

304 Anaphylaxis

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Policy

Anaphylaxis is a sudden and severe allergic reaction, which can be fatal, requiring immediate medical emergency measures be taken. The North Vancouver School District is committed to the principle of providing as safe a learning and teaching environment as possible for its students, staff and volunteers. While the School District cannot guarantee an allergen-free environment, it is expected that school staff, parents and children will take important steps to minimize the risk of potentially fatal anaphylactic reactions, without depriving the anaphylactic child of normal peer interactions or placing unreasonable restrictions on the activities of other children in the school. Accurate records, written protocols, staff education, parent(s)/guardian(s) support and classroom and school guidelines/policies should all be in place. Schools must take realistic and practical actions that will encourage the support of everyone involved. The goal is to educate school communities in order to minimize and reduce exposure to allergens.

The principal of the school is responsible for developing emergency procedure plans that create and maintain as safe and healthy an environment as possible for students who suffer from anaphylactic reactions. All members of the school community, including staff, parents, and students must collaborate to develop the safest environment possible. Schools in conjunction with parents, students and, if required, consultation with the Public Health Nurse (CHN) will develop *Anaphylaxis (Life Threatening Allergy) – Emergency Plans* and *Anaphylaxis Management Plans* for controlling risk when an anaphylactic child is under their care. These plans will be considered in the context of the anaphylactic child's age and maturity. As children mature, they should be expected to take increasing personal responsibility for avoidance of their specific allergens.

Administrative Procedures

Forms and documentation relating to the communication and prevention of life-threatening allergies are to be retained on electronic file at the school office. All of these are available in the resource *Vancouver Coastal Health and North Vancouver School District Emergency Medical Management at School: Guidelines for Schools*.

Identification of Students at Risk for Anaphylaxis

At the time of registration, using the district registration form parents are asked to report on their child's medical conditions, including whether their child has a medical diagnosis of anaphylaxis. Information on a student's life threatening conditions will be recorded and updated on the student's Permanent Student Record annually.

It is the responsibility of the parent/guardian to:

- Inform the school principal when their child is diagnosed as being at risk for anaphylaxis.
- In a timely manner, complete medical forms and the *Student Emergency Procedure Plan*, which includes a photograph, description of the child's allergy, emergency procedures, contact information, and consent to administer medication.
- Provide the school with updated medical information at the beginning of each school year, and whenever there is a significant change related to their child.

- Inform service providers of programs delivered on school property by non-school personnel of their child's anaphylaxis and care plan, as these programs are not the responsibility of the school.

It is strongly recommended anaphylactic students wear medical identifying information (e.g., MedicAlert® bracelet). The identifying information could alert others to the student's allergies and indicate that the student carries an epinephrine auto-injector. Information accessed through a special number on the identifying information can also assist first responders, such as paramedics, to access important information quickly. See www.medicalert.ca for ordering information.

Record Keeping – Monitoring and Reporting

For each identified student, the school principal will keep a *Student Emergency Procedure Plan* on file. These plans will contain the following information:

- Student-Level Information
 - Name
 - Contact information
 - Diagnosis
 - Symptoms
 - Emergency Response Plan
- School-Level Information
 - Emergency procedures/treatment
- Physician section including the student's diagnosis, medication and physician's signature.

It is the school principal's responsibility for collecting and managing the information on students' life threatening health conditions and reviewing that information annually to form part of the students' Permanent Student Record. This includes checking off the Medical Alert box in the upper right corner on the Permanent Student Record.

The school principal will also monitor and report information about anaphylactic incidents to the board of education in aggregate form (to include number of at-risk anaphylactic students and number of anaphylactic incidents) at a frequency and in a form as directed by the superintendent.

Emergency Procedure Plans

a) Student Level Emergency Procedure Plan

The school principal must ensure that the parents and student (where appropriate), are provided with an opportunity to meet with designated staff, prior to the beginning of each school year or as soon as possible to develop/update an individual *Student Emergency Procedure Plan*. The *Student Emergency Procedure Plan* must be signed by the student's parents and the student's physician. The *Student Emergency Procedure Plan* should be posted in key areas such as in the child's classroom, the office, the teacher's daybook, and food consumption areas (e.g., lunch rooms, cafeterias). Parental permission is required to post or distribute the plan.

The *Student Emergency Procedure Plan* will include at a 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)

4. Current emergency contact information for the student's parents/guardian
5. A requirement for those exposed to the plan to maintain the confidentiality of the student's personal health information
6. Information regarding the parent's responsibility for advising the school about any change/s in the student's condition
7. Information regarding the school's responsibility for updating records.

b) School Level Emergency Procedure Plan

Each school must develop a School Level Emergency Procedure Plan, which must include the following elements:

1. Administer the student's auto-injector (single dose, single-use) at the first sign of a reaction. Note time of administration. The use of epinephrine for a potentially life-threatening allergic reaction will not harm a normally healthy child, if epinephrine was not required
2. Call 911
3. Contact the child's parent/guardian
4. A second single dose-single use auto-injector may be administered within 10 to 15 minutes or sooner, after the first dose is given **IF** symptoms have not improved (i.e., the reaction is continuing, getting worse, or has recurred)
5. If an auto-injector has been administered, the student must be transported to a hospital via ambulance (the effects of the auto-injector may not last, and the student may have another anaphylactic reaction)
6. One person stays with the child at all times
7. One person goes for help or calls for help.

Precautions for Teachers Outside the Classroom (Field Trips)

Field trips are an extension of school and appropriate duties of care exist towards students. The school principal, or designated staff, must ensure that emergency plan measures are in place for scenarios where students are off-site (e.g., bringing additional single dose, single-use auto-injectors on field trips). However, field trips require informed consent from parents/guardians who must decide if a given field trip is appropriate for their child.

When a student with anaphylaxis is participating in a field trip activity:

- A cell phone, the student's *Anaphylaxis (Life Threatening Allergy) Information – Emergency Plan* and the student's EpiPen® should be taken on the field trip
- All adults accompanying students on a school outing should know who has anaphylaxis and where the EpiPen® is kept
- Students must not eat or drink at anytime, while in vehicles going to and returning from field trips if this will place the anaphylactic student at risk
- Students with anaphylaxis should only eat approved foods.

Provision and Storage of Medication

Children at risk of anaphylaxis who have demonstrated maturity should carry one single dose single use auto-injector with them at all times and have a back-up single dose single use auto-injector stored at the school in a central, easily accessible, unlocked location. For children who have not demonstrated maturity, their auto-injector(s) will be stored in a designated school location(s).

The location(s) of student auto-injectors must be known to all staff members and caregivers.

Parents will be informed that it is the parents' responsibility:

- To provide the appropriate medication (e.g., single dose, single-use epinephrine auto-injectors) for their anaphylactic child
- 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)
- To inform the school when they deem the child competent to carry their own medication/s (children who have demonstrated maturity, usually Grade 1 or Grade 2, should carry their own auto-injector), and it is their duty to ensure their child understands they must carry their medication on their person at all times
- To provide a second single dose single use auto-injector to be stored in a central, accessible, safe but unlocked location
- To ensure anaphylaxis medications have not expired
- To ensure that they replace expired medications.

Allergy Awareness, Prevention and Avoidance Strategies

a) Awareness

The school principal should ensure:

- That all members of the school community including substitute employees, employees on call, student teachers and volunteers have appropriate information about severe allergies including background information on allergies, anaphylaxis and safety procedures.
- With the consent of the parent, the principal and the classroom teacher must ensure that the student's classmates are provided with information on severe allergies in a manner that is appropriate for the age and maturity level of the students, and that strategies to reduce teasing and bullying are incorporated into this information.

Posters which describe signs and symptoms of anaphylaxis and how to administer a single dose, single-use auto-injector should be placed in relevant areas. These areas may include classrooms, office, staff room, lunch room and/or the cafeteria.

b) Avoidance/Prevention

Individuals at risk of anaphylaxis must learn to avoid specific triggers. While the key responsibility lies with the students at risk and their families, the school community must participate in creating an "allergy-aware" environment. Special care is taken to avoid exposure to allergy-causing substances. All parents are asked to consult with the teacher before sending in food to classrooms where there are food-allergic children. The risk of accidental exposure to a food allergen can be significantly diminished by means of such measures.

Given that anaphylaxis can be triggered by minute amounts of an allergen when ingested, students with food allergies must be encouraged to follow certain guidelines as outlined in the Student Responsibilities - Anaphylaxis Responsibility Checklist.

It is not necessary to attempt to designate an entire school as an area free of a specific allergen because the risk of anaphylaxis from airborne allergens is negligible. To reduce risk to an acceptable and realistic level, create "allergen aware" areas of the school:

- If possible, avoid using the classroom of an anaphylactic child as a lunchroom

- If the classroom must be used as a lunchroom, establish it as an “allergen-aware” area, using a cooperative approach with students and parents in the class
- Develop strategies for identifying high-risk areas for anaphylactic students (such as the library, computer room, music room, and gym). Establish these as “allergen-aware” areas. Discourage eating/drinking (other than water) in these areas.
- Posters which describe signs and symptoms of anaphylaxis and how to administer a single dose, single-use auto-injector should be placed in these areas.

It is recommended the parent share information in a meeting with other parents in the affected classroom, in consultation with the principal and/or Public Health Nurse, to explain the seriousness of the situation.

Principal (or designate) will send a letter to parents in the classroom requesting they not send the allergenic food or foods that may contain that ingredient. Provide parents with a listing of ways the offending food may be found in ingredient labels. Provide parents with sample lunch/snack ideas that do not contain the offending food. Consult with the Public Health Nurse or Community Nutritionist if required.

Training Strategy

At the earliest opportunity in each school year, a training session on anaphylaxis and anaphylactic shock will be held for all school staff and persons reasonably expected to have supervisory responsibility of school-age students and preschool age children participating in early learning programs (e.g., food service staff, volunteers, bus drivers, custodians).

Efforts shall be made to include the parents, and students (where appropriate), in the training. Experts (e.g., public health nurses, trained school district occupational health and safety staff) will be consulted in the development of training policies and the implementation of training. Training will be provided by individuals trained to teach anaphylaxis management.

The training sessions will include:

- Signs and symptoms of anaphylaxis
- Common allergens
- Avoidance strategies
- Emergency protocols
- Use of single dose, single-use epinephrine auto-injectors
- Identification of at-risk students (as outlined in the individual *Student Emergency Procedure Plan*)
- Emergency plans
- Method of communication with and strategies to educate and raise awareness of parents, students, employees and volunteers about anaphylaxis.

Additional Best Practice:

- Distinction between the needs of younger and older anaphylactic students.

Participants will have an opportunity to practise using an auto-injector trainer (i.e., device used for training purposes) and are encouraged to practise with the auto-injector trainers throughout the year, especially if they have a student at risk in their care.

Students will learn about anaphylaxis in a general assembly or special class presentations.