



ANAPHYLAXIS

APPROVED: 2008.11.25
Revised: 2009.04.28

POLICY

The Board of Education is committed to providing as safe a learning environment as possible for its students. While the Board cannot guarantee an allergen-free environment, it is expected that school staff, parents and students will take the necessary steps toward providing an allergy-safe and allergy-aware environment for students with life-threatening allergies.

DEFINITIONS:

“Anaphylaxis” (also known as allergic shock or a generalized allergic reaction) is a severe allergic reaction that can lead to rapid death if left untreated. Common causes include food, latex, insect stings, medication and exercise.

Responsibility Centre: Assistant Superintendents

References: Ministerial Order 232/07 – Anaphylaxis Protection Order

“British Columbia Anaphylactic and Child Safety Framework” – Ministry of
Education, September 2007



ANAPHYLAXIS

PREAMBLE

This policy has been developed with the understanding that there is no such thing as an allergen-free school. Within this context, this policy is designed as an enabling framework of strategies and responsibilities for the development and maintenance of a safer learning environment for all students.

Approved: 2008.11.25



ANAPHYLAXIS

REGULATIONS:

1. All schools in School District No. 57 must implement the steps outlined in the Anaphylaxis Protection Order (Ministerial Order 232/07). Therefore, the principal of each school shall ensure that the following procedures and processes exist:
 - 1.1. A process for identifying anaphylactic students.
 - 1.2. A process for keeping a record with information relating to the specific allergies for each identified anaphylactic students, to form part of the student's Permanent Student Record.
 - 1.3. A process for establishing an emergency plan, to be reviewed annually, for each identified anaphylactic student, to form part of the student record.
 - 1.4. An education plan for anaphylactic students and their parents, to encourage the use of Medic Alert identification by anaphylactic students.
 - 1.5. Procedures for storing and administering medications, in accordance with the "British Columbia Anaphylactic and Child Safety Framework" (Ministry of Education, September 2007), including:
 - 1.5.1. Procedures for obtaining pre-authorization for employees to administer medication to an anaphylactic student.
 - 1.5.2. Procedures for permitting employees to administer medication to an anaphylactic student in an emergency where there is not pre-authorization.
2. The Superintendent of Schools will collect data from schools regarding anaphylactic incidents and provide an annual report to the Board of Education.
3. The Secretary Treasurer will ensure that the company contracted to provide student transportation for the school district has in place emergency procedures related to anaphylaxis.

Approved: 2008.11.25

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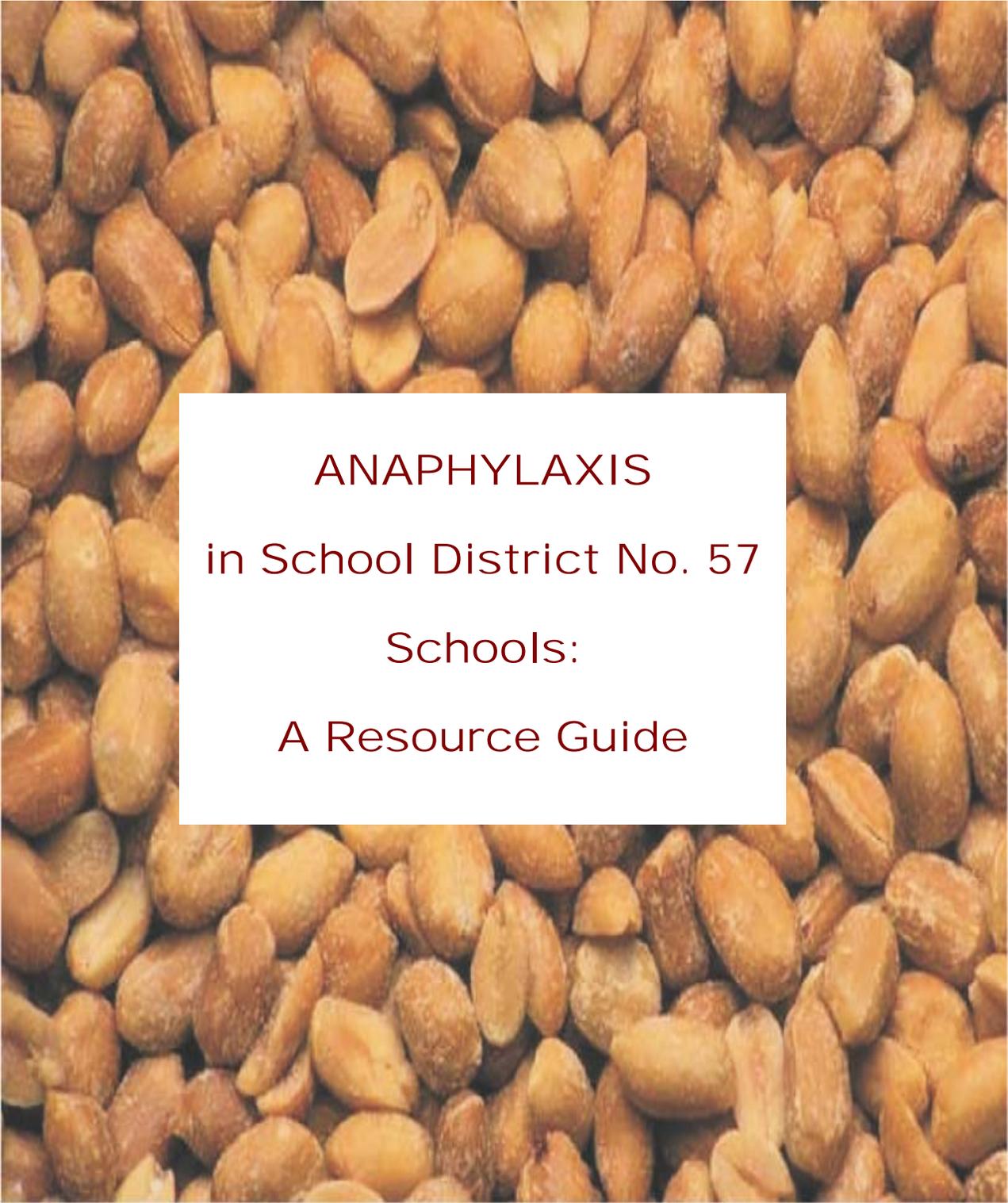
ANAPHYLAXIS

ADMINISTRATIVE PROCEDURES:

1. In order to comply with Ministerial Order 232/07, principals shall implement the procedures outlined in School District No. 57's "Anaphylaxis in School District No. 57 Schools: A Resource Guide" (see appendix).

Approved: 2008.11.25





ANAPHYLAXIS
in School District No. 57
Schools:
A Resource Guide



School District No. 57
(Prince George)

September 2008

Revised: April 2009

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Original Document: 1999

Committee Members

- Dr. Carl Anserello, School Services Administrator (Chair)
- Dorothy Armstrong, Public Health Nurse, Northern Interior Health Unit
- Carol Brain, Principal, Wildwood Elementary School
- Tony Cable, Principal, Hart Highlands Elementary
- Pat Ellis, Parent, Carney Hill Elementary School
- Kelly Harris, Parent, Springwood Elementary School
- Judy Kennedy, School Social Worker
- Laura Stewart, Teacher, Gladstone Elementary School
- Rachel Lecher, Public Health Nurse, NIHU
- Tara Mackenzie, Public Health Nurse, NINU
- Darlene Molendyk, Public Health Nurse, formerly of NIHU

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Consultation and Feedback Provided by:

- Saima Fewster, District Resource Teacher (Chair)
- Karen Wonders, Program Manager, Northern Health Authority
- Kim Shannon, NSSP Coordinator, Northern Health Authority
- Carolyn Feldinger, NSSP Coordinator, Northern Health Authority
- Anne Smith, Principal, Shady Valley & Salmon Valley Elementary Schools

INTRODUCTION

Anaphylaxis is a sudden and severe allergic reaction, which can be fatal, requiring immediate medical emergency measures to be taken. Potential life-threatening allergens include:

- foods such as eggs, milk, peanuts and other nut products and some food additives
- insect venom from bees, wasps, hornets and some ants
- medications such as penicillin and sulfa drugs
- gloves or medical devices made of latex

School District No. 57 (Prince George) is committed to providing a safe learning environment for students who are at risk from life-threatening allergic reactions while under school supervision. Even though each child's situation is unique, this guide outlines consistent strategies to be put in place at every school. Parent/caregiver involvement in all phases of planning for a particular student must be encouraged, as it can result in the greatest degree of success and community acceptance.

REFERENCES

- Ministerial Order 232/07 – Anaphylaxis Prevention Order
- “British Columbia Anaphylactic and Child Safety Framework” – Ministry of Education, September 2007

ANAPHYLAXIS PROCEDURES

The following procedures have been approved by School District No. 57 (Prince George), in consultation with the Northern Interior Regional Health Board.

1. Description of Anaphylaxis

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 rare 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 reaction to reaction in the same person.

While the exact prevalence is unknown, it has been estimated that more than 600,000, or 1% to 2% of Canadians are at risk of anaphylaxis (from food and insect allergies) and that up to 6% of children less than three years of age are at risk.¹ In the school-age population, it is estimated that between 2% and 4% of children are at risk of anaphylactic reactions to foods.

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 or tightness, nasal congestion or hay fever-like symptoms (runny, itchy nose and watery eyes), trouble swallowing
- **Gastrointestinal (stomach):** nausea, pain or cramps, vomiting, diarrhea
- **Cardiovascular (heart):** pale or blue colouring, weak pulse, passing out, dizziness or light-headedness, shock
- **Other:** anxiety, feeling of “impending doom”, headache, uterine cramps in females

¹ Canadian Society of Allergy and Clinical Immunology, “Anaphylaxis in Schools and Other Settings”, 2005

Because of the unpredictability of reactions, early symptoms should never be ignored,² especially if the person has suffered an anaphylactic reaction in the past.

It is important to note that anaphylaxis can occur without hives.

If an allergic student expresses any concern that a reaction might be starting, the student should always be taken seriously. When a reaction begins, it is important to respond immediately, following instructions in the student's Student Emergency Procedure Plan. The cause of the reaction can be investigated later.

The following symptoms may lead to death if untreated:

- Breathing difficulties caused by swelling of the airways
- A drop in blood pressure indicated by dizziness, light-headedness or feeling faint or weak.

2. Identifying Individuals at Risk

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. 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.³
- 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.

² Training strategies need to address the need for a rapid emergency response when symptoms of an anaphylactic reaction appear. Students may be in denial, or unaware, that they are experiencing an anaphylactic reaction.

³ A section for parental consent is included on the Student Emergency Procedure Plan.

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

The school will contact anaphylactic students and their parents to encourage the use of medical identifying information (e.g. MedicAlert® bracelet). The identifying information could alert others to the student's allergies and indicate that the student carried an epinephrine auto-injector. Information accessed through a special number of the identifying information can also assist first responders, such as paramedics, to access important information quickly.

3. Record-Keeping – Monitoring and Reporting

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

- Student information
 - Student name
 - Contact information
 - Diagnosis
 - Symptoms
 - Emergency response plan
- School-level information
 - Emergency procedures/treatment
- “Request for Administration of Medication at School” form, including the student's diagnosis, medication and physician's signature. This form must be updated by the physician each September.

It is the school principal's responsibility to collect and manage the information on students' life-threatening health conditions and review that information annually.

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

4. 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 or update an individual Student Emergency Procedure Plan. The plan must be signed by the parents and the student's physician. A copy of the plan will be placed in readily accessible, designated areas, such as the classroom and office.

The Student Emergency Procedure Plan will include, at a minimum:

- the diagnosis;
- the current treatment regimen;
- who within the school community is to be informed about the plan, e.g. teachers, volunteers, classmates;
- current emergency contact information for the student's parents/guardians;
- a requirement for those exposed to the plan to maintain the confidentiality of the student's personal health information;⁴
- information regarding the parent's responsibility for advising the school about any change(s) in the student's condition;
- 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) at the first sign of a reaction. (The use of epinephrine for a potentially life-threatening allergic reaction will not harm a normally healthy child if epinephrine was not required.) Note time of administration.
2. Call emergency medical care (911).
3. Contact the child's parent/guardian.

⁴ To be in compliance with the *Freedom of Information and Protection of Privacy Act*.

4. A second 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. (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.

The school principal, or designated staff, must ensure that emergency plan measures are in place for scenarios where students are off-site (e.g. bring additional single-dose auto-injectors on field trips).

5. Provision and Storage of Medication

Children at risk of anaphylaxis who have demonstrated maturity⁵ should carry one auto-injector with them at all times and have a backup auto-injector stored at the school in a central, easily accessible, unlocked location. For children who have not demonstrated maturity, auto-injectors will be stored in a designated school location.

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 epinephrine auto-injectors) for their anaphylactic child;
- inform the school where the anaphylactic child's medication will be kept (i.e. with the child, in the child's classroom and/or other locations).
- inform the school when they deem the child competent to carry their own medication (children who have demonstrated maturity, usually Grade 1 or 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.
- Provide a second auto-injector to be stored in a central, accessible, safe but unlocked location;

⁵ As determined by the child's parents.

- Ensure that anaphylaxis medications have not expired; and
- Ensure that they replace expired medications.

6. Allergy Awareness, Prevention and Avoidance Strategies

a) Awareness

The school principal should ensure:

- That a communication strategy is developed to 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.
- That the transportation department is notified of all registered bus students who are at risk for anaphylaxis.
- With the consent of the parent/guardian, 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 their age and maturity levels and that strategies to reduce teasing and bullying are incorporated into this information.

Posters that describe signs and symptoms of anaphylaxis and how to administer a single-dose auto-injector should be placed in relevant areas. These may include classrooms, office, staff room, lunch room and/or 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 must be taken to avoid exposure to allergy-causing substances. Parents should 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:

- Eat only food that they have brought from home, unless it is packaged, clearly labeled and approved by their parents (*elementary schools*).
- If eating in a cafeteria, ensure that food service staff understand the life-threatening nature of their allergy. When in doubt, avoid the food item in question.
- Wash hands before and after eating.
- Not share food, utensils or containers.
- Place food on a napkin or wax paper rather than in direct contact with a desk or table.

Non-food allergens (e.g. medications, latex) will be identified and restricted from classrooms and common areas where a child with a related allergy may encounter that substance.

7. Training Strategy

The school principal should ensure that all staff and persons reasonably expected to have supervisory responsibility for school-age students and children participating in early learning programs, (e.g. food service staff, volunteers, custodians) receive training in the recognition of a severe allergic reaction and the use of single-dose auto-injectors and standard emergency procedure plans.

Efforts shall be made to include the parents and students (where appropriate) in the training. Experts (e.g. public health nurses, trained 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. School health nurses are also available to provide follow-up consultation.

The training sessions will include:

- signs and symptoms of anaphylaxis
- common allergens
- avoidance strategies
- emergency protocols

- use of single-dose 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 education 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 practice using an auto-injector trainer (i.e. device used for training purposes) and are encouraged to practice 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.

8. Core Anaphylaxis Resources

The Ministry of Education, in collaboration with the Ministry of Health and the B.C. School Trustees' Association, has compiled a number of anaphylaxis resources to support schools. These resources can be accessed at www.bced.gov.bc.ca/health/tools.htm.

Resources at this site include links to:

- Allergy Safe Communities
- Anaphylaxis – A Handbook for School Boards
- Anaphylaxis Protection Order
- B.C. Anaphylactic and Child Safety Framework 2007
- B.C. Ministry of Education Anaphylaxis Resources for Schools
- Severe Food Allergies in Children

The following appendices provide key documents and information to support the implementation of the policy and procedures outlined in this guide.

APPENDICES

- Anaphylactic Student Emergency Procedure Plan
- Request for Administration of Medication at School
- Medical Alert Form
- Anaphylaxis Incident Review Form
- Division of Responsibilities
- Anaphylaxis Management Action Steps - Flowchart
- Anaphylaxis Overview – Handout
- Preventing Anaphylaxis: Follow the Three A's
- Epi-Pen Instructions
- Avoidance of Allergens
- Anaphylaxis Teaching Plan

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Anaphylactic Student Emergency Procedure Plan

Parent/Guardian please complete:	
Student's Name: _____	
Date of Birth: _____ (Y/M/D)	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Parent/Guardian: _____	Daytime Phone: _____
Emergency Contact: _____	Daytime Phone: _____
Physician: _____	Daytime Phone: _____ Fax: _____
Description of Emergency Condition:	
Allergen: (Do not include antibiotics or other drugs)	
<input type="checkbox"/> Peanuts <input type="checkbox"/> Nuts <input type="checkbox"/> Dairy Other food _____	
<input type="checkbox"/> Insects <input type="checkbox"/> Latex <input type="checkbox"/> Other _____	
Symptoms:	

Emergency Protocol:	

EMERGENCY MEDICATION:	
Name of emergency medication: _____	
Dosage: _____	
<u>NOTE: Emergency medication must be a single-dose auto-injector for school setting.</u>	

Parent/Guardian please complete with principal:		
School Year: _____	School Name: _____	
Date: _____	School Principal: _____	
Discussed and reviewed Division of Responsibilities list	yes	no
Emergency response staff training scheduled	yes	no
Avoidance of allergen precautions in school discussed	yes	no
“Request for Administration of Medication at School” form completed	yes	no
Two auto-injectors provided to schools	yes	no
Student aware of how to administer	yes	no
Auto-injector locations:	_____	

Action Plan Review Date: _____	Principal’s Signature: _____	
<p>Your child’s personal information is collected under the authority of the School Act and the Freedom of Information and Protection of Privacy Act. The Board of Education may use your child’s personal information for the purposes of:</p> <ul style="list-style-type: none"> • Health, safety treatment and protection • Emergency care and response <p>If you have any questions about the collection of your child's personal information, please contact the school principal directly. By signing this form, you give your consent to the Board of Education to disclose your child's personal information to school staff and persons reasonably expected to have supervisory responsibility of school-age students and preschool age children participating in early learning programs (as outlined in the <i>BC Anaphylactic and Child Safety Framework 2007</i>) for the above purposes. This consent is valid and in effect until it is revoked in writing by you.</p>		
_____	_____	
Parent/Guardian Signature	Date (YYYY.MM.DD)	

Copy to Transportation Department, if student is a registered bus student.



REQUEST FOR ADMINISTRATION OF MEDICATION AT SCHOOL

"A" – PARENT / GUARDIAN COMPLETES

STUDENT'S NAME

Parent / Guardian Name:

Home Phone:

Work:

Physician's Name:

Phone:

(Photo here)

I request the school to give medication as detailed below to my child named above. I will notify the school promptly of any changes in the prescription of this medication.

Signature of Parent / Guardian:

Date:

"B" PHYSICIAN COMPLETES

Condition requiring medication:

Name of Medication

Dosage

Instructions:

Medicine storage instructions:

Additional comments / instructions:

Physician's Signature

Date

"C" SCHOOL PERSONNEL INSTRUCTED AND AUTHORIZED TO ADMINISTER THE ABOVE MEDICATION:

NAME

SIGNATURE

DATE



MEDICAL ALERT

STUDENT'S NAME: _____

DOB _____ **Care Card No.** _____

Parent 1 Name _____ **Phone No.** _____

Parent 2 Name _____ **Phone No.** _____

Emergency Contact _____ **Phone No.** _____

Physician _____ **Phone No.** _____

Medical Problem: _____

Symptoms and conditions to watch for: _____

Instructions in case of the above: _____

Is medication required? Yes No (Circle One)
(If yes, see "Request for Administration of Medication at School" Form)

Training of School Staff:

Staff Members	Date of Training	Trainer (parent, nurse or both)

Date Reviewed (must be reviewed annually):

Date:	Signature	Date	Signature

I give permission for my child's photo to be placed on the Medical Alert List and the Student Emergency Procedure Plan.

Signature: _____ Date: _____

ANAPHYLAXIS INCIDENT REVIEW FORM

Name of School: _____
Person Completing Form: _____
Persons attending review meeting: _____

(Suggested attendees: principal, teacher, public health nurse, parent(s)/guardian(s), and relevant school staff)
Date of Report: _____ Time: _____

Nature of Concern/Incident: _____

Date Concern/Incident Occurred: _____ Time: _____
Place: _____
Individuals Involved: _____
(request attendance at review meeting)

Details of the Concern/Incident*:
(attach a separate sheet of notes if required)

Actions Taken:

Follow-up plan & date:

***Gather Information:** *What happened before, during and after the incident? Your response? Their response (Include words and actions)? Witnesses? How did it end? Previous report of concern/incident?*

Signature of Principal: _____
Signature of PHN: _____
Signature of Parent/Guardian: _____

Copies to: Student's file Assistant Superintendent Parent Public Health Nurse
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DIVISION OF RESPONSIBILITIES

Principal's Responsibilities

- Be aware of the district's Anaphylaxis Policy and your responsibilities for keeping students with anaphylactic allergies safe while at school and while participating in school-related activities.
- Inform the parent of the Anaphylaxis Policy and intent to provide a safe environment for students with life threatening allergies.
- Request parent pick up and complete **Student Emergency Procedure Plan (SEPP)**.
- Set up a time to meet with the parent, teacher and public health nurse to review the SEPP and complete an **Anaphylaxis Action Plan (AAP)**.
- Acquire information on ambulance response time to your particular school.
- If an anaphylactic incident occurs, conduct an incident review meeting and record information on the **Anaphylaxis Incident Review** form.

Develop the Anaphylaxis Action Plan (AAP):

- Review responsibilities of the parent, student, teacher, principal and public health nurse in developing and implementing the plan.
- Request parent to ensure student wears a Medical Alert bracelet or necklace.
- Encourage parent to return completed SEPP and provide two current single dose auto-injectors.
- Ensure that the parent knows where the auto-injectors are located in the school.
- Determine when the AAP should be reviewed and write this date on the SEPP.
- For students with food allergies, determine if a "Child in Classroom with Anaphylaxis" letter should be sent to other classroom parents informing them of a student in the class with anaphylaxis. These letters should be sent out as early as possible in the school year.
- Request parent's permission to use student's picture on the SEPP.
- Provide everyone with a signed copy of the AAP.
- Consult with the Public Health Nurse as needed.

Inform involved school staff:

- Activate the student's computer record "MEDI" screen, which indicates the student has a life-threatening health condition.
- Provide a safe unlocked storage area for single dose auto-injectors.

- Inform staff and public health nurse of the location of single dose auto-injectors, and the SEPP.
- Place a copy of the SEPP in appropriate classrooms, staff room and central designated areas (consult the parent/guardian before posting the child's plan – it should be kept in areas which are accessible to staff, while respecting the privacy of the child – e.g. staff room, lunch room or cafeteria. Older children are often more reluctant to have their plan posted in the classroom where it is visible to all).
- Provide a copy of the SEPP to teacher and involved school staff.
- Inform involved staff of their responsibilities for student safety in the classroom, on school grounds and during field trips/co-curricular/extra-curricular activities.
- Ensure that the Transportation Department is notified, if the student is a registered bus student.

Request assistance from Public Health Nurse to:

- Review the completed SEPP and use of single dose auto-injectors.
- Provide allergen avoidance education.
- Provide anaphylaxis management education, including a demonstration on the use of single dose auto-injectors to school staff and persons reasonably expected to have supervisory responsibility of school-age students (e.g. food service staff, volunteers, bus drivers, custodians). The entire student population should be educated on the seriousness of anaphylaxis and be taught how to help their peers (also include that bullying and teasing students at risk of anaphylaxis is unacceptable).
- Assist with development of “allergy awareness” education of classmates.

Teacher/Staff/Supervising Adult Responsibilities

- Be familiar with the names of, and be able to recognize, anaphylactic students in your class and school. Be familiar with the student's SEPP, and location of single dose auto-injectors.
- Incorporate allergy avoidance procedures into classroom rules.
- Inform teacher on-call of student with anaphylaxis, emergency treatment and location of single dose auto-injectors.
- Ensure that guest facilitators for cultural events/programs are aware of allergy considerations.
- Create a positive and helpful attitude in the classroom toward student with anaphylaxis.
- In consultation with parent/student/public health nurse, provide students with age-appropriate “allergy awareness” education.

For students with food allergies:

- In consultation with the public health nurse, develop an “allergy safe” classroom for student with food allergies.
- Encourage students to NOT share food, drinks or utensils.
- Encourage a non-isolating eating environment for student with food allergy (student should eat in classroom with classmates).
- Encourage all students to wash their hands before and after meals/snacks with soap and water.
- Encourage the washing of desks after meals/snacks with soapy water.
- Do not use foods in crafts (e.g. *some tempera paints may contain egg, peanut butter feeders. See School Activities and Food Allergens Resource Document for more examples*).

On field trips/co-curricular/extra-curricular activities:

- Take a copy of the SEPP.
- Take a cellular phone.
- Take back-up single dose auto-injectors and ensure anaphylactic students are also carrying their single dose auto-injector with them (maturity to do so is defined by their parent).
- Be aware of anaphylaxis exposure risk (food and insect allergies).
- Inform supervising adults of student with anaphylaxis and emergency treatment.
- Request supervising adults to sit near student in vehicle (or bus).

Parent Responsibilities

- Inform school staff and classroom teacher of your child’s allergy.
- Ensure your child is aware of his/her allergy and of ways to avoid anaphylactic reactions.
- Ensure your child is aware of signs and symptoms of an anaphylactic reaction.
- Encourage your child to tell an adult if he/she is having an allergic reaction.
- Pick up a SEPP form and in conjunction with your physician, fill in the appropriate sections.
- Set up a time with the principal to review the completed SEPP and develop the AAP.
- In consultation with principal, teacher and public health nurse, develop a plan (AAP) to keep your child safe from anaphylactic reactions while in school.

- Provide two current single dose auto-injectors for school use. Consult with the teacher/principal to determine where the primary and back-up single dose auto-injectors will be located.
- Inform school staff of your child's ability to carry his/her single dose auto-injector on his/her person (if they have demonstrated maturity).
- If your child is not able to carry his/her single dose auto-injector on his/her person, in consultation with teacher/principal, determine where the primary single dose auto-injector should be located.
- Provide consent that allows school staff to use a single dose auto-injector when they consider it necessary in an allergic emergency.
- Ensure your child knows where his/her single dose auto-injector is kept.
- Teach your child to administer his/her own single dose auto-injector.
- Ensure your child wears a Medical Alert bracelet or necklace.
- In consultation with classroom teacher and public health nurse determine your role in providing "allergy awareness" education for classmates.
- Notify the principal if there is a change in your child's allergy condition or treatment.

If your child has a food allergy:

- Ensure your child knows to only eat food and drinks brought from home.
- Provide the school with non-perishable foods (in case child's lunch is forgotten at home) and safe snacks for special occasions.
- Be informed of strategies in place for developing an "allergy safe" classroom.
- Communicate with school staff about field trip arrangements.
- Meet with food service staff to inquire about allergen management policies and menu items, if your child is to eat foods prepared at school.

If your child has a dual diagnosis of anaphylaxis and asthma, ensure they are educated to:

- Learn the importance of controlling their asthma.
- Always carry their asthma medication.
- If they are unclear as to whether they are experiencing an anaphylactic reaction or an asthma attack, the single dose auto-injector should be used first.

Student Responsibilities

- Be aware of risks for anaphylactic reactions and take responsibility to avoid these.
- Know the signs and symptoms of anaphylaxis.
- Let an adult know if you think you might be having an anaphylactic reaction.

- If you carry a single dose auto-injector, keep it with you in a secure spot (e.g. a pocket with a zipper or a fanny pack) at all times. (Students should be encouraged to carry their own single dose auto-injector when age appropriate).
- Wear a Medical Alert bracelet or necklace at all times.
- Tell friends about your allergy and be sure they know where your auto-injector is kept.
- If you have food allergies:
 - Eat only food and drinks brought from home.
 - Do not share utensils, cups or straws.
 - Do not share lipsticks or lip moisturizers.
 - Be sure you know your school's avoidance and prevention strategies.

Responsibilities of All Students

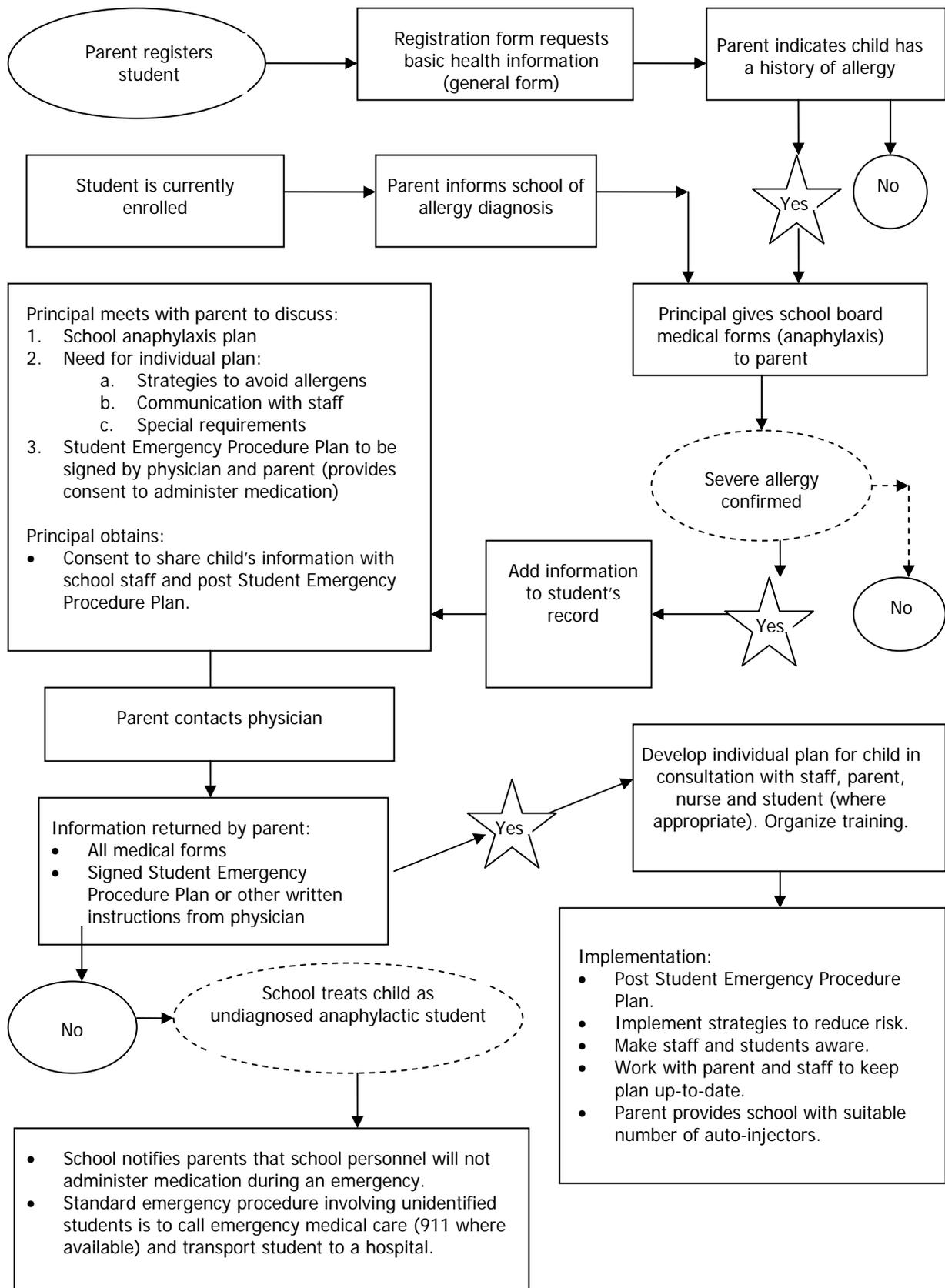
- Learn to recognize symptoms of anaphylactic reactions.
- Avoid sharing food.
- Wash your hands before/after meals and snacks.
- Follow school rules about keeping allergens out the classroom.
- Share allergy awareness information with parents.
- Be considerate and helpful to students with anaphylaxis.

Public Health Nurse Responsibilities

- Review medical information on students in the schools you service.
- Inform principal of students known to have anaphylaxis.
- Consult with and provide information about anaphylaxis to parents, students and school staff.
- Participate in planning school emergency procedures and developing SEPPs with school staff.
- Assist in the development of staff education on anaphylaxis and safety procedures training.
- Participate in training sessions, including a demonstration of the use of single dose auto-injectors.
- Participate in the Incident Review process, either by attending the review meeting or providing feedback to an Incident Review form submitted by the principal.

Sample Action Steps for Anaphylaxis Management

<http://www.bcsta.org/anaphylaxis>



ANAPHYLAXIS

- A sudden and severe allergic reaction, which can be fatal, requiring immediate medical emergency measures be taken
- 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 symptoms can vary from person to person and sometimes from attack to attack in the same person.

COMMON 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 color, weak pulse, passing out, dizzy/lightheaded, shock
- ◆ Other: anxiety, feeling of “impending doom”, headache, uterine cramps in females



TREATMENT ...

GIVE AUTO-INJECTOR (single dose, single-use)

- **CALL 911 Emergency Medical Care**
- **CALL child's parent/guardian**
- **GIVE second auto-injector within 10 to 15 minutes, or sooner, if symptoms have not improved or recur.**
- **TRANSPORT to hospital.** If child has had a reaction and does not have any medication, **call 911 Emergency Medical Care**



PREVENTING ANAPHYLAXIS

FOLLOW THE 3 "A'S"

AWARENESS

- **Know the triggers**
- **Know the emergency plan for each student**
- **Know where the EpiPen® is located and how to administer**

AVOIDANCE

- **Avoid contact with allergens**
- **Make your classroom allergy "safe"**
- **Take extra precautions on field trips**

ACTION

- **DON'T DELAY**
- **Give EpiPen®**
- **Call 9-1-1**
- **Call parent or guardian**
- **Bring back up EpiPen® for field trips.**



Picture: www.epipen.ca



EPIPEN INSTRUCTIONS

- 1. Pull off grey safety cap. Do not place your thumb over the end that was covered by the grey safety cap.**
- 2. Firmly push black tip into outer thigh until unit activates. Hold EpiPen in place 10 seconds. Put activated EpiPen back into case. Note/document time given.**
- 3. Massage area for 10 seconds.**
- 4. Contact medical assistance or transport the child to an emergency department. Keep child warm and avoid exertion.**
- 5. Send a runner to obtain additional EpiPen.**
- 6. If, after 10 minutes, the symptoms have not improved noticeably, a second EpiPen injection is required.**

Avoidance of Allergens

In developing school-based strategies to reduce the risk of exposure, various factors need to be considered such as:

- age and maturity of the student
- organization and physical layout of the school
- properties of the allergen itself

Food Allergies

Safe Eating Area Practices:

- Require at-risk students to eat only food brought from his or her home.
- Provide a non-isolated eating area free of allergens specific to that student.
- Ensure students are advised not to trade or share foods, food utensils and food containers.
- Eating surfaces must be cleaned thoroughly, rinsed, and dried.
- Establish a hand-washing routine by staff and students, before and after eating, to minimize risk of exposure to any food allergen residue. Ensure that soap is available.
- School meals/cafeteria - There is a probability of accidental exposure to hidden allergens such as nuts when consuming prepared foods. In order to reduce risk to the anaphylactic student, it is important that alternative options to school meals programs and school cafeterias be considered. After deliberate consultation with the student and/or parent concerned, it may be necessary to exclude an individual student from a school meals program or the school cafeteria concession. If in doubt, err in the direction of exclusion.

Exposure During School Activities:

- Cooking classes and crafts - The use of food in cooking classes and crafts must be restricted or modified depending on the allergies of the students.
- Field Trips - Safeguards must be in place to ensure the safety of at-risk students during school field trips, especially when travel time to the nearest emergency medical treatment is extended. Examples could include having extra EpiPens, training additional staff or parents in handling anaphylaxis emergencies, providing a cellular phone, or having the child's parent/caregiver accompany the class on the field trip.
- Holidays and Special Celebrations - Food is often associated with special occasions. These foods must be restricted or modified depending on the allergies of the student. The use of non-food treats is recommended during celebrations.

Insect Venom Allergies

The school will take the following precautions to reduce the risk of exposure:

- Check for the presence of bees and wasps, and arrange for the removal of nesting areas.
- Children should wear shoes when outside
- If soft drinks are consumed outdoors, cans should be disposed of in covered containers, or cups should be used.
- Ensure garbage is properly covered.
- Caution children not to tamper with insect nests and to advise staff of the presence of nests.
- Allow anaphylactic students to remain indoors during bee/wasp season.
- If a bee or wasp gets into the classroom, immediately remove a child with an insect venom allergy from the room.

Anaphylaxis Teaching Plan

- For 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)
- Training sessions should be provided by a public health nurse or by training Occupational and Health & Safety staff, in consultation with the public health nurse.

BACKGROUND INFORMATION

Anaphylactic reactions are very frightening for the person experiencing the reaction as well as for the people observing and responding to the reaction.

Because the allergen is often a substance that most people tolerate with no difficulty, responses to the idea that someone could die from such exposure range from fear and anxiety to disbelief and denial.

Addressing people's beliefs about the situation and the emotions that accompany those beliefs is a critical component in assisting them to accept the situation, develop plans to prevent exposure and respond appropriately if a reaction does occur.

GOALS

- Increased awareness of prevention and management of anaphylaxis
- Increase knowledge, skill level and confidence of teachers and school staff

OBJECTIVE

- School staff will show an increased awareness and understanding of anaphylaxis, and an increase in early identification and intervention.

TARGET AUDIENCE

- 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).

TIME REQUIRED

- Effective training, including overview, demo, Q & As, and practicing with single dose, single- use auto-injector trainers should take approximately 30 minutes.

TEACHING TOOLS

- Interior Health Anaphylaxis Teaching Kit
- BC School Trustees Association website <http://www.bcsta.org/anaphylaxis> for sample PowerPoint presentations, handouts and additional resources.

OPTIONAL

- Laptop computer and LCD projector
- Overhead projector and screen