

Yukon Education

Policy Subject: Anaphylaxis

Date Passed: 09/05/2012

Legislation:

Education Act: Section 18(1)

Cross Reference:

Administration of Medication to Students

School Nutrition Policy

Anaphylaxis in Schools and Other Settings (guidelines from Anaphylaxis Canada and the Canadian Society of Allergy and Clinical Immunology)

Field Trip Policy

Purpose and Principles:

1. The Department of Education recognizes that schools have a duty of care to students at risk from life-threatening allergic reactions while under school supervision. This responsibility is shared among the student, parents, school system and health care providers.
2. The purpose of this policy is to reduce preventable, serious reactions and deaths due to anaphylaxis/life threatening allergies in schools by providing clarity to school staff, parents and students regarding roles and responsibilities that comply with Anaphylaxis Canada safety standards.

Definitions

Allergen: a substance capable of causing an allergic reaction; triggers may include foods, insect stings, medications, pollens, moulds, animal dander, house dust mites and natural latex.

Anaphylaxis: a sudden and potentially fatal allergic reaction, requiring immediate medical emergency measures. Symptoms of anaphylaxis can occur within minutes of exposure to an allergen. An anaphylactic reaction can involve **any** of the following symptoms, which may appear alone or in any combination:

Skin System: hives, swelling, itching, warmth, redness, rash

Respiratory system: coughing, wheezing, shortness of breath, chest pain/tightness, hoarse voice, nasal congestion or hay fever-like symptoms (runny, itchy nose and watery eyes, sneezing), trouble swallowing

Gastrointestinal system: nausea, pain/cramps, vomiting, diarrhea

Cardiovascular system: pale/blue colour, weak pulse, passing out, dizzy/lightheaded, shock

Other: anxiety, melancholy, feeling of “impending doom”, headache, uterine cramps, metallic taste

Auto-injector: a user-friendly pre-loaded syringe used to administer epinephrine (i.e. EpiPen, Twinject)

Epinephrine: a synthetic version of the hormone adrenalin; used in the treatment of anaphylaxis and life-threatening asthma attacks.

Standards and Procedures

1. Epinephrine is the first line treatment for anaphylaxis. An epinephrine auto-injector should be given at the first sign of a known or suspected anaphylactic reaction, including in previously undiagnosed individuals. In normally healthy individuals, epinephrine will not cause harm.
2. No person should be expected to be fully responsible for self-administration of an epinephrine auto-injector. A teacher or school staff must assist a student presenting with symptoms of anaphylaxis, as described above.
3. 9-1-1 or local emergency medical services should be called following administration of epinephrine, and advised that someone is having a life-threatening allergic reaction. School staff must follow instructions received from emergency medical services.
4. All individuals receiving emergency epinephrine must be transported to a hospital or medical facility immediately, by ambulance where possible, for evaluation and observation.
5. Additional epinephrine must be available during transport. A second dose may be administered within 5 to 15 minutes after the first dose is given IF symptoms have not improved.

Roles and Responsibilities

It is the responsibility of the parent/guardian to:

1. Educate the allergic child on avoidance strategies
2. Inform the school administrator about the child's allergies and complete an annual Administration of Medication plan (see Administration of Medication policy)
3. Where a family physician has provided recommendations for risk reduction strategies and treatment of an anaphylactic reaction that differ from those outlined in this policy, provide the school with written instructions signed by the physician and discuss these with children's school staff and caregivers
4. Provide the school with an epinephrine auto-injector which is not expired (it is recommended that parents keep a log of expiry dates and promptly replace outdated auto-injectors).
5. Promptly update school staff on any changes (e.g. diagnosis of an additional allergy or outgrowing an allergy)

It is the responsibility of the administrator to:

1. Ensure that there is an anaphylaxis prevention and management plan for the school. The plan may include restrictions on certain food products in the school due to food allergies and other precautions, as deemed necessary. Emergency procedures for responding to anaphylaxis must be communicated to staff and reviewed and updated on a regular basis.
2. Consult with parents before posting the child's plan. Plans and photos of anaphylaxis children should be kept in areas accessible to staff, while respecting the privacy of the child.
3. Ensure that the school has readily available first-aid kits that contain spare epinephrine auto-injectors, and arrange to periodically check and replace expired doses. As needed, school administrators may purchase generic (non-prescription) epinephrine doses through their school budget or contact the Department for support.
4. With support from the Department, arrange for annual

standardized anaphylaxis training as needed. Training should include ways to reduce the risk of exposure, recognition of signs and symptoms of anaphylaxis, when and how to give the epinephrine auto-injector including using an auto-injector trainer or demonstrator.

5. Ensure that auto-injectors are continuously stocked, properly stored and not expired.
6. Ensure that an Incident Report is completed any time an epinephrine auto-injector is administered to a student.

