ALLERGIES AND LIFE-THREATENING ALLERGIES IN SCHOOL

Background

The District is committed to the principle of providing a safe learning and teaching environment for its students. This includes a safe environment for all those who have been identified as having the potential for an anaphylaxis event. Anaphylaxis is the term used to describe an acute, severe, life-threatening allergic reaction, which requires immediate medical treatment. While it is impossible to create a risk-free environment, school staff and parent(s) can take important steps to minimize potentially fatal anaphylactic reactions.

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 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 reaction to reaction in the same persons.

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 allergy), and that up to 6% of young children less than three years of age are at risk. In the school age population, it is estimated that between 2-4% 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/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.

Procedures

1. 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 (Form 317-1). The cause of the reaction can be investigated later.

    1.1. The following symptoms may lead to death if untreated:

        1.1.1. Breathing difficulties caused by swelling of the airways; and/or

        1.1.2. A drop in blood pressure indicated by dizziness, light-headedness or feeling faint/weak.

2. The Principal of the school is responsible for developing an individual school plan that creates and maintains as safe and healthy an environment as is reasonably possible for students who may experience anaphylaxis, a severe, life threatening allergic reaction. The parent(s) of the student is/are a partner in this process and shall receive a copy of this Administrative Procedure and individual school plan.

3. Procedures: To realize the District's responsibility for securing students of the District who have anaphylactic reactions a reasonable level of safety and well-being, the following procedures are to be followed:

    3.1. At the time of registration, parent(s) will be asked to report on their child's medical conditions, including whether their child has a medical diagnosis of anaphylaxis, and will be asked to complete the "Request for Administration of Medication" form (Form 316-2) if medication is required. The information must be reviewed annually, and the form updated when there are changes to medication or dosages of medication.

    3.2. The anaphylactic student's parent(s) must meet with the Principal prior to the student's first day in a school or any time there is a change in the medical condition. A meeting with the student's teacher(s) will be arranged as soon as possible.

    3.3. The public health nurse will be informed of the student's condition.

    3.4. The parent(s) of students with anaphylactic condition will be encouraged to use the Medic-Alert identification program.

    3.5. Following discussion with students with anaphylaxis and their parent(s), other students and parents in the class may be given information of the student's condition.

    3.6. The Principal will ensure, on an annual basis, that all staff shall receive education about anaphylaxis. Identified staff will receive training which will include instruction on the administration of the child specific medical alert plan and may include training for use of the epinephrine auto-injector.

    3.7. The District Health and Safety Officer, on an annual basis, will ensure that all bus drivers receive education about anaphylaxis. Identified staff will receive training which will include instruction on the administration of the child specific medical alert plan and may include training for use of the epinephrine auto-injector.

    3.8. The District will provide an annual in-service for all TTOC's.

3.9. It is vital that students with anaphylaxis be easily identified. The child's specific medical alert information must include a description of the allergy as well as the emergency treatment plan. The emergency protocols shall include:

3.9.1. Administering an epinephrine auto-injector

3.9.2. Calling emergency medical care (911)

3.9.3. Calling the student's parents

3.9.4. Administering a second dose within 5 to 15 minutes if symptoms have not improved

3.9.5. Transportation to the hospital (arranging for ambulance)

This information must be in the school medical alert binder. The medical alert information (with an up-to-date photograph of the student) may be posted at various locations such as the student's classroom, medical room and any other room used on a regular basis by the student. In addition, all buses will maintain an up-to-date medical alert binder.

3.10. The student's anaphylactic record and emergency plan will form part of the student's permanent record, as defined in the Permanent Student Record Order. The student is to carry an epinephrine auto-injector with them at all times. The epinephrine auto-injector must be clearly identified with the student's name. If possible, the parent(s) are to provide the school with a second epinephrine auto-injector which will be stored in a safe, accessible location. This location will be made known to all staff.

3.11. The Principal will develop guidelines to reflect the circumstances (i.e., peanut aware zones, storage of the injectors, etc.) of the school. The guidelines will include procedures and avoidance strategies to be followed by staff and students. (Refer to the most recent edition of Anaphylaxis: A Handbook for School Boards, a publication of the Canadian School Boards Association).

3.12. The Principal will maintain a current inventory of individual student emergency plans, including a plan to ensure that any medications are kept up to date and have not expired.

3.13. The Principal will submit all anaphylactic incidents to the District Health and Safety Officer as soon as possible after the occurrence. The District Health and Safety Officer will maintain a record of all incidents.

3.14. The Principal will place the used injector back into carrying case and give to emergency personnel.

3.15. All overnight outdoor field trips will include an epinephrine auto-injector in their First Aid Kit.

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
Canadian Society of Allergy and Clinical Immunology

Approved: October 5, 2004
Revised: February 11, 2014; February 12, 2019; August 15, 2021