

ANAPHYLAXIS

Background

The Campbell River School District is committed to the principle of providing a safe learning and teaching environment for its students. While the school district cannot guarantee an allergen-free environment, the district will take reasonable steps to provide an allergy-safe and allergy-aware environment for students with life-threatening allergies.

Anaphylaxis is the term used to describe a sudden and severe allergic reaction which can be fatal, requiring immediate medical emergency measures. While it is impossible to create a risk-free environment, school staff and parent(s)/guardian(s) can take important steps to minimize potentially fatal anaphylactic reactions. An effective response to anaphylaxis depends on the cooperation of all members of the school community including students, parents, public health nurses, school personnel and volunteers.

Description of Anaphylaxis

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 persons.

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

<u>Skin</u>	Hives, swelling, itching, warmth, redness, rash.
<u>Respiratory (Breathing)</u>	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.
<u>Gastrointestinal (stomach)</u>	Nausea, pain/cramps, vomiting, diarrhoea.
<u>Cardiovascular (heart)</u>	Pale/blue colour, weak pulse, passing out, dizzy/light-headed, shock.
<u>Other</u>	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.

Procedures

1. Identifying Individuals at Risk

- 1.1 The parent(s)/guardian(s) must, at the beginning of each school year, inform the principal of the student's anaphylactic condition and complete the Anaphylactic Student Emergency Procedure Plan (SD72 Form 341-1) and the Request for Medication Administration at School form (SD72 Form 340-2) if medication is required.
- 1.2 Parent(s)/guardian(s) must review the Anaphylactic Student Emergency Procedure Plan (SD72 Form 341-1) annually and update it whenever there are changes to their child's condition and/or medication/dosages of medication.
- 1.3 Parents should 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 (i.e. – out of school child care located on the school site).
- 1.4 The district encourages anaphylactic students to wear medical alert identification which identifies specific allergens. The school will contact anaphylactic students and their parents to encourage the use of medical identifying information (e.g. MedicAlert bracelet) and, where applicable, provide information about the MedicAlert 'No Child Without' program. 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.
- 1.5 Photo I.D.'s and descriptions of conditions and emergency actions of Medical Alert students must be displayed in an appropriate place where staff members will see them, and while ensuring that student confidentiality is protected.

2. Emergency Procedure Plans

- 2.1 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 Anaphylactic Emergency Procedure Plan (SD72 Form 341-1). The Anaphylactic Student Emergency Procedure Plan must be signed by the student's parents, the student (where appropriate) and the student's physician.
- 2.2 With the parent's permission (SD72Form 341-1), a copy of the student's Anaphylactic Student Emergency Procedure Plan will be placed in readily accessible, designated areas such as the classroom, the office, and with a school bus driver if the student regularly rides a school bus to and from school.
- 2.3 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 additional single dose, single-use auto-injectors on field trips).

3. Provision and Storage of Medication

- 3.1 Parents/guardians are responsible for providing the appropriate medication for their anaphylactic child, and to 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).

- 3.2 If possible, the parent(s)/guardian(s) are to provide the school with an additional EpiPen which will be stored in a safe, accessible location.
 - 3.3 Children at risk of anaphylaxis who have demonstrated maturity (as determined by the child's parents) 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 whose parents do not wish them to carry an auto-injector their auto-injector(s) will be stored in a designated school location(s).
 - 3.4 The location(s) of student auto-injectors must be known to all staff members and caregivers.
 - 3.5 Parents/guardians are responsible for ensuring that their child's anaphylaxis medication has not expired and to replace expired medications.
4. **Allergy Awareness, Prevention and Avoidance Strategies**
- 4.1 The school principal and manager of operations shall 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. teachers, teachers on call, volunteers, bus drivers, custodians) receive training annually or bi-annually, in the recognition of a severe allergic reaction and the use of single dose, single-use auto-injectors and standard emergency procedure plans.
 - 4.2 Public health will be asked to assist in the training of appropriate staff.
 - 4.3 With the consent of the parent(s)/guardian(s), the principal and classroom teacher must ensure that the student's classmates are provided with information on severe allergies in a manner that is age appropriate and that incorporate strategies to reduce teasing and bullying.
 - 4.4 The school community must work to create an allergy-aware environment and take special care to avoid exposure to anaphylaxis triggers.
 - 4.5 Students with food allergies must be encouraged to follow these 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.
 - Avoid sharing food, utensils or containers.
 - Place food on a napkin or wax paper rather than in direct contact with a desk or table.
 - 4.6 Non-food allergens (e.g. medications, latex) will be identified and restricted from classrooms and common areas where a child with a related allergy may encounter that substance.

5. Record Keeping, Monitoring and Reporting

- 5.1 The school principal has responsibility for keeping accurate records for each student at-risk of life-threatening allergies. That record shall include the student's Anaphylactic Emergency Procedure Plan (SD72 Form 341-1).
- 5.2 When an anaphylactic incident does occur, the principal will complete the on-line School Protection Program (SPP) incident report. As a follow up to the incident the principal will conduct a review meeting to debrief the incident. Attendees at this meeting will normally be the school principal, the student's teacher, the public health nurse, the parent of the student, the student (where appropriate), and other relevant school staff. The results of this meeting will be recorded on the Anaphylaxis Incident Review Form (SD72 Form 341-2) and kept on file at the school.
- 5.3 The school principal will monitor and report information about anaphylactic incidents to the superintendent in aggregate form (to include number of at-risk anaphylactic students and number of anaphylactic incidents only) as at January 31 and June 30 of each year (SD72 Form 341-3).

Reference: Sections 7, 17, 20, 22, 65, 84, 85, 95 School Act
School Regulation 265/89
Anaphylaxis Protection Order M232/07
B.C. Anaphylactic and Child Safety Framework (2007/Revisions 2013)
Anaphylaxis: A Handbook for School Boards, Canadian School Boards Association

Form Reference: [SD72 Form 340-2 Request for Medication Administration at School](#)
[SD72 Form 341-1 Anaphylactic Student Emergency Procedure Plan](#)
[SD72 Form 341-2 Anaphylaxis Incident Review Form](#)
[SD72 Form 341-3 Anaphylaxis Incidents Report Form](#)