



BC CHRISTIAN ACADEMY ANAPHYLAXIS POLICY

SUBJECT: Anaphylaxis Policy	EFFECTIVE: October 31, 1997	INDEX: PAGES: 14
DEPARTMENT: All Staff	REVISED: October 1, 2014	APPROVED BY: Administration

INTRODUCTION

Anaphylaxis is the most severe form of an allergic reaction that is usually rapid in onset and can result in death without proper treatment. An anaphylactic reaction can occur within minutes of exposure to an allergen, e.g., food, medication, insect venom (bees, wasps, hornets, etc.), or latex or it may occur as a delayed reaction several hours after the initial exposure. Reactions to foods generally occur within two hours of ingestion. In Canada the most common food allergens are: peanut, tree nuts (e.g. walnuts, almonds, cashews), milk, egg, fish, shellfish, and to a lesser extent sesame seeds, soy, and wheat. In rare cases, vigorous exercise, in combination with a sensitivity to a food allergen, can cause an anaphylactic reaction.

The symptoms experienced during an anaphylactic reaction may 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 combination:

- **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 color, weak pulse, passing out, dizzy/light-headed, shock
- **Other:** anxiety, feeling of “impending doom”, headache, uterine cramps in females (Any person experiencing an anaphylactic reaction **MUST receive an immediate** receiving epinephrine, the individual may require further medical assistance, therefore, must be transported to the nearest medical facility. **If you think a student is having an anaphylactic reaction or they say they are having an allergic reaction, take action.**

It should be noted that epinephrine is the first line medication which should be used in the emergency management of anaphylaxis and all efforts should be directed toward its immediate

use. (Antihistamines and asthma medications must not be used as first line treatment for an anaphylactic reaction.).

An increasing number of students have been diagnosed with life-threatening allergies. To improve the safety of students at risk of anaphylaxis, schools need to become allergy- aware and work to create an environment that will **minimize the risk of exposure to allergens**. This does not mean that the school has the responsibility to reduce the risk of exposure to zero. In fact, schools that claim to guarantee an allergen-free environment (e.g. peanut-free) may be setting up a false sense of security for parents and students, since an allergen-free environment is very difficult, if not impossible to guarantee. The school should, instead, work cooperatively with teachers, other school staff, students, and their parents, to produce an allergy-aware environment that balances the rights of all participants. Accidental exposures to allergens may occur and schools, therefore, should have an **Emergency Protocol** in place to help protect the student with anaphylaxis.

1. An **Individual Support Services Plan (ISSP)** must be in place for all students with life-threatening allergies. As students mature, they develop an increased ability to be responsible for their own behaviour and actions, recognize risks within their environment, and signs of an allergic reaction. Therefore, the age of the student and the severity of the reaction are factors to be considered in developing an appropriate plan for each student. It should be noted that teens at risk of anaphylaxis may go through periods of poor decision making and engage in risky behaviour. Ongoing guidance and support from parents and school staff is beneficial.

2. The Principal (or designate) shall inform the parents that they are to supply two doses informed that students at risk of anaphylaxis will be required to carry an auto-injector on his/her person at all times (e.g., recess, lunch, field trips, school grounds, school bus) when age appropriate (usually by 6 or 7 years old) and wear a MedicAlert information bracelet.

3. When informed of a student at risk of anaphylaxis, the Principal (or designate) shall immediately request from the parent/guardian the following information:

1. a list of foods, substances or activities which trigger an anaphylactic reaction
2. appropriate signed forms, including the Anaphylaxis Emergency Plan
3. any changes in the child's condition from previous years or since last report
4. permission to post photographs and medical information in key locations in the classroom, school bus, staffroom, etc.
5. physician instructions where required

4. The Principal (or designate) will inform staff members (teaching and non-teaching) on the first day of school that a student (s) at risk of anaphylaxis is attending the school.

5. The Principal (or designate) will provide the **Anaphylaxis Policy and Guidelines** to staff at the beginning of each school year if a student at risk of anaphylaxis is attending their school.

6. The Principal (or designate) will ensure that the Anaphylaxis Emergency Plan, with photograph, shall be placed in prominent and visible locations, such as the office, staff room, school bus and with student's stored auto-injector.
7. The student's classroom teacher shall ensure that specific student information is kept in a place which is highly visible and readily understood by substitute teachers and classroom volunteers, e.g. register, top drawer, substitute/volunteer file.
8. The Principal (or designate) will ensure that training is provided at least annually to all teachers and staff (including bus drivers) who may be in a position of responsibility for students at risk of anaphylaxis. Training shall include information on how to recognize an anaphylactic reaction, allergen avoidance, and the emergency plan in response to an anaphylactic reaction as well as specific training in the administration of the auto-injector.
9. Where possible, parents/guardians of students at risk of anaphylaxis shall be encouraged to participate directly in staff training in emergency response and the use of the auto-injector as part of a formal in-service with public health or other medical personnel.
10. After considering the risk of exposure to the student and the severity of the reaction, the Principal (in consultation with the ISSP team) will identify avoidance strategies which reduce the risk of exposure to causative agents that are practical and reasonable to implement.

GUIDELINES

Anaphylaxis Canada, the Allergy/Asthma Information Association, and several other national organizations dedicated to improving the lives of individuals with allergies address three main areas to successfully manage anaphylactic allergies in schools:

Training and Communication Avoidance Emergency Protocol

TRAINING AND COMMUNICATION

It is the responsibility of parents/guardians of students at risk of anaphylaxis to identify the student to the Principal (or designate) of the school where the child will be attending. To ensure that the necessary protocols are established, students at risk of anaphylaxis must have an **Individual Support Services Plan (ISSP)** developed. Their parents/guardians should contact the Principal (or designate) for an initial meeting to be held **prior to or during the first week of school**. The initial meeting **may involve** the principal (or designate), parents/guardians, Community Health Nurse, homeroom teacher and/or other members of the ISSP team. This meeting will provide an opportunity to share general information as well as child specific information. Parents will provide a list of allergens that may trigger an anaphylactic reaction in their child as well as other pertinent information. The Anaphylaxis Emergency Plan and other relevant forms (attached) will be completed and signed.

The training provided by health personnel to the school should include information on the following:

- allergies and anaphylaxis
- how to prevent anaphylactic reactions
- how to recognize an anaphylactic reaction
- the emergency response to anaphylactic reactions
- the use of auto-injectors (EpiPen)

II AVOIDANCE

All staff members of the school shall take steps to ensure a safe environment for children with life-threatening allergies.

Creating an Allergy-Aware Environment:

The decision to restrict known allergens from the classroom, common areas and/or the entire school environment depends upon the nature of the allergen and the severity of the allergic reaction in each student.

Students at risk of anaphylaxis may react to a food allergen through:

- direct ingestion: actually eating a food containing the allergen or touching an allergenic substance and then subsequently putting their hand to their mouth or eye
- inhalation (small airborne particles released in vapours when cooking, e.g. fish)
- skin contact
- The maturity and reliability of the student has to be considered as well. Primary and elementary students are more dependent and require a higher level of care. At the junior and senior high level, the implementation of avoidance policies becomes more difficult.

Avoidance measures may include:

- self-supervision
- education programs for classmates, schoolmates, school staff and parents of other students
- requests to parents of classmates and schoolmates to assist in the management of exposure to the allergen; and
- minimizing the presence of triggering material in school and school-related activities.

***Note:** If schools permit students to eat in classrooms and students move from class to class then the allergen **may** have to be restricted from the entire school if determined by the principal (or designate) after consulting with the ISSP team.*

Remember:

1. i School avoidance policies should be flexible enough, for the school and classrooms, to adapt to individual children and the allergens which trigger reactions. Precautions may vary depending upon the properties of the allergen. (Peanut butter, for example, presents challenges in terms of cross-contamination and cleaning; and while it may be possible to eliminate peanut products from school cafeterias, it would be virtually impossible to do so with milk, egg, or wheat products).
2. ii If possible, the school should avoid using the classroom of a student with anaphylaxis as a lunch room. If the classroom must be used as a lunch room, establish it as an “allergy-aware classroom” using a co-operative approach with students and parents.
3. iii The school should establish at least one common eating area as “allergy-aware”.
4. iv The school should develop strategies for monitoring allergen-aware areas.
5. v The school shall (i) request that young students at risk of anaphylaxis eat only food prepared at home or food that has been approved by the student’s family, (ii) discourage the sharing of food, utensils and containers, and (iii) encourage the student at risk of anaphylaxis to take mealtime precautions, e.g. having an auto- injector on hand.
6. vi Teachers should become aware of possible allergens present in curricular material (e.g. play dough, stuffed toys, science projects, cooking classes, etc.) and take proper precautions.
7. vii Teachers should excuse students at risk of anaphylaxis from the responsibilities of disposing others’ foods/garbage (e.g party clean-up, garbage clean-up).
8. viii The school should take special precautions around the holidays, celebrations and field trips.

III EMERGENCY RESPONSE PROTOCOL

In accordance with national standards and guidelines, each student at risk of anaphylaxis will carry an auto-injector on his/her person at all times (e.g., recess, lunch, field trips, on school grounds, school bus) when age appropriate (e.g. 6 or 7 years). Staff should assist younger children by having auto-injectors readily accessible (e.g. in the classroom), but out of reach of other children, if they are not mature enough to carry them.

Staff must know how to react to an anaphylactic reaction. Advance planning is important in successfully managing a potential crisis. In dealing with cases of anaphylaxis, emergency plans should include the following, as well as other student specific recommendations addressed in the ISSP: immediately.

- The auto-injector (EpiPen or Twinject) is usually carried on the student. Administer it immediately. **Do not hesitate to give the auto-injector as it contains the medication that will save the child’s life.** (Refer to instructions on the EpiPen or Twinject)
- Communicate the emergency situation rapidly to another staff person.
- If the student is not carrying the auto-injector, the additional staff person will bring the portable container of auto-injectors (EpiPen or Twinject2016-10-11) from the centrally located storage area to the location of the student with anaphylaxis. **DO NOT USE ELEVATORS.**
- Record the time that the auto-injector (or) was administered.

- Call 911 (or local emergency number) for an ambulance – inform the emergency operator that a student is having an anaphylactic reaction.
- The second dose of epinephrine will be taken by the staff member who will be accompanying the student with anaphylaxis to the hospital.
- Transport the student with anaphylaxis to the hospital at once via ambulance. Rural schools may transport the student by car if deemed faster. Call 911 (or emergency number) and advise the ambulance driver to meet the car en route.
- Telephone the hospital to inform them that a student having an anaphylactic reaction is en route.
- Telephone the parents of the student.
- Re-administer the auto-injector 15-20 minutes after the first dose if breathing does not improve or symptoms reoccur.
- A staff member will stay with the student until a parent arrives at the hospital and will ensure that the used auto-injector(s) is disposed of safely.
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- If the student is not carrying the auto-injector, the additional staff person will bring the portable from the centrally located storage area to the location of the student with anaphylaxis. **DO NOT USE.**
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- Telephone the parents of the student.
- Re-administer the auto-injector 15-20 minutes after the first dose if breathing does not improve or symptoms reoccur.
- A staff member will stay with the student until a parent arrives at the hospital and will ensure that the used auto-injector(s) is disposed of safely.

Remember:

- i Students at risk of anaphylaxis usually know when they are having a reaction. School personnel are encouraged to listen to the student and never leave them alone when the student or others feel a reaction is taking place.
- ii Schools should become aware of local ambulance regulations and take them into account as part of their emergency plan.
- iii The school should occasionally simulate an anaphylactic emergency – similar to a fire drill to ensure that all elements of the emergency plan are in place.
- iv Two up-to-date doses of epinephrine will be provided to the school by the parents of the student with anaphylaxis.
- v All staff must know the location of the second auto-injector which should be kept in a secure but accessible area. The auto-injector should never be under lock and key.

vi School emergency procedures for each student with anaphylaxis should be reviewed annually. Following an emergency response, an immediate evaluation procedure should be undertaken.

ROLES AND RESPONSIBILITIES

The **Parent/Guardian** of a student at risk of anaphylaxis will identify their child to the principal as well as complete the necessary forms and authorizations. They will do their best to support the school community in maintaining a safe environment for their child. This will be accomplished by:

- Providing the school with specific information about their child, (i.e., identification of allergens, level of severity of allergy, a description of a typical allergic reaction,) which will be included in staff training and the response plan/protocol;
- Supplying the school with **two up-to-date doses of epinephrine** (2 1
- Contacting the Principal (or designate) for an initial interview during the first week of school (or earlier if required);
- Providing the school with the completed Anaphylaxis Emergency Plan during the first week of school;
- Providing their child with safe foods;
- Encouraging their child to wear a bracelet with the allergens listed on it;
- Educating their child in the management of anaphylaxis. This will include the following:
 - Knowledge to recognize the symptoms of an anaphylactic reaction;
 - Awareness of the need to carry an auto-injector (EpiPenor Twinject), when age-appropriate, at all times and to know where the second auto-injector is stored;
 - Understanding the importance of reporting any symptoms of an allergic reaction to school staff or to another student immediately;
 - Training in the administration of the auto-injector when appropriate;
 - Learning about safe eating practices eg; washing hands, not to share foods etc;

The **Principal** (or designate) of a school with students at risk of anaphylaxis will ensure that all staff members are informed about the Anaphylaxis Policy and Guidelines and the specific needs of these students. This will be accomplished by:

- Ensuring that training is provided annually to all teaching staff, administrative staff and student support staff in the use of the auto-injector (EpiPen® or TwinJect™). Cafeteria staff and bus drivers should be invited to this training as well;
- Ensuring that the Anaphylaxis Policy and Guidelines is made available to all staff;
- Ensuring that each student at risk of anaphylaxis has an Individual Support Service Plan (ISSP) in place;
- Requiring parents of students at risk of anaphylaxis to supply the school with **two doses of epinephrine** (2 EpiPens® or 1 Twinject™);
- Ensuring that the second auto-injector (EpiPen®) is kept in a secure, accessible area and never under lock and key. This auto-injector will be kept in its original case;
- Identifying all students at risk of anaphylaxis to staff during the first day of school. Each student's specific allergy should be reviewed along with the Emergency Protocol and the location of the auto-injector;
- Ensuring that the Anaphylaxis Emergency Plan is at key locations which are easily viewed by all staff, but inaccessible to other students;

- Requiring parents/guardians to complete the appropriate forms and submitting the names of students with anaphylaxis to the Community Health Nurse;
- Ensuring that an avoidance policy is in place and communicating this to parents of all students in the school at the beginning of the school year as well as throughout the school year;
- The determination of foods sold in the school must take into account the specific student allergies that exist. Precaution may vary depending on the specific allergen;
- Ensuring that substitute teachers and school volunteers are aware of students with anaphylaxis and the school allergen avoidance policy;
- Give all students with anaphylaxis the opportunity to speak about their allergies with the staff during a staff meeting;
- Following the student emergency plan if they think a student is having an anaphylactic reaction or the student says they are having an allergic reaction;

Teachers of students at risk of anaphylaxis will familiarize themselves with the Anaphylaxis Policy and with meeting the specific needs of these students. This will be accomplished by:

- Receiving training in the administration of an auto-injector (EpiPen® or TwinJect™);
- Being aware of the students with anaphylaxis and the location of the stored second dose of epinephrine (EpiPen®);
- Informing their substitute teachers and volunteers of the student's presence in the class and placing the Anaphylaxis Emergency Plan and appropriate information in a visible and accessible area;
- Choosing allergen-safe foods for all classroom events and encouraging all students and parents to do the same;
- Respecting the school avoidance policy by choosing allergen-safe foods for their own snacks and lunches;
- Ensuring that other schools are informed of the presence of the student with anaphylaxis during inter-school visits;
- Ensuring that the second dose of epinephrine (EpiPen®) is taken on field trips/inter-school visits;
- Advising students not to share lunches or snacks or take allergy-causing foods especially in school and on the school bus;
- Following the student emergency plan if they think a student is having an anaphylactic reaction or the student says they are having an allergic reaction;

In addition to the above, **Homeroom Teachers** will be responsible for the following:

- Meeting with the parent/guardian of the student at risk of anaphylaxis at the beginning of the school year;
- Placing a copy of the student's Anaphylaxis Emergency Plan in their plan book;
- Providing a photocopy of the Anaphylaxis Emergency Plan to all teachers of the student at risk of anaphylaxis;
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- Privately establishing with the student at risk of anaphylaxis a method of informing classmates of their life-threatening allergy and discussing anaphylaxis with the class;

The **Student at risk of anaphylaxis** will do their best to assist the school community in maintaining a safe environment. This will involve the following:

- Carrying an auto-injector (EpiPen® or TwinJect™) on his/her person at all times (e.g., recess, lunch, field trips, on school grounds), when age-appropriate;
- Wearing a MedicAlert® or information bracelet, which lists the allergen(s) to which he/she is allergic;
- Immediately reporting all symptoms of an allergic reaction to a staff member or another student;
- Eating *only* foods prepared at home or foods approved by his/her family, *especially* when on field trips/inter-school visits;
- Reminding the teacher to take the second dose of epinephrine (EpiPen®) on field trips/inter-school visits.
- Taking responsibility for avoiding allergens as much as possible;
- Reporting any incidents of “bullying” or threats by another person (i.e., in relation to the allergenic food or the auto-injector) to a school staff member;

Bus Driver

- Attending training in the signs and symptoms of anaphylaxis, the administration of an auto-injector (EpiPen® or TwinJect™) and the emergency plan;
- Following the student emergency plan, if they think a student is having an anaphylactic reaction or the student says they are having an allergic reaction;
- Reporting any incidents involving an anaphylactic reaction or bullying to the Principal;

Community / Public Health Nurse

- Liaising with school staff, parents, student and physicians to assist in identifying students with anaphylaxis;
- Requesting the list of students with anaphylaxis from the principal;
- Providing the school with information/resources regarding anaphylaxis and assisting in developing the emergency response plan for a specific student when appropriate;
- Providing training in the use of the auto-injector (EpiPen® or TwinJect™) for school personnel as well as other service providers to the school e.g.cafeteria staff, bus drivers, etc.

REFERENCES

Anaphylaxis in Schools and Other Child Care Settings ,The Canadian Society of Allergy and Clinical Immunology, 2005.

Anaphylaxis Reference Kit, prepared by AAIA National Anaphylaxis Committee, reviewed by Drs. Becker and Vadas, Allergy, Asthma Information Association, 2005.

Web Sites

Allergy/Asthma Information Association (www.aaia.ca)

Allergy Safe Communities (www.allergysafecommunities.ca)

Anaphylaxis Canada (www.anaphylaxis.ca)

E-Workshop for Educators (Ontario) (www.eworkshop.on.ca/allergies)

FANKids (www.fankids.org)

Health Canada Food & Nutrition (www.hc-sc.gc.ca)

Life-Threatening Allergic Reactions: What is Anaphylaxis? (www.healthology.com) Safe 4 Kids (www.safe4kids.ca)

Free On-Line Training Videos

Epipen Auto-Injector Training Video (www.epipen.ca) Twinject Auto-Injector Training Video (www.twinject.ca)

Forms & Sample Letters

PARENT CONSENT FORM FOR STUDENTS AT RISK OF ANAPHYLAXIS

_____ (student's name) has been identified as having a serious allergy and the school would like to take the following precautionary measures:

1. Post an Anaphylaxis Emergency Plan complete with a photograph of your child, a description of the allergy, and an action plan in key locations in the school.
2. Provide all staff (including substitute teachers and bus drivers) with information concerning your child's allergy as described in the Anaphylaxis Emergency Plan.
3. Identify students who are at risk of anaphylaxis to parent volunteers.

Please sign below to indicate your consent to the above measures and return the form to the Principal.

Parent/Guardian Witness Signature: _____

Signature: _____ Print Name: _____ Print

Name: _____ Date: _____

Date: _____

Conditions of Field Trip:

I will accompany my child on the field trip (please check):

SPECIAL FIELD TRIP CONSENT FORM

Students At Risk of Anaphylaxis

- The school is aware that your child has a life-threatening allergy.
- Your child will carry an auto-injector (EpiPen® or Twinject™) on his/her self.
- The teacher in charge has received an in-service on Anaphylaxis and the use of the auto-injector and will bring the second auto-injector on the field trip.

Name of teacher in-charge of the field trip: _____

The Student will be traveling by (please check the appropriate boxes with an X):

Bus Foot Other: _____ Statement of Permission or Refusal:

I have read the above conditions of the field trip and **give permission** / **do not give permission**

(circle one) for _____ (student's name) to attend the field trip

to _____ (location) on _____ (date).

Parents/Guardian's signature _____

Printed Name _____

Date _____

Yes No

SAMPLE LETTER FROM PRINCIPAL TO PARENTS

Dear Parents/Guardians:

There is a child in our school/your child's classroom/lunch program, who has a severe allergy to _____. Even exposure to a tiny amount of this item could be potentially serious and life threatening. We can all play a role in preventing such a dangerous and frightening situation at school. This specific child and his/her family must take responsibility to avoid exposure. However, staff, other children and their families can also help to make the school environment safer. Your assistance is needed to:

- please check the list of ingredients on items you send to school
- avoid sending _____ or items containing _____ with your child to school, including: _____
- teach your children to understand this very serious situation and discourage teasing of this child.

This may be an inconvenience for you, but please realize how important your assistance is. We would take the same care should your child have such a health care need.

Thank you for your support. For more information, please call _____

Sincerely,

Principal

SAMPLE LETTER TO CLASSROOM PARENT FROM TEACHER

Dear Parents of Students in Grade_____

As many of you know, a student in our grade_____ class has extreme allergies to _____. This includes any food that has _____ in it. The allergy of this student is so severe that it could be life threatening. He/she may have a reaction if an item containing _____is even in his/her proximity.

The staff has been made aware of this situation and have been instructed in the correct procedures regarding anaphylactic shock. Prevention, of course, is the best approach and therefore, we are requesting your co-operation in refraining from sending those food products to school with your child. We have made all other students aware and have asked them not to share recess snacks or treats.

We want to do our best to make the school a safe environment for all students. Thank you for your assistance.

Teacher

ANAPHYLAXIS INFORMATION SHEET FOR VOLUNTEERS

You need to know that a student(s) at this school has a severe allergic reaction known as **Anaphylaxis**. This student(s) is allergic to one or more of the following:

peanuts & peanut butter

tree nuts - almonds/walnuts/coconut/brazil/hazel nuts shell fish - crab/lobster/scallops/shrimp

/fish - tuna/cod/salmon etc.eggs

other_____

Even a trace amount of allergen could cause a serious reaction. **Please do not bring any of the checked off foods to school when volunteering.**

An anaphylactic reaction can involve **any** of the following symptoms, which may appear alone or in combination:

- **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 color, weak pulse, passing out, dizzy/light-headed, shock
- **Other:** anxiety, feeling of “impending doom”, headache, uterine cramps in females

From *Anaphylaxis in Schools & Other Settings* 2005, Canadian Society of Allergy and Clinical Immunology.

If you suspect a student may be having an allergic reaction, advise a member of the teaching staff **immediately**.

THANK YOU FOR VOLUNTEERING!