



# Blythwood Public School Anaphylaxis Policy

Updated September 2017

## What is Anaphylaxis?

Anaphylaxis can be defined as “a severe allergic reaction to any stimulus, having sudden onset, involving one or more body systems with multiple symptoms.” An allergen is a substance capable of causing an allergic reaction. Upon first exposure, the immune system treats the allergen as something to be rejected. This process is called *sensitization*. Re-exposure to the same allergen in the now-sensitized individual may result in an allergic reaction, which in its most severe form is called **anaphylaxis**. Although many substances have the potential to cause anaphylaxis, the most common triggers are foods and insect stings. Health Canada has identified 10 “priority allergens” which are most likely to cause serious allergic reactions. These are:

### **Peanuts**

**Tree nuts** (almonds, Brazil nuts, cashews, hazelnuts, macadamia nuts, pecans, pine nuts, pistachios, walnuts)

### **Milk**

### **Egg**

**Seafood** (fish & shellfish)

### **Wheat**

### **Sesame**

### **Soy**

### **Mustard**

### **Sulphites**

## What are the Signs & Symptoms?

When someone comes in contact with an allergen, the symptoms of a reaction may develop quickly and progress rapidly from mild to severe. The most dangerous symptoms include breathing difficulties or a drop in blood pressure, which may result in loss of consciousness and even death. A person experiencing an allergic reaction may have **any** of the following symptoms alone or in combination. Think **FAST**:

**F**ace: redness, swelling of face and tongue, itchiness

**A**irway: coughing, trouble breathing, swallowing or speaking

**S**tomach: vomiting, stomach pain, diarrhea

**T**otal Body: weakness, paleness, rash, sense of doom, hives, itchiness, swelling

## **Emergency Protocol**

**Act quickly.** The first signs of a reaction can be mild, but symptoms can get worse very quickly.

1. Give epinephrine auto-injector (EpiPen, Allerject, or Twinject) at the first sign of a reaction occurring in conjunction with a known or suspected contact with an allergen.
2. Call 911. Tell them someone is having an anaphylactic allergic reaction.
3. Call the child's parents.
4. Have the child transported to the hospital even if symptoms have subsided. Symptoms may recur hours after exposure to an allergen.
5. One person must stay with the child until a parent or guardian arrives.

## **Training**

Every September there will be training for staff that will include an overview of anaphylaxis, signs and symptoms, emergency protocol, and the use of epinephrine auto-injectors. Staff will have an opportunity to practice using both types of auto-injector trainers (EpiPen, Allerject, and Twinject). Substitute teachers will be advised to review the Anaphylaxis Emergency Plan for children in their class.

## **Creating an Allergy-Safe School Environment**

Students at risk of anaphylaxis must learn to avoid allergens. While the key responsibility lies with the students at risk and their parents, the entire school community must also be aware. 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. Given that anaphylaxis can be triggered by minute amounts of an allergen when ingested, children with a food allergy must be encouraged to follow these guidelines:

- Eat only food brought from home unless it is packaged, clearly labelled, and approved by their parents.
- Wash hands before and after eating.
- Not share food, utensils, or containers.
- Place food on a napkin or wax paper rather than in direct contact with a desk or table.

## **Roles and Responsibilities**

Anaphylaxis management is a shared responsibility. To ensure the safety of allergic children at Blythwood depends on the cooperation of the entire school community; students, parents, teachers and school personnel.

### **School Principal**

1. Ensures that parents, upon registration, are asked about medical conditions, including whether children are at risk of anaphylaxis, and complete the Anaphylaxis Emergency Plan form.
2. Develops a communication plan for the dissemination of information on life-threatening allergies to parents, students and employees.
3. Ensures parents provide an auto-injector to be kept in the Anaphylaxis pocket chart in the office.
4. Requests that parents provide student with a Medic Alert bracelet.
5. Ensures maintenance staff cover/remove garbage containers to reduce the risk of insect-induced anaphylaxis.
6. Requests the school community not to send peanut/nut products to school.
7. Notifies all appropriate school personnel (student's teacher(s), educational assistant, office staff, lunch room supervisor, and substitute teachers) of medical alert concern, treatment and established emergency procedures.
8. Arranges annual training session for all school personnel on how to recognize and treat anaphylactic reactions, on school procedures to protect anaphylactic students from exposure, and on school protocol for responding to emergencies.
9. Works with the PSA/C to increase community awareness of anaphylaxis.

### **Teacher**

1. Displays Anaphylaxis Emergency Plan form in the classroom along with other anaphylaxis awareness posters.
2. Discusses anaphylaxis with the class, in age-appropriate terms.
3. Encourages students not to share food.
4. Ensures that food brought in to the classroom for special events is allergen-safe and not home baked.
5. Reinforces with all students the importance of hand washing before and after eating.
6. Facilitates communication with other parents.
7. Leaves information about anaphylactic students in an organized, prominent and accessible format for occasional teachers.
8. Carries a cell phone and ensures that anaphylactic students carry their auto-injector on field trips.

### **Parents of an Anaphylactic Child**

1. Informs the school of their child's allergies and completes the Anaphylaxis Emergency Plan form.
2. Updates the school on any changes in their child's medical condition.
3. Provides a MedicAlert bracelet for their child.
4. Provides the school with 1 up-to-date auto-injector (EpiPen, Allerject, or Twinject), clearly labelled with the child's name and prescription details, to be kept in the office.
5. Provides a body pouch or fanny pack for child to carry an auto-injector on them during field trips.

6. Provides allergen-free foods for their child for special occasions.
7. Teaches their child:
  - About their allergen and the substances that trigger it;
  - To recognize the first symptoms of an anaphylactic reaction;
  - To know where their auto-injector is kept at school;
  - To communicate clearly when he/she feels a reaction starting;
  - Not to share snacks, lunches, or drinks;
  - To understand the importance of hand washing.

### **Anaphylactic Student**

1. Encouraged to wear a MedicAlert bracelet and to carry an epinephrine auto-injector on them in a body pouch or in their backpack.
2. Takes as much responsibility as possible for avoiding allergens.
3. Learns to recognize symptoms of an anaphylactic reaction.
4. Promptly informs an adult as soon as accidental exposure occurs or symptoms appear.
5. Washes hands before and after eating.
6. Eats only food that they have brought from home unless it is packaged, clearly labelled, and approved by their parents.
7. Does not share food, utensils, or containers.
8. Places food on a napkin or waxed paper rather than in direct contact with a desk or table.
9. Never leaves his/her food unattended.

### **All Parents**

1. Respond co-operatively to requests from school to eliminate allergens from packed lunches and snacks.
2. **Obtain authorization** from the teacher prior to bringing food in to the classroom for special occasions.
3. Encourage their child to respect anaphylactic students and school prevention plans.
4. Teach their child not to share food.
5. Ensure their child washes his/her hands before going to school in the morning and after lunch.

### **All Students**

1. Learn to recognize symptoms of anaphylactic reactions.
2. Avoid sharing food, especially with anaphylactic students.
3. Follow school rules about keeping allergens out of the classroom.
4. Wash hands after eating.
5. Refrain from bullying or teasing a student with a food allergy.