

ANAPHYLAXIS

Background

The District is committed to providing as safe a learning and teaching environment as is practicable for anaphylactic students. It is not possible, however, to achieve a completely allergen-free school as there can be hidden or accidentally introduced sources. Instead, schools must strive to become 'allergy-aware' through strategies to educate all students, parents, and staff about the allergy and the importance of working together to minimize the risk of exposure for the allergic child.

Even though each situation is unique and each child's allergies are different, there must be consistent strategies in each school. Schools must endeavour to minimize the risk of exposure without depriving the anaphylactic child of ordinary peer interactions or placing unreasonable restrictions on the activities of other children in the school. *Parental involvement in all phases of planning must be encouraged as it can result in the greatest degree of success and community acceptance.*

Definitions

For the purpose of this Administrative Procedure anaphylaxis is defined as a sudden and severe allergic reaction which requires immediate treatment to prevent sudden death from suffocation or cardiac arrest. Examples of potentially life-threatening allergens include:

- Peanuts, tree nuts and nut products,
- Shellfish,
- Fish,
- Cow's milk,
- Eggs,
- Insect venom

Procedures

1. Signs and symptoms of an anaphylactic 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.
2. 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 present as any of the following symptoms, which may appear alone or in any combination, regardless of the triggering allergen:
 - 2.1 Skin: hives, swelling, itching, warmth, redness, rash

- 2.2 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
 - 2.3 Gastrointestinal (stomach): nausea, pain/cramps, vomiting, diarrhea
 - 2.4 Cardiovascular (heart): pale/blue colour, weak pulse, passing out, dizzy/lightheaded, shock
 - 2.5 Other: anxiety, feeling of “impending doom”, headache, uterine cramps in females
3. Because of the unpredictability of reactions, early symptoms are never to be ignored, especially if the person has suffered an anaphylactic reaction in the past. If an allergic student expresses any concern that a reaction might be starting, the student is always to be taken seriously. When a reaction begins, it is important to respond immediately, following instructions in the student’s Anaphylaxis Emergency Plan. The cause of the reaction can be investigated later. The most dangerous symptoms of an anaphylactic reaction involve:
- 3.1 Breathing difficulties caused by swelling of the airways
 - 3.2 A drop in blood pressure indicated by dizziness, light-headedness or feeling faint/weak.

Both of these symptoms may lead to death if untreated.

4. Information and Awareness To Minimize Risk

- 4.1 Identification of Students with Severe Allergies and Anaphylaxis
 - 4.1.1 Parents/guardians have the prime responsibility of informing school personnel regarding their child’s severe allergy. Administrative Procedure 316 – *Administering Medicines to Students* provides direction on collecting health information and establishing medication protocols for individual students.
 - 4.1.2 The Principal must ensure that all staff members (teaching and non-teaching) are aware of students who have potentially life-threatening allergies as soon as is practicable. This includes teachers-on-call, and school volunteers. Information on the condition and the student’s emergency contact information will be kept in an easily accessible location, such as the school office.
 - 4.1.3 With parental permission, Principals will post a picture of the student with the description of the severe allergy and emergency care plan in a central location and in the school bus if applicable. The issue of privacy and the risk of teasing by other students is to be considered in discussion with parents. Parents may wish to restrict posting to areas not occupied by students.
 - 4.1.4 The wearing of a medical alert bracelet by the student is desirable and is to be considered by the parents.

4.2 In-Service for Teachers and Other School Staff

4.2.1 Principals will ensure that all staff who may be in a position of responsibility for students with severe allergies and anaphylaxis receive training in the recognition of a reaction and the use of epinephrine auto injector. This may include first aid attendants, teachers, noon-hour/recess supervisors, and cafeteria staff.

4.2.2 Where possible, parents are to be encouraged to participate directly in training staff in emergency response and the use of epinephrine auto injectors. Community Health Nurses are also available upon request to provide such consultation and training.

4.3 Sharing Information with Other Students and Parents

4.3.1 Classmates of the student may need information on the life-threatening allergy in a way that is appropriate for their age and maturity level. This is to be done in consultation with the student and their parents/guardians. Strategies to reduce teasing and bullying will be incorporated.

4.3.2 Principals will develop a communication strategy to inform the parent community of the presence of a student with a life-threatening allergy. Letters and notices are to include:

4.3.2.1 Requesting that parents make informed and respectful choices. Regarding known anaphylactic allergen, information is to be sent home educating all parents on the potentially lethal outcomes that severe anaphylaxis can pose and the specific allergen(s) known to be a concern at the school.

4.3.2.2 A focus on the importance of hand washing,

4.3.2.3 A request to discourage teasing.

5. Avoidance of Food Allergies

5.1 In developing school-based strategies to reduce the risk of exposure, various factors need to be considered such as:

5.1.1 Age and maturity of the student,

5.1.2 Organization and physical layout of the school,

5.1.3 Properties of the allergen itself.

5.2 Safe lunch room

5.2.1 Eating surfaces be cleaned thoroughly with a grease-cutting detergent.

5.3 Safe eating area practices –from Home to School

5.3.1 At-risk students are to be instructed by their parents to eat only food brought from their home. This is to be reinforced as is practicable by staff at the school.

- 5.3.2 Students are to be instructed by their parents not to trade or share foods, food utensils, and food containers. This is to be reinforced as is practicable by staff at the school.
- 5.3.3 Parents are to instruct their children on hand washing routine before and after eating to minimize risk of exposure to any food allergen residue. This will be reinforced as is practicable by staff at the school.
- 5.4 School Lunch Program and Cafeteria
 - 5.4.1 There is a high probability of accidental exposure to hidden allergens when consuming prepared foods. Students with severe food-induced anaphylaxis are to be instructed by their parents to not purchase food from the school cafeteria or "tuck shop" and are not to participate in the school lunch program or other activities at the school that involve the provision or sale of food.
- 5.5 Exposure During School Activities
 - 5.5.1 Cooking classes and crafts: The use of food in cooking classes and crafts is to be restricted or modified, depending on the life-threatening allergies of the students.
 - 5.5.2 Field trips: A safety plan for a student with life threatening allergies must precede all field trips and address the relevant risks that may be encountered on the trip. In signing consent, parents/ guardians must understand that the Board, school and its staff cannot provide the degree of control afforded to students while inside the school.
 - 5.5.3 Holidays and Special Celebrations: Food is often associated with special occasions. These foods are to be restricted or modified depending on the life-threatening allergies of the student. The use of treats in the form of food is not recommended during celebrations.
- 6. Insect Venom Allergies - Precautions
 - 6.1 The Principal will take the following precautions to reduce the risk of exposure when a life-threatening allergy exists
 - 6.1.1 The presence of bees and wasps, especially nesting areas, when identified, will be removed as is practicable,
 - 6.1.2 Parents are advised not to provide and are to instruct their children not to drink from canned beverages while outside. School staff will not serve canned beverages outside or will serve canned beverages in cups to students and where practicable used cans will be deposited in a covered container,
 - 6.1.3 Students will be cautioned not to tamper with insect nests, and staff are advised of their presence,
 - 6.1.4 Students with severe allergies and anaphylaxis will be allowed to remain indoors during bee/wasp season,

- 6.1.5 A student with a life-threatening insect venom allergy will be immediately removed from the room if a bee/wasp gets into the classroom.

7. Emergency Response Protocol

- 7.1 Since it is impossible to reduce the risk of accidental exposure to zero, a student with severe allergies may require emergency life-saving measures while at school.
 - 7.1.1 An emergency plan must be developed for each at-risk student, in co-operation with the parents/guardians and the student's physician. The Community Health Nurse is also available to consult upon request. This plan is to be kept in a readily accessible location with emergency contact information.
 - 7.1.2 The student is to be encouraged to carry an auto-injection kit in a fanny pack at all times. All students, regardless of whether or not they are capable of epinephrine self-administration, will require the help of others because the severity of the reaction may hamper their attempts to inject themselves.
 - 7.1.3 An up-to-date supply of epinephrine in an automatic injection device, provided by the parents, will be stored in a covered, secure, unlocked area of quick access. All staff and students will know the location of the epinephrine injectors. It is the responsibility of parents to check expiry dates of epinephrine injectors and replace as necessary.
 - 7.1.4 The District *Procedures for Illness and Injury* (First Aid Attendant's Manual) provide school staff with direction on the steps to take when calling an ambulance and documenting the care administered to the student.
 - 7.1.5 Following treatment for an anaphylactic response the staff will de-brief and review the school's response. The Principal will also report to the appropriate Director of Instruction in aggregate form the number of anaphylactic incidents e.g. number of students with anaphylaxis, number of students where epinephrine was administer

Reference: Sections 7, 17, 20, 22, 65, 84, 85, 95 School Act
School Regulation 265/89
Anaphylaxis Protection Order M232/07
Anaphylaxis: A Handbook for School Boards, Canadian School Boards Association
British Columbia Anaphylactic and Child Safety Framework

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