

ANAPHYLAXIS POLICY

The Board of Trustees of the Seven Oaks School Division recognizes that some students attending schools may require the administration of medication in response to an acute allergic reaction.

For the safety of students and staff the following protocol must be followed within the Division.

This protocol reflects the guidelines and procedures outlined in the Provincial Unified Referral and Intake System (URIS) manual.

See also Policy JGCDA Communicable Disease Prevention.

CHILDREN WITH KNOWN RISK OF ANAPHYLAXIS/LIFE-THREATENING ALLERGIES PROTOCOL

1. INTRODUCTION

- 1.1 Definition – Anaphylaxis, sometimes called “allergic shock”, is a severe allergic reaction that can lead to rapid death, if untreated. The reaction may begin with itching, hives, sneezing, difficulty breathing, vomiting, diarrhea, or swelling of the lips or face. Within moments, the throat may begin to close, choking off breathing and leading to unconsciousness and death. A reaction can develop within seconds of exposure, or as long as eight hours later. Although peanuts may be the most common *allergen* causing anaphylaxis in children, there are many others. School personnel must be aware that anaphylaxis is a life-threatening condition regardless of the substance which triggers it.

Children known to be at risk of anaphylaxis must be diagnosed by their physician, who is also responsible for prescribing the appropriate treatment protocol.

- 1.2 The only way to protect children known to be at risk of anaphylaxis is avoidance of the allergic substance; however, no individual or organization can guarantee an allergy-free environment.
- 1.3 Developmental factors such as age, and physical or cognitive ability, may affect a child’s ability to:
- safely carry an adrenaline auto-injector (EpiPen)
 - take responsibility to avoid allergens
 - recognize and communicate symptoms of anaphylaxis
 - use an auto-injector (EpiPen) (Appendix 6)

Younger children experience reactions more frequently because they cannot take full responsibility for avoiding exposure to allergens. Reactions in older children are more likely to be fatal because they take more risks. Children are at greatest risk when they are removed from their routine at home or school (field trips, camping trips, and special treats in the classroom).

Whenever possible, responsibility should be encouraged, recognizing that children who are able to take responsibility for their own care are probably the safest. It should also be recognized that the severity of a reaction may hamper *anyone* in adrenaline self-administration, regardless of his or her age, and that assistance may be required.

2. SCHOOL RESPONSE

When a school receives notification that a student has been diagnosed with a life-threatening allergy and may require the immediate injection of adrenaline by auto-injector (EpiPen) the following procedures **must** be followed:

- a) The principal will advise the parents/guardians of the child that:
 - parents/legal guardians are required to sign a *Consent Form for Administration of EpiPen* (Appendix 1);
 - a health care plan will be developed by a medical professional in conjunction with the parents/guardians;
 - if and when the administration of adrenaline by auto-injector (EpiPen) is required, an ambulance will be called immediately and the student will be transported to hospital accompanied by an adult (school personnel or parent/guardian).
- b) The principal will register the student's name with the Special Education Co-ordinator, who will arrange for an Individual Health Care Plan (I.H.C.P.) to be written.
- c) School, parents, and medical professionals will develop an I.H.C.P. This plan will be specific to the age and maturity level of the child, the properties of the allergen, and the organizational structure of the program.
- d) When parents/guardians indicate that their child has an allergy, and it is not known whether the allergy is of a life-threatening nature, a letter should be sent to the parents/guardians by the principal, requesting further information, in order that appropriate action can be determined (Appendix 2).

It is important that parents/guardians are advised that these procedures are required to ensure that their child is protected from harm should an emergency arise. If any concerns arise regarding these procedures, the principal should contact the Special Education Co-ordinator, who will contact a nurse educator.

3. HEALTH CARE PLAN

The Health Care Plan will include:

- a) the *Consent form for Administration of EpiPen* signed by the parents/guardians;
- b) process for information and awareness to all school staff – *Emergency Allergy Alert Form* (Appendix 3);
- c) a plan for inservicing and training appropriate school staff about anaphylaxis and the use of auto-injectors (EpiPen);
- d) a plan for avoidance of the allergen
 - establish safe lunchroom and eating area procedures, including cleaning and hand-washing routines

- Avoid allergens hidden in activity materials (playdough, stuffed toys, pet foods, finger-painting materials, etc.)
 - special precautions to be taken during holiday celebrations and planning for activities which are not food-oriented;
- e) an emergency response plan individualized to each child including:
- rapid administration of epinephrine by auto-injector (EpiPen)
 - emergency transport to hospital (know the response time and level of support provided by the local ambulance service)
 - contact of parents/guardians
 - planning for field trips/excursions
 - easy access to auto-injector(s) (pre-expiry date);
- f) if child is transported to/from school by school bus, a Transportation Health Care Plan must be developed (Appendix 4).

4. ROLES/RESPONSIBILITIES

Ensuring the safety of children at risk of anaphylaxis in a school setting depends on the cooperation of the entire community. To minimize risk of exposure and to ensure rapid response to an emergency, parents/guardians, children, and program personnel must all understand and fulfil their responsibilities. The inter-relatedness of these roles is vital, for failure of any group to respond appropriately will negatively impact upon all others.

Although they differ in detail, plans should be flexible enough to adapt to different allergens, to varying ages and maturity levels of children, and to different physical properties and organizational structures of programs. Not all recommendations will be suitable and/or necessary in every situation.

4.1 Responsibilities of the Child with a Life-Threatening Allergy

- Keep an auto-injector on their person at all times (i.e. waist-pack).
- Take as much responsibility as possible for avoiding allergens, including checking labels and monitoring intake (developmentally appropriate).
- Eat only foods brought from home.
- Wash hands before eating.
- Learn to recognize symptoms of an anaphylactic reaction (developmentally appropriate).
- **Promptly** inform an adult, as soon as accidental exposure occurs or symptoms appear.
- Know how to use the auto-injector (developmentally appropriate).

4.2 Responsibilities of the Parents/Guardians of a Child with Life Threatening Allergy

- Inform the principal of their child's allergies through a written *Consent Form for Administration of EpiPen* (Appendix 1).
- Ensure that their child **has** and **wears** a medical identification bracelet.

- Provide the school with epinephrine auto-injectors (pre-expiry date).
- **Ensure** that auto-injectors are taken on field trips.
- Participate in the development of a written individual health care plan for their child.
- Be willing to provide safe foods for their child for special occasions.
- Teach their child:
 - to recognize the first signs of an anaphylactic reaction;
 - to communicate clearly when he or she feels a reaction starting;
 - to carry his/her own auto-injector on their person (e.g. in a waist-pack);
 - not to share snacks, lunch or drinks;
 - to understand the importance of hand-washing;
 - to take as much responsibility as possible for his/her own safety.
- Provide support to school personnel as required.
- Ensure that emergency contact information is current.

4.3 Responsibilities of the Principal

- Assist with implementation of school policy for reducing risk in classrooms and common areas (I.C.H.P).
- Work as closely as possible with the parents/guardians of the child with known risk of anaphylaxis.
- Ensure that the parents/guardians have completed all the necessary forms.
- Ensure that the I.H.C.P. is accessible and all stakeholders know of its whereabouts.
- Notify staff of the child with known risk of anaphylaxis, the allergens and the treatments.
- Maintain up-to-date emergency contacts and telephone numbers.
- Ensure that all staff (and possibly volunteers) have received instruction in the use of the auto-injector (EpiPen).
- Ensure that all substitute staff are informed of the presence of a child with known risk of anaphylaxis and that appropriate support/response is available should an emergency occur.
- Inform parents that a child with a life-threatening allergy is in direct contact with their child, and ask for their support and cooperation (with parent/guardian/child approval) (Appendix 5).
- Arrange inservicing through the Special Education Co-ordinator with the Nurse Educator or Public Health Nurse.
- Ensure that an *Individual Health Care Plan* (I.H.C.P.), which includes an emergency protocol, is completed and reviewed annually for each child with a life-threatening allergy.
- If not developmentally appropriate for the child to carry an auto-injector (EpiPen), ensure that it is kept in an unlocked, safe, easily accessible location and that all stakeholders know of its whereabouts.
- Ensure that safe procedures are developed for field trips and extra-curricular activities.

4.6 Responsibilities of the Teacher

- Participate in the development of an *Individual Health Care Plan*.
- Discuss anaphylaxis with the class, in age-appropriate terms.
- Promote an environment where the child at risk of anaphylaxis eats only what he/she brings from home.
- Reinforce hand washing before and after eating.
- Facilitate communication with other parents (Appendix 5).
- Leave information in an organized, prominent and accessible format for substitute staff.
- Plan appropriately for field trips.

References

1. Canadian School Board Association: *Anaphylaxis: A Handbook for School Boards*, 1996.
2. The Canadian Society of Allergy and Clinical Immunology: *Anaphylaxis in School and Other Child Care Settings*, 1995.
3. Link Publications – www.cdnsba.org

APPENDIX 1
(This Form to be Updated Annually)

**CONSENT FORM
FOR
ADMINISTRATION OF EPIPEN**

Student: _____ Date: _____
School: _____ DOB: _____
Principal: _____

We request that epinephrine _____ and/or
_____ (EpiPen)
_____ (antihistamine) be administered to _____ (Name of Student)
in the event of an anaphylactic medical emergency. We also give permission for
an Individual Health Care Plan (I.H.C.P.) to be developed.

The following allergen(s) must be avoided as ingestion in any form could be fatal:

All emergency procedures are outlined on the **Emergency Allergy Alert Form**.

We agree to have our child wear the EpiPen on his/her person (waist-pack) or

Date

Parent/Guardian Signature

APPENDIX 2
(This Form to be Updated Annually)

Dear _____,

Date: _____

You have informed us that your child has allergies. In order to determine the appropriate action in case of exposure or reaction at school, please provide us with the following information:

Child's Name: _____ School: _____	
Allergy To:	Reaction:

If the allergy has been confirmed by a doctor, please complete:

Name of Doctor: _____

Date of allergy testing (if this has been done): _____

Medication or treatment of allergic reactions: _____

Does your child wear a Medic-alert bracelet/necklace?: Yes No

Is there anything else that we should know about your child's allergies?

Thank you for your cooperation. Please return the completed form as soon as possible. We will contact you if further information is required.

Principal's Signature

(This Form to be Updated Annually)

EMERGENCY ALLERGY ALERT FORM

Name: _____

For Posting In:
Classroom
Lunchroom
Staff Room
Office
Waist-Pack

ALLERGY – DESCRIPTION:

This child has a **dangerous**, life threatening allergy to the following foods:



And all foods containing them in any form in any amount, including the following kinds of items:

AVOIDANCE:

The key to preventing an emergency is **ABSOLUTE AVOIDANCE** of these foods at all times. Without EpiPen, this child must not be allowed to eat anything.

EATING RULES: *(list eating rules for child)*

POSSIBLE SYMPTOMS:

- flushed face, hives, swelling or itchy lips, tongue, eyes
- tightness in throat, mouth, chest
- difficulty breathing or swallowing, wheezing, coughing, choking
- vomiting, nausea, diarrhea, stomach pains
- dizziness, unsteadiness, sudden fatigue, rapid heartbeat
- loss of consciousness

ACTION – EMERGENCY PLAN:

- Use EpiPen immediately.
- **HAVE SOMEONE CALL AN AMBULANCE** and advise the dispatcher that a child is having an anaphylactic reaction.
- If ambulance has not arrived in 10-15 minutes and breathing difficulties are present (e.g. wheeze, cough, throat clearing), give a second EpiPen if available.
- Even if symptoms subside entirely, this child must be taken to hospital immediately.
- **EpiPen is kept:** _____

Date

Parent/Guardian Signature

(This Form to be Updated Annually)

**AN EPIPEN EMERGENCY
TRANSPORTATION INFORMATION**

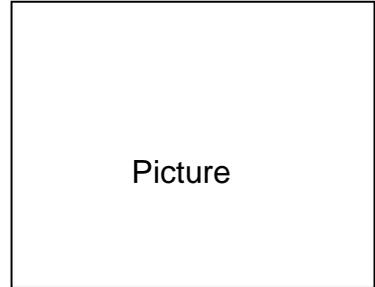
Year: _____

Student's Name: _____

School: _____

Grade: _____ Phone #: _____

Address: _____



Sitter/Address: _____ Phone: _____

Location of the EpiPen: _____

Family Doctor: _____ Phone: _____

SCHOOL BUS OPERATOR: _____

A.M. Bus #: _____ Driver: _____ Mid-Day

Bus #: _____ Driver: _____

P.M. Bus #: _____ Driver: _____

Medical Condition: _____

Allergy to: _____

DISPATCH

1. Obtain exact location/time of administration
 2. Call 911
 3. Call school
 4. Maintain radio contact
- Call Supervisor of Transportation

APPENDIX 5
(This Form to be Updated Annually)

**Sample Letter to Parents/Guardians
Regarding Life-Threatening Allergies**

Dear Parent(s)/Guardian(s):

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. Although the specific child and their family must take responsibility to avoid exposure; staff, other children and their families can also help to make the school safer. Your co-operation is asked to:

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

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

Thank you for your co-operation. For more information, call _____.

Sincerely,

Principal

APPENDIX 6

HOW TO USE THE EPIPEN AUTO-INJECTOR

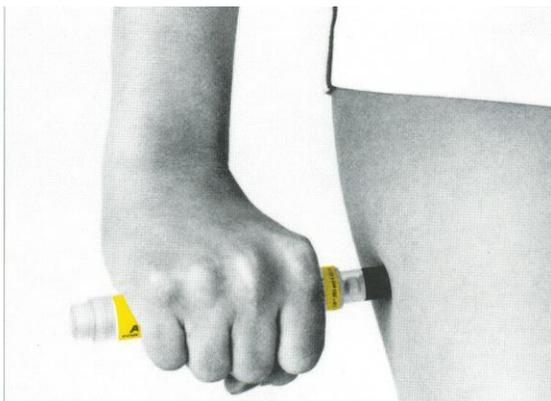
THREE SIMPLE STEPS:



1. Pull off grey safety cap.



2. Jab black tip into outer thigh until unit activates.



3. Hold EpiPen in place for 10 seconds. Then discard unit.