best method of preventing a serious reaction at school.

If your child does bring a food to school containing peanut or nut products, please ask the child to let the teacher know.

Thank you again for your cooperation in this important issue.

Sincerely,

Principal

(ANAPHYLAXIS DOCUMENT 2.1)
Dear Parents Of Students in Grade ______.

A child in our class has extreme allergies to peanuts. This also includes any food that contains peanuts, or peanut products. The allergy of this student is so severe that it could be life threatening; he/she may have a reaction if any item containing peanuts is even in close proximity.

All staff have been informed of this situation, and have been instructed in the correct procedure regarding anaphylactic shock

• We need your cooperation in refraining from sending these food products to school with your child.

• Kindly speak to your child about the severity of this allergy.

• We have informed the student body of the problem, and have asked them not to share their lunches, snacks or treats.

We recognize that for some parents this may be difficult to accommodate. Please contact your son’s/daughter’s teacher for alternatives.

Thank you for your assistance in making your school a safe environment for all students.

Sincerely,

Principal
APPENDIX D

ANAPHYLAXIS
EMERGENCY
PROTOCOL
CALL 911

ASSESS STUDENT ABCs
AIRWAY BREATHING CIRCULATION
GIVE EPIPHEN IF STUDENT IS IN DIFFICULTY

AIRWAY - IF BREATHING DIFFICULTY
ADMINISTER EPIPEN

ASSESS AND ADMINISTER
EPIPEN/MEDICATION IF ANY OF THE TWO
SYMPTOMS ARE PRESENT: ITCHY EYES, NOSE, FACE; FLUSHING OF FACE & BODY; SWELLING OF EYES, FACE, LIPS, TONGUE & THROAT; HIVES; VOMITING; DIARRHEA; WHEEZING; A FEELING OF FOREBODING, FEAR & APPREHENSION; WEAKNESS & DIZZINESS; INABILITY TO BREATHE; LOSS OF CONSCIOUSNESS; COMA

ADVISE 911 OPERATOR THAT THE PERSON IS ANAPHYLACTIC AND MAINTAIN COMMUNICATIONS UNTIL AMBULANCE ARRIVES
APPENDIX E

Halton District School Board
ADMINISTRATION OF PRESCRIBED AND EMERGENCY MEDICATIONS
LEGAL ISSUES

1. General Legal Framework
   (i) Education Act
       • teachers
         • S264(1)(e) - “proper order and discipline”
       • principals
         • 265(a) - “proper order and discipline”
         • S265(j) - assiduous attention to the health and comfort of the pupils
       • Reg. 298
         • S11(3)(e) - “supervision of pupils”
           (principal)
         • S20(b) - “supervisory duties”
           (teachers)
         • S20(g) - “reasonable safety procedures”
   (ii) Human Rights Code
       • duty to accommodate/undue hardship
       • prevention and emergency response
       • balancing rights of other parents/students
         eg. - ban of product
         - enforceability
   (iii) Common Law
       • duty of care
         • in loco parents or special duty?
         • reasonable steps
         • plan and respond

2. Application of Issues
   • not guarantee of safety
   • reasonable steps to accommodate
   • duty to provide reasonable care
   • reasonable steps to prevent incidents/emergencies
   • reasonable steps to supervision administration
   • reasonable steps to react to emergency

R.G. Keel, Keel Cottrelle, November 1995, Revised Nov. 98