

Anaphylaxis

1380-10 | Anaphylaxis

Date Approved: September 20 2013

Date Amended: July 31 2019

Definition

Anaphylaxis is a sudden and severe allergic reaction, which can be fatal, requiring immediate medical emergency measures be taken.

1. Signs and symptoms of Anaphylaxis

1. 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 attack to attack in the same person.
 2. Signs and symptoms of an anaphylactic reaction can involve any of the following symptoms which may appear alone or in any combination, regardless of the triggering allergen:
 1. Skin: hives, swelling, itching, warmth, redness, rash;
 2. 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;
 3. Gastrointestinal: nausea, pain/cramps, vomiting, diarrhea;
 4. Cardiovascular: pale/blue colour, weak pulse, passing out, dizzy/lightheaded, shock;
 5. Other: anxiety, feeling of “impending doom”, headache, uterine cramps in females.
 3. The most dangerous symptoms of an allergic reaction involve:
 1. Breathing difficulties caused by swelling of the airways, and
 2. A drop in blood pressure indicated by dizziness, light-headedness or feeling faint/weak.
 4. Both of these symptoms may lead to death if untreated
-
1. Because of the unpredictability of reactions, early symptoms should never be ignored, especially if the person has suffered an anaphylactic reaction in the past. 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 *Emergency Response Plan*. The cause of the reaction can be investigated later.

1. Identifying Students at Risk

1. It is the responsibility of the parents/guardians with anaphylactic children to notify the school principal

when a child is diagnosed as being at risk of anaphylaxis and provide the school with updated medical information annually. An adult student with anaphylaxis is also required to provide this information.

The parents/guardians/adult student must further provide the school with updated medical information whenever there is a significant change related to their child/children or self.

The parent/guardian or adult student must outline the possible symptoms and requested intervention by school staff.

1. The parent/guardian or adult student shall familiarize him/herself with Board Policy and School Anaphylaxis Administrative Guidelines.
2. The parent/guardian or adult student shall provide the required medication to the school with instructions for intervention.
3. The *Emergency Response Plan* will include:
 - A completed copy of form 1350-10A *Request for Administration of Medication at School*
 - A completed copy of form 1350-10B *Student Medical Alert*
 - A completed copy of the form 1350-10C *Anaphylaxis Action Plan*
 1. A copy of the current *Request for Administration of Medication at School* must be filed in the student's file and copies must be located in the areas designated by the Principal. The form must be readily available in the event of emergency.
 2. The Principal shall establish and maintain a School Anaphylaxis Management Plan that shall include the development and maintenance of strategies that reduce the risk of exposure to anaphylactic agents in all areas of the school.

1. Record Keeping: Monitoring & Reporting

1. The school Principal is responsible for keeping accurate records for each students at-risk of life-threatening allergies
2. A record with information relating to the specific allergies for an identified anaphylactic student will form part of the record required to be maintained under section 2 of the Permanent Student Record Order. That record shall include the *Emergency Response Plan*.
3. School Principals must monitor and report information about anaphylactic incidents to the Superintendent of Schools in aggregate form, to include number of at-risk anaphylactic students and number of anaphylactic incidents.
4. All staff members, including support staff, teachers-teaching-on-call and when necessary, volunteers, must be made aware of anaphylactic students and appropriate procedures.
5. In a school where a student has been identified as at-risk for anaphylaxis, the Principal shall enlist the support and cooperation of all staff, students, and parents/guardians so as to reduce the potential risk to the student

1. Emergency Response Plan

Student Level Emergency Procedure Plan

1. For each student with identified life-threatening allergies, the school must develop and maintain an accurate, up-to-date *Emergency Response Plan*. The plan should be developed in conjunction with the student's parents and the student (where age appropriate), and the plan must be approved by a qualified physician, allergist, or public health nurse.
2. The student *Emergency Response Plan* must be signed by the student's parents, the student (where age appropriate) and the physician, and must be kept on file at readily accessible locations.
3. The student *Emergency Response Plan* shall include at minimum:
 1. The diagnosis;
 2. The current treatment regimen;
 3. Who within the school community is to be informed about the plan (e.g. teachers, volunteers, classmates); and
 4. Current emergency contact information for the student's parents/guardian
4. The student's emergency response plan shall also explicitly address:
 1. The parent's responsibility for advising the school about any change/s in the student's condition; and
 2. The school's responsibility for updating records
5. Those exposed to individual student *Emergency Response Plans* have a duty to maintain the confidentiality of all student personal health information.

School Level Emergency Procedure Plan

1. All schools must have an emergency protocol in place to ensure responders know what to do in an emergency. The emergency protocol shall include:
 1. Administering an auto-injector;
 2. Calling emergency medical care (911)
 3. Calling student's parents;
 4. Administering second dose (within 10 to 15 minutes if symptoms have not improved)
2. **Use of Medical Information**

The use of medical identifying information such as the Medic Alert® is strongly recommended. To provide a uniform standard of identification, boards of education are required to include an education plan for anaphylactic students and their parents to encourage the use by anaphylactic students of medical identifying information.

1. **Provision and Storage of Medication**

School policy must identify the central, unlocked location where medication will be stored. Additionally, schools must ensure that parents/guardians are informed that it is their responsibility:

1. Provide appropriate medication for their anaphylactic child;
2. 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;
3. To inform the school when they deem the child competent to carry their own medication/s, and that the child understands they must carry their medication on their person at all times;

4. To provide a second auto-injector to be stored in a central, safe but unlocked location;
5. To ensure anaphylaxis medications have not expired; and
6. To ensure they replace expired medications.

1. Allergy Awareness, Prevention, & Avoidance Strategies

While it is impossible to eliminate all potential allergens from the school environment, schools should create an allergy-aware environment in response to the most common triggers for anaphylaxis: food allergens and insect stings and for managing risk associated with rarer allergies to other substances, for example when a child is identified with allergies to medications, exercise, latex.

1. Staff Development and Training

Appropriate training is a critical component to effectively managing risk associated with anaphylaxis.

1. The Principal shall be responsible for ensuring that school-based staff is informed as to identification of at-risk students and trained annually in
 1. Signs and symptoms
 2. Common allergens
 3. Avoidance strategies
 4. Emergency procedures
 5. Emergency plans
 6. Methods of communication with and strategies to educate and raise awareness of parents, students, employees, and volunteers about anaphylaxis.
2. The Northern Health Department shall be contacted to provide training to all staff on anaphylaxis management and administration of an epinephrine auto-injector (Epipen©) at the beginning of each school year or as soon as an at-risk individual(s) has been identified at the school.
3. Should staff change at any time throughout the year, it is the responsibility of the Principal to inform and provide training for new staff members(s) and Teachers-Teaching-On-Call or substitute Education Assistants.
4. Direct training is provided to all those reasonably expected to have supervisory responsibility of school-age and pre-school students (e.g. school personnel, teachers-teaching-on-call, foodservice staff, and volunteers); best practice suggests training should include student peers, depending on age and maturity.
5. Distinction is made between needs of younger and older anaphylactic students.
6. School principals should communicate to all school community members (students, parents, teachers, volunteers, etc.) the school's anaphylaxis policies and procedures.

Definition

Anaphylaxis is a sudden and severe allergic reaction, which can be fatal, requiring immediate medical emergency measures be taken.

1. Signs and symptoms of Anaphylaxis

1. 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 attack to attack in the same person.
2. Signs and symptoms of an anaphylactic reaction can involve any of the following symptoms which may appear alone or in any combination, regardless of the triggering allergen:
 1. Skin: hives, swelling, itching, warmth, redness, rash;
 2. 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;
 3. Gastrointestinal: nausea, pain/cramps, vomiting, diarrhea;
 4. Cardiovascular: pale/blue colour, weak pulse, passing out, dizzy/lightheaded, shock;
 5. Other: anxiety, feeling of “impending doom”, headache, uterine cramps in females.
 3. The most dangerous symptoms of an allergic reaction involve:
 1. Breathing difficulties caused by swelling of the airways, and
 2. A drop in blood pressure indicated by dizziness, light-headedness or feeling faint/weak.

Both of these symptoms may lead to death if untreated

1. Because of the unpredictability of reactions, early symptoms should never be ignored, especially if the person has suffered an anaphylactic reaction in the past. 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 *Emergency Response Plan*. The cause of the reaction can be investigated later.

1. Identifying Students at Risk

1. It is the responsibility of the parents/guardians with anaphylactic children to notify the Principal when a child is diagnosed as being at risk of anaphylaxis and provide the school with updated medical information annually. An adult student with anaphylaxis is also required to provide this information.

The parents/guardians/adult student must further provide the school with updated medical information whenever there is a significant change related to their child or self.

The parent/guardian or adult student must outline the possible symptoms and requested intervention by school staff.

1. The parent/guardian or adult student shall familiarize themselves with Board Policy and School Anaphylaxis Administrative Guidelines.
2. The parent/guardian or adult student shall provide the required medication to the school with instructions for intervention.
3. The *Emergency Response Plan* will include:
 - A completed copy of form 1350-10A *Request for Administration of Medication at School*
 - A completed copy of form 1350-10B *Student Medical Alert*
 - A completed copy of the form 1350-10C *Anaphylaxis Action Plan*

1. A copy of the current *Request for Administration of Medication at School* must be filed in the student's file and copies must be located in the areas designated by the Principal. The form must be readily available in the event of emergency.
2. The Principal shall establish and maintain a School Anaphylaxis Management Plan that shall include the development and maintenance of strategies that reduce the risk of exposure to anaphylactic agents in all areas of the school.

1. Record Keeping: Monitoring & Reporting

1. The Principal is responsible for keeping accurate records for each student at risk of life-threatening allergies
2. A record with information relating to the specific allergies for an identified anaphylactic student will form part of the record required to be maintained under section 2 of the Permanent Student Record Order. That record shall include the *Emergency Response Plan*.
3. Principals must monitor and report information about anaphylactic incidents to the Superintendent of Schools in aggregate form, to include number of at-risk anaphylactic students and number of anaphylactic incidents.
4. All staff members, including support staff, teachers-teaching-on-call and when necessary, volunteers, must be made aware of anaphylactic students and appropriate procedures.
5. In a school where a student has been identified as at-risk for anaphylaxis, the Principal shall enlist the support and cooperation of all staff, students, and parents/guardians so as to reduce the potential risk to the student

1. Emergency Response Plan

Student Level Emergency Procedure Plan

1. For each student with identified life-threatening allergies, the school must develop and maintain an accurate, up-to-date *Emergency Response Plan*. The plan should be developed in conjunction with the student's parents/guardians and the student (where age appropriate), and the plan must be approved by a qualified physician, allergist, or public health nurse.
2. The student *Emergency Response Plan* must be signed by the student's parent/guardian, the student (where age appropriate) and the physician, and must be kept on file at readily accessible locations.
3. The student *Emergency Response Plan* shall include at minimum:
 1. The diagnosis;
 2. The current treatment regimen;
 3. Who within the school community is to be informed about the plan (e.g. teachers, volunteers, classmates); and
 4. Current emergency contact information for the student's parents/guardians
4. The student's emergency response plan shall also explicitly address:
 1. The parent's responsibility for advising the school about any changes in the student's condition; and

2. The school's responsibility for updating records
5. Those exposed to individual student *Emergency Response Plans* have a duty to maintain the confidentiality of all student personal health information.

School Level Emergency Procedure Plan

1. All schools must have an emergency protocol in place to ensure responders know what to do in an emergency. The emergency protocol shall include:
 1. Administering an auto-injector;
 2. Calling emergency medical care (911)
 3. Calling student's parents/guardians;
 4. Administering second dose (within 10 to 15 minutes if symptoms have not improved)

1. Use of Medical Information

The use of medical identifying information such as the Medic Alert® is strongly recommended. To provide a uniform standard of identification, schools will have an education plan for anaphylactic students and their parents to encourage the use by anaphylactic students of medical identifying information.

1. Provision and Storage of Medication

School policy must identify the central, unlocked location where medication will be stored. Additionally, schools must ensure that parents/guardians are informed that it is their responsibility:

1. To provide appropriate medication for their anaphylactic child;
2. 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;
3. To inform the school when they deem the child competent to carry their own medication/s, and that the child understands they must carry their medication on their person at all times;
4. To provide a second auto-injector to be stored in a central, safe but unlocked location;
5. To ensure anaphylaxis medications have not expired; and
6. To ensure they replace expired medications.

1. Allergy Awareness, Prevention, & Avoidance Strategies

While it is impossible to eliminate all potential allergens from the school environment, schools should create an allergy-aware environment in response to the most common triggers for anaphylaxis: food allergens and insect stings, and for managing risk associated with rarer allergies to other substances, for example when a child is identified with allergies to medications, exercise, or latex.

1. Staff Development and Training

Appropriate training is a critical component to effectively managing risk associated with anaphylaxis.

1. The Principal shall be responsible for ensuring that school-based staff are informed as to identification of at-risk students and trained annually in

1. Signs and symptoms
 2. Common allergens
 3. Avoidance strategies
 4. Emergency procedures
 5. Emergency plans
 6. Methods of communication with and strategies to educate and raise awareness of parents, students, employees, and volunteers about anaphylaxis.
2. Northern Health shall be contacted to provide training to all staff on anaphylaxis management and administration of an epinephrine auto-injector (EpiPen©) at the beginning of each school year or as soon as an at-risk individual(s) has been identified at the school.
 3. Should staff change at any time throughout the year, it is the responsibility of the Principal to inform and provide training for new staff members(s) and Teachers-Teaching-On-Call or substitute Education Assistants.
 4. Direct training is provided to all those reasonably expected to have supervisory responsibility of school-age and pre-school students (e.g. school personnel, teachers-teaching-on-call, food service staff, and volunteers); best practice suggests training should include student peers, depending on age and maturity.
 5. Distinction is made between needs of younger and older anaphylactic students.
 6. Principals communicate to all school community members (students, parents, teachers, volunteers, etc.) the school's anaphylaxis policies and procedures.