

ADMINISTRATIVE PROCEDURE NO. 323

STUDENTS WITH SEVERE (ANAPHYLACTIC) ALLERGIES

Background

The Division recognizes the dangers faced by students with severe allergic or anaphylactic reactions. While the Division cannot guarantee an *allergen-free* environment, the Division will take reasonable steps to ensure an *allergy safe* or *allergy aware* environment for students with life-threatening allergies further to the goal of maintaining an appropriate learning environment for all students.

The responsibility for communicating concerns about students with severe or anaphylactic reactions belongs to parents and to the students themselves, depending on the student's age and maturity.

The Division has a supportive role to play in helping parents of students with severe allergies avoid exposure to pre-identified allergens while the student is at school or on school buses.

Definition

Anaphylactic reactions are those severe allergic reactions that involve several body systems and can lead to death unless immediate medical attention is received.

Most common triggers for anaphylaxis include foods such as peanuts, tree nuts, shellfish, fish, milk, soy, wheat and eggs. Venom from bees, wasps, yellow jackets, hornets and some poisonous ants can also cause anaphylaxis. More rarely, vigorous exercise or exposure to certain medications or latex can cause an anaphylactic reaction.

The most distinctive symptoms of anaphylaxis include hives; swelling of the throat, tongue or around the eyes; and difficulty breathing or swallowing. Other common symptoms include a metallic taste or itching in the mouth, flushing/itching of the skin, digestive discomfort, increased heart rate, rapidly decreasing blood pressure, sudden weakness, anxiety, collapse and loss of consciousness.

There is an urgent need to respond quickly and appropriately to an anaphylaxis as it can threaten life within a very short period of time. Most commonly, an injection of epinephrine via an auto-injector (*EpiPen*) will offer a short window of time to get the affected person to emergency care at a hospital.

Procedures

- 1. Identifying individuals at risk:** Upon enrolment, parents must provide information about the diagnosis or during the school year a change in diagnosis to the Principal, home room teacher and bus driver. It is the responsibility of parents of children with severe or anaphylactic allergies to ensure that their child wears an *Allergy Alert* bracelet and carries an epinephrine auto-injector (*EpiPen*).
- 2. Information request:** The Principal shall request from the parents written information regarding:
 - proof of diagnosis;
 - allergens which trigger anaphylaxis;
 - treatment protocol, signed by the child's physician;
 - consent form describing and authorizing emergency measures; and
 - permission to post and/or distribute the student's photograph and medical information in key locations such as classrooms, school bus, and staff room
- 3. Anaphylaxis Emergency Response Plan:** The Principal will ensure that an individual emergency response plan is developed for each student with anaphylactic allergies in cooperation with the parents, the student's physician and where the Principal deems it necessary, the public health nurse. The protocol will:
 - outline the respective roles of the parents, student (when appropriate) and school personnel;
 - describe in detail the steps to be taken in the case of anaphylaxis;
 - include emergency contact information;
 - be kept in several readily accessible locations at the school;
 - share with the child's bus driver is applicable
- 4. Communication:** Effective and planned communication strategies that target the different participants in a school community will help to reduce fear and uncertainty while building capacity to respond to individuals with severe allergies.
 - 4.1** All staff members (certified and non-certified) and including bus drivers will be made aware that a child at risk of anaphylaxis is attending their school or riding their bus and that child shall be identified before or immediately after the child registers at the school.
 - 4.2** Students who share a classroom or school bus and their parents shall be informed about the presence of a student at risk of anaphylaxis.
 - 4.3** Regular reminders will be sent to school personnel, students and parents regarding problematic foods.
- 5. Allergen Avoidance Strategies:** Strategies must be based on the developmental age of the student and the particular allergen. Avoidance strategies do not imply that there is zero risk, but strive to create an *allergy safe* as opposed to an *allergen-free* environment.

- 5.1 The Principal shall ask parents of students who share a classroom or school bus with a student at risk of anaphylaxis, to refrain from sending foods containing the allergen to school.
- 5.2 Young children will be supervised by an adult while eating.
- 5.3 Parents of a student at risk of anaphylaxis shall work with food service staff to ensure that food served during lunch and snack programs is appropriate.
- 5.4 The school shall avoid using the classroom(s) of an anaphylactic student as a lunchroom. If a classroom must be used as a lunchroom, it will be established as an “allergen-free” area, using a cooperative approach with students and parents. The school staff shall develop strategies for monitoring such “allergen-free” areas and for identifying high-risk areas for students at risk of anaphylaxis.
- 5.5 If parents provide food to the class for special occasions, they shall provide a complete ingredient list to the classroom teacher and/or the child’s parent.
- 5.6 Garbage cans in outdoor play areas will be covered with tightly fitted lids.
- 5.7 The Principal/maintenance supervisor will have insect nests professionally relocated or destroyed, as appropriate.

6. Training:

- 6.1 Principals and Managers will ensure that as many teachers and non-teaching staff receive first aid training so they learn how to recognize and respond to the signs of anaphylaxis.
- 6.1 With the consent of the parent, the Principal and the classroom teacher will ensure that classmates of a student at risk of anaphylaxis are provided, in a manner appropriate for their age and maturity level, with information on severe allergies and the dangers of sharing or trading lunches.
- 6.2 All Division staff will be educated regarding the seriousness of anaphylaxis and taught how to respond appropriately to an anaphylaxis emergency.

7. Roles and Responsibilities: Anaphylaxis management is a shared responsibility that includes allergic children, their parents, caregivers, and the entire school community.

7.1 Parents

- 7.1.1 Must make every effort to teach their allergic children to protect themselves through avoidance strategies.
- 7.1.2 Are responsible for informing the school about the student’s allergies, and updating the school on any changes (e.g. diagnosis of an additional allergy, outgrowing an allergy).
- 7.1.3 Must provide the child/school with an epinephrine auto-injector which is not expired.
- 7.1.4 Will complete a Medical Release Form and provide allergy information, emergency contact numbers, emergency protocol, and signature of the parent/guardian and physician.

- 7.1.5 Will provide consent to allow school staff to use an epinephrine auto-injector when they consider it necessary in an anaphylaxis emergency.
- 7.1.6 For food-allergic children, will provide non-perishable foods and safe snacks for special occasions.
- 7.1.7 Will communicate with school staff about field trip arrangements.
- 7.1.8 Will meet with food service staff to inquire about allergen management policies and menu items, if their child is to eat foods prepared at school.

7.2 Students at Risk

- 7.2.1 Will have one epinephrine auto-injector with their name on it, kept in a readily available, unlocked location (preferably carried on the person) as designated by the school principal.
- 7.2.2 Will avoid eating if they do not have ready access to an epinephrine auto-injector.
- 7.2.3 Will be very cautious when eating foods prepared by others.
- 7.2.4 Will wear medical identification, such as a *Medic Alert* bracelet or necklace which clearly identifies their allergy, or a special badge in the case of very young children.

7.3 School Community

- 7.3.1 All school staff (including volunteers in supervision of students at risk of anaphylaxis) will be made aware of children who are at risk of anaphylaxis and be trained to respond to an allergic reaction. Teachers will keep a copy of their student's Anaphylaxis Emergency Response Plan in their day planner or emergency binder where it will be available for substitute teachers.
- 7.3.2 The child's Emergency Response information shall be kept in areas which are accessible to staff, while respecting the privacy of the student (e.g. office, staff room, lunchroom or cafeteria).
- 7.3.3 The entire school population will be educated regarding the seriousness of anaphylaxis and be taught how to respond appropriately in the case of anaphylaxis.
- 7.3.4 The school will ensure a minimum of one epipenerpherine autoinjector is maintained.

7.4 Food Service and Bus Companies/Drivers

- 7.4.1 Food service personnel will be trained to reduce the risk of cross-contamination through purchasing, handling, preparation, and serving of food. The contents of foods served in school cafeterias and brought in for special events will be clearly identified.
- 7.4.2 When possible, bus drivers shall include anaphylaxis training as part of the regular first-aid training. Bus companies/drivers will establish and enforce a 'no eating' rule during travel on buses that transport students at risk of anaphylaxis.

- 7.4.3** If possible, staff at both food service and bus companies will participate in the school's anaphylaxis training, which includes the identification of students at risk and how to use an epinephrine auto-injector.

Reference:

Sections:

11,52,53,54,196,197,222 of
the Education Act Emergency

Medical Aid Act

Anaphyla

xis in Schools and Other Childcare Settings by

Canadian Society of Allergy and Clinical

Immunology, 2005 (www.csaci.ca/schools.html)

Bill 201 - Protection of Students with Life

Threatening Allergies Act

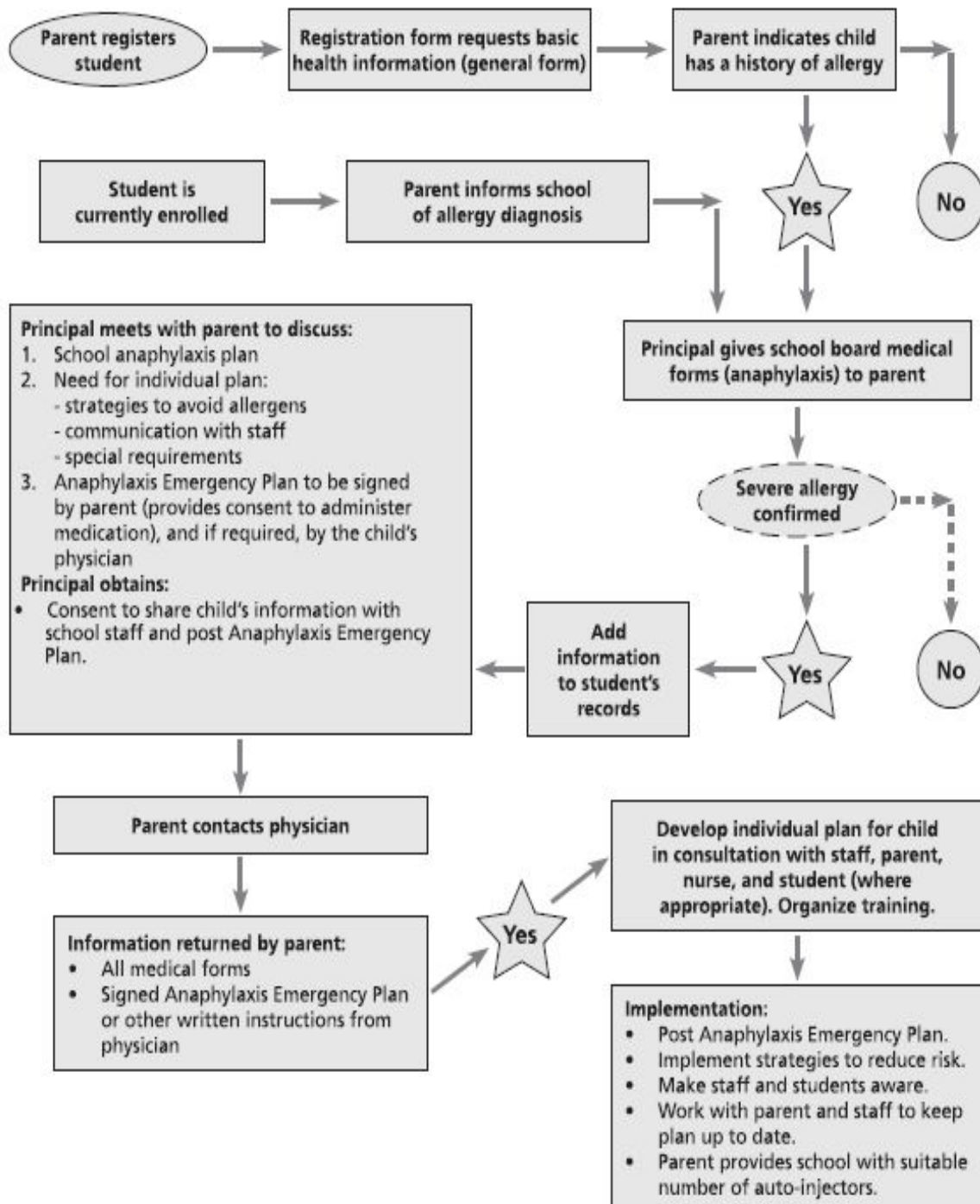
Appendix #1 Anaphylaxis Emergency Plan

Appendix #2 Action Steps for Anaphylaxis Management

January 2008

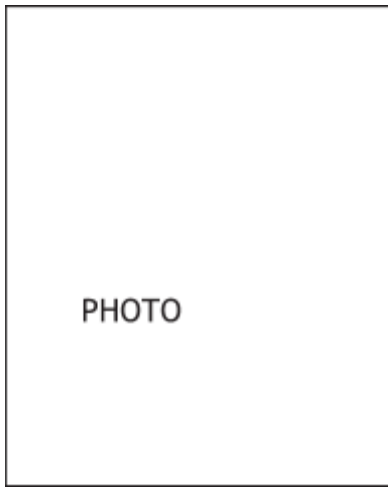
Revised: November 2019, January 2020

Action Steps for Anaphylaxis Management



Source: Managing anaphylactic reactions at school, *Anaphylaxis Guidelines for Schools: severe allergic reactions*, New South Wales Department of Health & Department of Education & Training, Australia. Adapted with permission from NSW Department of Health.

This person has a potentially life-threatening allergy (anaphylaxis) to:



(Check the appropriate boxes.)

- | | |
|------------------------------------|--|
| <input type="checkbox"/> Peanut | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Tree nuts | <input type="checkbox"/> Insect stings |
| <input type="checkbox"/> Egg | <input type="checkbox"/> Latex |
| <input type="checkbox"/> Milk | <input type="checkbox"/> Medication: |

Food: The key to preventing an anaphylactic emergency is absolute avoidance of the allergen. People with food allergies should not share food or eat unmarked / bulk foods or products with a “*may contain*” warning.

Epinephrine Auto-Injector: Expiry Date: _____ / _____

- Dosage:**
- | | |
|---|---|
| <input type="checkbox"/> EpiPen® Jr 0.15 mg | <input type="checkbox"/> EpiPen® 0.30 mg |
| <input type="checkbox"/> Twinject® 0.15 mg | <input type="checkbox"/> Twinject® 0.30 mg |
| <input type="checkbox"/> Allerject™ 0.15 mg | <input type="checkbox"/> Allerject™ 0.30 mg |

Location of Auto-Injector(s):

- Previous anaphylactic reaction:** Person is at greater risk.
- Asthmatic:** Person is at greater risk. If person is having a reaction and has difficulty breathing, give epinephrine auto-injector before asthma medication.

A person having an anaphylactic reaction might have ANY of these signs and symptoms:

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

Early recognition of symptoms and immediate treatment could save a person's life.

Act quickly. The first signs of a reaction can be mild, but symptoms can get worse very quickly.

1. **Give epinephrine auto-injector** (e.g., EpiPen®, Twinject® or Allerject™) at the first sign of a known or suspected anaphylactic reaction. (See attached instruction sheet.)
2. **Call 9-1-1** or local emergency medical services. Tell them someone is having a life-threatening allergic reaction.
3. **Give a second dose of epinephrine** in 5 to 15 minutes **IF** the reaction continues or worsens.
4. **Go to the nearest hospital immediately (ideally by ambulance)**, even if symptoms are mild or have stopped. The reaction could worsen or come back, even after proper treatment. Stay in the hospital for an appropriate period of observation as decided by the emergency department physician (generally about 4 hours).
5. **Call emergency contact person (e.g. parent, guardian).**

Emergency Contact Information

Name	Relationship	Home Phone	Work Phone	Cell Phone

The undersigned patient, parent, or guardian authorizes any adult to administer epinephrine to the above-named person in the event of an anaphylactic reaction, as described above. This protocol has been recommended by the patient's physician.

Patient/Parent/Guardian Signature

Date

Physician Signature

On file

Date

A

