ANAPHYLAXIS (LIFE-THREATENING ALLERGIES)

Scope

This policy applies to all volunteers, students and staff who are required to provide care and services to any student who experiences a life-threatening response to anaphylaxis. This policy covers all locations where care and instruction are provided.

Purpose

To create an allergy-safe or allergy-aware environment to ensure the safety of all students in the school community who are at risk of life-threatening allergies by providing procedures for the management of anaphylaxis.

Definitions

**Allergen**: any substance that can cause an allergic reaction, i.e. pollens, moulds, animal dander, house dust mites, foods, insect stings, medications, natural latex, etc.

**Anaphylaxis**: a severe systemic allergic reaction which can be fatal, resulting in circulatory collapse or shock.

**Epinephrine**: the drug form of a hormone (adrenaline) that the body produces naturally and is the treatment or drug of choice to treat anaphylaxis. This treatment is life-saving.

**Auto-injector**: a “user-friendly” pre-loaded syringe used to administer epinephrine.

Symptoms

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

- **Skin system**: hives, swelling, itching, warmth, redness, rash
- **Respiratory system (breathing)**: coughing, wheezing, shortness of breath, chest, pain/tightness, throat tightness, hoarse voice, nasal congestion or hay fever-like symptoms (runny, itchy nose and watery eyes, sneezing), trouble swallowing
- **Gastrointestinal system (stomach)**: nausea, pain/cramps, vomiting, diarrhea
- **Cardiovascular system (heart)**: pale/blue colour, weak pulse, passing out, dizzy/lightheaded, shock
- **Other**: anxiety, feeling of “impending doom”, headache, uterine cramps, metallic taste
Policy Statement

In order to maximize the safety of each student within the school system who may be subject to severe allergic reactions (anaphylaxis), plans shall be put in place to: communicate information and awareness on anaphylaxis, avoid exposures to life-threatening substances and to provide prompt, appropriate responses if exposures do occur. Every effort will be made to control the school/learning environment in order to minimize the exposure of identified causative allergens/agents as part of a prevention plan, whenever possible. This prevention should be a collaborative process involving parents, guardians, school staff, students and the entire school community. Despite efforts to reduce the risk of exposure to zero, the Board cannot ensure an allergen/agent-free school/learning environment.

Cross Reference

Programming for Students with Special Needs

Authorization

The policy has been authorized by the Board under motions number 2012-09-27.

Responsibility

It is the responsibility of the Director of Programs and Student Services to ensure that this policy and administrative procedures are implemented.

Implementation

This policy will be implemented by each school Principal in consultation with the Coordinator of Student Services.

Procedures

All schools will be provided with two copies of *Anaphylaxis in Schools & Other Settings 2nd Edition (2011)*. Schools are to use this reference document for emergency protocols and appendices in developing their own school anaphylaxis plan.

1. A school anaphylaxis plan must be in place and can be modeled after the suggested plan in *Anaphylaxis in Schools & Other Settings 2nd Edition (2011)*. The plan must include information about avoidance strategies, communication strategies, staff training, and emergency protocol.

2. Two copies of *Anaphylaxis in Schools & Other Settings 2nd Edition (2011)* will be provided to each school. One copy is to remain in the administrative office of the school and the other in a staff room.
3. A school anaphylaxis plan must be reviewed at the start of each school year and at the start of each semester for semestered schools.

4. An Anaphylaxis care plan must be in place for each student at risk of anaphylaxis. (Refer to Appendix B and C – Anaphylaxis in Schools and Other Settings.)

5. An Anaphylaxis emergency plan must be in place for each student at risk of anaphylaxis (Refer to Appendix D – Anaphylaxis in Schools and Other Settings.) A copy of the Allergy Alert Form must be posted in the staffroom, placed in the child’s cumulative record card and shared with the Coordinator of Transportation as well as the bus drivers.

6. Principals are responsible for arranging for regular training (annually at a minimum) for all employees and others who are in contact with students at risk of anaphylaxis.

7. The anaphylaxis emergency care plan must be written out as part of the program planning for the student.

8. School Personnel should adhere to the six key recommendations in the emergency management of anaphylaxis, including:

   8.1 Epinephrine is the first line medication which should be used for the emergency management of a person having a potentially life-threatening allergic reaction.
   8.2 Antihistamines and asthma medications must not be used as first line treatment for an anaphylactic reaction.
   8.3 All individuals receiving emergency epinephrine must be transported to hospital immediately (ideally by ambulance) for evaluation and observation.
   8.4 Additional epinephrine must be available during transport to hospital. A second dose of epinephrine may be administered within 5 to 15 minutes after the first dose is given IF symptoms have not improved.
   8.5 Individuals with anaphylaxis who are feeling faint or dizzy because of impending shock should lie down unless they are vomiting or experiencing severe respiratory distress.
   8.6 No person should be expected to be fully responsible for self-administration of an epinephrine auto-injector.

9. School Personnel must be aware and respond as quickly and appropriately as possible in the event of an anaphylactic reaction.

   9.1 Give epinephrine auto-injector (e.g. EpiPen or Twinject) at the first sign of a known or suspected anaphylactic reaction.
   9.2 Call 9-1-1 or local emergency medical services. Tell them someone is having a life-threatening allergic reaction.
   9.3 Give a second dose of epinephrine in 5 to 15 minutes IF the reaction continues or worsens.
   9.4 Go the nearest hospital immediately (ideally by ambulance), even if symptoms are mild or have stopped. The reaction could worsen or come back, even after proper treatment. Stay in the hospital for an appropriate period of observation as decided by the emergency department physician (generally about 4 hours).
   9.5 Call emergency contact person (e.g. parent, guardian).
Related Guidelines

Canadian School Boards Association document, **ANAPHYLAXIS: A Handbook for School Boards**

Anaphylaxis in Schools & Other Settings 2nd Edition

CBVRSB Guidelines for Administration of Medication to Students

[www.studentservices.ednet.ns.ca](http://www.studentservices.ednet.ns.ca): Additional Link: Anaphylaxis: Education for a Life Threatening Allergic Reaction

Associated Forms

Policy Review

1. Review of this policy shall be the responsibility of the Director of Programs and Student Services within three years of the authorization date.

2. The Co-ordinator of Student Services shall ensure that the committee which does this review shall include the Director of Operational Services, the Co-ordinator of Transportation, a school principal, a parent of an anaphylactic school student, and such other individuals as the Co-ordinator believes will ensure opportunity for input to be thorough and timely.

Distribution

All Principals
Maintenance Supervisor
Director of Operational Services
Co-ordinator of Transportation
Board Members
All Policy Manual Holders
CBVRSB Website
NAME

CLASS

NAME

CLASS

NAME

CLASS

This child has a **DANGEROUS, Life-Threatening Allergy** to the following:

POSSIBLE SYMPTOMS

- Flushed face; hives; swelling; itchy lips, tongue, eyes
- Tightness in throat, mouth, chest
- Difficulty breathing or swallowing, wheezing, coughing, choking
- Vomiting, nausea, diarrhea, stomach cramps
- Dizziness, unsteadiness, sudden fatigue, rapid heartbeat
- Loss of consciousness

**EXTERNAL ALLERGY RESPONSE PLAN**

**ACTION - EMERGENCY PLAN**

- At any sign of breathing difficulty; (e.g. wheezing, coughing, throat-clearing)
  - Use EPI-PEN immediately
  - Call 911
  - Follow with two (2) teaspoons of BENADRYL
  - HAVE DESIGNATED STAFF TRANSPORT CHILD AND SECOND EPI-PEN TO HOSPITAL
  - HAVE DESIGNATED STAFF ADVISE OUT-PATIENTS DEPARTMENT that child is enroute with an anaphylactic reaction
  - HAVE DESIGNATED STAFF CALL PARENTS
  - IF CHILD HAS NOT REACHED HOSPITAL WITHIN 10-15 MINUTES AND BREATHING DIFFICULTIES RECUR, GIVE A SECOND EPI-PEN
  - Even if symptoms subside entirely, this child must be taken to hospital immediately

EPI-PENS AND ANTIHISTAMINES ARE KEPT IN THE

Doctor Phone Number Parent(s) Phone Number
Date

Name of Principal

Name of School

Address

Dear ____________________:

(Name of Principal)

We are requesting that epinephrine (Epi-Pen) and ______________________________________ (Brand of Antihistamine) be administered to _______________________________________, in the event of an 
(Name of Student) anaphylactic medical emergency.

____________________________________________________________________________

(Types of Allergen(s))

All emergency procedures are outlined on the EMERGENCY ALLERGY ALERT FORM and RESPONSE PLAN.

We appreciate your cooperation and understanding in this matter.

Sincerely,

____________________________________________________________________________

Doctor/Date Parent(s)/Date