Anaphylaxis / Allergies
Administrative Procedure 1.B.30

Board Governance Policy Cross Reference: 1, 2, 3, 16, 17

Legal Reference: *Safe School Charter, Manitoba Public Schools Act*

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Introduction

Anaphylaxis is a severe allergic reaction that can be life threatening, if untreated. The emergency response to anaphylactic shock is the **administration of an adrenaline auto-injector,** which is a Group B health care procedure under the Unified Referral and Intake System (URIS)

What is Anaphylaxis?

Anaphylaxis – sometimes called "allergic shock" or "generalized allergic reaction" – is a severe allergic reaction that can lead to rapid death, if untreated. Like less severe allergic reactions, anaphylaxis occurs when the body's immune system reacts to harmless substances as though they were harmful invaders. The reaction may begin with itching, hives, vomiting, diarrhea, or swelling of the lips or face; within moments, the throat may begin to close, choking off breathing and leading to unconsciousness and death.

Peanuts may be the most common allergen causing anaphylaxis in school children.

In addition to peanuts, the foods most frequently implicated in anaphylaxis are tree nuts (e.g., hazelnuts, walnuts, almonds, cashews), cow's milk and eggs. Fish, shellfish, wheat and soy are potentially lethal allergens as well, and anaphylaxis is occasionally induced by fruits and other foods. Non-food triggers of anaphylactic reactions include insect venom, medications, latex and, rarely, vigorous exercise. Most individuals lose their sensitivity to milk, soy, egg and wheat by school age, but reactions to peanut, tree nuts, fish/shellfish tend to persist throughout life.

The onset of anaphylaxis may be signaled by severe, but non-life-threatening reactions, which become increasingly dangerous with subsequent exposure to the allergen. However, anaphylaxis may occur even if previous allergic reactions have been mild. While the condition often appears in early childhood, it can develop at any age.

What does an Anaphylactic Reaction Look Like?

An anaphylactic reaction can begin within seconds of exposure or after several hours. Any combination of the following symptoms may signal the onset of a reaction:

- Hives
- Itching (on any part of the body)
- Swelling (of any body parts, especially eyes, lips, face, tongue)
- Red watery eyes
- Runny nose
- Vomiting

- Diarrhea
- Stomach cramps
- Change of voice
- Coughing
- Wheezing
- Throat tightness or closing
- Difficulty swallowing
- Difficulty breathing
- Sense of doom
- Dizziness
- Fainting of loss of consciousness
- Change of color

Symptoms do not always occur in the same order, even in the same individuals. Time from onset of first symptoms to death can be as little as a few minutes, if the reaction is not treated. Even when symptoms have subsided after initial treatment, they can return as much as eight hours after exposure.

When is it Likely to Occur?

The greatest risk of exposure is in new situations, or when normal daily routines are interrupted, such as birthday parties, camping or school trips. Young children are at greatest risk of accidental exposure, but many allergists believe that more deaths occur among teenagers due to their increased independence, peer pressure and a reluctance to carry medication.

Emergency Response

Anaphylaxis is life-threatening, but it can be treated. Students suffering anaphylaxis must be diagnosed by their physician, who is responsible for prescribing the appropriate treatment for their individual conditions. Schools should never assume responsibility for treatment in the absence of an Individual Health Care Plan (IHCP) / Emergency Response Plan or a specific treatment protocol prescribed by the child's physician.

The first plan of action calls for the administration of epinephrine (also known as adrenaline) immediately, at the first indication of a reaction, followed by immediate transportation to hospital, by ambulance if possible. The Canadian Pediatric Society has issued a position statement on fatal anaphylactic reactions to food in children which supports this treatment protocol: "**Epinephrine must be administered promptly at the first warning symptoms, such as itching or swelling of the lips or mouth, tightening of the throat or nausea, and before respiratory distress, stridor or wheezing occur."** It is anticipated that most, if not all, peanut-allergic children, and all children who experienced previous anaphylaxis, will follow this plan.

In other words, if there is any reason to suspect an anaphylactic reaction is taking place, and if epinephrine has been prescribed as the treatment protocol, caregivers should not hesitate to administer the medication.

Responsibilities of the child with a life-threatening allergy:

- Take as much responsibility as possible for avoiding allergens, including checking labels and monitoring intake. (developmentally appropriate)
- Eat only foods brought from home.
- Wash hands before eating.
- Learn to recognize symptoms of an anaphylactic reaction. (developmentally appropriate)
- Promptly inform an adult, as soon as accidental exposure occurs or symptoms appear.

- Keep an auto-injector on their person at all times. (e.g. fanny pack)
- Know how to use the auto-injector. (developmentally appropriate)

Responsibilities of the parents/guardians of a child with a life-threatening allergy:

- Identify their child's allergies and needs to the school principal.
- Ensure that their child has and wears a medical identification bracelet.
- Provide the school with current (within two years) written medical instructions from the physician.
- Provide the school with adrenaline auto-injectors. (pre-expiry date)
- Ensure that auto-injectors are taken on field trips.
- Participate in the development of a written IHCP for their child.
- Be willing to provide safe foods for their child for special occasions.
- Teach their child:
    - to recognize the first signs of anaphylactic reaction
    - to know where their medication is kept and who can get it
    - to communicate clearly when he or she feels a reaction starting
    - to carry his/her own auto-injector on their person (e.g. in a fanny pack)
    - not to share snacks, lunch or drinks
    - to understand the importance of hand washing
    - to cope with teasing and being left out
    - to report bullying and threats to an adult in authority, and
    - to take as much responsibility as possible for his/her own safety
- Provide support to school and teachers as required.

Responsibilities of the Principal (or designate):

- Assist with the development and implementation of policies and procedures for reducing risk in classrooms and common areas.
- Work as closely as possible with the parents of the child with known risk of anaphylaxis.
- Ensure that the parents have completed all the necessary forms.
- Notify staff of the child with known risk of anaphylaxis, the allergens and the treatment.
- Post allergy alert forms in the staff room and office.
- Maintain up-to-date emergency contacts and telephone numbers.
- Ensure that all staff (and possibly volunteers) have received instruction in the use of the auto-injector.
- Ensure that all substitute staff are informed of the presence of a child with known risk of anaphylaxis, and that appropriate support/response is available should an emergency occur.
- Inform parents that a child with a life-threatening allergy is in direct contact with their child and ask for their support and cooperation. See ***1.B.30A: Life Threatening Allergies: Sample Letter***
- Apply to the Unified Referral and Intake System for support for a registered nurse to train and monitor personnel involved with the child with life-threatening allergies.
- Ensure that an Individual Health Care Plan or Emergency Response Plan, is completed and reviewed annually for each child with a life-threatening allergy.
- If not developmentally appropriate for the child to carry an auto-injector, ensure that it is kept in an unlocked, safe, easily accessible location.
- Ensure that safe procedures are developed for field trips and extra-curricular activities.

Responsibilities of the Teacher:

- Discuss anaphylaxis with the class, in age-appropriate terms.
- Encourage students not to share lunches or trade snacks.
- Choose products which are safe for all children in the school. (Parental input is recommended)
- Instruct children with life threatening allergies to eat only is brought from home.
- Reinforce hand washing before and after eating.
- Where appropriate, facilitate communication with other parents.
- Follow policies for reducing risk in classrooms and common areas.
- Enforce rules about bullying and threats.
- Leave information in an organized, prominent and accessible format for substitute.
- Ensure that auto-injectors are taken on field trips and emergency response plans are considered when planning the trip.

Responsibilities of Registered Nurse:

- Consult with and provide information to parents/guardians, children, and school personnel.
- Develop an Individual Health Care Plan or an Emergency Response Plan for the child with known risk of anaphylaxis.
- Provide training and ongoing monitoring to personnel involved with children with known risk of anaphylaxis.

Responsibilities of All Parents:

- Respond cooperatively to requests from the school to eliminate allergens from packed lunches and snacks.
- Participate in parent information sessions.
- **Encourage children to respect the child with known risk of anaphylaxis.**
- Inform the teacher **prior** to distribution of food products to any children in the class/school.

Responsibilities of All Children in the School (developmentally appropriate)

- Learn to recognize symptoms of anaphylactic reaction.
- Avoid sharing food, especially with children with known risk of anaphylaxis.
- Follow school rules about keeping allergens out of classroom and washing hands.
- Refrain from **bullying** or **teasing** a child with known risk of anaphylaxis.

Source: Children with Known Risk of Anaphylaxis, Unified Referral & Intake System Manual, Manitoba, 1999.