



## ANAPHYLAXIS POLICY

**Anaphylaxis is a sudden and severe allergic reaction, which can be fatal, requiring immediate medical emergency measures be taken.**

Summit Academy (the “Academy”) 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.

The purpose of this policy is to minimize the risk to students with severe allergies to potentially life-threatening allergens without depriving the severely allergic student of normal peer interactions or placing unreasonable restrictions on the activities of other students in the school.

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

### GENERAL POLICY STATEMENTS

#### Notification of Condition

Parent(s)/guardian of students who have been diagnosed as being at-risk of anaphylaxis must make this known to the school Administrator at the time of application to be enrolled or immediately if the condition is diagnosed during the school year.

1. Upon receipt of such advice, the school Administrator will ensure that all appropriate staff are notified and the school’s database is updated so that suitable arrangements can be made.
2. Parent(s)/guardian should ensure regular medical follow-up as recommended by the treating doctor. Any alterations to the list of potential allergens and/or the action plan provided by parent(s)/guardian should be communicated to the school Administrator as soon as possible.

### SIGNS & SYMPTOMS OF ANAPHYLAXIS

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, diarrhoea
- **Cardiovascular (heart):** pale/blue colour, weak pulse, passing out, dizzy/light-headed, shock
- **Other:** anxiety, feeling of “impending doom”, headache, uterine cramps in females



Because of the unpredictability of reactions, early symptoms should never be ignored, 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, 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.

## **EpiPen**

The parent(s)/guardian of at-risk students are responsible for providing two in-date EpiPens.

1. EpiPens will be given to the school Administrator to be kept in a common area and refrigerated, if necessary. Any time the student is away from the classroom, i.e., field trip, the student's teacher will check out an EpiPen and have it her / his possession during this time. The EpiPen will be returned to the school Administrator upon returning from any away activity or event.
2. Students who have parental permission can have an EpiPen readily available in a school bag or sports bag. The second EpiPen must be provided to the school Administrator and kept in safe storage.

## **TRAINING**

All staff at Summit Academy and contractors as necessary will receive training in the recognition and treatment of anaphylactic shock, including the injection of adrenalin with an EpiPen. It is the responsibility of the school Administrator and the Health Centre Medical Staff to ensure such training is arranged on a regular basis and at least annually before the school year starts to ensure all staff are trained.

## **INTRA SCHOOL ALERTS**

The school Administrator is responsible for ensuring that at-risk students display tags on wrist and/or school bags for easy identification. These tags can be obtained from the Whistler Health Care Centre. At the beginning of the school year, all teachers and personnel will be given a list of students who are at-risk for allergic reactions. This list will be updated as needed through the school year.

## **FOOD ALLERGIES**

All students with food allergies should only eat food prepared from home. The staff of Summit Academy will make every Reasonable effort to ensure that students at-risk do not come into contact with foodstuffs and other substances that may cause a reaction.



At-risk students should be instructed by parents and staff not to exchange food at school, nor ideally to eat any food not provided for them from home. Equally other students will be informed frequently that they must not share foodstuffs with any at-risk student.

### **SCHOOL CAMPS, EXCURSIONS AND FIELD TRIPS**

Those staff organizing camps, excursions, exchanges and field trips involving at-risk students will, as part of their risk management assessment, liaise with involved service providers to do everything reasonably possible to minimize the risk for these students. Parents will also be reminded, by letter from the Administrator as well as on permission forms, about the risks to anaphylactic students and the measures they can take to assist in minimizing the risk of exposure to circumstances that will cause a reaction.

### **EMERGENCY PROTOCOL**

An individual Anaphylaxis Emergency Plan can be signed by the child's physician, if required. With parental permission, a copy of this Plan will be placed in designated areas such as the classroom and office.

Adults must be encouraged to listen to the concerns of the child who usually knows when a reaction is occurring, even before signs appear. It cannot be assumed that children will be able to properly self-administer their auto-injector. (Children may be fearful of getting a needle, they may be in denial that they are having a reaction, or they may not be able to self-administer due to the severity of the reaction.) When giving epinephrine, it is recommended to have the person sit or lie down. When administering to a child, it may be helpful to support or brace their leg to reduce movement.

To respond effectively during an emergency, a routine has been established and practiced, similar to a fire drill.

#### **During an emergency:**

1. Give epinephrine auto-injector (e.g. EpiPen®) at the first sign of a known or suspected anaphylactic reaction.
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.
5. Call emergency contact person (e.g. parent, guardian).



## **BODY POSITION**

After giving epinephrine, place the person on their back with their legs raised. If they feel sick or are vomiting, they should be placed on their side so that the airway is clear and they do not choke on vomit. It is important to avoid having an individual immediately sit up or stand after receiving epinephrine as these sudden changes of position may lower their blood pressure, worsen their condition, and potentially result in death. Additionally, emergency responders should be directed to the person's location and transport the person on a stretcher. The person should not be made to walk to emergency responders.

## **IMPORTANT NOTES**

1. A person should stay with the child at all times.
2. It is important to note the time of administration of the first epinephrine auto-injector so that you know how long it has been since the child received the first dose of epinephrine.
3. The use of epinephrine for a potentially life-threatening allergic reaction will not harm a normally healthy child, even if epinephrine was not required.
4. If an anaphylactic emergency occurs, both the school anaphylaxis plan and the child's Anaphylaxis Emergency Plan should be reviewed and amended as necessary.