**SD42 PROCEDURE: 9601**

# ANAPHYLAXIS

## PURPOSE

To provide guidelines for identifying and supporting students at risk of life-threatening allergic reactions (anaphylaxis) while under school supervision. It is recognized that maintaining a safe and healthy learning environment is a shared responsibility among students, parents/guardians, school staff, and health care providers. While an allergen-free environment cannot be guaranteed, the District will take reasonable steps to develop and implement school procedures and individual student plans that minimize the risk of accidental exposure to allergens, support normal participation in school activities, and ensure appropriate prevention, awareness, and emergency response measures are in place.

## ANAPHYLAXIS

Signs and symptoms of a severe allergic 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. 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 persons.

While the exact prevalence is unknown, it has been estimated that more than 700,000 or up to 2% of Canadians are at risk of anaphylaxis (from food and insect allergy), and that up to 6% of young children less than three years of age are at risk[1]. In the school age population, it is estimated that between 2-4% of children are at risk of anaphylactic reactions to foods.

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, diarrhea;

**Cardiovascular (heart):** pale/blue colour, weak pulse, passing out, dizzy/lightheaded, shock; and/or

**Other:** anxiety, feeling of "impending doom", headache, uterine cramps in females.

[1] *Canadian Society of Allergy and Clinical Immunology, Anaphylaxis in Schools and Other Settings. 2005-2016*

Because of the unpredictability of reactions, early symptoms should never be ignored[2], especially if the person has suffered an anaphylactic reaction in the past.

It is important to note that anaphylaxis can occur 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 *Anaphylaxis Individual 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.

## PROCEDURES

### *Identifying Individuals at Risk*

At the time of registration, using the district registration form, parents/guardians are asked to report on their child's medical conditions, including whether their child has a medical diagnosis of anaphylaxis. 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:

1. Inform the school principal when their child is diagnosed as being at risk for anaphylaxis;
2. In a timely manner, complete medical forms and the *Anaphylaxis Individual Student Emergency Procedure Plan* which includes a photograph, description of the child's allergy, emergency procedures, contact information, and consent to administer medication. The *Anaphylaxis Individual Student Emergency Procedure 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. lunchrooms, cafeterias). Parental/guardian permission is required to post or distribute the plan;[3]
3. 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; and
4. Inform non School District No. 42 service providers of programs delivered on school property by non-school personnel of their child's anaphylaxis and care plan, as these programs are not the responsibility of the school.

The school will contact anaphylactic students and their parents/guardians 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.

### *Record Keeping – Monitoring and Reporting*

For each identified student, the school principal will keep an *Anaphylaxis Individual Student Emergency Procedure Plan* on file. These plans will contain the following information:

*[2] Training strategies need to 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.*

*[3] A section for parental/guardian consent is included on the Anaphylaxis Individual Student Emergency Procedure Plan.*

1. Student-Level Information
    - Name
    - Contact information
    - Diagnosis
    - Symptoms
    - Emergency Response Plan
2. School-Level Information
    - Emergency procedures/treatment

Physician section including the student's diagnosis, medication, and physician's signature.

It is the school 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 school principal will monitor and report information about anaphylactic incidents to their zone lead.

***Emergency Procedure Plans***
**(see form: *Anaphylaxis Individual Student Emergency Procedure Plan)***

1. Anaphylaxis Individual Student Emergency Procedure Plan

    The school principal must ensure that the parents/guardians 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 *Anaphylaxis Individual Student Emergency Procedure Plan*.

    The *Anaphylaxis Individual Student Emergency Procedure Plan* must be signed by the student's parents/guardians and the student's physician. A copy of the plan will be placed in readily accessible, designated areas such as the classroom and office.

    The *Anaphylaxis Individual Student Emergency Procedure Plan* will include at minimum:

    - the diagnosis;
    - the current treatment regimen;
    - who within the school community is to be informed about the plan – e.g. teachers, volunteers, classmates;
    - current emergency contact information for the student's parents/guardian;
    - a requirement for those exposed to the plan to maintain the confidentiality of the student's personal health information[4];
    - information regarding the parents/guardians responsibility for advising the school about any change/s in the student's condition; and
    - information regarding the school's responsibility for updating records.

2. School Wide Emergency Procedure Response Plan

    Each school must develop a School Procedure Plan, which must include the following elements:

    - Student Emergency Response Procedures: When a student is in anaphylactic shock, school personnel will:
        - 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;

*[4] To be in compliance with the Freedom of Information and Protection of Privacy Act (FOIPPA).*

- Call emergency medical care (911);
- Contact the child's parent/guardian;
- Administer second auto-injector as early as 5 minutes after the first dose is given, if symptoms do not improve or if symptoms recur;
- If an auto-injector has been administered, the student must be transported to a hospital (the effects of the auto-injector may not last, and the student may have another anaphylactic reaction);
- One person stays with the child at all times; and
- One person goes for help or calls for help.

The school principal, or designated staff, must ensure that emergency plan measures are in place for scenarios where students are off-site per School District Field Trip Policy and Procedures (e.g. bringing additional single dose auto-injectors on field trips).

***Provision and Storage of Medication***

Children at risk of anaphylaxis who have demonstrated maturity[5] 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 school location(s). The location(s) of student auto-injectors must be known to all staff members and caregivers.

Parents/guardians will be informed that it is their responsibility:

1. to provide the appropriate medication (e.g. single dose epinephrine auto-injectors) for their anaphylactic child;
2. 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);
3. 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;
4. to provide a second auto-injector to be stored in a central, accessible, safe but unlocked location; and
5. to ensure anaphylaxis medications have not expired, and to ensure that they replace expired medications.

**Allergy Awareness, Prevention and Avoidance Strategies**

***Awareness***

The school principal should ensure:

- 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 (e.g. food service staff, volunteers, bus drivers, custodians) receive training annually in the recognition of a severe allergic reaction and the use of single dose auto-injectors and standard emergency procedure plans;
- 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;

*[5] As determined by the child's parents/guardians.*

- With the consent of the parent/guardian, the principal and the classroom teacher will 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; and
- Posters which describe signs and symptoms of anaphylaxis and how to administer a single dose auto-injector should be placed in relevant areas. These areas may include classrooms, office, staff room, lunchroom and/or the cafeteria.

***Avoidance/Prevention***

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 must participate in creating an allergy-aware environment. Special care is taken to avoid exposure to allergy-causing substances. Parents/guardians 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.

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:

- Eat only food that they have brought from home unless it is packaged, clearly labelled, and approved by their parents/guardians (*Elementary schools)*;
- If eating in a cafeteria, ensure food service staff understand the life-threatening nature of their allergy. When in doubt, avoid the food item in question;
- Wash hands before and after eating;
- Not share food, utensils or containers; and
- Place food on a napkin or wax paper rather than in direct contact with a desk or table.

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.

**Training**

At the beginning of each school year, staff will be directed to online training modules for management of anaphylaxis in the school setting.

Efforts shall be made to include the parents/guardians, and students (where appropriate), in the training. Experts (e.g. public health nurses and trained occupational health & safety staff) may be consulted in the development of training policies and can provide resources to guide this.

The online training will include:

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

***Additional Best Practice:***

Distinguish between the needs of younger and older anaphylactic students.

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.

Students may have opportunities to learn about anaphylaxis in a general assembly or class presentations.

**UPDATED: October 2026**