



ALGONQUIN AND LAKESHORE CATHOLIC DISTRICT SCHOOL BOARD

ADMINISTRATIVE PROCEDURES

ANAPHYLAXIS (Policy Statement: Anaphylaxis)

Purpose

The administrative procedure outlines actions to help principals, teachers and the school community protect anaphylactic children.

Please note, it is also our responsibility to develop Individual Plans and Emergency Procedures should any staff member self-identify as having Anaphylaxis/Severe Allergic Reaction.

References

Mission Statement

The Education Act and Regulations

Anaphylaxis: A Handbook for School Boards (Canadian School Boards Association)

Bill 3, An Act to Protect Anaphylactic Pupils – “Sabrina’s Law, 2005”

Waterloo Catholic District School Board

Background

A. Anaphylaxis – What is it?

Anaphylaxis is a severe allergic reaction that can lead to rapid death if untreated.

A conservative estimate is that 800,000 Canadians suffer from life-threatening allergies to certain foods, medications, insect stings, latex or vigorous exercise. For them, exposure to even a minute amount of the substance to which they are allergic can trigger an anaphylactic reaction. Peanuts are the most likely of all food allergens to trigger a full-blown anaphylactic reaction and the most common cause of fatal food anaphylaxis. Peanuts have been the cause of a number of tragic incidents involving school children. Even trace amounts (1/30,000th of a peanut) can cause a severe life-threatening reaction. Children have even developed reactions after coming into contact with residual peanut butter on tables wiped clean of visible material and with a basketball that had been contaminated with peanut butter.

Anaphylactic reactions occur when the body's sensitized immune system overreacts in response to the presence of a particular allergen. Anaphylaxis affects multiple body systems including skin, upper and lower respiratory, gastro-intestinal and cardiovascular.

Helping their children strike a balance between a necessary fear of exposure and an unhealthy fear of their

expanding world is a difficult balancing act for parents – and one that requires the cooperation of all who are part of the child's life, including the school. Despite the best efforts of parents and schools, anaphylactic children live with a level of stress that most children do not experience. It's a matter of life and death.

B. What does an anaphylactic reaction look like?

An anaphylactic reaction can begin within seconds of exposure or after several hours. Any combination of the following symptoms may signal the onset of the reaction:

- Tingling in mouth
- Hives, rash, itching
- Generalized flushing
- Swelling-eyes, ears, lips, face, tongue
- Constriction in throat, mouth and chest
- Constriction in breathing, swallowing
- Wheezing, sneezing, coughing and choking
- Hoarseness
- Vomiting, stomach upset, diarrhea
- Sense of doom
- Lightheadedness
- Loss of consciousness
- Coma and death

Hives may be entirely absent, especially in severe or near-fatal cases of anaphylaxis.

Symptoms do not always occur in the same order, even in the same individuals. Time from onset of first symptoms to death can be as little as a few minutes if the reaction is not treated. Even when symptoms have subsided after initial treatment, they can return as much as 8 hours after exposure, regardless of the initial reaction severity.

C. Reducing the Risk

Avoidance of a specific allergen is the cornerstone of management in preventing anaphylaxis.

Eliminating allergens from areas within the school where the anaphylactic child is likely to come into contact may be the only way to reduce risk to an acceptable level. The less allergen brought into the school the less risk of anaphylactic reactions. While schools cannot guarantee that an environment is completely safe, the School Anaphylactic Management Plan will include necessary measures and procedures to reduce the risk of anaphylactic reactions and assist staff in making the school as "allergen-free" as possible.

The greatest risk of exposure is in new situations, or when normal daily routines are interrupted such as supply teachers, shared birthday treats or school trips. Young students are at the greatest risk of accidental exposure but many allergists believe that more deaths occur among teenagers due to their increased independence, peer pressure, and reluctance to carry medication.

Anaphylaxis is unique but preventable and treatable.

D. Epinephrine

Epinephrine is the only drug that should be administered to a student suffering an anaphylactic reaction. The epinephrine (adrenaline) is administered by an auto-injector called an EpiPen and can be easily and safely administered by non-medical personnel with minimal training. A single injection of the EpiPen may not be sufficient to stop an anaphylactic reaction but will normally give the sufferer 10 to 20 minutes of relief -often sufficient time to reach an emergency room. If symptoms continue or worsen before medical help has arrived, a second EpiPen must be administered. The student affected must be rushed to hospital to receive further medical attention, even if the symptoms decrease with the administration of the EpiPen.

Procedures

Risk Reduction – Roles and Responsibilities

Parent/Guardian (or Student where appropriate)

- Provide a letter from the physician, diagnosing the allergy and its severity.
- Complete the required ALCDSB forms *Medical Information* (Form B) and *Administration of Medication EpiPen Injection* (Form A).
- It is recommended that parents/guardians provide two auto-injector EpiPens; one to be kept with the student at all times, the second to be stored at the school according to the Emergency Plan. Renew EpiPens before the expiry date.
- Provide fanny pack/backpack for transport of EpiPen with student. It is recommended that a laminated card with important information be carried in the fanny pack with the EpiPens (Form D).
- Be sure your son/daughter wears a Medic-Alert bracelet.
- Help your son/daughter develop coping skills to avoid the allergen and recognize and communicate the symptoms to an adult.

School Principal

- Use school registration/health forms to identify students who are anaphylactic.
- Ensure that parents/guardians complete all required school medical forms (Forms A - E).
- Convene a meeting with parents/guardians of the anaphylactic student, and appropriate school staff to develop an Anaphylactic Allergy Individual Plan which includes medical information related to the type and severity of allergy, past incidents of anaphylactic reactions, monitoring and avoidance strategies, appropriate treatment, and other health considerations.
- Each September, share and review anaphylactic procedures for the student with staff, supply staff, bus drivers, volunteers, and others having contact with the student. Ensure Bus Drivers are aware of the *Epi-Pen Emergency Transportation Information* (Form C).
- Ensure that supply teachers are made aware of the Anaphylactic Allergy Individual Plan for students.
- Post *Anaphylaxis Alert* forms in the office, staff room, cafeteria, and other common areas and ensure that all staff could identify these students (Form E).

- Train the Emergency Response team to handle an anaphylactic reaction. Maintain an up-to-date list of school personnel who have received anaphylactic training.
- Ensure the EpiPens are kept in safe and secure locations known to all staff.
- Carefully review the safety plan for anaphylactic students prior to field trips. Discuss concerns with the School Superintendent as required.
- Establish the anaphylactic student's classroom as an "allergen-free" area, using a co-operative approach with students and parents. In September, send a letter home with every student in the school requesting the school community avoid sending the allergen to school (see Appendix 1). When the school community recognizes the right of parents to feed their children whatever they choose, but acknowledges the right to life and safety as greater, most families are receptive to procedures that protect the allergic student.
- Ensure constant lunch supervision.
- Ensure that peanut/nut avoidance signs are prominently displayed at all school entrances and/or around allergen-free classrooms. Signs will be provided through Student Services.
- Work with School Council to increase community awareness of anaphylaxis, its avoidance, and its treatment.
- Ensure garbage containers are removed from doorways to reduce the risk of insect-induced anaphylaxis. Consider having students eat all food indoors during the time when bees and wasps are prominent.
- School fundraising activities should avoid products containing the very allergens that parents are being asked to avoid sending with their children to school.
- Enforce disciplinary procedures for dealing with bullying and threats. (i.e. a student with a peanut butter cookie chasing an anaphylactic student).
- Use the *Anaphylaxis Policy Checklist* to conduct a yearly review of school procedures (Appendix 2).

Classroom Teacher (As age appropriate for the student)

- Share and review anaphylaxis avoidance procedures with the anaphylactic student/parents/guardians.
- Ensure a letter is sent home to all parents informing them that there is an anaphylactic student in the classroom and explaining the need for an allergen-free classroom (Appendix 3).
- Send home a reminder letter before Halloween, Christmas and Easter asking parents to avoid sending treats to school containing the allergen (Appendix 4).
- Leave the *Anaphylactic Allergy Individual Plan* information, including a photo, regarding the anaphylactic student in an organized, prominent and accessible format for supply teachers.
- Conduct food safety discussions with all students at beginning of year and at regular intervals throughout the year while respecting the student's need for privacy.
- Stress the importance of not sharing lunches, snacks, utensils or containers. Reinforce hand washing before and after eating.
- Encourage/organize celebrations and activities that are not focused on food. Be aware of hidden allergens in play dough, bean bags, counting aids, pet foods and bird seed etc.
- Consistently communicate with the anaphylactic student/parents/guardians of special occasions where food will be prepared or served.
- Ensure that EpiPens are taken on field trips.

- Continually provide a safe environment for the anaphylactic student, particularly at recess and during class trips and special activities.
- Anaphylactic students should not be involved in garbage disposal, yard clean-ups, or other activities that could bring them into contact with food wrappers, containers, or debris.

Emergency Plan

Even when precautions are taken, an anaphylactic student may come into contact with an allergen while at school. It is essential that the school develops an emergency plan and involves all staff in appropriate training. A separate emergency plan, the Anaphylactic Allergy Individual Plan, should be developed for each anaphylactic student and will include:

1. Administration of Medication EpiPen Injection Consent (Form A)
2. Medical Information (Form B)
3. EpiPen Emergency Transportation Information (Form C)
4. Fanny Pack Laminated Information Card (Form D)
5. Anaphylaxis Alert (Form E)
6. How to Use the EpiPen Auto-Injector (Appendix 5)

Fatalities are more likely to occur away from home, and are usually associated with delayed treatment or failure to treat with epinephrine. Those in positions of responsibility should never assume that the student will self-inject in the face of an emergency; a severe allergic reaction may be so incapacitating as to inhibit the ability to self-administer, regardless of age.

Sabrina's Law Grants Immunity to Non-Health Care Staff

Anaphylactic students usually know when a reaction is taking place. School personnel should be encouraged to listen to the student. If it is suspected that the student has been exposed to his/her allergen and a suspected anaphylactic reaction is starting to take place, there should be no hesitation in administering the EpiPen. Sabrina's Law, 2005 "provides that no actions for damages shall be instituted respecting any act done in good faith or for any neglect or default in good faith in response to an anaphylactic reaction, unless the damages are the result of an employee's gross negligence." Accidental administration of the EpiPen is not a cause for concern, according to the Canadian Paediatric Society. There is little danger in reacting too quickly, and grave danger in reacting too slowly.

In cases of an anaphylactic reaction:

- Administer the EpiPen noting the time it is given.
- Telephone 911. Inform the emergency operator that the student is having an anaphylactic reaction.
- Telephone the parents.
- Have an adult accompany the student to the hospital with the ambulance.
- If symptoms continue or worsen, re-administer epinephrine every 10 to 20 minutes while waiting for the ambulance.

Appendices

- Appendix 1: Sample Letters to Parents of the School from Principal
- Appendix 2: Anaphylaxis Policy Checklist
- Appendix 3: Sample Letter to Parents from the Classroom Teacher and the Principal
- Appendix 4: Sample Holiday Reminder Letter
- Appendix 5: How to Use the EpiPen Auto-Injector

Forms

- Form A: Administration of Medication EpiPen Injection
- Form B: Medical Information
- Form C: EpiPen Emergency Transportation Information
- Form D: Fanny Pack Laminated Information Card
- Form E: Anaphylaxis Alert

Approved: April 26, 2011