

SD42 PROCEDURE 9601.1

ANAPHYLAXIS

PURPOSE

To provide guidelines for identifying individuals at risk for anaphylaxis, and for the development of school procedures and individual school plans that create and maintain as safe and healthy an environment as is reasonably possible for students who are known to have or have been identified as having the potential for anaphylaxis.

Definition/Description of Anaphylaxis

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

If this reaction occurs, call 9-1-1 immediately and follow the directions on the student's *Anaphylaxis Individual Student Emergency Procedure Plan*.

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 rare 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 attack to attack 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 (face, lips, tongue), 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):** paler than normal skin colour or blue colour, weak pulse, passing out, dizzy/lightheadedness, shock;
- **Other:** anxiety, sense of doom (the feeling that something bad is about to happen), headache, uterine cramps, metallic taste.

Due to the unpredictability of reactions, early symptoms should never be ignored, especially if the person has suffered an anaphylactic reaction in the past¹.

It is important to note that anaphylaxis can occur without hives. A student with anaphylaxis 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 *Anaphylaxis Individual Student Emergency Procedure Plan*. The cause of the reaction can be investigated later.

¹ [*Canadian Society of Allergy and Clinical Immunology. Anaphylaxis in Schools and Other Settings. 2005-2016*](#)

The most dangerous symptoms of an allergic reaction involve:

- breathing difficulties caused by swelling of the airways; and
- a drop in blood pressure indicated by dizziness, light-headedness or feeling faint/weak.

Both of these symptoms may lead to death if untreated.

Identifying Individuals at Risk

At the time of registration, parents/guardians are asked to report on their child's medical conditions, including whether their child has a medical diagnosis of anaphylaxis.

It is the responsibility of the parent/guardian to:

- Inform the school principal when their child is diagnosed as being at risk for anaphylaxis.
- Complete the *Anaphylaxis Individual Student Emergency Procedure Plan*, in collaboration with a physician, which includes a photograph, description of the student's allergy, emergency procedures, contact information, and consent to administer medication.
- 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.
- Inform non-School District No. 42 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 (ie, Active Kids Club).

The school will encourage the use of medical identifying information (e.g. MedicAlert® bracelet) for students with anaphylaxis. 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, in accessing important information quickly.

Record Keeping – Monitoring and Reporting

For each identified student, the school principal will keep an *Anaphylaxis Individual Student Emergency Procedure Plan* on file as stated in the '[Medical Intervention](#)' procedure.

It is the school principal's responsibility to collect and manage the information on students' life-threatening health conditions and review that information annually to form part of the students' Permanent Student Records.

The school principal will also monitor and report information about anaphylactic incidents to the zone lead in aggregate form (to include the number of at-risk anaphylactic students and the number of anaphylactic incidents) at a frequency and in a form as directed by the Superintendent of Schools.

Emergency Procedure Plans

(see form: *Anaphylaxis Individual Student Emergency Procedure Plan*)

A) *Anaphylaxis Individual Student Emergency Procedure Plan*

The school principal must ensure that the parent(s)/guardian(s) and student (where appropriate) are provided with an opportunity to meet with designated staff, before the beginning of each school year or as soon as possible, to develop/update an *Anaphylaxis Individual Student Emergency Procedure Plan*. The *Anaphylaxis*

Individual Student Emergency Procedure Plan must be completed and signed by the student's physician (during the initial assessment or if the condition changes). The student's parent(s)/guardian(s) must sign the form annually to confirm that the student's medical condition, as indicated by the physician, has not changed. The *Anaphylaxis Individual Student Emergency Procedure Plan* should be posted in key areas such as the child's classroom, the office, TTOC book, and Float book. Parental permission is required to post or distribute the plan².

B) School-Wide Emergency Procedure Response Plan

Each school must develop a plan, which must include the following elements:

- 1) Student Emergency Response Procedures:** When a student is in anaphylactic shock, school personnel will:
 - Administer the student's auto-injector (single-dose) 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 is *not* required. Note the time of administration.
 - Call emergency medical care (9-1-1).
 - Contact the student's parent/guardian/emergency contact.
 - Administer the second auto-injector as early as 5 minutes after the first dose is given, if symptoms do not improve or if symptoms recur.
 - 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).
 - One person must always stay with the student.
 - Another person goes for help or calls for help.

The school principal, or designated staff, must ensure that emergency plan measures are in place for scenarios where students are off-site per School District Field Trip Policy 8901 & Procedures 8901.1 and 8901.2 (e.g. bringing additional single-dose auto-injectors on field trips).

- 2) Provision and Storage of Medication:** Students at risk of anaphylaxis who have demonstrated maturity³ 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 students who have not demonstrated maturity, their auto-injector(s) will be stored in a designated school location(s). The location(s) of student auto-injectors must be known to all staff members and caregivers.

Parents/guardians will be informed that it is their responsibility:

- to provide the appropriate medication (e.g. single-dose epinephrine auto-injectors) for their anaphylactic child;
- to inform the school where the anaphylactic child's medication will be kept (e.g. with the student, in the student's classroom, and/or other locations);

² https://foodallergycanada.ca/wp-content/uploads/Anaphylaxis-in-Schools-Other-Settings-3rd-Edition-Revised_a.pdf

³ As determined by the child's parents.

- to inform the school when they deem the child competent to carry their own medication(s). Students who have demonstrated maturity, usually Grade 1 or Grade 2, should carry their own auto-injector, and it is their duty to ensure their child understands they must always carry their medication on their person;
- to provide **a second auto-injector** to be stored in a central, accessible, safe, but unlocked location;
- to ensure that anaphylaxis medications have not expired, and to ensure that they replace expired medications.

3) Allergy Awareness, Prevention and Avoidance Strategies

Awareness

The school principal should ensure:

- An annual inventory of Individual Student Emergency Response Plans is completed to make certain they are up to date, and medication is not expired.
- That all members of the school staff⁴ have appropriate information about severe allergies, including background information on allergies, anaphylaxis and safety procedures.
- With the consent of the parent/guardian, the principal and the classroom teacher must 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.
- Posters which describe the signs and symptoms of anaphylaxis and how to administer a single-dose auto-injector should be placed in relevant areas. These areas may include classrooms, office, staff room, lunchroom and/or the cafeteria.

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/guardians are asked to consult with the teacher before sending food to classrooms where there are students with food allergies. The risk of accidental exposure to a food allergen can be significantly diminished by means of such control 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 that they have brought from home unless it is packaged, clearly labelled, and approved by their parents/guardians (*Elementary schools*).

⁴ https://foodallergyCanada.ca/wp-content/uploads/Anaphylaxis-in-Schools-Other-Settings-3rd-Edition-Revised_a.pdf

- If eating in a cafeteria, ensure food service staff understand the life-threatening nature of their allergy. When in doubt, avoid the food item in question.
- Wash hands before and after eating.
- Do not share food, utensils, or containers.
- Place food on a napkin or wax paper rather than in direct contact with a desk or table.

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.

4) Training Strategy

It is the responsibility of the principal to provide annual training, for staff, which includes an overview of anaphylaxis, signs and symptoms and a demonstration on the use of epinephrine. Staff 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 trainer throughout the year, especially if they have a student at risk in their class. Ideally, a follow-up refresher training session should be given mid-year.

When training staff, administrators are to refer to the resource links at the end of this procedure:

1. Allergies and anaphylaxis in children
2. EpiPen Training video

Allergies and anaphylaxis in children (outlines the causes and symptoms of anaphylaxis. This page also outlines epinephrin autoinjectors, such as the EpiPen brand and teaches staff how to use or give the EpiPen autoinjector by watching the EpiPen Training Device video. By reviewing these two links with staff, training is complete.

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

Additional online training is available through AllergyAware.ca online anaphylaxis course available for staff, parents, and students as an additional resource.

Additional Best Practice:

- Additional auto-injectors should be brought on field trips. It is recommended that the organizer of the field trip carry a cell phone and know the location of the closest medical facility⁵.
- Students may have opportunities to learn about anaphylaxis in a general assembly or class presentations.

⁵ [Anaphylaxis in Schools & Other Settings – 2005-2016 Canadian Society of Allergy and Clinical Immunology](#)

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Training:

Fraser Health – [Allergies and anaphylaxis in children](#)

EpiPen – [Training Video](#)

Resources:

Anaphylaxis in Schools and Other Settings – [3rd Edition Revised](#)

Food Allergy Canada – [AllergyAware](#)

SD42 Procedure: 9610.1 – [Medical Intervention](#)

Related Forms:

Form 9601.1 School District 42 – Anaphylaxis Individual Student Emergency Procedure Plan

Form 9601.1 Annual Medical Condition Declaration

Form 9601.1 Student Emergency Response Procedure