

POLICY 304: ANAPHYLAXIS

ADMINISTRATIVE PROCEDURES

1. Description of Anaphylaxis

Anaphylaxis is a serious allergic reaction that is rapid in onset and can possibly be fatal. Signs and symptoms of Anaphylaxis can occur within minutes of exposure to an offending substance. Reactions usually occur within two hours of exposure, but in rarer cases can develop hours later. Specific warning signs as well as the severity and intensity of symptoms can vary from person to person and sometimes from reaction to reaction in the same persons.

An anaphylactic reaction can involve **any** of the following symptoms, which may appear alone or in any combination, regardless of the triggering allergen:

- Skin:** hives, swelling, itching, warmth, redness, rash
- Respiratory (breathing):** wheezing, shortness of breath, throat tightness, cough, hoarse voice, chest pain/tightness, nasal congestion or hay fever-like symptoms (runny itchy nose and watery eyes, sneezing), trouble swallowing
- Gastrointestinal (stomach):** nausea, pain/cramps, vomiting, diarrhea
- Cardiovascular (heart):** pale/blue colour, weak pulse, passing out, dizzy/light-headed, shock
- Other:** anxiety, feeling of “impending doom”, headache, uterine cramps in females

Because of the unpredictability of reactions, early symptoms should never be ignored, especially if the person has suffered an anaphylactic reaction in the past.

It is important to note that Anaphylaxis can occur without hives.

If a student with Anaphylaxis expresses any concern that a reaction might be starting, the student should always be taken seriously. When a reaction begins, it is important to respond immediately, following instructions in the student's *Medical Alert Action Plan*. The cause of the reaction can be investigated later.

The following symptoms may lead to death if untreated:

- breathing difficulties caused by swelling of the airways; and/or
- a drop in blood pressure indicated by dizziness, light-headedness or feeling faint/weak.

2. Identifying Students at Risk

At the time of registration, using the district Student Registration Form, parents/guardians are asked to report on their child's life threatening medical conditions, including whether their child has a medical diagnosis of Anaphylaxis. Information on a student's life threatening medical conditions will be recorded and updated on the student's file.

It is the responsibility of the parent/guardian to:

- Inform the school Principal when their child is diagnosed as being at risk for Anaphylaxis.
- In a timely manner, complete medical forms including the *Anaphylaxis Emergency Plan* which includes a photograph, description of the child's allergy, emergency procedures, contact information, and consent to administer medication. The *Anaphylaxis Emergency Plan* should be

posted in key areas such as in the child's classroom, the office, the teacher's desk, and food consumption areas (e.g. lunch rooms, cafeterias).

- Provide the school with updated medical information at the beginning of each school year, and whenever there is a significant change in their child's condition.
- Inform service providers of programs delivered on school property by non-school personnel of their child's Anaphylaxis and the *Anaphylaxis Emergency Plan* where applicable, as these programs are not the responsibility of the school.

The school will contact the students with Anaphylaxis and their parent/guardian to encourage the use of medical identifying information (e.g. MedicAlert® bracelet). The identifying information could alert others to the student's allergies and indicate that the student carries an epinephrine auto-injector. Information accessed through a special number on the identifying information can also assist first responders, such as paramedics, to access important information quickly.

3. Record Keeping – Monitoring and Reporting

For each identified student, the school Principal will keep the *Anaphylaxis Emergency Plan* on file. These plans will contain the following information:

- Student-Level Information
 - Name
 - Contact information
 - Diagnosis
 - Symptoms
 - Allergy trigger(s)
- School-Level Information
 - Emergency procedures/treatment
- Physician section including the student's diagnosis, medication and physician's signature. An updated form with physician's signature is required whenever there is a significant change in the child's condition.

It is the school Principal or delegate's responsibility for collecting and managing the information on students' life threatening health conditions and reviewing that information annually to form part of the students' file.

The school Principal or delegate will also monitor and report information about anaphylactic incidents to the board of education in aggregate form (to include number of students with Anaphylaxis and number of anaphylactic incidents) at a frequency and in a form as directed by the Superintendent.

4. Emergency Procedure Plans: “Anaphylaxis Emergency Plan”

a) Anaphylaxis Emergency Plan

The school Principal or delegate must ensure that the parent/guardian and student (where appropriate), are provided with an opportunity to meet with designated staff, prior to the beginning of each school year or as soon as possible to develop/update an individual *Anaphylaxis Emergency Plan*. The *Anaphylaxis Emergency Plan* must be signed by the student's parent/guardian and the student's physician. A copy of the plan will be placed in readily accessible, designated areas such as the classroom and office.

The *Anaphylaxis Emergency Plan* will include at minimum:

- the diagnosis;
- the current treatment regimen¹;
- current emergency contact information for the student's parent/guardian;
- a notification that the plan will be shared with others within the school as necessary;
- a requirement for those exposed to the plan to maintain the confidentiality of the student's personal health information;
- information regarding the parent/guardian's responsibility for advising the school about any change in the student's condition; and
- information regarding the parent's/guardian's responsibility for updating records.

b) School Level Emergency Response Procedures

Each school must develop School Level Emergency Response Procedures, which must include the following elements:

1. Administer the student's auto-injector (single dose) at the first sign of a reaction. The use of epinephrine for a potentially life-threatening allergic reaction will not harm a normally healthy child, if epinephrine was not required. Note time of administration.
2. Call emergency medical care (911)
3. Contact the child's parent/guardian
4. A second auto-injector may be administered within 5 to 15 minutes after the first dose is given IF symptoms have not improved (i.e. the reaction is continuing, getting worse, or has recurred)
5. If an auto-injector has been administered, the student must be transported to a hospital (the effects of the auto-injector may not last, and the student may have another anaphylactic reaction)
6. One person stays with the student at all times
7. One person goes for help or calls for help

c) Field Trip/Off-site Emergency Response Procedures

The school Principal, or designated staff, must ensure that emergency plan measures are in place for scenarios where students are off-site (e.g. bringing single dose auto-injectors on field trips). It may be necessary to bring the student's auto-injector from the school office along on the trip.

5. Provision and Storage of Medication

Children at risk of Anaphylaxis who have demonstrated maturity² should carry one auto-injector with them at all times and have a back-up auto-injector stored at the school in a central, easily accessible, unlocked location. For children who have not demonstrated maturity, their auto-injector(s) will be stored in a designated school location(s).

The location(s) of student auto-injectors must be known to all staff members and caregivers.

¹ Epinephrine is the recommend treatment for life threatening allergies in the school setting

² As determined by the child's parent/guardian.

Parents/guardians will be informed that it is their responsibility:

- to provide the appropriate medication (e.g. single dose epinephrine auto-injectors) for their child with Anaphylaxis³;
- to inform the school where the Anaphylaxis medication will be kept (i.e. with the student, in the student's classroom, and/or other locations);
- to inform the school when they deem the child competent to carry their own medication (children who have demonstrated maturity, usually Grade 1 or Grade 2, should carry their own auto-injector), and it is their duty to ensure their child understands they must carry their medication on their person at all times;
- to provide a second auto-injector to be stored in a central, accessible, safe but unlocked location;
- to ensure Anaphylaxis medications have not expired; and
- to ensure that they replace expired medications.

6. Allergy Awareness, Prevention and Avoidance Strategies

a) Awareness

The school Principal should ensure:

- That all school staff and persons reasonably expected to have supervisory responsibility of school-age students and preschool age children participating in early learning programs (e.g. food service staff, volunteers, bus drivers, custodians) receive training annually, in the recognition of a severe allergic reaction and the use of single dose auto-injectors and standard emergency procedure plans.
- That all members of the school community including TTOCs, replacement employees, student teachers and volunteers have appropriate information about severe allergies including background information on allergies, Anaphylaxis and safety procedures.
- With the consent of the parent/guardian, the Principal and the classroom teacher must ensure that the student's classmates are provided with information on severe allergies in a manner that is appropriate for the age and maturity level of the students, and that strategies to promote inclusion are incorporated into this information.

Posters which describe signs and symptoms of Anaphylaxis and how to administer a single dose auto-injector should be placed in relevant areas. These areas may include classrooms, office, staff room, lunch room and/or the cafeteria.

b) Avoidance/Prevention

Individuals at risk of Anaphylaxis must learn to avoid specific triggers. While the key responsibility lies with the students at risk and their families, the school community must participate in creating an "allergy-aware" environment. Special care is taken to avoid exposure to allergy-causing substances. Parents/guardians are asked to consult with the teacher before sending in food to classrooms where there are children with food-allergies. The risk of accidental exposure to a food allergen can be significantly diminished by means of such measures.

Given that Anaphylaxis can be triggered by minute amounts of an allergen when ingested, students with food allergies must be encouraged to follow certain guidelines:

- Eat only food which they have brought from home unless it is packaged, clearly labelled and approved by their parent/guardian (*Elementary schools*).

³ Epinephrine is the recommend treatment for life threatening allergies in the school setting
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- If eating in a cafeteria, ensure food service staff understand the life-threatening nature of their allergy. When in doubt, avoid the food item in question.
- Wash hands before and after eating.
- Not share food, utensils or containers.
- Place food on a napkin or parchment paper rather than in direct contact with a desk or table.

Non-food allergens (e.g. medications, latex) will be identified and restricted from classrooms and common areas where a student with a related allergy may encounter that substance.

7. Training Strategy

At the beginning of each school year, a training session on Anaphylaxis and anaphylactic shock will be held for all school staff and persons reasonably expected to have supervisory responsibility of school-age students and preschool age children participating in early learning programs (e.g. food service staff, volunteers, bus drivers, custodians).

Efforts shall be made to include the parent/guardian, and student (where appropriate), in the training. Experts (e.g. public health nurses, trained occupational health & safety staff) will be consulted in the development of training policies and the implementation of training. Training will be provided by individuals trained to teach Anaphylaxis management.

The training sessions will include:

- signs and symptoms of Anaphylaxis;
- common allergens;
- avoidance strategies;
- emergency protocols;
- use of single dose epinephrine auto-injectors;
- identification of students with Anaphylaxis (as outlined in the individual Student Emergency Procedure Plan);
- action/emergency plans; and
- method of communication with and strategies to educate and raise awareness of parents/guardians, students, employees and volunteers about Anaphylaxis.

Additional Best Practice:

- distinction between the needs of younger and older students with Anaphylaxis.

Participants 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 trainers throughout the year, especially if they have a student with Anaphylaxis in their care.

Students will learn about Anaphylaxis in a general assembly or special class presentation.

Resources:

[Anaphylaxis Protection Order](#)
[BC Anaphylactic and Child Safety Framework](#)
[North Shore School Health Manual – Medical Alerts & Allergies Info North Shore Schools](#)
[Canadian Society of Allergy and Clinical Immunology](#)
[Food Allergy Canada](#)