ANAPHYLAXIS IN SCHOOLS

Background

"Anaphylaxis is a sudden and severe allergic reaction, which can be fatal, requiring immediate medical emergency measures to be taken. Although not a frequent occurrence in schools, failure to respond appropriately could result in death" (BC Anaphylactic and Child Safety Framework – Ministry of Education).

Common causes are food, latex, insect stings, medication and exercise. It is suggested that the following principles serve as a foundation for individual school plans for dealing with life-threatening allergies:

- Parental involvement in all phases of planning
- Cooperation rather than enforcement
- Open communication
- Flexibility in implementation
- Proactive planning
- Doing what is reasonable and prudent.

Procedures

1. Information and Awareness

   Parents/guardians have the primary responsibility for informing school personnel regarding their child's severe allergy. The physician must diagnose the child with anaphylaxis and prescribe the specific treatment protocol. Safety measures a school can reasonably expect to implement are:

   1.1 Anaphylactic Student Emergency Procedure Plan (ASEPP) completed and signed by the physician should be kept along with other information in School Health Resource Book.

   1.2 Consultation with the child's parents to identify care needs shall occur at the beginning of the school year.

   1.3 After obtaining consent from the caregiver, medical alert posters shall be posted in the office, classroom, medical room and any other room which is used on a regular basis by the child.

   1.4 All staff (teaching and non-teaching) must be made aware of and be able to visually identify students who have potentially life-threatening allergies. This may include: custodians, supervisors, bus drivers, substitute teachers, first aid attendants, parent volunteers, coaches, and food services personnel.

1.5 An annual training session for all staff re: administration of medication and Epinephrine Auto-Injector (in consultation with the nurse, parent and/or expert resource) must be held and reviewed mid-year.

1.6 The school must strive to build support for the child with his/her peers.

1.7 There needs to be recognition by all concerned of the increased danger when changes to the routine occur, especially field trips, Sports Days, extracurricular outings, and on treat days and festive occasions.

1.8 There needs to be recognition by all concerned of the increased danger in cafeterias, home economics classes and in other food services areas.

1.9 The child's teacher(s) must receive additional information about the child from the parent. The teacher(s) and parent must maintain open lines of communication.

2. Avoidance of the Allergen

The parent and the child have primary responsibility for avoiding the allergen. It is not possible to achieve a completely allergen-free school, as there can be hidden or accidentally introduced sources. The Principal must attempt to reduce the child's exposure to allergic foods within the school setting.

2.1 Trading and sharing of foods, food utensils and food containers in the allergic child's classroom is to be discouraged.

2.2 All food allergic children shall only eat lunches and snacks that have been prepared at home.

2.3 Hand washing is encouraged before and after eating for all children in the classroom of an anaphylactic child.

2.4 Surfaces such as tables in the areas where students eat and that the child frequents shall be washed clean of contaminating foods.

2.5 The use of foods in crafts, cooking classes and special celebrations may need to be restricted depending on the allergies of the students.

2.6 The allergic child's classroom shall be checked for other sources of the allergen, e.g. playdough, bean bags, stuffed toys - peanut shells are sometimes used.

2.7 An allergen restricted eating area shall be provided using a cooperative approach with fellow students and their parents.

2.8 An allergen free area may be provided for the allergic child to use as a safe area.

2.9 **Insect Allergies** (risk is higher in the warmer months):

- Keep garbage cans covered with tightly fitted lids in outdoor play areas
- Have insect nests professionally relocated or destroyed, as appropriate

2.9.1 **Other Allergens**:

- Reactions to medication, exercise, latex and unknown causes are rare in school settings.

- Care of children with these allergies should be individualized based on collaboration with the parents, physician and school.

3. Emergency Response Procedures

3.1 Since it is impossible to reduce the risk of accidental exposure to zero, an anaphylactic child may require emergency life-saving measures while at school.

3.2 Each Principal must develop an Anaphylaxis Action Plan which consists of completing:

- Anaphylaxis Student Emergency Procedure Plan
- SD43 Responsibility Checklist
- Developing safe guards for fieldtrips and special events

3.3 Common symptoms and signs of anaphylactic reaction may be a combination of any of the following:

- **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/lightheaded, shock
- **Other –** anxiety, feeling of “impending doom”, headache, uterine cramps in females

3.4 People with asthma are at greater risk. If a person is having a reaction and has difficulty breathing, the Epinephrine Auto-Injector should be given before asthma medication.

3.5 An emergency response plan must be developed and reviewed (Anaphylaxis Student Emergency Procedure Plan).

3.6 A medical alert and an explanation of the emergency response plan must be kept in the teacher's day planner.

3.7 An up-to-date supply of two single dose Epinephrine Auto-Injectors provided by the parent/guardian(s) must be stored in a covered, secure, unlocked area for quick access. Students shall be encouraged to carry an auto-injector on their person wherever possible.

3.8 When in doubt, DO:

1. use the Epinephrine Auto-Injector, *and*

2. obtain professional medical assistance.

3.9. For more detailed information, consult:

- BC Anaphylactic and Child Safety Framework Published by the Ministry of Education

Reference: Section 65, 85, School Act
School District 43 Anaphylaxis/Life Threatening Allergies Handbook

Forms: Anaphylaxis Student Emergency Procedure Plan (ASEPP)
SD43 Anaphylaxis Responsibility Checklist

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