

7.0. Safe Schools

7.0. ANAPHYLAXIS

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School procedures regarding anaphylaxis must be reviewed annually by each school.

The following is based upon documents available through the Province of Manitoba, United Referral and Intake System Manual, 1999

Introduction

Anaphylaxis is a severe allergic reaction that can be life threatening, if untreated. The emergency response to anaphylactic shock is the administration of an adrenaline Auto-injector, which is a Group B health care procedure under the Unified Referral and Intake System (URIS).

What is Anaphylaxis?

Anaphylaxis – sometimes called “allergic shock” or “generalized allergic reaction” – is a severe allergic reaction that can lead to rapid death, if untreated. Like less severe allergic reactions, anaphylaxis occurs when the body’s immune system reacts to harmless substance as though they were harmful invaders. The reaction may begin with itching, hives, vomiting, diarrhea, or swelling of the lips or face; within movements, the throat may begin to close, choking off breathing and leading to unconsciousness and death.

Peanuts may be the most common allergen causing anaphylaxis in school children.

In addition to peanuts, the foods most frequently implicated in anaphylaxis are tree nuts (e.g. hazelnuts, walnuts, almonds, cashews), cow’s milk and eggs. Fish, shellfish, wheat and soy are potentially lethal allergens as well, and anaphylaxis is occasionally induced by fruits and other foods. Non-food triggers of anaphylactic reactions include insect venom, medications, latex, and rarely, vigorous exercise. Most individuals lose their sensitivity to milk, soy, egg and wheat by school age, but reactions to peanut, tree nuts, fish/shellfish tend to persist throughout life.

The onset of anaphylaxis may be signaled by severe, but non-life threatening reactions, which become increasingly dangerous with subsequent exposure to the allergen. However, anaphylaxis may occur even if previous allergic reactions have been mild. While the condition often appears in early childhood, it can develop at any age.

What does an Anaphylactic Reaction look like?

An anaphylactic reaction can begin within seconds of exposure or after several hours. Any combination of the following symptoms may signal the onset of a reaction:

- Hives
- Itching (on any part of the body)
- Red watery eyes
- Runny nose
- Vomiting
- Diarrhea
- Stomach cramps
- Change of voice
- Coughing
- Wheezing
- Throat tightness or closing
- Difficulty swallowing
- Difficulty breathing
- Sense of doom
- Dizziness
- Fainting or less of consciousness
- Change of colour
- Swelling (of any body parts, especially eyes, lips, face, tongue)

Symptoms do not always occur in the same order, even in the same individuals. Time from onset of first symptoms to death can be as little as a few minutes, if the reaction is not treated. Even when symptoms have subsided after initial treatment, they can return as soon as eight hours after exposure.

When is it likely to occur?

The greatest risk of exposure is in new situations, or when normal daily routines are interrupted, such as birthday parties, camping or school trips. Young children are at greatest risk of accidental exposure, but many allergists believe that more deaths occur among teenagers due to their increased independence, peer pressure and a reluctance to carry medication.

Emergency Response

Anaphylaxis is life threatening, but it can be treated. Students suffering anaphylaxis must be diagnosed by their physician, who is responsible for prescribing the appropriate treatment for their individual conditions. Schools should never assume responsibility for treatment in the absence of an Individual Health Care Plan (IHCP)/Emergency Response Plan or a specific treatment protocol prescribed by the child's physician.

The first plan of action calls for the administration of epinephrine (also known as adrenaline) immediately, at the first indication of a reaction, followed by immediate transportation to hospital by ambulance if possible. The Canadian Pediatric Society has issued a position statement on fatal anaphylactic reactions to food in children which supports this treatment protocol: "**Epinephrine must be administered promptly at the first warning symptoms, such as itching or swelling of the lips or mouth, tightening of the throat or nausea, and before respiratory distress, stridor or wheezing occur**". It is anticipated that most, if not all, peanut-allergic children, and all children who experienced previous anaphylaxis, will follow this plan.

In other words, if there is any reason to suspect an anaphylactic reaction is taking place and if epinephrine has been prescribed as the treatment protocol, caregivers should not hesitate to administer the medication.

1. Responsibilities of the child with a life-threatening allergy:

- Take as much responsibility as possible for avoiding allergens, including checking labels and monitoring intake (developmentally appropriate).
- Eat only foods brought from home.
- Wash hands before eating.
- Learn to recognize symptoms of an anaphylactic reaction (developmentally appropriate).
- Promptly inform an adult, as soon as accidental exposure occurs or symptoms appear.
- Keep an auto-injector on their person at all times (e.g. fanny pack).
- Know how to use the auto-injector (developmentally appropriate).

2. Responsibilities of the parents/guardians of a child with a life-threatening allergy:

- Identify their child's allergies and needs to the school principal.
- Ensure that their child has and wears a medical identification bracelet.
- Provide the program with current (within two years) written medical instructions from the physician.
- Provide the program with adrenaline auto-injectors (pre-expiry date).

- Ensure that auto-injectors are taken on field trips/bus trips.
- Participation in the development of a written IHCP for their child.
- Be willing to provide safe foods for their child for special occasions.
- Teach their child:
 - To recognize the first signs of anaphylactic reaction.
 - To know where their medication is kept and who can get it.
 - To communicate clearly when he or she feels a reaction starting.
 - To carry his/her own auto-injector on their person (e.g. in a fanny pack).
 - Not to share snacks, lunch or drinks.
 - To understand the importance of hand washing.
 - To cope with teasing and being left out.
 - To report bullying and threats to an adult in authority.
 - To take as much responsibility as possible for his/her own safety.
- Provide support to program and teachers as required.
- Participate in parent advisory/support groups.
- If possible, and appropriate, supply medically approved information for program newsletters/publications (e.g. recipes, foods to avoid, alternative snack suggestions, and resources).

3. Responsibilities of the Principal:

- Assist with the development and implementation of policies and procedures for reducing risk in classrooms and common areas.
- Work as closely as possible with the parents of the child with known risk of anaphylaxis.
- Ensure that the parents have completed all the necessary forms.
- Ensure that the instructions from the child's physician are on file (medical assessment).
- Notify staff of the child with known risk of anaphylaxis, the allergens and the treatment/post child's picture/information in office (with parent/child approval).
- Post allergy alert forms in the staff room and office.
- Maintain up-to-date emergency contacts and telephone numbers.
- Ensure that all staff including bus drivers (and possibly volunteers) have received instruction in the use of the auto-injector.

- Ensure that all substitute staff are informed of the presence of a child with known risk of anaphylaxis, and that appropriate support/response is available should an emergency occur.
- Inform parents that a child with a life-threatening allergy is in direct contact with their child, and ask for their support and cooperation. See Appendix “A” for sample letter.
- Apply to the Unified Referral and Intake System for support for a registered nurse to train and monitor personnel involved with the child with life-threatening allergies.
- Ensure that an Individual Health Care Plan or Emergency Response Plan, is completed and reviewed annually for each child with a life-threatening allergy.
- If not developmentally appropriate for the child to carry an auto-injector, ensure that it is kept in an unlocked, safe, easily accessible location.
- Ensure that safe procedures are developed for field trips and extra-curricular activities.
- Ensure that bus drivers and “spares” are informed and trained.

4. Responsibilities of the Teacher:

- Display a photo-poster in the classroom (with parent/child approval).
- Discuss anaphylaxis with the class, in age-appropriate terms.
- Encourage students not to share lunches or trade snacks.
- Choose products which are safe for all children in the program. (Parental input is recommended).
- Instruct children with life threatening allergies to eat only what is brought from home.
- Reinforce hand washing before and after eating.
- Where appropriate, facilitate communication with other parents.
- Follow policies for reducing risk in classrooms and common areas.
- Enforce rules about bullying and threats.
- Leave information in an organized, prominent and accessible format for substitute.
- Ensure that auto-injectors are taken on field trips and emergency response plans are considered when planning the trip.

5. Responsibilities of Registered Nurse:

- Consult with and provide information to parents/guardians, children and program personnel.
- Develop an Individual Health Care Plan or an Emergency Response Plan for the child with known risk of anaphylaxis.
- Provide training and ongoing monitoring to personnel involved with children with known risk of anaphylaxis.

6. Responsibilities of All Parents:

- Respond cooperatively to requests from the program to eliminate allergens from packed lunches and snacks.
- Participate in parent information sessions.
- **Encourage children to respect the child with known risk of anaphylaxis.**
- Inform the teacher **prior** to distribution of food products to any children in the class/school

7. Responsibilities of All Children in the School (developmentally appropriate)

- Learn to recognize symptoms of anaphylactic reaction.
- Avoid sharing food, especially with children with known risk of anaphylaxis.
- Follow program rules about keeping allergens out of classroom and washing hands.
- Refrain from **bullying** or **teasing** a child with known risk of anaphylaxis.

Source: Children with Known Risk of Anaphylaxis, Unified Referral & Intake System Manual, Manitoba, 1999

Appendix "A"

Life-Threatening Allergies Sample Letter to Parents/Guardians

(School Letterhead)

Date

Dear Parents/Guardians,

There is a child in our school/your child's classroom/lunch program, who has a severe allergy to _____. Even exposure to a tiny amount of this item could be potentially serious and life threatening. We can all play a role in preventing such a dangerous and frightening situation at school. Although the specific child and their family must take responsibility to avoid exposure, staff, other children and their families can also help to make the school environment safer. Your cooperation is asked to:

- Please check the list of ingredients on items you send to school
- Avoid sending _____ or items containing _____ with your child to school including: _____
- Teach your children to respect this very serious situation; discourage teasing or threatening of this child

This may be an inconvenience for you, but please realize how important your cooperation is. We would take the same care should your child have such a health care need. Thank you for your cooperation.

For more information, call _____.

Sincerely,

Principal