

ANAPHYLAXIS

Children and staff should be able to attend school and to work in a safe environment. As a result, the School District will take steps to alter the environment to accommodate children and staff who are susceptible to anaphylaxis and be prepared to administer emergency treatment to a student or staff member.

1. Definition:

Anaphylaxis – Anaphylaxis is a sudden and severe allergic reaction, which can be fatal, requiring immediate medical emergency measures to be taken. Failure to respond appropriately could result in death.

2. Description of Potential Triggers, Signs and Symptoms

Signs and symptoms of a severe allergic reaction 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 attack to attack in the same person.

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 (anaphylaxis can occur without hives);
- 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/lightheaded, 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.

If an allergic student expresses any concern that a reaction might be starting, the student should always be taken seriously.

3. Parents/guardians are responsible for:

- notifying the School Principal when a child is diagnosed as being at risk of anaphylaxis;
- providing the school with updated medical information annually;
- providing the school with updated medical information whenever there is a significant change related to their child/children;
- providing appropriate medication (e.g. epinephrine auto-injector) for their anaphylactic child;

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- informing the school where the anaphylactic child's medication will be kept; i.e. with the student, in the student's classroom and/or other locations;
 - informing the school when they deem the child competent to carry their own medication/s, and it is their duty to ensure their child understands they must carry their medication on their person at all times;
 - providing a second auto-injector to be stored in a central, safe but unlocked location;
 - ensuring anaphylaxis medications have not expired; and,
 - ensuring that they replace expired medications.
4. If a staff member is diagnosed as being at risk of anaphylaxis, he/she is responsible for notifying their supervisor and providing updated medical information annually, or whenever there is a significant change, and for carrying their own medication/s.
5. **Record Keeping, Monitoring and Reporting**
- In schools with student(s) or staff member(s) with a potential for anaphylaxis:
- a. The School Principal is responsible for keeping accurate records for each student and staff member at-risk of life-threatening allergies. That record shall include information relating to the specific allergies, to form part of the student's Permanent Student Record, as well as the individual's emergency response plan.
 - b. The School Principal is responsible to monitor and report information about anaphylactic incidents to the School District in aggregate form (to include the number of at-risk anaphylactic students and staff members, and the number of anaphylactic incidents).
6. **Emergency Procedure Plans**
- a. Student Level Emergency Procedure Plan
 - i. An accurate, up-to-date student emergency response plan for each individual student at risk of life-threatening allergies must be developed in conjunction with the student's parents and the student (where age appropriate) and the plan must be approved by a qualified physician or allergist.
 - ii. The student emergency response plan must be signed by the student's parents, the student (where age appropriate) and the physician, and must be kept on file at readily accessible locations.
 - iii. The student emergency response plan shall include at minimum:
 - the diagnosis;
 - the current treatment regimen;
 - who within the school community is to be informed about the plan; e.g. teachers, volunteers, classmates; and,
 - current emergency contact information for the student's parents/guardian;
 - who is responsible to immediately transport the child to medical assistance.
 - iv. Those exposed to individual student emergency response plans have a duty to maintain the confidentiality of all student personal health information.
 - v. The student's emergency response plan shall also explicitly address:
 - the parent's responsibility for advising the school about any change/s in the student's condition; and,
 - the school's responsibility for updating records.

7. **School Level Emergency Procedure Plan**

All schools must have an emergency protocol in place to ensure responders know what to do in an emergency.

- a. All staff will be informed annually of the names and allergies of students and staff with a potential for anaphylaxis.
 - b. In consultation with experts, all staff will receive in-service in anaphylaxis, the use of auto injectors such as Epipens, calling emergency medical care (911), calling student's parents, administering second dose (within 5-15 minutes if symptoms have not improved), and the distinction between needs of younger and older anaphylactic students (i.e. older students may be more likely to engage in risk behaviours).
 - c. Information about anaphylaxis management will be shared with students, parents/guardians and Parent Advisory Councils.
 - d. The school will provide, as much as possible, an allergy-aware environment in response to the most common triggers for anaphylaxis: food allergens and insect stings, and for managing risk associated with rarer allergies to other substances such as allergies to medications, exercise, or latex.
 - e. An allergy-alert form, with photograph, description of the allergy, treatment, and action plan is placed in key locations, such as the office, the staff room, the bus, and wherever the student's epinephrine auto-injector is stored. Parents have been included in a decision about whether posters should be placed in classrooms or other public places like buses.
 - f. Instructions on the use of the auto-injector, along with a list of symptoms and emergency procedures, are posted in a clearly visible location in the student's classroom(s).
 - g. All teachers, staff and on-call staff who may be in a position of responsibility for the anaphylactic student(s) will receive annual training by individuals trained to teach anaphylaxis management relating to signs and symptoms of anaphylaxis, common allergens, avoidance strategies, emergency protocols, the use of the auto-injector, identification of at-risk students (as outlined in the individual student emergency response plan), emergency plans, and the method of communication with and strategies to educate and raise awareness of parents, students, employees, and volunteers about anaphylaxis.
 - h. The school has identified the student(s) suffering life-threatening allergies to all students in the school and has enlisted their cooperation in a way appropriate to the student's age and maturity and in consultation with the parents of individual anaphylactic students.
 - i. All parents have been informed of the allergies in the schools and measures taken to protect the anaphylactic student(s).
 - j. Anaphylactic emergency drills, similar to fire drills, will take place occasionally to ensure that all elements of the emergency plan are in place.
 - k. Emergency procedures for each anaphylactic student are reviewed annually by staff and parents.
 - l. In the event of an emergency response, an immediate evaluation of the procedure will be undertaken.
9. The School District will report to the Ministry of Education annually upon request with respect to this anaphylaxis policy and implementation.