



REPORT TO

STUDENT ACHIEVEMENT AND WELL BEING, CATHOLIC EDUCATION AND HUMAN RESOURCES COMMITTEE

REVIEW OF ANAPHYLAXIS POLICY, PROTOCOL AND GUIDELINES

*Cast your cares on the lord and he will sustain you; he will never let the righteous fall.
Psalm 55:22*

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C. Fernandes, Superintendent of Education, Special Services

RECOMMENDATION REPORT

Vision:

At Toronto Catholic we transform the world through witness, faith, innovation and action.

Mission:

The Toronto Catholic District School Board is an inclusive learning community uniting home, parish and school and rooted in the love of Christ.

We educate students to grow in grace and knowledge to lead lives of faith, hope and charity.



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A. EXECUTIVE SUMMARY

This report reviews the Anaphylaxis Policy and Protocol and Guidelines, with a focus on secondary schools.

Addressed in this report is information on the possibility of implementing an EpiPen Centre, the possibility of consultation with Catholic Students Leadership Impact Team (CSLIT), and the development of a transition plan for students leaving Grade 8 and entering Grade 9.

The cumulative staff time required to prepare this report was 7 hours

B. PURPOSE

1. This report responds to an approved motion that was made by the Board of Trustees in response to a delegation made at the September 7th Student Achievement Committee meeting. Staff was directed to include in the report the following:
 - a. The possibility of implementing an EpiPen Centre;
 - b. Consultation with CSLIT; and
 - c. Transition plan for students leaving grade 8 and entering grade 9
2. This report outlines recommendations on the three items listed above with respect to the TCDSB's Anaphylaxis Policy and Protocol.
3. The report also reviews the communication plan to be used in schools to inform students on the topic.

C. BACKGROUND

1. On September 7th, 2017, the Board of Trustees received a delegation with respect to developing increased awareness in secondary schools of the Anaphylaxis policy.
2. The Anaphylaxis policy was created February 6, 2006 and the Anaphylaxis protocol was last updated February 24, 2013.

3. In June, 2017 an incident at one secondary school created a need to revisit the policy and the accompanying protocol to ensure it was being followed but also to ensure students awareness and expanded understanding of Anaphylaxis.

D. EVIDENCE/RESEARCH/ANALYSIS

Each of the requests will be answered separately.

1. The possibility of implementing an EpiPen centre.
 - a) While every student with a life-threatening allergy is required to carry an EpiPen on their person at all times, schools, as part of the Anaphylaxis Protocol and Guidelines, require that a second EpiPen be purchased by the family and be stored in a specified location at the school.
 - b) Every school has a designated location in the school to store EpiPens as well as other medications students may need to take. In some cases schools have more than one location.
 - c) In addition, the school also purchases additional EpiPen(s) to store in the school's designated area(s). As per the protocol, the designated area or areas are to be easily accessible by staff and are not to be locked to ensure instant access.
 - d) In some schools the EpiPen is stored in a discrete area in the main office or staffroom. In larger schools, some EpiPen(s) may be kept in more than one designated area in order to ensure easy access.
 - e) Communication of the location of EpiPens to staff is the responsibility of the Principal. Staff refers to permanent staff, staff who may supervise students at meal times, cafeteria staff and occasional staff who may attend the school.
 - f) The Principal also requests updated information annually from the parent/guardian and a medical professional to ensure that all information is current.

2. Consultation with the Catholic Students Leadership Impact Team (CSLIT)

- a) The CSLIT leadership has been contacted with respect to gathering student voice on the topic of Anaphylaxis at an upcoming meeting.
- b) Staff look forward to hearing from students with respect to understanding and developing a sensitivity to students who have life-threatening allergies and how to inform and educate youth.

3. A transition plan for students leaving Grade 8 and entering Grade 9

- a) The Anaphylaxis policy clearly outlines how information is gathered with respect to a student's allergy(ies), both through communication with the parent and annually updating the student's medical record, including consultation with their Physician/Nurse and requests that emergency contacts be kept with respect to the student.
- b) The Protocol and Guidelines (2013) includes the forms that must be completed and stored as well as the individual plan for each student who has an anaphylactic allergy.
- c) Neither the Policy nor the Protocol and Guidelines offer specific information or procedures with respect to a student who is transitioning from one school to another, nor with respect to a student who is transitioning from an elementary school to a secondary school.
- d) Although the Policy and 'Protocol and Guidelines' do not refer to a specific transition plan, there are some existing practices that provide for some continuity.
 - i. The electronic transfer of students within the student information systems does outline that the student has a medical condition that must be followed up by the receiving school. Additionally the transfer of the Ontario Student Record does permit transfer of

information. Staff is responsible for reviewing the OSR of all students entering the school.

- ii. Parents of students with a medical condition are asked to update the information once the student enters the secondary school.
- e) There are some areas that may be updated and improved to make a more seamless transfer between Elementary and Secondary schools.
- i. At the exchange of information meeting that happens for every student entering secondary school, we will include a discussion point related specifically to medical conditions and specifically life threatening allergies.
 - ii. Our student information systems already flag for secondary schools and teachers through their class list, students who have medical conditions. Secondary schools will be required to flag any student with a severe life-threatening allergy separately from those with medical conditions to inform teachers at the start of each term.
 - iii. The policy already identifies a process by which information will be communicated with staff and with supply staff. Ensure this information is readily available at the beginning of every term.
 - iv. The Protocol and Guidelines will be updated to reflect the changes above.
- f) An update to the Anaphylaxis Policy and to the Protocol and Guidelines to inform the transition of a student between elementary and secondary schools would enhance the existing practices.
4. Communication to both staff, parents and students is paramount to establish an understanding of the existing policy/protocol and guidelines. The Protocol and Guidelines outlines some of the ways that students may receive information with respect to Anaphylaxis including the following:
- a) Arranging a presentation of information on allergy and anaphylaxis through the academic program or through a school-wide assembly (p.11)

- b) Discouraging allergic foods in the classroom (p.23)
- c) Send a letter to the entire school community that the allergic food not be sent to the school as a snack or lunch (p.23)
- d) Training the student to self-advocate regarding their allergy (e.g.: how to approach an adult) (p.23)
- e) Be aware that there are cases of anaphylactic students being threatened with the allergen by bullies. School staff shall deal with such a situation as a serious incident. (p.23)
- f) Sample Newsletter insert (p. 25)
- g) Student Poster Template (p.30)
- h) In addition to the communication methods listed above, schools can further share information with students utilizing the following methods:
 - i. School/Grade Assemblies – when speaking with students about safety such as fire drills etc. include reminders about medical safety such as food allergies and respect for those who have these allergies. These can be documented in the Health and Safety binder kept in the office.
 - ii. School Agenda – ensure that a section on food allergies is included. Include description of an anaphylactic reaction, how to help recognize an allergic reaction, and how to recognize potential allergens.
 - iii. Registration Package – include information on allergy awareness as part of the information shared with students and parents at registration.
 - iv. Healthy and Active Living – Allergies can be addressed as part of the HPE and science curriculums.
 - v. Home Room/Period 1 Announcement – Teachers may be asked to read a script on Anaphylaxis.

- vi. Poster Campaign – Put up posters around the school reminding the students of food allergies.
- vii. Toronto Public Health Nurse – schools may invite the TPH nurse to present on Food Allergies
- viii. Newsletter/Emails – Communication about Food Allergies / Keeping Our Students Safe should be sent home as part of a newsletter.
- ix. School Website – allergy awareness links and/or reminders can be posted online
- x. Student focus group – develop opportunities to communicate and share awareness of allergies
- xi. Develop a student video – build awareness amongst peers – this could be incorporated into student work in various subject areas (media literacy)
- xii. Develop Self-Advocacy –Teacher(s) may engage with students in conversations on self-advocacy.

E. METRICS AND ACCOUNTABILITY

1. Through an informal discussion with department heads, all secondary schools were found to have an EpiPen centre where all a medications were kept. Some staff indicated that student information was displayed or stored in a systematic way.
2. Secondary staff were also able to indicate that regular Anaphylaxis training is occurring twice per year.
3. When it came to communication of Anaphylaxis with the general student population, there seemed to be a less prevalent practice. When asked why this may be the case, these staff indicated that it was more difficult to address due to the limitations regarding medical information may be shared about specific students.

4. A more formal survey was sent recently to principals to collect information on the themes below. The data is based on the responses of 28 of 32 schools.

a) Designated EpiPen locations within the school

- 100% of Secondary schools indicated that the school had an EpiPen designated location within the school. 21% of these schools indicated that they had more than one designated location for EpiPens.

b) Communication with staff

- 100% of schools indicated that they communicated with staff biannually with respect to Anaphylaxis. Schools indicate that training was primarily done through a staff meeting, but other methods of communication regarding Anaphylaxis included email, presenters, E-learning module, and, staff bulletins. Several schools indicated they used a number of methods to convey the messages regarding Anaphylaxis.

Schools reported different methods of communicating student specific information to staff as noted below:

- 54% of secondary schools reported that Anaphylaxis is recorded on class attendance forms that are distributed to classes
- 17% indicated that there is a conversation between staff and administration and/or department heads
- 29% indicated other methods used to convey student specific information such as emailing list, pictures displayed in main office; list in schools main drive; speak to individual; noted on class list with student pictures and type of allergy; staff meetings

c) Procedures with respect to transitions.

- 46% of secondary schools indicated that it is customary to discuss student allergies and/or life-threatening medical information at an exchange of information meeting with elementary schools
- 36% of staff indicate that **sometimes** it is customary to discuss student allergies and/or life-threatening medical information at an exchange of information meeting with elementary schools

- 18% indicated that medical information is not typically captured at the exchange of information meeting with elementary schools
- d) Procedures with respect to general communication with the student population.
- 39% of secondary schools indicated that they communicate a general awareness of Anaphylaxis to their student population
 - 36% of secondary schools indicated that they occasionally communicate a general awareness of Anaphylaxis to their student population
 - 25% of schools indicated that they do not communicate a general awareness of Anaphylaxis to their student population
 - Schools indicated that methods used to communicate a general awareness of Anaphylaxis to students included the following:
 - School/Grade Level Assemblies
 - Registration Package
 - As part of the Healthy and Active Living curriculum
 - School newsletter/general email
 - Toronto Public Health
 - School agenda
 - School Public Announcements

5. Considerations arising from the analysis of the survey results:

- a) There is a need to update the Policy to reflect transitions of students between two schools, and specifically, but not limited to elementary and secondary schools.
- b) Initiate communication between elementary and secondary schools regarding anaphylactic needs for students who enrol in the summer secondary transition course.
- c) Include in the Anaphylaxis Protocol and Guidelines, information on the transition process and general communications with students, including recommendations arising out of CSLIT meetings scheduled for later this year.

- d) Include in the Secondary Health and Safety Binder a formalized process with a principal checklist of best practices regarding communication with staff and students about anaphylaxis.

F. STAFF RECOMMENDATION

Staff recommends that the Board of Trustees refer the Anaphylaxis Policy to be updated by the Governance and Policy Committee to reflect part a) below. Additionally, staff recommends an update to the Anaphylaxis Protocol and Guidelines to reflect b), c) and d) as listed below.

- a) There is a need to update Policy to reflect transitions of students between two schools, and specifically, but not limited to elementary and secondary schools.
- b) Initiate communication between elementary and secondary schools regarding anaphylactic needs for students who enrol in the summer secondary transition course.
- c) Include in the Anaphylaxis Protocol and Guidelines, information on the transition process and general communications with students, including recommendations arising out of CSLIT meetings scheduled for later this year.
- d) Include in the Secondary Health and Safety Binder located in schools a page on the communication plan to be used with students and date implemented.