



SK'ELEP

SCHOOL OF
EXCELLENCE

TAB 34

ANAPHYLAXIS POLICY

Approved by

Sk'elep School BoG

September 17, 2015

SK'ELEP SCHOOL OF EXCELLENCE POLICY

Reference Topic: Anaphylaxis

Reference: 34

Effective Date: September 17, 2015

Anaphylaxis

Policy Statement/Goals

The Sk'elep School of Excellence 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, the school system and health care providers.

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

Regulations

1. Description of Anaphylaxis

Anaphylaxis is a sudden and severe allergic reaction, which can be fatal. Anaphylaxis is a medical emergency that requires immediate emergency treatment with a single dose Epinephrine auto-injector such as EpiPen or Allerject.

An anaphylactic reaction can involve any of the following symptoms, which may appear alone or in any combination.

- Skin:** hives, swelling, itching, warmth, redness, rash
- Respiratory** (breathing): wheezing, shortness of breath, throat tightness, cough, hoarse voice, chest pain or tightness, nasal congestion or hay fever like symptoms (runny itchy nose, 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

The most dangerous symptoms involve:

- Breathing difficulty
- A drop in blood pressure indicated by dizziness, light-headedness, or feeling faint or weak

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 person. Early symptoms should never be ignored because of the unpredictability of reactions especially if the person has suffered an anaphylactic reaction in the past. Training strategies should address the need for a rapid emergency response when symptoms of an anaphylactic reaction appear. Students may be in denial, or unaware, that they are experiencing an anaphylactic reaction. 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 *Anaphylaxis Emergency Plan (See Appendix A)*.

The safety, health, and well-being of students is the primary responsibility of the parent. In a school setting, this responsibility includes parents, students, school employees, and health care workers. Special care will be 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. The risk of accidental exposure to a food allergen can be significantly diminished by means of such measures.

2. It is the Responsibility of the Parent/Guardian to:

- a. Report when their child is diagnosed as being at risk for anaphylaxis at the beginning of each school year and whenever there is a significant change relating to the child.
- b. Complete medical forms and the *Anaphylaxis Emergency Plan (Appendix A)*
- c. 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 a single dose, single use auto-injector.
- d. Provide two current single dose Epinephrine auto-injectors. One is to be stored at the school in a central, easily accessible, unlocked location. The other will be in the possession of the child at risk of anaphylaxis, if appropriate. Ensure replacement of the injectors upon expiry.

3. It is the Responsibility of the Principal to:

- a. Develop and maintain an allergy aware school environment. This includes ensuring parents, students, teachers and other school staff are aware of and comply with this policy
- b. Ensure that all members of the school community including substitute employees, employees on call, student teachers and volunteers have appropriate information about severe allergies including background information on allergies, anaphylaxis and safety procedures

- c. 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 participating in early learning programs (e.g. food service staff, volunteers, bus drivers, custodians). This training session should include: signs and symptoms of anaphylaxis; common allergens; emergency protocols; use of single dose, single use auto-injectors; and identification of at-risk students (as outlined in the individual *Anaphylaxis Emergency Plan*)
- d. 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 update an individual *Anaphylaxis Emergency Plan* (see *Appendix A*). The plan must be signed by the student's parents and the student's physician
- e. Documentation describing signs and symptoms of anaphylaxis and how to administer a single dose, single use auto-injector should be placed in relevant areas. These areas may include classrooms, office, staff room, lunch room and/or the cafeteria. See *Appendix B* for posting materials

4. School Level Emergency Procedure Plan

The School Level Emergency Procedure Plan must include the following elements:

- a. Administer the student's single dose, single use auto-injector 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.
- b. A second single dose, single use auto-injector may be administered 5 minutes after the first dose is given if symptoms have not improved (i.e. the reaction is continuing, getting worse, or has recurred).
- c. One person stays with the child at all times while another person goes for help or calls for help
- d. Call emergency medical care (911)
- e. Contact the child's parent/guardian
- f. If a single dose, single use auto-injector has been administered, the student must be transported to a hospital (the effects of the single dose, single use auto-injector may not last, and the student may have another anaphylactic reaction)

5. The principal, or designated staff, must ensure that emergency plan measures are in place for scenarios where students are off-site (e.g. bringing additional single dose, single use auto-injectors on field trips).
6. The *Anaphylactic Emergency Plan* should be posted in key areas such as in the child's classroom, the office, the teacher's daybook, and food consumption areas (e.g. lunch rooms, cafeterias). Parental permission is required to post or distribute the plan. A section for parental consent is included on the *Anaphylactic Emergency Plan*.
7. The location(s) of the student's single dose, single use auto-injectors must be known to all staff members and caregivers.

*adapted from Anaphylaxis Canada and School District No. 73 Kamloops/Thompson
Anaphylaxis Policy

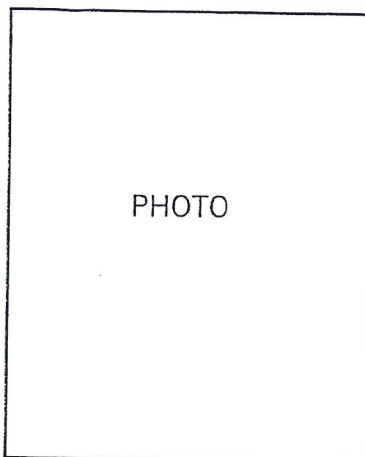
Appendix A- Anaphylaxis Emergency Plan

Appendix B - posting materials

Appendix C – supplementary resources

Anaphylaxis Emergency Plan: _____ (name)

This person has a potentially life-threatening allergy (anaphylaxis) to:



(Check the appropriate boxes.)

☐ Food(s): _____

☐ Insect stings

☐ Other: _____

Epinephrine Auto-Injector: Expiry Date: _____ / _____

Dosage:

☐ EpiPen® Jr. 0.15 mg ☐ EpiPen® 0.30 mg ☐ Allerject™ 0.15 mg ☐ Allerject™ 0.30 mg

Location of Auto-Injector(s): _____

☐ **Previous anaphylactic reaction:** Person is at greater risk.

☐ **Asthmatic:** Person is at greater risk. If person is having a reaction and has difficulty breathing, give epinephrine auto-injector before asthma medication.

A person having an anaphylactic reaction might have ANY of these signs and symptoms:

- **Skin system:** hives, swelling (face, lips, tongue), itching, warmth, redness
- **Respiratory system (breathing):** coughing, wheezing, shortness of breath, chest pain or tightness, throat tightness, hoarse voice, nasal congestion or hay fever-like symptoms (runny, itchy nose and watery eyes, sneezing), trouble swallowing
- **Gastrointestinal system (stomach):** nausea, pain or cramps, vomiting, diarrhea
- **Cardiovascular system (heart):** paler than normal skin colour/blue colour, weak pulse, passing out, dizziness or lightheadedness, shock
- **Other:** anxiety, sense of doom (the feeling that something bad is about to happen), headache, uterine cramps, metallic taste

Early recognition of symptoms and immediate treatment could save a person's life.

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

1. **Give epinephrine auto-injector** (e.g. EpiPen® or Allerject™) at the first sign of a known or suspected anaphylactic reaction. (See attached instruction sheet.)
2. **Call 9-1-1** or local emergency medical services. Tell them someone is having a life-threatening allergic reaction.
3. **Give a second dose of epinephrine** as early as 5 minutes after the first dose if there is no improvement in symptoms.
4. **Go to the nearest hospital immediately (ideally by ambulance)**, even if symptoms are mild or have stopped. The reaction could worsen or come back, even after proper treatment. Stay in the hospital for an appropriate period of observation as decided by the emergency department physician (generally about 4-6 hours).
5. **Call emergency contact person** (e.g. parent, guardian).

Emergency Contact Information

Name	Relationship	Home Phone	Work Phone	Cell Phone

The undersigned patient, parent, or guardian authorizes any adult to administer epinephrine to the above-named person in the event of an anaphylactic reaction, as described above. This protocol has been recommended by the patient's physician.

 Patient/Parent/Guardian Signature

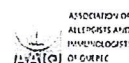
 Date

 Physician Signature ☐ On file

 Date



Anaphylaxis Canada



Appendix A

March 2014

Anaphylaxis:

Any delay in treatment could be fatal.^{1,2}

Know what it is.

Anaphylaxis is a severe, life-threatening allergic reaction. It can be triggered by certain types of food (like peanuts and shellfish), insect stings, medicine, latex, exercise and unknown causes.

The following symptoms of anaphylaxis can occur within minutes or several hours after exposure to an allergy trigger:

MOUTH: itching, swelling of the lips and/or tongue	THROAT: itching, tightness, closure, hoarseness
SKIN: itching, hives, redness, swelling	GUT: vomiting, diarrhea, cramps
LUNG: shortness of breath, cough, wheeze	HEART: weak pulse, dizziness, fainting

Only a few of these symptoms may be present.

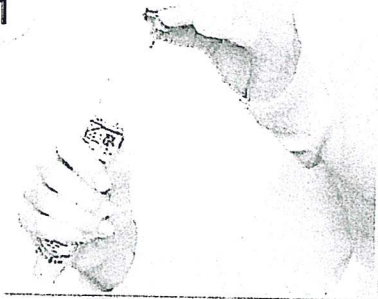
*Some symptoms can be life-threatening. ACT FAST!

Know what to do.

Epinephrine (the active ingredient in the EpiPen® Auto-Injector) is the medication recognized by healthcare professionals as the emergency treatment of choice for severe allergic reactions.

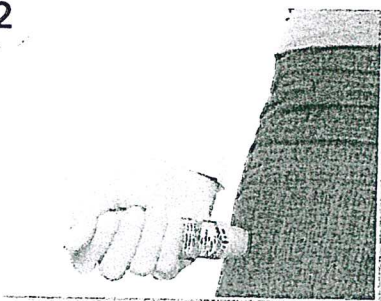
If any of the symptoms listed above are exhibited, administer the EpiPen® Auto-Injector immediately.

1



- Hold firmly with orange tip pointing downward.
- Remove blue safety cap by pulling straight up. Do not bend or twist.

2



- Swing and push orange tip firmly into mid-outer thigh until you hear a 'click'.
- Hold on thigh for several seconds.

Built-in needle protection

- When the EpiPen® Auto-Injector is removed, the orange needle cover automatically extends to cover the injection needle, ensuring the needle is never exposed.



After administration, patients should seek medical attention immediately or go to the emergency room. For the next 48 hours, patients must stay within close proximity to a healthcare facility or where they can call 911.

For more information, or to order more posters, go to EpiPen.ca

EpiPen® and EpiPen® Jr Auto-Injectors are indicated for the emergency treatment of anaphylactic reactions in patients who are determined to be at increased risk for anaphylaxis, including individuals with a history of anaphylactic reactions.

For product information, please refer to the product literature.

References: 1. Linn S, et al. J Allergy Clin Immunol. 2000;105:100-108. 2. Linn S, et al. J Allergy Clin Immunol. 2000;105:100-108. 3. Linn S, et al. J Allergy Clin Immunol. 2000;105:100-108.



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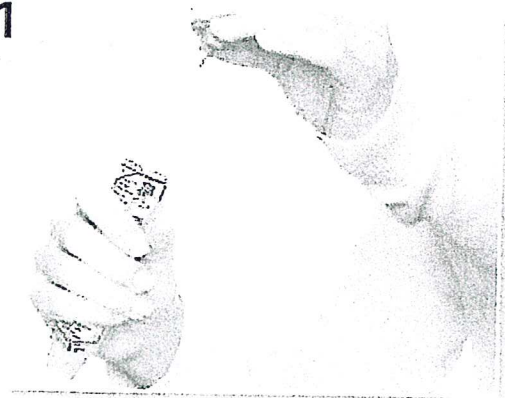
EPIPEN®
(Epinephrine) Auto-Injectors 0.3/0.15mg

Appendix B

How to use EpiPen® and EpiPen® Jr Auto-injectors.

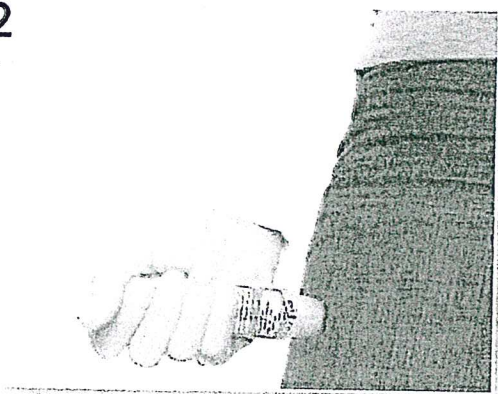
Remove the EpiPen® Auto-Injector from the carrier tube and follow these 2 simple steps:

1



- Hold firmly with orange tip pointing downward.
- Remove blue safety cap by pulling straight up. Do not bend or twist.

2



- Swing and push orange tip firmly into mid-outer thigh until you hear a 'click'.
- Hold on thigh for several seconds.



Built-in needle protection

- When the EpiPen® Auto-injector is removed, the orange needle cover automatically extends to cover the injection needle, ensuring the needle is never exposed.



After administration, patients should seek medical attention immediately or go to the emergency room. For the next 48 hours, patients must stay within close proximity to a healthcare facility or where they can call 911.

For more information visit EpiPen.ca.

EpiPen® and EpiPen® Jr Auto-injectors are indicated for the emergency treatment of anaphylactic reactions in patients who are determined to be at increased risk for anaphylaxis, including individuals with a history of anaphylactic reactions.

This product may not be right for you. Always read and follow the product label.



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Mylan Specialty, L.P. sub-licensee, Pfizer Canada Inc., Kirkland, Quebec H9J 2M5
D0005046022



EPIPEN®
(Epinephrine) Auto-injectors 0.3/0.15mg

Trusted for over 25 years.

Appendix B

ANAPHYLAXIS

Symptoms and Treatment

What is Anaphylaxis?

Anaphylaxis is the term for a severe, life-threatening allergic reaction that some people have to foods (like peanuts and shellfish), insect stings, certain medicines, latex, or other allergens.

Symptoms

Typical symptoms of anaphylaxis include:

- Swelling of the throat, lips, tongue, or the area around the eyes
- Difficulty breathing or swallowing
- Metallic taste or itching in the mouth
- Generalized flushing, itching, or redness of the skin
- Stomach cramps, nausea, vomiting, or diarrhea
- Increased heart rate
- Decreased blood pressure
- Paleness
- Sudden feeling of weakness
- Anxiety or an overwhelming sense of doom
- Collapse
- Loss of consciousness

The most common warning symptoms of anaphylaxis are: hives and swelling.

Remember! Treatment with an epinephrine auto-injector should be given immediately when someone is experiencing a severe allergic reaction.

HOW TO USE ALLERJECT™

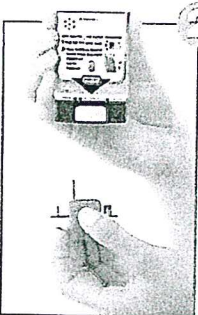
Approved With Allergan™ Testing Device

Allerject™ voice assisted auto injectors are indicated for the emergency treatment of anaphylactic reactions in patients who are determined to be at increased risk for anaphylaxis.



1 Pull Allerject™ from the outer case.

Do not go to step 2 until you are ready to use Allerject™. If you are not ready to use, put it back in the outer case.



2 Pull off RED safety guard.

To reduce the chance of an accidental injection, do not touch the black base of the auto-injector, which is where the needle comes out. If an accidental injection happens, get medical help immediately.

NOTE: The safety guard is meant to be tight. **Pull firmly to remove.**



3 Place BLACK end AGAINST the MIDDLE of the OUTER thigh (through clothing, if necessary), then press firmly and hold in place for five seconds.

Only inject into the middle of the outer thigh (upper leg). Do not inject into any other location.

NOTE: Allerject™ makes a distinct sound (click and hiss) when you press it against your leg. This is normal and indicates Allerject™ is working correctly.

4 Seek immediate medical or hospital care.

Replace the outer case and take your used Allerject™ with you to your pharmacist or physician for proper disposal and replacement.

AFTER using Allerject™ seek immediate medical attention

Please consult the Consumer Information leaflet in your product package for complete dosage and administration instructions.

With a severe, long-lasting allergic reaction, you may need to administer an additional dose of epinephrine. More than two sequential doses of epinephrine should only be administered under direct medical supervision.

It is important that you seek immediate medical assistance or go to the emergency room immediately after using Allerject™. Following treatment, the patient must stay within close proximity to a hospital or where they can call 911 for the next 48 hours. To ensure Allerject™ is right for you, always read and follow the label.

How to store Allerject™

Keep your Allerject™ at room temperature. Do not refrigerate. Do not drop. Occasionally inspect your Allerject™ solution through the viewing window. Replace your Allerject™ if it is discolored or contains solid particles (precipitate) or if there are any signs of leakage. The solution should be



For more information go to

www.allerject.ca

Appendix B

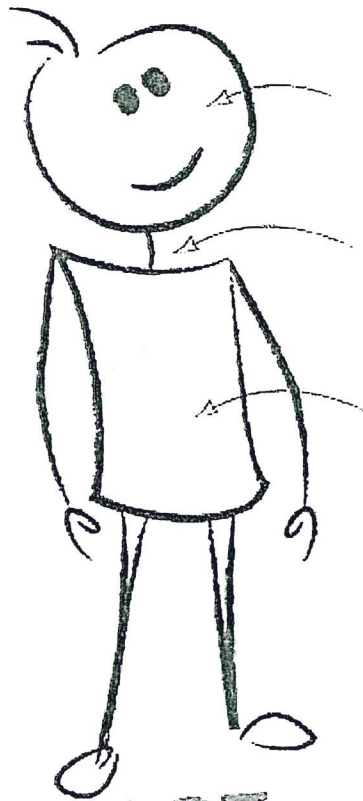
Anaphylaxis Canada

ALLERGIC REACTIONS

Could YOU save a life?

After eating or being stung by an insect, a person at risk for anaphylaxis might have any of these symptoms.

Think F.A.S.T...



Face

Hives, itching, redness,
swelling of face, lips or tongue

Airway

Trouble breathing, swallowing or speaking,
nasal congestion, sneezing

Stomach

Stomach pain, vomiting, diarrhea

Total Body

Hives, itching, swelling, weakness,
dizziness, sense of doom,
loss of consciousness

then ACT...

Give Epinephrine

- Give epinephrine (e.g. EpiPen, Allerject[®]) at the first sign of a reaction.
- The first signs may be mild, but symptoms can get worse quickly.
- Repeat as early as 5 minutes if symptoms do not improve.

Call 9-1-1

- Have person transported to hospital, even if symptoms are mild or have stopped.

Appendix B

Appendix C - Supplementary Resources

1. In 2005, the Ontario government passed a law requiring that school boards in Ontario establish and maintain an anaphylaxis policy. This law, named Sabrina's Law, is named in memory of Sabrina Shannon, a teenager who suffered from severe food allergies. Sabrina suffered a fatal anaphylactic reaction after eating fries at her school cafeteria, possibly cross contaminated with dairy protein, to which she was highly allergic. More can be read about this story here:

Anaphylaxis Canada, (2011-2014). *Sabrina's Law*. Retrieved from http://www.anaphylaxis.ca/en/resources/sabrinas_law.html

2. Anaphylaxis guidelines and resources for schools:

Anaphylaxis Canada, (2011-2014). *Helpful info*. Retrieved from http://www.anaphylaxis.ca/en/resources/helpful_info.html

3. Recommended information to be included in policies:

Anaphylaxis Canada, (2011-2014). *Anaphylaxis policies and regulations*. Retrieved from http://www.anaphylaxis.ca/en/educators/policies_regulations.html

4. A broad overview of key elements required in policies to ensure that anaphylaxis is properly managed within the school setting. This British Columbia Anaphylactic and Child Safety Framework can be viewed here:

Ministry of Education, (2007). *British Columbia anaphylactic and child safety framework*. Retrieved from http://www.bced.gov.bc.ca/health/bc_anaphylactic_child_safety.pdf

5. Key elements required regarding policies and procedures. View the Anaphylaxis Protection Order here:

BC Ministry of Education, (2013). *Anaphylaxis protection order*. Retrieved from <http://www.bced.gov.bc.ca/legislation/schoollaw/e/m232-07.pdf>