Administrative Procedure 332 – Anaphylaxis/Life-Threatening Allergies

AP 332 – Anaphylaxis/Life Threatening 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.

All schools must implement the following procedures on anaphylaxis as part of their emergency preparedness:

a) A process for identifying students with anaphylaxis;
b) A process for keeping a record with information relating to the specific allergies for each identified student with anaphylaxis to form part of the student’s Permanent Student Record;
c) A process for establishing an emergency procedure plan, to be reviewed annually, for each identified anaphylactic student to form part of the student’s student record;
d) An education plan for students with anaphylaxis and their parents to encourage the use of MedicAlert® identification;
   • Procedures for storage and administration of medication(s).
e) A process for principals to monitor and report information about anaphylactic incidents to the Board in aggregate form.

Description

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 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 persons.

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 *(Training strategies need to 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)*.

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 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.

**a) Identifying Individuals at Risk**

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.

**It is the responsibility of the parent/guardian to:**

- Inform the school principal when their child is diagnosed as being at risk for anaphylaxis.
- In a timely manner, complete medical forms and the **Student Emergency Procedure Plan (SEPP)**, which includes a photograph, description of the child’s allergy, emergency procedures, contact information, and consent to administer medication. The **Student Emergency Procedure Plan (SEPP)** 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). Consultation with parents/guardians is required prior to posting or distributing the plan *(A section for parental consent is included on the Student Emergency Procedure Plan)*.
- 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.

The school will contact students with anaphylaxis 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 an epinephrine auto-injector. Information accessed through a special number on the identifying information can also assist first responders to access important information quickly.

b) Record Keeping: Monitoring and Reporting

For each identified student, the school principal will keep a Student Emergency Procedure Plan (SEPP) on file. These plans will contain the following information:

- **Student-Level Information**
  - Name
  - Contact information
  - Diagnosis
  - Symptoms
  - Emergency Response Plan

- **School-Level Information**
  - Emergency procedures/treatment

- **Physician section** including the student’s diagnosis, medication and physician’s signature.

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’.

The school principal will also monitor and report information about anaphylactic incidents to the Board of Education in aggregate form (to include the number of students with anaphylaxis and the number of anaphylactic incidents) at a frequency and in a form as directed by the Superintendent.

c) Emergency Procedures Plans

Even when precautions are taken, it is still possible that an anaphylactic child will come into contact with an allergen while at school or at a school event. An individualized emergency plan for each anaphylactic child will be developed in consultation with the parents/guardians, principal and the child’s physician. If required, Public Health Nurses may be consulted. This plan should include such topics as: how to quickly administer the auto-injector, if required; identification of trained personnel who will administer the medication when required; preparation in advance of what to say when calling 911 in the event of any emergency; and the identification of specific safeguards and emergency procedures to be implemented when the child participates in field trips or special school events.

It is essential that school personnel listen to the child. If the child complains of symptoms, which are indications of the onset of a reaction, school personnel should not hesitate to implement the emergency plan immediately – responding with emergency medication (such as EpiPen™ or ALLERJECT™) cannot happen too soon – delaying until the reaction becomes more severe can prove fatal.
1) **Student Level Emergency Procedure Plan**

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 an individual **Student Emergency Procedure Plan** (SEPP). The **Student Emergency Procedure Plan** (SEPP) will be 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.

The Student Emergency Procedure Plan (SEPP) 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;
- current emergency contact information for the student’s parents/guardian; a requirement for those privy to the plan to maintain the confidentiality of the student’s personal health information (*To be in compliance with the Freedom of Information and Protection of Privacy Act (FOIPPA)*);
- information regarding the parent’s responsibility for advising the school about any changes in the student’s condition; and
- information regarding the school’s responsibility for updating records.

2) **School Level Emergency Procedure Plan**

Each school 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 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.

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).
d) Provision and Storage of Medication

Children at risk of anaphylaxis who have demonstrated maturity (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.

Parents will be informed that it is the parents’ responsibility:

- To provide the appropriate medication (e.g., single dose, single-use epinephrine auto-injectors) for their anaphylactic child;
- 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);
- 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 auto-injector), and it is the parent’s duty to ensure their child understands they must carry their medication on their person at all times;
- 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.

e) Allergy Awareness, Prevention and Avoidance Strategies

1) Awareness

The school principal should ensure:

- That all school staff and persons reasonably expected to have supervisory responsibility of school-age students (e.g., food program 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 standard 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.
- 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.
Posters and sample letters are available on the SD68 SSS Portal on the “Health Tab”.

2) 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 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.

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 labeled and approved by their parents (Elementary Schools).
- 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.

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.

A letter could be sent home to parents/guardians at the beginning of the school year requesting that parents/guardians cooperate with any measures that are being taken to protect students with anaphylaxis.

3) Allergens Hidden in School Activities

- 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 anaphylactic shock. All supervisors, staff and parents/guardians involved in the activity must be made aware of any student who is at risk from anaphylactic shock.
- If a parent/guardian is unable to accompany the student during an activity or special event, then at least one supervisor who has training in the use of an auto-injector should accompany the student. When the parent/guardian accompanies the student, it is expected that they should carry the auto-injector, and if the parent is not present, then the supervisor will carry the auto-injector while at the special event/activity.
High School age students may wish to carry the injectors themselves. If this is the case, parents and/or student are responsible for informing the supervisor of the location of the injector.

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).

Students should bring their own food for the field trip and should not be permitted to eat snacks by others.

In addition, students with anaphylaxis should not be involved in garbage disposal, clean ups or other activities which could bring them into contact with such items as food wrappers, containers or debris.

It is advisable to have a cell phone on field trips that include students with anaphylaxis.

f) Training Strategy

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;
- Emergency protocols;
- Use of single dose, single-use epinephrine auto-injectors;
- 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 students with anaphylaxis.

Participants must be provided with 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.