

Section:	<b>Administration</b>
Policy:	<b>5.11</b>
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## 5.11 Anaphylaxis Policy

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### 1. Preamble

Anaphylaxis is a sudden and severe allergic reaction, which can be fatal, requiring immediate medical emergency measures be taken.

Kootenay Christian Academy (KCA) recognizes that it has a duty of care to students who are at risk from life-threatening allergic reactions while under school supervision. The school also recognizes that this responsibility is shared among the student, parents, and health care providers.

The purpose of this policy is to minimize the risk to students with severe allergies to potentially life-threatening allergens without depriving the severely allergic student of normal peer interactions or placing unreasonable restrictions on the activities of other students in the school.

This policy is designed to ensure that students at risk are identified, strategies are in place to minimize the potential for accidental exposure, and staff and key volunteers are trained to respond in an emergency situation.

### 2. Policy

While KCA cannot guarantee an allergen-free environment, school administration will take reasonable steps to provide an allergy-safe and allergy-aware environment for students with life-threatening allergies.

Procedures to deal with anaphylaxis include:

- 2.1. a means of identifying anaphylactic students;
- 2.2. a record with information relating to the specific allergies for each identified anaphylactic student;
- 2.3. an emergency procedure plan, to be reviewed annually, for each identified anaphylactic student;
- 2.4. an education plan for staff, students and key volunteers to assist anaphylactic students;
- 2.5. procedures for storage and administering medications, including procedures for obtaining preauthorization for employees to administer medication to an anaphylactic student;
- 2.6. a process for monitoring and reporting information about anaphylactic incidents.

### 3. Procedures

#### 3.1. Symptoms of Anaphylaxis

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, diarrhoea

**Cardiovascular (heart):** pale/blue colour, 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.

Anaphylaxis can occur with or 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 *Student Emergency Procedure Plan*.

The cause of the reaction can be investigated later.

The following symptoms may lead to death if untreated:

- breathing difficulties caused by swelling of the airways; and/or
- a drop in blood pressure indicated by dizziness, light-headedness or feeling faint/weak.

### 3.2. Identifying Individuals at Risk

At the time of registration or re-registration, parents are asked to report on their child's medical conditions, including whether their child has a medical diagnosis of anaphylaxis. *A physician's diagnosis is required for the school to appropriately treat an anaphylactic student.* Information on a student's life-threatening conditions will be recorded and updated on the student's Permanent Student Record annually.

It is the responsibility of the parent/guardian to:

- Inform the campus principal when their child is diagnosed as being at risk for anaphylaxis
- In a timely manner, complete medical forms and the LCS Anaphylactic Student Emergency Plan Form, which includes a photograph, description of the child's allergy, emergency procedures, contact information, and consent to administer medication. With parental permission, the Student Emergency Plan will be posted in key areas such as the staff room.
- Provide the school with updated medical information at the beginning of each school year, and whenever there is a significant change related to their child.

The school will contact anaphylactic students and their parents to encourage the use of medical identifying information (e.g. MedicAlert® bracelet). The identifying information could alert others to the student's allergies and indicate that the student carries an epinephrine auto-injector. Information accessed through a special

number on the identifying information can also assist first responders, such as paramedics, to access important information quickly.

### 3.3. Record Keeping – Monitoring and Reporting

For each identified student, the principal will keep a Student Emergency Plan on file. It is the principal's responsibility for collecting and managing the information on students' life-threatening health conditions and reviewing that information annually to form part of the students' Permanent Student Records.

The principal will also monitor and report information about anaphylactic incidents to the superintendent.

### 3.4. Emergency Procedure Plans

The principal must ensure that the parents and student (where appropriate), are provided with an opportunity to meet with designated staff, prior to the beginning of each school year or as soon as possible to develop/update an individual Student Emergency Plan.

#### 3.4.1. Student Emergency Plan

The Student Emergency Plan must be signed by the student's parents and the student's physician.

The Student Emergency Plan will include:

- 3.4.1.1. the diagnosis;
- 3.4.1.2. the current treatment regimen;
- 3.4.1.3. who within the school community is to be informed about the plan – e.g. teachers, volunteers, classmates;
- 3.4.1.4. current emergency contact information for the student's parents/guardian;
- 3.4.1.5. a requirement for those exposed to the plan to maintain the confidentiality of the student's personal health information;
- 3.4.1.6. information regarding the parent's responsibility for advising the school about any change/s in the student's condition; and
- 3.4.1.7. information regarding the school's responsibility for updating records.

### 3.4.2. Campus Emergency Plan

- 3.4.2.1. Administer the student's auto-injector (single dose) at the first sign of a reaction. The use of epinephrine for a potentially life-threatening allergic reaction will not harm a normally healthy child, if epinephrine was not required. Note time of administration.
- 3.4.2.2. Call 911
- 3.4.2.3. Contact the child's parent/guardian
- 3.4.2.4. If parents have made one available, a second auto-injector may be administered within 5 to 15 minutes after the first dose is given IF symptoms have not improved (i.e. the reaction is continuing, getting worse, or has recurred).
- 3.4.2.5. If an auto-injector has been administered, the student must be transported to a hospital whether or not symptoms have diminished.
- 3.4.2.6. One person stays with the child at all times.
- 3.4.2.7. One person goes for help or calls for help.

The principal, or designate, must ensure that emergency plan measures are in place for scenarios where students are off-site (e.g. bringing additional single dose auto-injectors on off-campus activities).

### 3.5. Provision and Storage of Medication

Children at risk of anaphylaxis who have demonstrated maturity should carry one auto-injector with them at all times and have a back-up auto-injector stored at the school in a central, easily accessible, unlocked location. For children who have not demonstrated maturity, their auto-injector(s) will be stored in a designated location(s).

The location(s) of student auto-injectors must be known to all staff members and caregivers.

Parents will be informed that it is the parents' responsibility:

- to provide the appropriate medication (e.g. single dose epinephrine auto-injectors) 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);
- to inform the school when they deem the child competent to carry their own medication/s (children who have demonstrated maturity, usually Grade 1 or Grade 2, should carry their own auto-injector), and it is their duty to ensure their child understands they must carry their medication on their person at all times;
- (optional) to provide a second auto-injector to be stored in a central, accessible, safe but unlocked location;
- to ensure anaphylaxis medications have not expired; and
- to ensure that they replace expired medication

### 3.6. Allergy Awareness, Prevention and Avoidance Strategies

### 3.6.1. Awareness

1.1.1. The principal should ensure:

- 3.6.1.1. That all school staff and persons reasonably expected to have supervisory responsibility of school-age students and preschool age children participating in early learning programs receive training annually, in the recognition of a severe allergic reaction and the use of single dose auto-injectors and standard emergency procedure plans.
- 3.6.1.2. That all members of the campus community including employees on call, student teachers and volunteers have appropriate information about severe allergies including background information on allergies, anaphylaxis and safety procedures.
- 3.6.1.3. With the consent of the parent, the campus principal and the classroom teacher must ensure that the student's classmates are provided with information on severe allergies in a manner that is appropriate for the age and maturity level of the students, and that strategies to reduce teasing and bullying are incorporated into this information.
- 3.6.1.4. Posters which describe signs and symptoms of anaphylaxis and how to administer a single dose auto-injector should be placed in relevant areas.

### 3.6.2. Avoidance/Prevention

1.1.2. Individuals at risk of anaphylaxis must learn to avoid specific triggers. While the key responsibility lies with the students at risk and their families, the school community will participate in creating an "allergy-aware" environment. Special care is taken to avoid exposure to allergy-causing substances. Parents are asked to consult with the teacher before sending in food to classrooms where there are food-allergic children.

1.1.3. Given that anaphylaxis can be triggered by minute amounts of an allergen when ingested, students with food allergies must be encouraged to follow certain guidelines:

- 3.6.2.1. Eat only food which they have brought from home unless it is packaged, clearly labelled and approved by their parents (Elementary campus parents)
- 3.6.2.2. Wash hands before and after eating.
- 3.6.2.3. Not share food, utensils or containers.
- 3.6.2.4. Place food on a napkin or wax paper rather than in direct contact with a desk or table.
- 3.6.2.5. Non-food allergens (e.g. medications, latex) will be identified and restricted from classrooms and common areas where a child with a related allergy may encounter that substance.

### 3.6.3. Training Strategy

1.1.4. At the beginning of each school year, a training session on anaphylaxis and anaphylactic shock will be held for all school staff and persons reasonably expected to have supervisory responsibility of school-age students and preschool age children.

1.1.5. Efforts shall be made to include the parents, and students (where appropriate), in the training.

1.1.6. The training sessions will include:

- 3.6.3.1. signs and symptoms of anaphylaxis;
- 3.6.3.2. common allergens;
- 3.6.3.3. avoidance strategies;
- 3.6.3.4. emergency protocols;
- 3.6.3.5. use of single dose epinephrine auto-injectors;
- 3.6.3.6. identification of at-risk students (as outlined in the individual Student Emergency Procedure Plan);
- 3.6.3.7. emergency plans; and
- 3.6.3.8. method of communication with and strategies to educate and raise awareness of parents, students, employees and volunteers about anaphylaxis.

1.1.7. Participants will have an opportunity to practice using an auto-injector trainer (i.e. device used for training purposes) and are encouraged to practice with the auto-injector trainers throughout the year, especially if they have a student at risk in their care.

1.1.8. Students will learn about anaphylaxis in a campus assembly or in-class.