Allergic Shock (Anaphylaxis) **Policy No. 302.8R**

REGULATIONS

FORM: 302.8F – STUDENT EMERGENCY ANAPHYLAXIS PLAN FORM

NEWSLETTER: 302.8N – SAMPLE NEWSLETTER – Anaphylactic Child in Class

FORM: 302.8F – ANAPHYLAXIS TRAINING RECORD FORM

FORM: 302.8F – ANAPHYLAXIS INCIDENT REPORT FORM

FORM: 302.8F – ANNUAL ANAPHYLAXIS REPORT

*Please refer to **Policy 302.7 - Administration of Medication** for forms for administering medication*

FORM: 302.7F – SCHEDULE ADMINISTRATION OF MEDICATION FORM

1. DEFINITIONS & DESCRIPTIONS OF ANAPHYLAXIS

1.1. Definition of Anaphylaxis

From Policy 302.8 – Allergic Shock - Anaphylaxis:

DEFINITION OF ANAPHYLAXIS:

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

Last revised date of policy: December 8, 2008

1.2. 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.

1.3. Anaphylactic Reactions

In the school-age population, it is estimated that between 2-4% of children are at risk of anaphylactic reactions to foods. 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 color, weak pulse, passing out, dizzy/light-headed, 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.

It is important to note that anaphylaxis can occur without hives.

If an allergic student expresses any concern that a reaction might be starting, the student should always be taken seriously. When a reaction begins, it is important to respond immediately, following instructions in the student's Student Emergency Anaphylaxis Plan.

The cause of the reaction can be investigated later.

The following symptoms may lead to death if 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 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.

2.2. Information on a student's life-threatening conditions will be recorded and updated on the student's Permanent Student Record annually.

2.2. If parental permission is obtained (refer to 2.5), the Student Emergency Anaphylaxis Plan (Page 2) should be posted in key areas such as in the child's classroom, the office, the teacher's daybook, and food consumption areas (e.g. lunch rooms, cafeterias).

It is the responsibility of the Parent/Guardian to:

2.3. Inform the Principal/Vice Principal when their child is diagnosed as being at risk for anaphylaxis;

2.4. In a timely manner, fill out a Student Emergency Anaphylaxis Plan form which includes a photograph, description of the child's allergy, emergency procedures, contact information and consent to administer medication;

2.5. Discuss with the school the distribution or posting of the Student Emergency Anaphylaxis Plan (Page 2). Parental permission is required to post or distribute the plan;

2.6. Provide the school with updated medical information at the beginning of each school year, and whenever there is a significant change related to their child; and,

2.7. 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.

3. Encouraging Use of MedicAlert Identification

The Principal/Vice Principal will ensure that anaphylactic students and their parents/guardians are contacted to encourage the use of medical identifying information (e.g. MedicAlert bracelet). The identifying information would alert others to the student's allergies and indicate that the student carries an epinephrine auto-injector (epi-pen). Information accessed through a special number on the identifying information can also assist first responders, such as paramedics, to access important information quickly.

4. Record Keeping – Monitoring and Reporting

4.2. The Principal/Vice Principal has responsibility for keeping accurate records for each student at-risk of life-threatening allergies. That record shall include the Student's Emergency Anaphylaxis Plan.

4.3. It is the Principal/Vice Principal's responsibility to collect and manage the information on students' life-threatening health conditions in an ongoing way, and to review that information annually to form part of the students' Permanent Student Records.

4.4. It is the Principal/Vice Principal's responsibility to fill out an Anaphylaxis Incident Report Form if an anaphylaxis event occurs. The report shall include the date/time of incident, persons involved, details of incident, actions taken and any follow-up actions required.

4.5. The Principal/Vice Principal will also report information about anaphylactic incidents to the District Principal of Learner Services in aggregate form once a year using the Annual Anaphylaxis Report. The report shall include the number of at-risk anaphylactic students and number of anaphylactic incidents. Aggregate data is required to ensure student privacy and to ensure alignment with privacy legislation. The report is required to be filled out and submitted even if the number of students and incidents are reported as zero.

The Learner Services Department will report this information to the Board of Education once per year.

4.6. Boards of Education are required to report to the Ministry of Education annually with respect to anaphylaxis policy and implementation.

5. Student Emergency Anaphylaxis Plan Form

5.1. The Principal/Vice Principal must ensure that the parents/guardians (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 Emergency Anaphylaxis Plan. Where necessary, staff should include the bus driver and the bus supervisor. The Student Emergency Anaphylaxis Plan must be signed by the student's parents/guardians and the student's physician.

5.2. A copy of the plan will be placed in readily accessible, designated areas such as the classroom and office, and should be made available to TOC's and bus driver replacements.

5.3. The Student Emergency Anaphylaxis Plan will 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, bus drivers, other parents;
- Current emergency contact information for the student's parents/guardian;
- A requirement of those exposed to the plan to maintain the confidentiality of the student's personal health information;
- Information regarding the parent's responsibility for advising the school about any change(s) in the student's condition; and,
- Information regarding the school's responsibility for updating records.

The Principal/Vice Principal should also ensure that appropriate involvement of the Nursing Support (Northern Health) has occurred and that the plan gives consideration to:

- Elimination of allergens from food products prepared for all school and classroom sponsored activities;
- Classroom and school routines, taking into consideration the age, maturity of the student, and expectations regarding personal responsibility;
- Procedures to be followed should a "dangerous" food product be brought into the classroom; and,
- Whether or not a photograph of the student should be posted in the staffroom so that all staff are aware of the situation.

5.4. School-Level Emergency Procedure Plan

5.4.1. Each Principal/Vice Principal must develop a school-level Emergency Procedure Plan, which must include the following elements:

- Administer the student's auto-injector (single dose, single use) at the first sign of a reaction. The use of epinephrine for a potentially life-threatening allergic

reaction will not harm a normally healthy child, if epinephrine was not required. Note time of administration;

- Call **911;**
- Contact the child's parent/guardian;
- A second auto-injector may be administered within 10 to 15 minutes or sooner, after the first dose is given IF symptoms have not improved (i.e. the reaction is continuing, getting worse, or has recurred.);
- If an auto-injector has been administered, the student must be transported to a hospital (the effects of the auto-injector may not last, and the student may have another anaphylactic reaction);
- If no ambulance service is available, transport the child to the hospital at once;
- Telephone the hospital to inform them that a child having an anaphylactic reaction is enroute;
- One person stays with the child at all times; and,
- One person goes for help or calls for help.

5.4.2. The Principal/Vice Principal, or designated staff, must ensure that school-level Emergency Procedure 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).

5.4.3. The Principal/Vice Principal must conduct an annual inventory of all Student Emergency Anaphylaxis Plans to make certain they are up to date and medication is not expired.

6. Provision and Storage of Medication

6.2. Children at risk of anaphylaxis who have demonstrated maturity should carry one auto-injector with them at all times and have a backup 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.

6.3. The location of student auto-injectors must be known to all staff members and caregivers.

6.4. Parents/Guardians will be informed that it is the parent's/guardian's responsibility to:

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

- Provide a second auto-injector to be stored in a central, accessible, safe but unlocked location;
- Ensure anaphylaxis medications have not expired; and,
- Ensure that they replace expired medications.

7. Procedures for Administering Medication

Principal/Vice Principals should ensure that:

- Consent has been given by the parent/guardian, or by the student if applicable, for administration or supervision of student administration of medication in response to an anaphylactic reaction; and,
- Procedures have been developed for permitting employees to administer medication to an anaphylactic student in an emergency when there is no preauthorization.

8. Recording Administering of Medication:

8.2. A record of all medication administered must be kept, and the record should be stored with the medication. This applies to both routine and emergency situations.

8.3. The 302.7F - Schedule of Administration of Medication Form could be used for this purpose.

9. Sharing Information

9.2. Sharing Information with Staff

The Principal/Vice Principal should 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. food service staff, volunteers, bus drivers, custodians) receive training annually, in the recognition of a severe allergic reaction and the use of single dose, single-use auto-injectors and standard emergency procedure plans.

9.3. Sharing of Information with Relevant Members of the School Community

The Principal/Vice Principal should ensure:

- That relevant members of the school community including substitute employees, employees on call, student teachers and volunteers/coaches have appropriate information about severe allergies including background information on allergies, anaphylaxis and safety procedures.

9.4. Sharing of Information with other Students and Parents/Guardians

9.4.1. In elementary schools, the Principal/Vice Principal in conjunction with the parent/guardian and public health nurse may identify students suffering life-threatening allergies to some or all students in the classroom or school and may enlist their cooperation. This should be done in a manner appropriate to the child's age and maturity. Strategies to reduce teasing and bullying should be incorporated into this information.

9.4.2. In secondary schools, the identification of anaphylactic students to peers should not take place without consultation with the anaphylaxis student.

9.4.3. In some circumstances, the team may be required to instruct students on basic procedures concerning anaphylactic shock.

9.5. Sharing of Information with other Parents/Guardians and Parent Organizations

9.5.1. Principal/Vice Principals should inform parents/guardians of the presence of a student with life threatening allergies in their child's classroom and/or school and the measures being taken to protect the student.

9.5.2. Other Parents/Guardians should be asked to cooperate, and avoid~~,~~ including the allergen in school lunches and snacks.

9.5.3. Other Parents/Guardians may be informed of alternative foods to the allergen, food labeling, ingredient lists to be provided when food is being brought from home.

9.5.4. The Sample Newsletter – Anaphylactic Child in Class could be used for this purpose.

10. Avoidance/Prevention

10.2. 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. Other Parents/Guardians 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.

10.3. 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 labeled 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 in direct contact with a desk or table.

10.4. 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.

11. Training Strategy for School Staff

11.2. At the beginning of each school year, a training session on anaphylaxis and anaphylactic shock will be held for 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. food service staff, volunteers, bus drivers, custodians).

11.3. Efforts shall be made to include the parents/guardians (and students where appropriate) in the training. Experts (e.g. 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.

11.4. The training sessions 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 (as outlined in the individual Student Emergency Anaphylaxis Plan);
- Emergency plans;
- Method of communication with and strategies to educate and raise awareness of parents, students, employees and volunteers about anaphylaxis; and,
- Distinction between the needs of younger and older anaphylactic students.

11.5. 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.

11.6. **A record of the training will be maintained**. The Anaphylaxis Training Record could be used for this purpose.

12. Training Strategy for Bus Drivers and Coaches:

12.2. The training session will include:

- Be trained to recognize signs of anaphylaxis and use Epi-Pen.
- Assign a seating area to the student with anaphylaxis near the front of the bus (unless other arrangements are agreed to by parent and principal/vice principal).
- Be aware of student and if a problem occurs, stop vehicle when appropriate.
- Observe signs and symptoms and give Epi-Pen as per AAP. Note time of injection.
- Call and report situation to Central Dispatch and request necessary assistance.
- Closely monitor the student and stay with the student until help arrives, unless directed otherwise.

12.3. **A record of the training will be maintained.** The Anaphylaxis Training Record could be used for this purpose.