

## **SCHOOL DISTRICT NO. 73 (KAMLOOPS/THOMPSON)**

### **POLICY 215**

Effective Date, June 23, 2008

#### **ANAPHYLAXIS**

The Board of Education recognizes that it has a duty of care to students who are at risk from life-threatening allergic reactions while under school supervision. The Board also recognizes that this responsibility is shared among the student, parents, the school system and health care providers.

The Board encourages all efforts to minimize the risk to students with severe allergies to potentially life-threatening allergens without depriving the severely allergic student of normal peer interactions or placing unreasonable restrictions on the activities of other students in the school.

The following regulations have been put in place to ensure that students at risk are identified, strategies are in place to minimize the potential for accidental exposure, and staff and key volunteers are trained to respond in an emergency situation.

While the Board cannot guarantee an allergen-free environment, it will take reasonable steps to provide an allergy-safe and allergy-aware environment for students with life-threatening allergies.

#### **REGULATIONS**

1. All schools must implement the following:
  - (a) The process for identifying anaphylactic students.
  - (b) The process for keeping a record with information relating to the specific allergies for each identified anaphylactic student to form part of the student's Permanent Student Record.
  - (c) The process for establishing an emergency procedure plan, to be reviewed annually, for each identified anaphylactic student to form part of the student's Permanent Student Record.
  - (d) The education plan for anaphylactic students and their parents to encourage the use of MedicAlert® identification by anaphylactic students.
  - (e) The procedures for storage and administering medications; including, procedures for obtaining preauthorization which must be obtained from both the student's physician and the student's parents for employees to administer medication to an anaphylactic student.

(f) The process for principals to monitor and report information about anaphylactic incidents to the Superintendent's Office in aggregate form.

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## .2 Description of Anaphylaxis

- (a) Anaphylaxis is a sudden and severe allergic reaction, which can be fatal, requiring immediate medical emergency measures be taken.
- (b) 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 person.
- (c) 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, diarrhoea
  - Cardiovascular (heart): pale/blue colour, weak pulse, passing out, dizzy/light-headed, shock
  - Other: anxiety, feeling of "impending doom", headache, uterine cramps in females
- (d) Early symptoms should never be ignored because of the unpredictability of reactions especially if the person has suffered an anaphylactic reaction in the past. Training strategies should address the need for a rapid emergency response when symptoms of an anaphylactic reaction appear. Students may be in denial, or unaware, that they are experiencing an anaphylactic reaction.
- (e) It is important to note that anaphylaxis can occur without hives.
- (f) 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 *Anaphylactic Student Emergency Procedure Plan* ([insert link to template](#)). The cause of the reaction can be investigated later.
- (g) The following symptoms may lead to death if untreated:

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

3. Identifying Individuals at Risk

Parents must report their child's medical conditions at the time of registration including whether their child has a medical diagnosis of anaphylaxis. Information on a student's life threatening conditions will be recorded and updated on the student's Permanent Student Record annually.

- (a) It is the responsibility of the parent/guardian to:
  - i) Inform the principal when their child is diagnosed as being at risk for anaphylaxis.
  - ii) In a timely manner, complete medical forms and the *Anaphylactic Student Emergency Procedure Plan*.
  - iii) Provide the school with updated medical information at the beginning of each school year, and whenever there is a significant change related to the child.
  - iv) 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.
- (b) The school will contact anaphylactic students and their parents to encourage the use of medical identifying information (e.g. MedicAlert® bracelet). The identifying information could alert others to the student's allergies and indicate that the student carries a single dose, single use 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.

4. Record Keeping – Monitoring and Reporting

- (a) For each identified student, the principal will keep a *Anaphylactic Student Emergency Procedure Plan* on file.
- (b) The principal should review the School District No. 73 *Responsibility Checklists* ([insert link to template](#)) with the parent, student and relevant school staff.
- (c) It is the principal's responsibility for collecting and managing the information on a student's life threatening health conditions and reviewing that information annually to form part of the student's Permanent Student Records.

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- (d) Following any anaphylactic incident, the principal will review the incident with the public health nurse, parents and relevant school staff. A completed *Anaphylaxis Incident Review Form* ([insert link to template](#)) will be forwarded to the Superintendent's Office.
- (e) The Superintendent's Office will provide an annual report to the Board that will include the number of at-risk anaphylactic students and the number of anaphylactic incidents in aggregate form.

5. Emergency Procedure Plans

(a) Student Level Emergency Procedure Plan

- i) 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 Student Emergency Procedure Plan*. The plan must be signed by the student's parents and the student's physician.
- ii) The *Anaphylactic Student Emergency Procedure Plan* will include:
  - Student-Level Information
    - Name
    - Care Card Number
    - Student's Picture
    - Contact information
    - Diagnosis
    - Symptoms and Current Treatment Regimen
    - Emergency Response Plan
  - School-Level Information
    - Emergency procedures/treatment
    - Confidentiality Statement
  - Physician section including the student's diagnosis, medication and physician's signature.

The *Anaphylactic Student Emergency Procedure Plan* 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). Parental permission is required to post or distribute the plan. A section for parental consent is included on the *Anaphylactic Student Emergency Procedure Plan*.

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6. School Level Emergency Procedure Plan

- (a) Each school must develop a School Level Emergency Procedure Plan, which must include the following elements:
  - i) Administer the student's single dose, single use auto-injector 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.
  - ii) Call emergency medical care (911 – where available).
  - iii) Contact the child's parent/guardian.
  - iv) A second single dose, single use 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).
  - v) If a single dose, single use auto-injector has been administered, the student must be transported to a hospital (the effects of the single dose, single use auto-injector may not last, and the student may have another anaphylactic reaction).
  - vi) One person stays with the child at all times while another person goes for help or calls for help.
- (b) The 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).

7. Provision and Storage of Medication

- (a) Children at risk of anaphylaxis who have demonstrated maturity, as determined by the child's parent, should carry one single dose, single use auto-injector with them at all times and have a back-up single dose, single use auto-injector stored at the school in a central, easily accessible, unlocked location. For children who have not demonstrated maturity, their single dose, single use auto-injector(s) will be stored in a designated school location(s).
- (b) The location(s) of the student's single dose, single use auto-injectors must be known to all staff members and caregivers.
- (c) Parents will be informed that it is the parents' responsibility:

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- i) to provide the appropriate medication (e.g. single dose, single use auto-injectors) for their anaphylactic child;
- ii) 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);
- iii) to inform the school when they deem the child competent to carry their own medication(s) (children who have demonstrated maturity, usually Grade 1 or Grade 2, should carry their own single dose, single use auto-injector), and it is their duty to ensure their child understands they must carry their medication on their person at all times;
- iv) to provide a second single dose, single use auto-injector to be stored in a central, accessible, safe but unlocked location;
- v) to ensure anaphylaxis medications have not expired; and,
- vi) to ensure that they replace expired medications.

8. Allergy Awareness, Prevention and Avoidance Strategies

(a) Awareness

- i) The principal 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. food service staff, volunteers, bus drivers, custodians) receive training annually or biannually, in the recognition of a severe allergic reaction and the use of single dose, single use auto-injectors and student and school emergency procedure plans;
  - that all members of the school community including substitute employees, employees on call, student teachers and volunteers have appropriate information about severe allergies including background information on allergies, anaphylaxis and safety procedures;
  - with the consent of the parent, 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, and that strategies to reduce teasing and bullying are incorporated into this information.

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- ii) Posters which describe signs and symptoms of anaphylaxis and how to administer a single dose, single use auto-injector should be placed in relevant areas. These areas may include classrooms, office, staff room, lunch room and/or the cafeteria.
- (b) Avoidance/Prevention
- i) Individuals at risk of anaphylaxis must learn to avoid specific triggers. The safety, health and well-being of students is the primary responsibility of the parent. In a school setting this responsibility includes parents, students, Boards of Education, school employees and health care workers. Special care will be taken to avoid exposure to allergy-causing substances. Parents 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. *Reference: (Link: [www.allergysafecommunities.ca](http://www.allergysafecommunities.ca))*
  - ii) 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 labelled and approved by their parents.
    - 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.
  - iii) Non-food allergens (e.g. medications, latex) will be identified and every effort will be made to control the substance within classrooms and common areas where a child with a related allergy may encounter that substance. Care of students with non-food allergies should be individualized based on discussions amongst the parents, physicians and school personnel.
9. Training Strategy
- (a) At the beginning of each school year or semester, 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). A list of the training session

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participants will be maintained and sent to the Manager of Health and Safety for recordkeeping at the Board Office.

- (b) Efforts shall be made to include the parents, and students (where appropriate), in the training. The Interior Health Authority and the Public Health Nurses will be consulted in the development of training policies and the implementation of training. Training will be provided in each school by the public health nurse assigned to that school (or their assigned designate), following a prescribed training program.
- (c) The training sessions will include:
- signs and symptoms of anaphylaxis;
  - common allergens;
  - avoidance strategies;
  - emergency protocols;
  - use of single dose, single use auto-injectors;
  - identification of at-risk students (as outlined in the individual *Anaphylactic Student Emergency Procedure Plan*);
  - emergency plans; and,
  - method of communication with and strategies to educate and raise awareness of parents, students, employees and volunteers about anaphylaxis.

Additional Best Practice:

- distinction between the needs of younger and older anaphylactic students.
- (d) Participants will have an opportunity to practice using a single dose, single use auto-injector trainer and are encouraged to practice with the single dose, single use auto-injector trainers throughout the year, especially if they have a student at risk in their care.
- (e) Students will learn about anaphylaxis in a general assembly or special class presentations.