

Administrative Procedure 317

ANAPHYLAXIS

Background

Anaphylaxis is a sudden and severe allergic reaction, which can be fatal, requiring immediate medical emergency measures be taken.

The West Vancouver School District is committed to providing a life learning environment for its Students. This includes a safe environment for those students who have been identified as having the potential for an anaphylactic event while under school supervision. The District also recognizes that this responsibility is shared among the student, parents, the school system and health care providers.

The purpose of this procedure is to minimize the risk to students with severe allergies to potentially life-threatening allergens without depriving the severely allergic student of normal peer interaction or placing unreasonable restrictions on the activities of the other students in the school.

This procedure is designed to ensure that students at risk are identified, strategies are in place to minimize the potential for accidental exposure and staff and key volunteers are trained to respond in an emergency situation.

While the District cannot guarantee an allergen-free environment, the District will take reasonable steps to provide an allergy-aware environment for students with life –threatening allergies.

All schools in the District must implement the following procedures for students with anaphylaxis:

- A process for identifying students with anaphylaxis;
- Maintaining a record of information within the Student File relating to the specific allergies;
- Establishing an emergency procedure plan within the Student File, to be reviewed annually [link to form](#);
- Encouraging students with anaphylaxis to wear Medic-Alert identification;
- Establishing procedures for storing and administering medications including;
 - Obtaining preauthorization for employees to administer medication to a student with anaphylaxis, and
 - Permitting employees to administer medication to an identified student with anaphylaxis in an emergency where there is no preauthorization (i.e. Parent has dropped off auto- injector but no consent forms have been signed/returned and

the child experiences an allergic reaction. Staff would then administer the auto-injector.)

- For students who have not been identified as anaphylactic, the standard emergency procedure is to call emergency medical care (911) – school staff are not to administer medication to unidentified students.
- A process for principals to monitor and report information about anaphylactic incidents to the Superintendent [link to form anaphylaxis incident review form](#).

PROCEDURES

1. Description of Anaphylaxis

Signs and symptoms of severe allergic reaction can occur within minutes of exposure to an offending substance. Reactions usually occur within two (2) minutes 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 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, (it is important to note that anaphylaxis can appear 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/light headed, shock;
- Other anxiety, feeling of “ impending doom”, headache, uterine cramps

Because of the unpredictability of reactions, early symptoms are never to be ignored, especially if the person has suffered an anaphylactic reaction in the past. Training strategies need to address the need for a rapid emergency response when symptoms of an anaphylactic reaction appear. Students may be in denial, or unaware that they are experiencing an anaphylactic reaction.

The following symptoms may be fatal if left 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 Individuals as at risk

2.1 At the time of registration, using the District registration form, parents are asked to report on their child's medical conditions, including whether their child has a medical diagnosis of anaphylaxis. Information on a student's life threatening conditions will be recorded and updated on the Student File annually.

2.2 It is the responsibility of the parent/guardian to:

2.2.1 Inform the Principal when their child is diagnosed as being at risk for anaphylaxis.

2.2.2 In a timely manner, complete the Anaphylaxis Emergency Plan.

2.2.3 Provide the school with an updated medical information at the beginning of each school year.

2.2.4 Inform service providers of programs delivered on school property by non-school personnel of their child's anaphylaxis and care plan, as these programs are not the responsibility of the school.

2.3 The school will encourage students with anaphylaxis to use medical identifying information (e.g. MedicAlert bracelet <http://www.medicalert.ca/>).

3. Record Keeping-Monitoring and Reporting

3.1 For each identified student, the Principal will keep an Anaphylaxis Emergency Plan on file to form part of the Student File. These plans will be updated and signed annually by the parent. When there are any changes to the plan, a new Anaphylaxis Emergency Plan must be completed, and the student's physician must also sign the new document.

4. Emergency Procedure Plan

4.1 Student Level Anaphylaxis Emergency Plan

The Principal must ensure that the parents 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 Student Anaphylaxis Emergency Plan. The Anaphylaxis Emergency Plan must be signed by the student's parents and the student's physician. A copy of the plan will be placed in readily accessible, designated areas such as in the classroom and office and individuals within the school community will be identified who need to be informed of the plan. It is a requirement of those exposed to the student's personal information to maintain confidentiality.

The Student Anaphylaxis Emergency Plan will include at minimum:

- The diagnosis;
- The current treatment;
- Picture of the student;
- Current emergency contact information for the student;

4.2 School Level Emergency Procedure

Each school must develop a School Level Emergency Procedure which must include the following elements;

4.2.1 Epinephrine is the first line medication which should be used for emergency management of a potential life-threatening allergic reaction. Administer the student's epinephrine auto-injector (single-dose, single-use) at the first sign of a reaction. Note time of administration.

4.2.2 Antihistamines and asthma medication should not be used for treating anaphylaxis in place of epinephrine.

4.2.3 Call 911

4.2.4 Contact the child's parent/guardian.

4.2.5 If symptoms have not improved after the first dose is given, a second auto-injector may be administered within 5 to 15 minutes.

4.2.6 If an auto-injector has been administered the student must be transported by ambulance to hospital. The effects of the auto-injector may not last and the student may have another anaphylactic reaction.

4.2.7 The principal must ensure that emergency plan measures are in place for scenarios where the student is off-site (e.g. bring a single dose auto-injector on field trips).

4.2.8 The principal will complete the Anaphylaxis Incident Review Form and submit to the Office of the Superintendent.

5. Provisions and Storage of Medication

5.1 Children at risk of anaphylaxis who have demonstrated maturity 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).

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

5.3 Parents will be informed that is the parents' responsibility to:

5.3.1 Provide the appropriate medication (e.g. single dose, single-use epinephrine auto-injectors) for their anaphylactic child.

5.3.2 Inform 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)

5.3.3 Inform the school when they deem their child competent to carry their own medication(s). Children who have demonstrated maturity are to carry their own auto-injector. It is the parent's duty to ensure their child understands that they must carry their medication on their person at all times;

5.3.4 Provide a second auto-injector to be stored in a central, accessible, safe but unlocked location.

5.3.5 Ensure the auto-injector has not expired; and

5.3.6 Ensure that they replace auto- injectors

6. Allergy Awareness, Prevention and Avoidance Strategies

6.1 Awareness

The Principal is to ensure:

6.1.1 The school staff and persons reasonably expected to have supervisory responsibility of school- age students receive training annually or biannually, in the recognition of a severe allergic reaction and the use of a single-dose, single-use auto-injectors and standard emergency procedure plans.

6.1.2 With the consent of the parent, the Principal and the classroom teacher must ensure(where appropriate) that the student's classmates are provided with information on severe allergies in a manner that is suitable for the age and maturity level of the students, and that strategies to reduce teasing and bullying are incorporated into this information.

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

6.2 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 are asked to consult with the teacher before sending in food to classrooms where there are food-allergic children. 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 parents (Elementary Schools).
- If eating in a cafeteria, ensure food service staff understands 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 wax paper rather than a direct contact with a desk or table.

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

7. Training Strategy

At the beginning of each school year, a training session on anaphylaxis will be held for school staff and persons reasonably expected to have supervisor responsibility of school age students. Experts (i.e. 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.

7.1 The training session will include:

- Signs and symptoms of anaphylaxis;
- Common allergens;
- Avoidance strategies;
- Emergency protocols;
- Use of single dose, single-use epinephrine auto-injectors
- Identification of at-risk students;
- Method of communication with and strategies to educate and raise awareness of parents, students, employees and volunteers about anaphylaxis;
- Distinction between the needs of younger and older anaphylactic students.

7.2 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 at risk in their care.

Legal Reference: *Sections 17, 20, 22, 65, 85 School Act*

Resources:

Anaphylaxis in School and Other Settings 3rd Edition

Children and Youth with Life-Threatening Allergies: A Shared Responsibility