
SCHOOL DISTRICT NO. 36 (SURREY)

No. 9601.1

REGULATION: TREATMENT OF STUDENTS WITH A KNOWN RISK OF ANAPHYLAXIS / LIFE-THREATENING ALLERGIES

1.0 OBJECTIVE

To provide anaphylaxis policies, procedures and clarity around roles and responsibilities in order to reduce preventable, serious reactions and deaths due to anaphylaxis / life-threatening allergies in schools.

2.0 ANAPHYLAXIS / LIFE THREATENING ALLERGIES

Specific information regarding policies, procedures and guidelines may be found in the publication entitled **Anaphylaxis / Life-threatening Allergies HANDBOOK** (February, 2009) herein after called the Handbook. It can be accessed electronically in First Class under “SD36 Staff Conferences/District Departments/Critical Incident”. School and District personnel are advised to become thoroughly familiar with its contents.

It is the responsibility of the Principal to ensure that the school has in place:

- 1) A prevention and management plan
- 2) Emergency procedures for responding to anaphylaxis or other life-threatening allergic reactions.

3.0 DEFINITIONS

Anaphylaxis (an-‘uh-fuh’-lak-sis) is a sudden and potentially fatal allergic reaction, requiring immediate medical emergency measures be taken.

Symptoms may include any of the following, which may appear alone or in any combination, regardless of the triggering allergen:

- itchy eyes, nose, face, body
- flushing/redness/warmth of face and body
- swelling of eyes, face, lips, tongue and throat (throat tightness), trouble swallowing
- nasal congestion or hay fever-like symptoms (runny itchy nose and watery eyes, sneezing)
- cough, hoarse voice, inability to breathe
- hives/rash
- headache, nausea, pain/cramps, vomiting, diarrhoea, uterine cramps in females
- wheezing, shortness of breath, chest pain/tightness
- anxiety, a feeling of foreboding, fear, and apprehension

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- weakness and dizziness/light-headedness, pale blue colour, weak pulse, shock
- loss of consciousness, coma

The most dangerous symptoms of an allergic reaction involve:

- **breathing difficulties caused by swelling of the airways**
- **a drop in blood pressure indicated by dizziness**

Epinephrine (EpiPen® auto-injector)

The recommended emergency treatment for a student suffering an anaphylactic reaction is the administration of epinephrine (adrenaline) by an auto-injector (i.e., ***EpiPen®***). The person affected must then be rushed to hospital to receive further medical attention, even if the symptoms decrease with the administration of the epinephrine.

There is a need to ensure the safety of students who suffer from extreme allergies and empower school administrators to respond to their needs consistently but at the same time recognize individual differences from case to case. The following procedure is intended to achieve this end.

4.0 IDENTIFICATION OF INDIVIDUALS AT-RISK

Because of the unpredictability of reactions, early symptoms should never be ignored, especially if the person has suffered an anaphylactic reaction in the past. Since it is not always possible to identify a child at-risk of anaphylaxis in advance, and because there is recognition that anaphylaxis, asthma and severe allergies are intertwined, it is prudent for school communities to recognize and be prepared to respond to an anaphylactic event, should it occur.

(Refer to Appendix A in the Handbook)

5.0 OVERVIEW

Management of this medical condition should follow the **THREE “A’s” of ANAPHYLAXIS:**

- 1. AWARENESS**
- 2. AVOIDANCE**
- 3. ACTION**

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1. AWARENESS

- 1.1 The anaphylactic child must be identified to those who have day-to-day contact.
- 1.2 Information must be provided on which allergens can cause the reaction.
- 1.3 A treatment protocol must be in place and understood by those responsible.
- 1.4 This is an opportunity for students to be taught about the challenges others face and learn understanding, tolerance and accommodation.

2. AVOIDANCE

- 2.1 Avoidance is the key to preventing anaphylaxis.
- 2.2 It is impossible to completely eliminate all potential allergens from the school environment. Children with allergies need to be vigilant. Strategies to *minimize risk* include the following:
 - a. In cooperation with the other students and their parents designate the child's classroom/lunchroom "allergen aware".
 - b. Encourage good habits of hand washing before and after eating, and clean up after eating.
 - c. Where possible, and in coordination with the parent of the anaphylactic child, arrange for hot lunch, sports days and other food-related occasions to provide allergen-free foods.
- 2.3 As the student matures and enters the secondary school level the student assumes more responsibility for his or her allergy management.

3. ACTION

- 3.1 Know how to recognize the symptoms of an anaphylactic reaction and the protocol to follow. **This knowledge is critically important as it can be life saving.**
- 3.2 Know where the child's *EpiPens* (adrenalin auto-injector) are located.
- 3.3 Know how to administer the *EpiPen* at first sign of a reaction (even if the child is capable of self-administering, the severity of symptoms and the stress of the situation require an adult's help). Ask the school nurse to provide training.

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- 3.4 Arrange immediate transport to the hospital and possible re-administration of another *EpiPen* after 15 minutes.

THERE IS NO DANGER IN REACTING TOO QUICKLY!

The above outline of the Three “A’s” and the need for shared responsibility is a brief introduction to the issues surrounding anaphylaxis. Additional information is available and should be referred to when there is an anaphylactic student at your school. Please refer to the Anaphylaxis/Life Threatening Allergies Handbook.

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