



Anaphylaxis Policy Saplings Nature School August 2022

Rationale

For the purpose of this Administrative Procedure anaphylaxis is defined as a sudden and severe allergic reaction which requires immediate treatment to prevent sudden death from suffocation or cardiac arrest. Examples of potentially life-threatening allergens include:

- Peanuts, tree nuts and nut products,
- Shellfish,
- Fish,
- Cow's milk,
- Eggs,
- Insect venom

Policy

According to the Canadian Society of Allergy and Immunology National consensus Statement of Anaphylaxis in Schools and Other Settings:

1. Epinephrine is the first line medication which should be used for the emergency management of a person having a potentially life-threatening allergic reaction. In studies of individuals who have died as a result of anaphylaxis, epinephrine was underused, not used at all, or administration was delayed. The course of an anaphylactic episode cannot be predicted with certainty at the onset and may differ from one person to another and from one episode to another in the same person. Epinephrine should be given at the start of a known or suspected anaphylactic reaction.
2. Antihistamines and asthma medications should not be used instead of epinephrine for treating anaphylaxis. While they will do no harm when given as additional or secondary medication, they have not been proven to stop an anaphylactic reaction. Epinephrine is the only treatment shown to stop an anaphylactic reaction. The main benefit of antihistamines is in treating hives or skin symptoms.

The Head of School will ensure that all staff who may be in a position of responsibility for students with severe allergies and anaphylaxis, or other serious medical alert situations will receive training in the recognition of a reaction and the use of epinephrine auto injector. This may include teachers, educational assistants and other staff. This training shall occur on an annual basis and in conjunction with Community Health Nurses who will be requested to provide such consultation and training. When Community Health Nurses are not available, online resources recommended by Community Health Nurses will be used to train staff. After such training, each employee will be required to sign a document stating that training has been completed.

Procedures

1. Signs and symptoms of an anaphylactic 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.
2. 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 present as 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

3. Because of the unpredictability of reactions, early symptoms are never to be ignored, especially if the person has suffered an anaphylactic reaction in the past. If an allergic student expresses any concern that a reaction might be starting, the student is always to 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 anaphylactic reaction involve:

- Breathing difficulties caused by swelling of the airways
- A drop in blood pressure indicated by dizziness, light-headedness or feeling faint/weak. Both of these symptoms may lead to death if untreated.

Identification of Students with Severe Allergies and Anaphylaxis

Parents/guardians have the prime responsibility of informing school personnel regarding their student's severe allergy. Saplings will collect health information and establish medication protocols for individual students. This will occur each year before the start of school and will also occur each time a new student is enrolled where parents have indicated that their student has a severe allergy.

Parents/guardians are responsible for providing two (2) up-to-date epinephrine auto-injection kits, 1 for the student’s backpack, the other for the teacher’s emergency bag. The school will review each kit on an annual basis to ensure that they are up-to-date.

The Head of School must ensure that all staff members (teaching and non-teaching) are aware of students who have potentially life-threatening allergies as soon as is practicable. This includes teachers-on-call, and school volunteers. Information on the condition and the student's emergency medical and contact information will be kept in the teacher’s emergency bag.

With parental permission, the Head of School will post a picture of the student with the description of the severe allergy and emergency care plan in a central location and in the school bus, if applicable. The issue of privacy and the risk of teasing by other students is to be considered in discussion with parents. Parents may wish to restrict posting to areas not occupied by students.

The wearing of a medical alert bracelet by the student is desirable and is to be considered by the parents.

Sharing Information with Other Students and Parents

Classmates of the student may need information on the life-threatening allergy in a way that is appropriate for their age and maturity level. This is to be done in consultation with the student and their parents/guardians. Strategies to reduce teasing and bullying will be incorporated.

The Head of School will develop a communication strategy to inform the parent community of the presence of a student with a life-threatening allergy. Letters and notices are to include:

- Requesting that parents make informed and respectful choices. Regarding known anaphylactic allergen, information is to be sent home educating all parents on the potentially lethal outcomes that severe anaphylaxis can pose and the specific allergen(s) known to be a concern at the school.
- focus on the importance of hand washing
- A request to discourage teasing

Avoidance of Food Allergies

In developing school-based strategies to reduce the risk of exposure, various factors need to be considered such as:

- Age and maturity of the student,
- Organization and physical layout of the school,
- Properties of the allergen itself.
- Eating surfaces are cleaned thoroughly with a grease-cutting detergent.

Safe eating area practices –from Home to School

At-risk students are to be instructed by their parents to eat only food brought from their home. This is to be reinforced as is practicable by staff at the school.

Students are to be instructed by their parents not to trade or share foods, food utensils, and food containers. This is to be reinforced as is practicable by staff at the school.

Parents are to instruct their students on hand washing routine before and after eating to minimize risk of exposure to any food allergen residue. This will be reinforced as is practicable by staff at the school

The use of food in cooking classes and crafts is to be restricted or modified, depending on the life-threatening allergies of the students.

Field trips

A safety plan for a student with life threatening allergies must precede all field trips and address the relevant risks that may be encountered on the trip. In signing consent, parents/ guardians must understand that the school and its staff cannot provide the degree of control afforded to students while inside the school.

Holidays and Special Celebrations

Food is often associated with special occasions. With advance notice to parents and avoidance of all life-threatening allergens, food may be sent in by families. These foods must be pre-packaged and allergy aware. These will be inspected by the staff and are to be restricted or modified depending on the life-threatening allergies of the student.

Insect Venom Allergies

The Head of School will take the following precautions to reduce the risk of exposure when a life-threatening allergy exists:

- The presence of bees and wasps, especially nesting areas, when identified, will be removed as is practicable,
- Parents are advised not to provide and are to instruct their children not to drink from canned beverages while outside. School staff will not serve canned beverages outside or will serve canned beverages in cups to students and where practicable used cans will be deposited in a covered container,
- Students will be cautioned not to tamper with insect nests, and staff are advised of their presence,
- A student with a life-threatening insect venom allergy will be immediately removed from the room if a bee/wasp gets into the classroom.

Emergency Response Protocol

Since it is impossible to reduce the risk of accidental exposure to zero, a student with severe allergies may require emergency life-saving measures while at school.

An emergency plan must be developed for each at-risk student, in cooperation with the parents/guardians and the student's physician. The Community Health Nurse may also be available to consult upon request. This plan is to be kept in a readily accessible location with emergency contact information.

The student is to be encouraged to carry an up-to-date auto-injection kit in a fanny pack at all times. All students, regardless of whether or not they are capable of epinephrine self-administration, will require the help of others because the severity of the reaction may hamper their attempts to inject themselves.

A second up-to-date supply of epinephrine in an automatic injection device, provided by the parents, will be stored in the teacher's emergency bag, which is on hand at all times, water-proof, and unlocked for quick access. All staff and students will know the location of the epinephrine injectors. It is the responsibility of parents to check expiry dates of epinephrine injectors and replace as necessary.

A second dose of epinephrine will be given in cases when it is available and when this is advised by a 911 operator (e.g., ambulance has not arrived within 15 minutes and symptoms are worsening).

Following treatment for an anaphylactic response the staff will debrief and review the school's response. The Head of School will also report to the Program Director.