AP 500 ANAPHYLAXIS

CARIBOO - CHILCOTIN SCHOOL DISTRICT

RATIONALE:

The District recognizes the **important** role schools play in supporting children with anaphylaxis, reducing exposure to allergens, and responding appropriately to an anaphylactic incident. The following procedures provide a comprehensive approach to anaphylaxis care, awareness, education, and management, which is achieved through partnership and collaboration with parents/caregivers, students, schools, the district, public health, and health care providers.

1. Definitions

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

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 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
- **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, the 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, respond immediately and follow the instructions in the student’s Anaphylactic Student Emergency Procedure Plan. The cause of the reaction can be investigated later.

The most dangerous symptoms of an allergic reaction involve:

- breathing difficulties caused by swelling of the airways; and/or
- a drop in blood pressure indicated by dizziness, light-headedness, or feeling faint. Both of these symptoms may lead to death if untreated.

2. Responsibility

2.1 Parents/caregivers of students are responsible for informing the school about their students' potential risk for anaphylaxis and for ensuring the provision of ongoing health support services.

2.2 The safety, health and well-being of students is a shared responsibility among parents/caregivers, students, the health care community, school employees, and the school district.

2.3 School principals have overall responsibility for student safety in school, including:

2.3.1 Implementation of anaphylaxis safety plans and **Anaphylaxis Responsibility Checklist** in accordance with the requirements of the school district procedures.

2.3.2 Ensuring that all school-based staff are trained in how to respond to an anaphylaxis emergency.

3. Duty to Assist

Every employee has a duty to render assistance to a student in an emergency situation to the extent that is reasonable for a person(s) without medical training.

4. Identifying Students at Risk

At the time of registration, using the district's Student Registration Form, parents/caregivers are asked to report on their child's life-threatening illness. Information relating to the specific allergies for each identified anaphylactic student will form part of the student's Permanent Student Record, as defined by the Permanent Student Record Order and a medical alert will show on MyEd.

It is the responsibility of the parents/caregivers to:

4.1 notify the school principal when their child is diagnosed as being at risk for anaphylaxis.

4.2 complete an **Anaphylactic Student Emergency Procedure Plan.**

4.3 complete a **Request for Administration of Medication at School** form.

4.4 complete a **Medical Alert Information** form.

4.5 provide the school with updated medical information at the beginning of each year and whenever there is a significant change related to their child's condition.

4.6 provide the school with appropriate medication and consult with the school principal about where the medication will be kept. Children at risk of Anaphylaxis who have demonstrated maturity should always carry one autoinjector with them 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 autoinjector(s) will be

stored in a designated school location(s). The location(s) of student autoinjectors must be known to all staff members and care.

5. Record-Keeping – Monitoring and Reporting

It is the responsibility of the school principal to:

5.1 keep the completed **Anaphylactic Student Emergency Procedure Plan** (on file)

5.2 speak with the parents/caregivers to encourage the use of medical identifying information (e.g., MedicAlert® bracelet).

5.3 ensure those informed of students' Anaphylactic Student Emergency Procedure Plan understand their responsibility to maintain confidentiality of all students' personal health information.

5.4 complete an annual inventory of Anaphylactic Student Emergency Procedures Plans to ensure they are up to date, and medication is not expired.

5.5 ensure access to autoinjectors is in a central unlocked location.

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

6. Training

It is the responsibility of the school principal to:

6.1 ensure that school staff and persons reasonably expected to have supervisory responsibility of school-age students and preschool children participating in early learning programs receive training annually in the recognition of severe allergic reactions and the use of single-dose, single-use autoinjectors and standard emergency plans.

6.2 ensure training sessions include:

6.2.1 signs and symptoms of anaphylaxis.

6.2.2 common allergens.

6.2.3 avoidance strategies.

6.2.4 emergency protocols.

6.2.5 use of single-dose epinephrine auto-injectors; identification of students with anaphylaxis (as outlined in the individual Anaphylactic Student Emergency Procedure Plan).

6.2.6 method of communication with and strategies to educate and raise awareness

of parents/guardians, students, employees, and volunteers about anaphylaxis management.

6.2.7 distinguish the needs of younger and older students with anaphylaxis.

6.2.8 https://www.allergyaware.ca/

7. Awareness and Prevention

It is the responsibility of the school principal to:

7.1 ensure posters which describe signs and symptoms of anaphylaxis and how to administer single-dose, single-use autoinjectors are placed in relevant areas.

7.2 review the **Anaphylaxis Responsibility Checklist** form.

7.3 ensure that all members of the school community including TTOCs, replacement employees, student teachers, bus drivers, and volunteers have appropriate information about severe allergies including background information on allergies, anaphylaxis, and safety procedures.

7.4 with the consent of the parents/caregivers, work with the classroom teacher to 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.

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 should be taken to avoid exposure to allergy-causing substances. Parents/caregivers 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 food allergens can be significantly diminished by 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:

7.5 Eat only food which they have brought from home unless it is packaged, clearly labelled, and approved by their parents/caregivers (elementary school)

7.6 If eating in a cafeteria, ensure food service staff understand the life-threatening nature of their allergies. When in doubt, avoid the food item in question.

7.7 Wash hands before and after eating.

7.8 Not share food, utensils, or containers.

7.9 Place food on a napkin or parchment paper rather than in direct contact with a desk or table.

8. Incident Debriefing

It is the responsibility of the school principal to provide a debriefing session to review anaphylactic incidents regarding exposure, response and lessons learned. The debriefing session should minimally include participation by:

- Parent/caregiver
- Student (where appropriate)
- Principal
- Relevant school personnel

An **Anaphylaxis Incident Review Form** will be completed and placed in the student's file, and a copy will be provided to the parents/caregivers.

Reference Forms:

FORM - Request for Administration for Medication at School Form

APF 500-1 Anaphylaxis Incident Review Form

APF 500-2 Anaphlactic Student Emergency Procedure Plan

APF 500-3 Anaphylaxis Responsibility Checklist