

## PURPOSE

It is SISD's purpose and intent to provide a safe, healthy and accommodating environment for every student.

This includes the procedures and practices implemented to minimize the risk of exposure to known allergens around the school and to prevent and provide guidelines for the response to life threatening allergies and anaphylactic reactions. The purpose of this policy is to provide guidance for the School Staff, especially the Clinic Team, on supporting members of the school with allergies.

## OVERVIEW & OBJECTIVES

- The management and the wellbeing of a child with allergies is the responsibility of the child's parents or guardians.
- Parents will be responsible for the provision of accurate and updated health and medical information about their child, based on a written diagnosis from their Family Physician or their Medical Practitioner. School staff, including principally the Class Teacher and the Clinic Team must be informed of a student's allergy management and any updates/changes made.
- Allergy medication(s) will be handed to the Clinic Team and/or staff member (class teacher / grade coordinator) who will store it in a safe place. The medication (EpiPens, antihistamines, inhalers, etc.) must not be expired or near expiry date. It must be labeled clearly with the child's name and the dose of medication required.
- Parent must complete the Medical Form and must provide an Allergy Action Plan to the School Clinic. Action Plans must be revised every year, or more frequently should any changes in treatment happen.
- Children identified as having severe allergies will have their photo and medical information displayed on posters in critical locations around the school, following a notification of their parents.
- Other than the Clinic Team, school staff, especially the Class Teacher must be familiar with the signs and symptoms of allergies and be able to recognize severe allergies / anaphylaxis and know when to call for help.

## IMPORTANT DEFINITIONS

### ➤ Allergic Reactions

People with allergies have an over-reactive immune system that targets otherwise harmless elements in the diet and the environment. During an allergic reaction, the immune system recognizes a specific food protein, or other allergen (insect sting, latex, medication, pollen, etc.) as a target. This initiates a sequence of events in the cells of the immune system resulting in the release of chemical mediators such as histamine. These chemical mediators trigger inflammatory reactions in the tissues of the skin (itching, hives, rash), the respiratory system (cough, difficulty breathing, wheezing), the gastrointestinal tract (vomiting, diarrhea, abdominal pain), and the

cardiovascular system (decreased blood pressure, heartbeat irregularities, shock). When the symptoms are widespread and systemic, the reaction is termed “anaphylaxis,” a potentially life-threatening event.

#### ➤ Treatment of Mild to Moderate Allergic Reactions

Remove the allergen and keep the child under the direct supervision of the Clinic Team. Fetch the medication specific to that child; antihistamines (oral or injectable or topical), inhalers, epinephrine, and administer it. Keep the child under observation and look out for signs of an evolving anaphylactic reaction. Send the child back to class if the symptoms subside and the child is relieved and is stable following a certain time of observation.

#### ➤ Anaphylaxis

Anaphylaxis is a potentially life-threatening medical condition occurring in allergic individuals after exposure to specific allergens. Anaphylaxis refers to a collection of symptoms affecting multiple systems in the body. Each reaction can present differently and there is no predictable pattern to the symptoms.

- Early symptoms: Itchiness of palms and soles, faintness, feeling of generalized warmth, tingling, throat or chest discomfort, unusual taste in the mouth and breathing difficulty, and often a rash around the mouth.
- Late or advanced symptoms: Facial swelling, hives, breathing difficulty, choking or coughing, vomiting or stomach upset, dizziness, loss of consciousness, diarrhea, cramping and a drop in blood pressure

Only a few symptoms may be present. The severity of the symptoms can change quickly. Anaphylaxis can occur immediately or several hours following an allergen exposure.

As many as 30-40% of people who have an anaphylactic reaction will experience a recurrence in the hours following the initial reaction and require further medical treatment, including additional epinephrine injections. This secondary reaction is called *biphasic anaphylactic reaction*. While the initial symptoms respond to epinephrine, the delayed biphasic response may not respond to epinephrine and may not be prevented by steroids. Therefore, it is important that students who are suffering from anaphylaxis, and provided epinephrine, be transported to the nearest hospital and observed for a possible biphasic reaction.

Though Anaphylaxis has many signs and symptoms as listed above, if a person is suffering from an allergic reaction; look out for the following warning signs to distinguish a progression into anaphylaxis:

- Difficult or noisy breathing
- Swelling of the tongue or the lips
- Swelling or tightness in the throat
- Difficulty talking or hoarseness of the voice
- Wheezing or persistent asthma-like cough
- Sudden redness and swelling of the eyes
- Severe swelling in a part of the body
- Pallor and floppiness in younger children
- Sense of doom
- Cyanosis around the lips and mouth area
- Dizziness, loss of consciousness, and/or collapse

#### ➤ Treatment of Anaphylaxis

Allergic reactions can evolve within minutes into life-threatening reactions. **The first line treatment for anaphylaxis is adrenaline** (epinephrine), given by an injection into the outer mid-thigh muscle in the leg. Adrenaline treats both the symptoms of the reaction and helps stop the reaction by stabilizing mast cells and

other cells. Other allergy medicines (such as antihistamines) do help with mild allergies and symptoms but are not effective for severe reactions (anaphylaxis).

**Administration of adrenaline can be lifesaving.** Some anaphylaxis reactions require more than a single dose of adrenaline; children can initially improve but then deteriorate later. It is therefore vital to **always dial 999/998 and request an ambulance whenever anaphylaxis has occurred** – even if there has been a good response to an adrenaline injection.

Outside hospital, adrenaline can be safely given by non-healthcare workers as an injection into the muscle using an adrenaline auto-injector (AAI) like EpiPen. This can be lifesaving.

Delays in giving adrenaline are a common finding in fatal reactions.

Giving adrenaline can be lifesaving and should be administered at the first signs of anaphylaxis.

**IF IN DOUBT, GIVE ADRENALINE.**

➤ **The most common allergens in children are:**

- Peanuts
- Eggs
- Tree Nuts: almonds, brazil nuts, cashews, chestnuts, filberts, hazelnuts, hickory nuts, macadamia nuts, pecans, pine nuts, pistachios, walnuts
- Cow's Milk
- Fish and Shellfish
- Wheat
- Soy
- Sesame
- Certain Insect Stings (Particularly Bee Stings)
- Latex

## ROLES & RESPONSIBILITIES

The policy identifies responsibilities and practices that, when followed consistently, ensure the safety and quick management of allergies and anaphylaxis in the school.

SISD considers that management of students with allergies and at risk of anaphylaxis is a shared responsibility of the parents, students, Clinic Team, Class Teachers and the Academic Faculty. Everyone must practice all the necessary precautions to minimize an accidental exposure of a student to an allergen.

➤ **Parents of Students with Allergies**

It is the expectation of this school that the parents of students with allergies must:

- Review the Policy for Allergies and Anaphylaxis and understand the responsibilities and expectations outlined in this document.
- Share information regarding the student's medical condition, by providing written medical documentation, instructions and medications as directed by their family physician as well as emergency contact information.



- Provide the school with their current / updated contact information (cell phone, e-mail etc.).
- Work with the school team to develop a plan that accommodates the child's needs throughout the school or provide from their physician a specified and tailored Allergy Action Plan. This plan should cover the child's entire school day including in the classroom, in the cafeteria, in after-care programs, during school-sponsored activities, and on the school bus.
- Provide properly labeled medications and replace medications after use or before/upon expiration.
- Educate the child in the self-management of their food allergy including:
  - Recognizing safe and unsafe foods,
  - Knowing strategies for avoiding exposure to unsafe foods and various allergens,
  - Identifying and recognizing symptoms of allergic reactions early,
  - Knowing how and when to tell an adult they may be having an allergy-related problem,
  - Knowing how to read food labels (age appropriate),
  - Knowing and remembering where their medication is kept, and who can inject it.
  - Knowing not to share snacks, lunches or drinks and to politely explain why he/she is not sharing.
  - Understanding the importance of handwashing and hygiene.
- Bring appropriate food for their children if they have history of food allergies whenever there is an event at school (such as Birthday parties, International Day Celebration, etc.) and to ensure that they don't eat the displayed food and prevent a potential allergic reaction.
- Consider providing non-perishable emergency food to keep in school.
- Review the school prevention plan with Clinic Team annually and whenever there is new information and a need to update and provide in-service support and information as requested.
- Remember that by teaching and making their children aware, they achieve the ultimate goal of teaching their children how to keep themselves safe while be independent.

### ➤ **Students with Allergies**

Students with allergies are required and expected to (to the limits of their age and understanding):

- Has an age appropriate understanding of his/her allergy and its triggers.
- Take as much responsibility as possible for avoiding allergens, and not trade food with others.
- Take responsibility for checking food labels and monitoring food intake and not eat anything with unknown ingredients or known to contain any allergen and be aware of the probability of cross-contamination, based on their age and developmental level.
- Be proactive in the care and management of their food allergies and reactions based on their developmental level.
- Observe strict hygiene routines. Children should wash hands before and after eating to prevent cross-contamination of food.
- Learn to recognize symptoms of an anaphylactic reaction.
- Notify an adult immediately as soon as accidental exposure occurs or symptoms appear, or if they eat something they believe may contain the food to which they are allergic.
- Know where their medication is kept, and who can inject it (with recognition of the age-related limitations for our youngest students).
- Declare any medications in their possession. No student should be carrying medication in the school without the prior knowledge of the Clinic Team.
- Take as much responsibility as possible for his/her own safety.
- Report teasing, bullying behaviors, or threats to a responsible adult.

➤ **All Parents**

Are expected to:

- Respond co-operatively to requests from the school to eliminate allergens from packed lunches and snacks, and any other foods sent to the classroom.
- Inform the Class Teacher / Grade Coordinator, the Deputy Head and the Section Assistant of the respective department (Early Years, Primary Years or Secondary) a few days in advance whenever they are planning for their children to bring sweets and food for whole their classroom colleagues (such as Birthday parties).
- Inform themselves and participate in parent information sessions as appropriate.
- Encourage their own children to respect a student with allergies and follow school policies and prevention plans.

➤ **All Students**

Are expected to:

- Avoid sharing food, especially with students with allergies.
- Follow school rules about keeping allergens out of a classroom.
- Follow school rules about proper hand hygiene and the importance of washing hands
- Refrain from bullying or teasing a student with a food allergy.

➤ **The School Clinic Team**

The duties of the Clinic Team include the following:

- Promote a safe and inclusive “ALLERGY AWARE” environment for all students.
- Be informed of the child’s history of allergies (filled out by the parents on their children’s medical forms).
- Discuss appropriate management of allergy with the family and relay appropriate medical information to the teacher.
- Maintain a logbook / list detailing for every student with allergies their history and their medical information.
- Ensure that all personnel who directly interact with students with allergies are aware of them and the necessary procedures and information.
- Ensure that Class Teachers and Grade Coordinators are informed at the beginning of the school year of students with allergies in their classes, and whenever a new student with allergies joins.
- Make sure that staff members are educated and aware of allergies and anaphylaxis before the start of the school year. They should be able to recognize the symptoms of an allergic reaction, know what to do in an emergency and work to eliminate the use of food allergens in the allergic student’s meals, educational tools, arts and crafts projects, or incentives.
- Provide health education and review procedures with class teachers of students with severe allergies.
- Display, across the school in strategic areas, a list with photos of all the Students with Severe Allergies.
- Guarantee that every child at risk for anaphylaxis should have an individual written Allergy Action Plan / Accommodation Plan as dictated by his/her treating physician.
- Ensure that medications are available in each clinic, strategic locations and are properly stored.
- Ensure Allergy & Anaphylactic Kits are available containing the emergency medication needed for allergies and anaphylactic reactions.
- Be prepared to handle an emergency allergic reaction and respond in a timely and appropriate manner in case an allergic reaction or an anaphylactic incident occurs.

- Call for emergency services when epinephrine has been administered and observe for signs of a biphasic reaction until the ambulance arrives.
- Ensure that there is a staff member available who is properly trained to administer medications during the school day.
- Enforce strict hygiene rules throughout the school.
- Enforce a “no eating” policy on school buses with exceptions made only to accommodate special needs under federal or similar laws, or school district policy.
- Package epinephrine auto-injector and antihistamine into first aid kits for field trips. Have the teacher sign the epinephrine auto-injector and antihistamine in and out of the Clinic.
- Include all epinephrine auto-injector trained staff members on the First Aid or medically trained staff list. Ensure that all teachers and staff have access to this list.

➤ **Class Teachers, Grade Coordinators, Teacher Assistants**

Must follow and fulfill the following obligations:

- Promote a safe and inclusive “ALLERGY AWARE” environment for all students.
- Be aware of children with allergies in their classrooms / sections.
- Educate themselves and be aware of the signs and symptoms of allergies and severe anaphylaxis.
- Know who to call for help and to immediately seek assistance if a student reports signs of a possible allergic reaction.
- Be aware of:
  - The location of their section’s clinic,
  - The Clinic Team members’ emergency contacts,
  - The closest first aid provider near them,
  - How to use an EpiPen
- Be informed about the school’s general first aid and emergency response procedures.
- Not hesitate to implement the emergency response steps in case a student with allergies complains of any symptoms that could signal the onset of a reaction.
- Establish procedures to ensure that an anaphylactic student eats only what he/she brings from home or other foods determined to be safe.
- Encourage safe eating procedures and precautionary measures for students with allergies, including:
  - Washing hands before and after food,
  - Eating food prepared at home or approved for consumption,
  - Not sharing lunches or trading snacks,
  - Placing food on a placemat, or napkin rather than in direct contact with a table or desk,
  - Taking one item at a time out of the lunch bag to prevent other children from touching the food and packaging,
  - Leaving the lunch with the teacher if the child needs to leave the room during lunchtime.
- Reinforce with all students the importance of hand washing before and after eating.
- Allow the student with allergies to keep the same locker all year to help prevent accidental contamination.
- Notify parents and the Clinic Team well in advance of planned field trips and activities involving food.
- Discuss field trips with the family of the allergic child to decide appropriate strategies for managing the food allergy in cooperation with the Clinic.
- Discuss with the parents of all the students in the class the importance of maintaining an allergen-free environment and encourage discussion and the spread of awareness between parents and students.

- Monitor social interactions and be aware of signs of teasing, bullying, isolation, stress, and anxiety in a child with allergies.

➤ **Academic Leaders and Section Assistants**

The duties of the Academic Leadership Team include:

- Promote a safe and inclusive “ALLERGY AWARE” environment for all students.
- Support faculty, staff, and parents by implementing the responsibilities and expectations detailed in this policy.
- Be aware of children with allergies in their sections.
- Be informed about the school’s general first aid and emergency response procedures.
- Ensure that teachers and others working with children with allergies are aware of the child’s needs and the policy.
- Inform substitutes teachers and personnel involved with the student of his/her allergy needs.
- Assign students with documented allergies to a classroom where the teacher can administer an epinephrine auto-injector, if needed.
- Ensure that school festivals and events involving food should avoid products containing allergens wherever possible.
- Discuss field trips and events with the family of the allergic child to decide appropriate strategies for managing the food allergy in cooperation with the Clinic.
- Coordinate between the teacher and the Clinic when there are field trips and out-of-school events planned.
- Collaborate with custodial staff to ensure that there is a cleaning protocol in place when food is served during after school activities, or when outside organizations use the building.

## ALLERGY & ANAPHYLAXIS KIT

An Allergy & Anaphylaxis Kit is prepared and kept in a safe location in each clinic for the quick response to any allergic or anaphylactic reaction.

