

AP 330

Allergic Shock (Anaphylaxis)

Background

The Abbotsford School District recognizes that there are students with diagnosed anaphylaxis and at-risk anaphylaxis. These students require planned care and support on and off school grounds and during school events (e.g. field trips, sporting events).

Procedures

1. Definitions

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

1.1.1 Symptoms - 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. ([Canadian Society of Allergy and Clinical Immunology, Anaphylaxis in Schools and Other Settings](#), pp. 6-7).

1.2 At-Risk Anaphylaxis is a condition that is diagnosed and/or stipulated by a Physician and communicated in writing by the Physician to the principal of the school that the student attends.

1.2.1 Symptoms - An anaphylactic reaction can involve any of the following symptoms, which may appear alone or in any combination, regardless of the triggering allergen:

- 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

1.2.2 The most dangerous symptoms of an allergic reaction involve (both of these symptoms may lead to death if untreated):

- Breathing difficulties caused by swelling of the airways; and

- A drop in blood pressure indicated by dizziness, lightheadedness or feeling faint/weak.
2. All students have the right to access public education.
 3. Students at risk of anaphylaxis have a right to a safe, healthy, learning environment.
 4. Some students suffer from life-threatening allergic reactions and the district expects that school administrators, teachers and support staff be informed and aware of the threat of allergic shock. They should know measures to reasonably avoid the allergens for affected students and be able to respond to an allergic reaction emergency.
 5. Schools can be expected to create an allergy aware environment but it is unrealistic to expect an allergen free environment, however, schools should be aware of the needs of students with at-risk anaphylaxis and diagnosed anaphylaxis.
 6. Responsibility
 - 1.1 Parents/guardians of students are responsible for informing the school about their student's potential risk for anaphylaxis and for ensuring the provision of ongoing health support services.
 - 1.2 The safety, health and well-being of students is a shared responsibility among parents/guardians, students, the health care community, school employees and the Abbotsford School District.
 - 1.3 School principals have overall responsibility for student safety in school, including:
 - Implementation of anaphylaxis safety plans in accordance with the requirements of the Abbotsford School District procedures.
 - Ensuring that all school-based staff are trained by Nursing Support Services on how to respond to an anaphylaxis emergency.
 7. Duty to Assist
 - 7.1 Every employee has a duty to render assistance to a student in an emergency situation to the extent that is reasonable for a person(s) without medical training.
 8. Prevention
 - 8.1 The Board of Education will minimize the risk of anaphylaxis due to allergens, without depriving the at-risk student of normal peer relations or placing unreasonable restrictions on other students.

9. Information and Awareness - In order for school personnel to effectively respond to life-threatening allergic shock reactions the following guidelines are recommended. The principal shall communicate to all school community members (students, parents, teachers, volunteers, etc.) the district's protocol regarding Anaphylaxis.
 - 9.1 Record Keeping, Monitoring and Reporting - The school principal has the responsibility for keeping an accurate record for each student at risk of life threatening allergies. The record shall include the student's Anaphylaxis Emergency Plan.
 - 9.2 The Principal shall:
 - Ensure that identified anaphylactic students have an 'Anaphylaxis Emergency Plan'.
 - Ensure all forms are up to date, placed in an appropriate location for all staff to access, and that medication(s) have not expired.
 - Record information relating to the specific allergy(s) for each identified anaphylactic student to form part of the student's permanent student record.
 - Report annually all anaphylactic incidents, in aggregate form, to the Board.
 - 1.3 The school district shall report to the Ministry of Education annually, with respect to the anaphylaxis protocols and implementation.
 - 1.4 Parents and/or Guardians shall:
 - Upon registration, identify children with anaphylaxis to the school principal.
 - Complete the 'Anaphylaxis Emergency Plan' form.
 - Identify allergens that trigger reaction.
 - Describe the treatment protocol signed by a physician.
 - Provide an adequate and current supply of auto-injectors (or other medications) as per the Emergency Plan.
 - Update the child's condition whenever there is a significant change related to the child.
 - Authorize permission for the posting and sharing of the child's photographs and medical information normally contained in the medical alert form.
 - Provide a medical alert bracelet to be worn by the student at all times.
(For those with financial need, [Medic Alert](#)® may provide financial assistance to obtain their products.
 - 1.5 School Staff - The principal shall ensure that:
 - All staff is alerted and the student is identified to the staff.
 - All staff is alerted to administrative protocols and emergency response protocol on managing anaphylaxis.
 - Completed '[Anaphylaxis Emergency Plan](#)' forms are placed in key locations (i.e. School office, P.E. office, etc.)
 - Parents are included in the decision to post information.
 - All staff should know the location of the auto-injectors.

- 1.6 Sharing Information with Parents and Parent Organizations
- Principals should inform parents of the presence of a student with life threatening allergies in their child's classroom and/or school and the measures being taken to protect the student.
 - Parents should be asked to cooperate and avoid including the allergen in school lunches and snacks.
 - Parents may be informed of alternative foods to the allergen, food labeling, ingredient lists to be provided when food is being brought from home.
10. Avoidance and Awareness of Allergens in the School Setting - The following recommendations should be considered in the context of the anaphylactic student's age and maturity:
- As a student matures they should be expected to take increasing personal responsibility for avoidance of their specific allergens.
 - The balance to be achieved in allergen avoidance is to find ways to minimize the risk of exposure without depriving the anaphylactic student of normal peer interactions or placing unreasonable restrictions on the activities of other students in the school.
 - It is understood that schools and classrooms will exercise discretion in adapting to the needs of individual students and the allergens which trigger reactions.
- 10.1 Ideas for Providing Allergen-Aware Areas - While it is impossible to eliminate all potential allergens from the school environment, it is expected that the principal will develop realistic strategies with parents and staff to create an allergen-aware environment to minimize risk for all members of the school community.
- Where the classroom is used as a lunch room, establish it as an allergen aware area, using a cooperative approach with students and parents. Discourage the sharing of food, utensils and containers.
 - Develop strategies for monitoring allergen-aware areas including safe eating areas. Such strategies may include hand and surface washing routines.
 - Identify high-risk areas for anaphylactic students.
 - Sources of contamination may exist outside designated eating areas within the school. The anaphylactic child, the child's teacher and the child's parent should also consider possible sources of allergens such as:
 - Curricular materials such as: play-dough, stuffed toys, science projects, and other manipulatives possibly contaminated in normal use.
 - Foods or beverages brought to school for seasonal events including traditional Canadian holidays, celebrations and/or multi-cultural events.
 - School equipment, including computer keyboards, musical instruments, locks/lockers, and trash containers.
- 10.2 Field Trips Ideas - In addition to the usual school safety precautions applying to field trips, the following procedures should be in place to protect the anaphylactic child:
- Require all supervisors, staff and parents be aware of the identity of the anaphylactic child, the allergens, symptoms and treatment.
 - Ensure that the auto-injector is brought on the field trip by the supervisor.

11. Training

11.1 The Principal will, on an annual basis:

- Ensure that all school-based staff who are reasonably expected to have supervisory responsibility are provided an orientation/in-service on anaphylaxis, including, but not limited to, administrators, clerks, teachers, teacher assistants, noon hour supervisors, bus drivers and volunteers.
- Ensure that all school-based staff is trained on how to respond to an anaphylaxis emergency.
- Ensure that training on anaphylaxis is completed through the Public Health Nurse and includes, but is not be limited to, the following:
 - i. An overview of the emergency plan(s), including emergency protocols to deal with an anaphylaxis episode, and the use of epinephrine auto-injector.
 - ii. Information on which students in the school have been diagnosed with anaphylaxis.
 - Signs, symptoms and information about the potential sources of specified allergens including visible and hidden food sources of allergens such as processed foods.
 - An overview of avoidance strategies concerning anaphylaxis, emergency protocols, and the use of an epinephrine auto-injector
- Ensure that any and all staff, including teachers, teacher assistants, school clerical staff and bus drivers who have a student diagnosed with anaphylaxis, receive specific information and training concerning the student. This training should include information, and wherever possible, the participation from the parent and child.
- Ensure the training noted above, has been completed prior to September 15th of each school year. An additional training session could be provided in January of that school year.

12. Emergency Response Protocol

12.1 A separate emergency plan should be developed for each anaphylactic child in collaboration with the Public Health Nurse. It is the parent's responsibility to provide the 'Anaphylaxis Emergency Plan' form [AP 330-1 Anaphylaxis Emergency Plan](#), signed by the family physician, to the school principal on the first day of school or upon the date of registration. The plan is to be signed by the parent and physician (child should sign when age appropriate).

13. Emergency Plans

13.1 The 'Anaphylaxis Emergency Plan' form shall be updated annually or as required.

13.2 The Plan shall be communicated to the relevant teachers and support staff, volunteers and classmates.

Appendix [AP 330-1 Anaphylaxis Emergency Plan](#)

References [AP 326 – Student Illness or Injury at School](#)

[AP 327 – Medical Alert Conditions](#)

[AP 328 – Administration of Medication to Students](#)

www.bced.gov.bc.ca/health/tools.htm

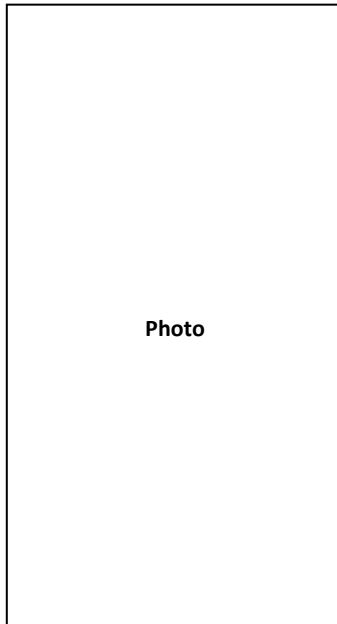
- [Allergy Safe Communities](#)
- [Anaphylaxis – A Handbook for School Boards](#)
- [Anaphylaxis Protection Order – Ministerial Order 232/07](#)
- [BC Anaphylactic and Child Safety Framework 2007](#)
- [BC Ministry of Education Core Anaphylaxis Resources](#)
- [Severe Food Allergies in Children – Ministry of Health](#)

Last Revised: March 2014

AP 330-1 Anaphylaxis Emergency Plan

 (Student Name)

This Person has a potentially life-threatening allergy (anaphylaxis) to:



Check the appropriate box(es):

<input type="checkbox"/>	Peanut	<input type="checkbox"/>	Tree Nuts
<input type="checkbox"/>	Egg	<input type="checkbox"/>	Milk
<input type="checkbox"/>	Insect Sting	<input type="checkbox"/>	Medication: _____
<input type="checkbox"/>	Latex	<input type="checkbox"/>	Other: _____

Food: The key to preventing an anaphylactic emergency is absolute avoidance of the allergen. People with food allergies should not share food or eat unmarked/bulk foods or products with a 'may contain' warning.

Epinephrine Auto-Injector: Expiry Date _____

Dosage: EpiPen® Jr 0.15 mg EpiPen® 0.30 mg

Location of Auto-Injector(s): _____

(or student will carry his/her own medication)

Asthmatic: Person is at greater risk. If person is having a reaction and has difficulty breathing, give epinephrine auto-injector before asthma medication.

A person having an anaphylactic reaction might have ANY of these signs and symptoms:

- **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.

Early recognition of symptoms and immediate treatment could save a person's life.

Act quickly. The first signs of a reaction can be mild, but symptoms can get worse very quickly.

- 1. Give epinephrine auto-injector** (e.g. EpiPen® or Twinject™) at the first sign of a reaction occurring in conjunction with a known or suspected contact with allergen. Give a second dose in 5 to 10 minutes or sooner **IF** the reaction continues or worsens.
- 2. Call 911.** Tell them someone is having a life-threatening allergic reaction. Ask them to send an ambulance immediately.
- 3. Go to the nearest hospital,** even if symptoms are mild or have stopped. Stay in the hospital for an appropriate period of observation, generally 4 hours, but at the discretion of the ER physician. The reaction could return.
- 4. Call contact person.** (see info on following page)

Emergency Contact Information:

Name	Relationship	Home Phone	Work Phone	Cell Phone

The undersigned patient, parent or guardian authorizes any adult to administer epinephrine to the above-named person in the event of an anaphylactic reaction as described above. This protocol has been recommended by the patient's physician, and has been reviewed with the patient/child and the parent/guardian.

Patient/Parent/Guardian Signature

Date

Physician Signature

Date