

## AP 332 – Anaphylaxis/Allergies

### Definitions

**Anaphylaxis** - refers to a sudden and severe, allergic reaction, which can be fatal, and requiring immediate medical emergency measures. “Anaphylactic” has a corresponding meaning. A “*student with anaphylaxis*” means a student with an anaphylactic allergy.

**Allergy** - a damaging immune response by the body to a substance, especially pollen, fur, a particular food, or dust, to which it has become hypersensitive.

**Food Intolerance** –difficulty digesting certain foods and having an unpleasant physical reaction to them.

### Description of Anaphylaxis

Signs and symptoms of a severe anaphylactic reaction can occur within minutes of exposure to an offending substance. Reactions usually occur within two hours of exposure, but in unique 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.

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 colour, 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, as subsequent reactions are typically more severe than the initial.

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

**If 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 *Student Emergency Procedure Plan (SEPP)*. 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.

### **Planning for Students with Anaphylaxis**

#### **Parent Responsibilities**

- 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. Information on a student's life-threatening conditions will be recorded and updated on the student's 'Permanent Student Record' annually.
- Inform the school principal when their child is diagnosed as being at risk for anaphylaxis.
- In a timely manner, complete medical forms and collaborate with the school team in creating the **Student Emergency Procedure Plan (SEPP)** (outlined below)
- 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 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.
- Consider 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 an epinephrine auto-injector. Information accessed through a special number on the identifying information can also assist first responders to access important information quickly.
- To provide a second auto-injector to be stored in a central, accessible, safe but unlocked location;
- To ensure anaphylaxis medications have not expired; and
- To ensure that they replace expired medications.

### Record keeping

A record of all students with anaphylaxis, food allergies and intolerances, should be kept in the school office and reviewed annually.

School principals will monitor and report information about anaphylactic incidents to the Board in aggregate form at a frequency and in a form as directed by the Superintendent..

It is the school principal's responsibility for collecting and managing the information on students' life threatening health conditions and reviewing that information annually to form part of the student's 'Permanent Student Record'.

### Student Emergency Procedure Plans (SEPP)

For each student with an anaphylactic allergy, the school principal will keep a **Student Emergency Procedure Plan (SEPP)** on file.

The school 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 the plan. SEPP Plans are signed by the student's parents and the student's physician. A copy of the plan will be placed in readily accessible, designated areas such as the classroom and office.

These plans will contain the following information:

- Student-Level Information
  - Name
  - Contact information
  - Diagnosis
  - Symptoms
  - Emergency Response Plan
- the current treatment regimen;
- who within the school community is to be informed about the plan – e.g. teachers, volunteers, classmates;
- identification of specific safeguards and emergency procedures to be implemented when the child participates in field trips or special school events.
- current emergency contact information for the student's parents/guardian;

The school principal, or designated staff, must ensure that emergency plan measures are in place when students are off-site (e.g. bringing additional single dose, single-use auto-injectors on field trips).

### Training

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/program staff, volunteers, bus drivers, custodians).

Efforts shall be made to include the parents, and students (where appropriate), in the training. Public health nurses will partner in the development and delivery of training.

The training sessions will include:

- Signs and symptoms of anaphylaxis;
- Common allergens;
- Avoidance strategies;
- Use of single dose, single-use epinephrine auto-injectors;
- Emergency plans; and
- Emergency protocols;
  - 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 emergency medical care (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).
  - One person stays with the child at all times.
  - One person goes for help or calls for help.

### Provision and Storage of Medication

Children at risk of anaphylaxis who have demonstrated maturity, (*there is no specific age/grade for this, it is as determined by the child's parents/guardians in consultation with the school*), 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 who have not demonstrated maturity, their auto-injector(s) will be stored in a designated school location(s).

All staff members and caregivers must know the location(s) of student auto-injectors.

### **Documentation of Allergies and Food Intolerances**

Classroom teachers are required to keep a record with information related to specific allergies/food intolerances in a manner which ensures all adults, including replacement staff, are aware of the allergens and required response.

Parents are required to provide the classroom teacher with updated medical information at the beginning of each school year, and whenever there is a significant change related to their child.

### **Allergens and School Activities**

#### **Allergy Prevention Strategies**

Individuals at risk of anaphylaxis or allergic reaction 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. The risk of accidental exposure to a food allergen can be significantly diminished by means of such measures.

Staff should be aware of other possible sources of allergens including such items as play dough, sunscreens, beans and peas for counting, “bean bag” chairs and stuffed toys (peanut shells are at times used). 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.

Given that anaphylaxis can be triggered by minute amounts of an allergen when ingested, school teams and families are encouraged to consider the following measures as part of the students’ plans:

- Eat only food that brought from home unless it is packaged, clearly labeled and approved by their parents
- If eating in a cafeteria, ensure food service/program staff know about the life-threatening nature of their allergy; when in doubt, avoid the food item in question
- Wash hands before and after eating
- Not to share food, utensils or containers
- Place food on a napkin or wax paper rather than in direct contact with a desk or table
- Eating surfaces should be cleaned appropriately
- Not being involved in garbage disposal, clean ups or other activities which could bring them into contact with such items as food wrappers, containers or debris

### Allergy Awareness Strategies

Schools should take specific precautions during holiday and special celebrations and in the planning of extra curricular events and fieldtrips to ensure the safety of students at risk from allergic reactions and anaphylactic shock. All supervisors, staff and parents/guardians involved in the activity must be made aware of any student who is at risk from allergic reactions and/or anaphylactic shock.

It is important to consider the inclusion and dignity of all learners. Where a staff member is providing snacks for school celebrations and events, any items provided should be free of allergens for all learners in the group. Where this is not possible, something other than food items should be considered for the celebration.

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.

Posters that 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, lunchroom and/or the cafeteria.

Effective:

Amended: 2009.02.24, 2022.05.11

Reference: *Freedom of Information and Protection of Privacy Act*