



Title	Anaphylaxis Policy
Effective Date:	September 22, 2022
Approval Date:	September 22, 2022
Approving Body:	Superintendent
Supersedes:	

Rationale

All children have the right to access education. This policy seeks to ensure that children at risk of anaphylaxis have a right to a safe, healthy environment. Although not a frequent occurrence in schools, failure to respond appropriately could result in death.

Definition of Anaphylaxis

Anaphylaxis is a sudden and severe allergic reaction, which can be fatal, requiring immediate medical emergency measures be taken. Foods, insects, latex, and exercise have all been known to trigger anaphylaxis.

Process for identifying anaphylactic students

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. 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

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 should always be taken seriously. When a reaction

begins, it is important to respond immediately, following instructions in the student's Anaphylaxis Emergency Plan. The cause of the reaction can be investigated later.

- The most dangerous symptoms of an allergic reaction involve:
 - breathing difficulties caused by swelling of the airways and
 - a drop in blood pressure indicated by dizziness, lightheadedness or feeling faint/weak.
- Both of these symptoms may lead to death if untreated.

Process for keeping a record related to each identified anaphylactic student

Parents will identify to Pacific Christian School (PCS) when their children are at risk for anaphylaxis on the school Medical Form, under the area seeking information on 'life threatening conditions'. Parents must update their children's medical information annually, and provide updated information whenever there is a change in a child's medical information.

Process for principals to monitor and report on anaphylactic incidents

The PCS principal has responsibility for keeping accurate records for each student at-risk of life-threatening allergies. That record shall include the student's emergency response plan. A record with information relating to the specific allergies for each identified anaphylactic student forms part of the student's Permanent Student Record. The principal will monitor and report information about anaphylactic incidents to the superintendent.

Process for establishing student and district emergency procedure plans

1. Student Level Emergency Procedure Plan

An up-to-date plan should be developed in conjunction with the student's parents and the student (where age appropriate), and the plan must be approved by a qualified physician or allergist. The student emergency response plan must be signed by the student's parents, the student (where age appropriate) and the physician, and must be kept on file at readily accessible locations.

The student emergency response plan shall include at minimum:

- the diagnosis;
- the current treatment regimen;
- who within the school community is to be informed about the plan – e.g., teachers, volunteers, classmates; and
- current emergency contact information for the student's parents/guardian.

Those exposed to individual student emergency response plans have a duty to maintain the confidentiality of all student personal health information

The student's emergency response plan shall also explicitly address:

- the parent's responsibility for advising the school about any change/s in the student's condition; and
- the school's responsibility for updating records.

2. School Level Emergency Procedure Plan

1. Give epinephrine auto-injector (e.g. EpiPen® or Allerject™) at the first sign of a known or suspected anaphylactic reaction.
2. Call 9-1-1 or local emergency medical services. Tell them someone is having a life-threatening allergic reaction.
3. Call emergency contact person (e.g. parent, guardian).
4. Give a second dose of epinephrine in 5 to 15 minutes IF the reaction continues or worsens.
5. Go to the nearest hospital immediately (ideally by ambulance), even if symptoms are mild or have stopped. The reaction could worsen or come back, even after proper treatment. Stay in the hospital for appropriate period of observation as decided by the emergency department physician (generally about 4 hours).

Notes:

- A person should stay with the child at all times.
- It is important to note the time of administration of the first epinephrine auto-injector so that you know how long it has been since the child received the first dose of epinephrine.
- The use of epinephrine for a potentially life-threatening allergic reaction will not harm a normally healthy child, even if epinephrine was not required.
- If an anaphylactic emergency occurs, both the school anaphylaxis plan and the child's Anaphylaxis Emergency Plan should be reviewed and amended as necessary.

An education plan for encouraging the use of medical identification

Parents of anaphylactic students are encouraged to use medical identifying information – e.g., *Medic-Alert*®. For those with financial need, Medic Alert® provides financial assistance to obtain their products

Procedures for storage and administration of medications

Epinephrine auto-injectors are life-saving medication. Access to auto-injectors is critical.

Parents/ guardians of anaphylactic students are required:

- to provide appropriate medication (e.g., epinephrine autoinjector) for their anaphylactic child;
- to inform the school where the anaphylactic child's medication will be kept – i.e., with the student, in the student's classroom, and/or other locations. This location needs to be accessible to the student and the teacher;
- to inform the school when they deem the child competent to carry their own medication/s, and it is their duty to ensure their child understands they must carry their medication on their person at all times;
- to provide a second auto-injector to be stored in a central, safe but unlocked location in the school office;
- to ensure anaphylaxis medications have not expired; and
- to ensure that they replace expired medications.

PCS will communicate to teachers and to educational assistants about which students are anaphylactic and where the student will store their epinephrine auto-injectors. The second epinephrine auto-injectors will be store in an unlocked cupboard in the school office, with the name and photo of the student beside the location of each injector.

Allergy awareness and prevention and avoidance strategies

“Avoidance is the cornerstone of preventing an allergic reaction. Much can be done to reduce the risk when avoidance strategies are developed” – Canadian Society of Allergy and Clinical Immunology.

At Pacific Christian School we seek to be an *allergy aware environment*, aiming to reduce the most common allergens in the school and on school outings and trips. While it is impossible to eliminate all potential allergens from the school environment, PCS aims to create an allergy-aware environment in response to the most common triggers for anaphylaxis: food allergens and insect stings. We likewise will manage risk when a child is identified to have rare allergies (e.g. medications, latex, exercise).

Training strategy implemented by each school

Anaphylaxis training is a critical component of managing the risk associated with anaphylaxis. PCS will provide anaphylaxis training once a year to all adults expected to have supervisory responsibility of students at PCS. Training will include:

- signs and symptoms of anaphylaxis;
- common allergens
- avoidance strategies
- emergency protocols
- use of the epinephrine auto-injector
- identification of at-risk students (as outlined in the individual student emergency response plan)
- emergency plans
- method of communication with and strategies to educate and raise awareness of parents, students, employees and volunteers about anaphylaxis.

The training recognizes that the needs of younger anaphylactic students will differ from older anaphylactic students.