
ANAPHYLAXIS

Background

The goal of this Administrative Procedure is to provide a safe environment for children with life-threatening allergies. While it is recognized that it is not possible to reduce the risk to zero, it is the intent of this Administrative Procedure to minimize the risk and to allow the anaphylactic child to attend school with relative confidence.

Definition

Anaphylaxis refers to a collection of symptoms affecting multiple systems in the body. The most dangerous symptoms include breathing difficulties and a drop in blood pressure or shock, all of which are potentially fatal. Common examples of potentially life-threatening allergies are those to foods (e.g. peanuts, etc.) and stinging insects.

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

Because of the unpredictability of reactions, early symptoms should never be ignored, 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 is to always be taken seriously. When a reaction begins, it is important to respond immediately, following instructions in the student’s [Anaphylaxis Emergency Action Plan](#).

Procedures

1. Identification of Anaphylactic Students to School Authorities
 - 1.1. It is the responsibility of parents of children with anaphylaxis to identify their children to the Principal and provide information regarding:

- 1.1.1. The foods or allergen which trigger the reaction.
 - 1.1.2. A treatment protocol signed by the child's physician.
 - 1.1.3. Any changes in the child's condition from previous years or since last reported.
 - 1.1.4. Permission to post photographs and medical information in key locations (e.g. school bus and classroom) and wherever the child's epinephrine auto-injector (i.e. EpiPen) is stored.
2. Identification of Anaphylaxis Students to Staff
 - 2.1. As soon as the child is identified, all teaching and non-teaching staff are to be made aware that a child with anaphylaxis is attending their school.
 - 2.2. In addition:
 - 2.2.1. Instructions on the use of the auto injector along with the list of symptoms and emergency procedures are to be posted in the classroom and the medical emergency room.
 - 2.2.2. The student is to wear a medic-alert bracelet which identifies specific allergens.
 - 2.2.3. At the elementary level it is suggested that the medical alert symbol be posted on the classroom door indicating the presence of a child with a medical alert.
 - 2.2.4. Information about the anaphylactic student's allergies and emergency procedures shall be kept in a visible location.
3. In-service for Teachers and Other School Staff
 - 3.1. The Director of Student Support Services in consultation with the Principal is to ensure that in-service is provided annually to all school personnel including Teachers Teaching On Call (TTOCs) on how to recognize and treat anaphylactic reaction, contents of school procedures which protect children with anaphylaxis from exposure, and school protocol with regards to responding to emergencies. All teachers and other staff who may be in a position of responsibility for children with anaphylaxis (including bus drivers, noon hour supervisors, etc.) are to receive personal training in the use of auto-injector.
 - 3.2. Public Health nurses are to be contacted by the Principal to develop and deliver an in service on anaphylaxis to school staff.
4. Sharing Information with Parents and Parent Organization
 - 4.1. The Principal is to develop a communication protocol to inform parents of the presence of a student with life-threatening allergies in their child's school and the measures that are being taken to protect the student.

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- 4.2. Letters are to be sent home encouraging parents' cooperation to avoid including the allergen in school lunches and snacks. Parents can be provided with suggestions for alternate foods.
 - 4.3. Teachers will ensure reminders are provided around the time of special occasions when food is being provided from home.
 - 4.4. Parents and other members of the school community are to be encouraged to bring any concerns to the Principal or Teacher, not to the parents of the children with anaphylaxis.
5. Prevention of Anaphylaxis
- 5.1. Each Principal in consultation with District staff, will develop prevention strategies for the purpose of meeting a school's duty of care in a reasonable manner. These strategies will be appropriate to the age and maturity of the students involved.
 - 5.2. At the elementary level, it may be necessary to impose a complete ban of the allergen.
 - 5.3. [Anaphylaxis: A Handbook for School Boards](#) " is an available resource.
6. Special consideration is to be given to the following:
- 6.1. Field Trips
 - 6.1.1. The likelihood of an anaphylactic reaction is greater when children are out of the controlled environment of the school. In addition to the usual school safety precautions applying to field trips, it is suggested that to protect the child with anaphylaxis a photocopy of all pertinent medical information and epinephrine/anaphylaxis kit or any medication of treatment will be taken on the field trip. In addition, all supervisors, staff, and parents are to be made aware of the identity of the child with anaphylaxis, the allergens, symptoms, and treatment.
 - 6.2. Insect Venom
 - 6.2.1. The Principal cannot take responsibility for possible exposure to bees, hornets, wasps, and yellow jackets; however, the following precautions are recommended to reduce the risk of exposure:
 - 6.2.1.1. Ensure that garbage is properly covered;
 - 6.2.1.2. The presence of bees and wasps, especially nesting areas, are to be reported immediately to the Director of Operations for removal; and,
 - 6.2.1.3. Immediately remove a child with an allergy to insect venom from the room if a bee or wasp gets in.
7. Emergency Response Protocol
- 7.1. A separate emergency plan is to be developed and reviewed annually for each child with anaphylaxis in conjunction with the child's parents and physician and kept in the emergency medical binder located in a designated location. Principals are to be aware of local

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ambulance regulations and take them into account when developing their procedures. Plans are to include immediate transport of the child to a hospital facility after administration of the auto injector. In addition the hospital is to be informed that the child is enroute and why.

Reference: Sections 7, 17, 20, 22, 65, 84, 85, 95 *School Act*
School Regulation 265/89
Anaphylaxis Protection Order M232/07
Anaphylaxis: A Handbook for School Boards, Canadian School Boards Association
British Columbia Anaphylactic and Child Safety Framework

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