



Niagara Catholic District School Board

SUPPORTING CHILDREN AND STUDENTS WITH PREVALENT MEDICAL CONDITIONS POLICY - ANAPHYLAXIS

ADMINISTRATIVE PROCEDURES

300 – School/Students

Policy No 302.1.1

Adopted Date: April 28, 1998

Latest Reviewed/Revised Date: February 26, 2019

DEFINITION

Anaphylaxis is a **severe life threatening form of allergic reaction**. Anaphylactic reactions occur when the body's sensitized immune system overreacts in response to the presence of a particular allergen. An allergen is a substance capable of causing an allergic reaction. Possible allergic symptoms are many and may rapidly lead to severe permanent injury, coma and/or death. While there is no clinical method to predict the severity or progression of a reaction, there is a need to ensure the safety of students who suffer from extreme allergies (anaphylaxis) and empower school administrators to respond to their needs consistently but at the same time recognize individual differences from case to case.

Certain foods, insect stings, latex products and medications are the most common allergens that produce anaphylaxis.

Anaphylaxis requires **immediate** first aid response and **immediate** medical intervention.

The terms student and pupil are interchangeable in these administrative procedures.

ANAPHYLACTIC REACTION – POSSIBLE SIGNS AND SYMPTOMS

Signs and symptoms of a severe allergic reaction can occur within minutes of exposure to an allergen. In rarer cases, the time frame can vary up to several hours after exposure. The ways these symptoms occur can vary from person to person and even from episode to episode in the same person.

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

- **Skin system:** hives, swelling, itching, warmth, redness, rash
- **Respiratory system (breathing):** coughing, wheezing, shortness of breath, chest pain/tightness, throat tightness, hoarse voice, nasal congestion or hay fever-like symptoms (runny, itchy nose and watery eyes, sneezing), trouble swallowing, swelling of tongue
- **Gastrointestinal system (stomach):** nausea, pain/cramps, vomiting, diarrhea
- **Cardiovascular system (heart):** pale/blue colour, weak pulse, passing out, dizzy/lightheaded, shock
- **Other:** anxiety, feeling of “impending doom”, headache, weakness, uterine cramps, metallic taste (Canadian Pediatric Society & Food Allergy Canada websites)

Since reactions are unpredictable, early symptoms should never be ignored, especially if the person has suffered an anaphylactic reaction in the past. Symptoms do not always occur in the

same order, even in the same individuals. Even when symptoms have subsided after initial treatment, they can return as much as 8 hours after exposure, regardless of the initial reaction severity.

It is important to note that anaphylaxis can occur without hives. If an allergic person expresses any concern that a reaction might be starting, the person should always be taken seriously.

PURPOSE

The procedures outlined will establish an appropriate response when a parent/guardian or adult student indicates to the Principal, in writing, that the student is at risk for anaphylaxis and that the student will require assistance at the first sign of any allergic reaction.

When in doubt, administer appropriate medication unless otherwise specified in writing by the student's allergist or physician.

1. The parent/guardian or adult student must inform the Principal, in writing, that their child or they are at risk for anaphylaxis, and must outline the possible symptoms and requested intervention by school staff on the Anaphylaxis Emergency Plan of Care form (*Appendix C*).
2. The parent/guardian or adult student shall familiarize themselves with Board Policy and School Anaphylaxis Administrative Procedures (Board Policy No. 302.1.1).
3. The parent/guardian or adult student shall provide the required medication to the school with instructions for intervention on a completed copy of the Anaphylaxis Emergency Plan of Care form (*Appendix C*).
4. The Emergency Plan will include a completed copy of the Anaphylaxis Emergency Plan of Care form (*Appendix C*).
5. A copy of the current Anaphylaxis Emergency Plan of Care form (*Appendix C*) must be filed in the student's OSR and copies must be located in the areas designated by the Principal. The form must be readily available in the event of emergency.
6. The Principal shall establish and maintain a School Anaphylaxis Management Plan. The plan shall include the development and maintenance of strategies that reduce the risk of exposure to anaphylactic agents in all areas of the school (*Appendix A*).
7. In a school, where a student has been identified as at risk for anaphylaxis, the Principal shall enlist the support and co-operation of all staff, students and parents/guardians so as to reduce the potential risk to the student.
8. Elementary Principals shall send a letter to the parents/guardians of the other students in the classroom of the at risk student informing them of the situation and requesting that the specific allergens not be sent to school (*Appendices E, F: Sample Letter to Parents/Guardians*).
9. Elementary and Secondary Principals shall also send communication home to all members of the school community (*Elementary & Secondary School Newsletter Insert – Appendix F*) indicating the presence of a student(s) with a life threatening allergic condition outlining the need to take appropriate action by requesting parents/guardians and students to cooperate by refraining from sending specific foods to school. In addition, Elementary and Secondary Principals shall inform the school community about the Anaphylaxis Policy and Administrative Procedures in the Student Handbook (*Appendix B*).

10. Prior to or on the 1st day of school each year, it is the responsibility of the parent/ guardian or student (at the age of majority) to initiate the process again and present the school with updated information and appropriate and up-to-date medication (check expiry date).
11. At the end of the school year the parent/guardian will be contacted to pick up the unused medication. If the parent/guardian does not comply, the Principal/Designate will take the medication to a local pharmacy.

SCHOOL STAFF TRAINING

All teaching, support staff and others at the school must familiarize themselves with students/staff members who are at risk for anaphylaxis. They will receive training in recognizing and responding to the signs and symptoms to anaphylactic reaction on an annual basis.

A Niagara Region Public Health Nurse from the School Health Program shall be contacted to provide training to all staff on giving the epinephrine auto-injector (e.g. EpiPen®) at the beginning of each school year or as soon as an at-risk individual(s) has been identified at the school.

Should staff change at any time throughout the year, it is the responsibility of the Principal to inform and provide training for new staff member(s) and occasional teachers.

GENERAL ANAPHYLAXIS EMERGENCY PROCEDURES: INDIVIDUALS KNOWN TO BE AT RISK FOR ANAPHYLAXIS

When a person is known to be at risk of anaphylaxis displays initial symptoms, then it must be presumed that the person is in need of the assistance outlined in the Anaphylaxis Emergency Plan form (*Appendix C*). IMMEDIATE intervention is essential, unless otherwise specified by the student's allergist/physician. No ill side effects will result from the administration of emergency medication if they are not experiencing an anaphylactic reaction. Unless otherwise specified in writing, the following steps are to be followed when a student is experiencing a known or suspected anaphylactic reaction:

- GIVE EPINEPHRINE AUTO-INJECTOR (e.g. EpiPen®) immediately (*Appendix G*). Note the time the epinephrine auto- injector was administered.
- CALL 911 (AMBULANCE) and inform the dispatcher that an individual is having a life threatening allergic reaction (anaphylactic reaction).
- NOTIFY PARENT/GUARDIAN.

In a Case where an Ambulance Does Not Arrive:

- If the ambulance has not arrived within 5 to 15 minutes and if the reaction continues or worsens, give a second epinephrine auto-injector (e.g. EpiPen®).
- Even if symptoms subside entirely, this student must be taken to the hospital by ambulance.

INDIVIDUALS NOT KNOWN TO BE AT RISK OF ANAPHYLAXIS

A student/person not known to be at risk for anaphylaxis may also display symptoms of severe allergic reaction. In such circumstances, school staff should assess the situation and take action as would be appropriate for any other illness/injury/emergency incident, including administration of epinephrine.

EMERGENCY USE OF EPINEPHRINE AUTO-INJECTOR

In either case, where individuals are known or not known to be at risk of anaphylaxis, and should ANAPHYLAXIS appear imminent, any available epinephrine auto-injector (e.g. EpiPen®) must be used. Please follow the General Anaphylaxis Emergency Procedures (*Appendix G*).

In this circumstance, the parent/guardian of the student or adult student whose epinephrine auto-injector was used in the above emergency situation must be notified immediately by the Principal/designate. The Principal will make arrangements with the parent/guardian/adult student for a replacement epinephrine auto-injector at the Board's expense.

<u>Appendix A</u>	<i>Division of Responsibilities</i>
<u>Appendix B</u>	<i>General Information</i>
<u>Appendix C</u>	<i>Anaphylaxis Emergency Plan of Care</i>
<u>Appendix D</u>	<i>Sample Letter [A] to Parents/Guardians</i>
<u>Appendix E</u>	<i>Sample Letter [B] to Parents/Guardians</i>
<u>Appendix F</u>	<i>Elementary & Secondary Newsletter Insert</i>
<u>Appendix G</u>	<i>General Anaphylaxis Emergency Procedures</i>