
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.

Although peanuts may be the most common allergen causing anaphylaxis in students there are other life-threatening allergens such as insect venom, pollen, medications, or certain synthetic substances. School systems must be aware that anaphylaxis is a life-threatening condition regardless of the substance which triggers it.

Despite the best efforts of parents and schools, no individual or organization can guarantee an allergy-free environment.

The school will endeavour:

- to create a safe and healthy environment for students with severe life-threatening allergies;
- to do so without exceeding the attention required for those particular students;
- to be aware of those students' need to maintain a positive self-concept.

Responsibilities of the Parents of an Anaphylactic Child:

- (a) Inform the school of their child's allergies and the causal allergens.
- (b) Provide a medic alert bracelet for their child.
- (c) Provide the school with physician's instructions for administering medication.
- (d) Provide the school with up-to-date injection kits and keep them current
- (e) Provide support to school and teachers, as requested.
- (f) Assist in school communication plans, if requested.
- (g) Review the school action plan with school personnel.
- (h) Supply information to the school regarding:
 - the allergens;

- circumstances to avoid.
- (i) Be willing to provide safe foods for special occasions (if foods are the allergen).
- (j) Teach their child (depending on age and maturity):
 - to recognize the first symptoms of an anaphylactic reaction;
 - to know where 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 in a fanny-pack (depending on child's age and maturity);
 - not to share snacks, lunches or drinks;
 - to understand the importance of hand-washing before and after eating;
 - to develop strategies for coping 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.
- (g) Welcome other parents' calls with questions about safe foods (the allergens).

Responsibilities of the Principal

- (a) Work closely with the parents of an anaphylactic child.
- (b) Ensure that the parents have completed all the necessary forms.
- (c) Ensure that instructions from the child's physician are on file.
- (d) Notify the school community of the anaphylactic child, the allergens and the treatment, with proper consideration given to avoid drawing undue attention to the child.
- (e) Post allergy-alert forms in the staffroom and office (with parental consent).
- (f) Maintain up-to-date emergency contacts and telephone numbers.



- (g) Ensure all staff have received training regarding allergen avoidance strategies, recognition of symptoms and emergency treatment and that the training be done prior to the new school year.
- (h) Ensure that all substitute teachers are informed of the presence of an anaphylactic child and have been adequately trained to deal with an emergency.
- (i) Inform all parents that a child with life-threatening allergies is attending the school and ask for their support.
- (j) In collaboration with parents and the nurse, participate in the development of an Individualized Health Care Plan/Emergency Response Plan.
- (k) Store auto-injectors in an UNLOCKED easily accessible location.
- (l) Establish safe procedures for field trips and extra- curricular activities.
- (m) Develop a school plan for reducing risk in classrooms and common areas.

Responsibilities of the Classroom Teacher

- (a) Discuss anaphylaxis with the class, in age-appropriate terms and with sensitivity (with parental consent).
- (b) Ensure students do not share lunches or trade snacks.
- (c) Choose allergy-free foods for classroom events.
- (d) Reinforce hand-washing before and after eating for the anaphylactic child.
- (e) Facilitate communications with other parents.
- (f) Follow the school plan for reducing risk in classrooms and common areas.
- (g) Leave information and a photo of the anaphylactic child in an organized prominent and accessible format for substitute teachers.
- (h) Ensure that auto-injectors are taken on field trips.



Responsibilities of Bus Drivers

- (a) Attend in-service sessions provided by the board; learn to watch for symptoms of an anaphylactic reaction.
- (b) Receive training in use of an auto-injector.
- (c) Carry a copy of the emergency alert form on the school bus, displayed in a prominent location.
- (d) Ensure that the principal and/or parents are informed if a trained driver is unavailable.
- (e) Assist in developing procedures to minimize risk while travelling on the school bus.
- (f) Assist in developing an emergency action plan that relates directly to busing.
- (g) Carry out emergency action plan as necessary.
- (h) Ensure that an auto-injector is stored in a safe and accessible place on the bus or that the child carries an auto-injector in an identified location while on the school bus.

Responsibilities of Anaphylactic Students

- (a) Take as much responsibility as possible for avoiding allergens.
- (b) Eat only foods brought from home.
- (c) Take responsibility for checking labels and monitoring intake (older students).
- (d) Wash hands before eating and after eating.
- (e) Learn to recognize symptoms of an anaphylactic reaction.
- (f) Promptly inform an adult as soon as accidental exposure occurs or symptoms appear.
- (g) Keep auto-injector handy at all times.
- (h) Know how to use auto-injector (developmentally appropriate).

Responsibilities of All Students

- (a) Follow school rules with respect to sharing foods.
- (b) Follow school rules about keeping allergens out of the classroom and washing hands.
- (c) Refrain from “tempting” a child with a food allergy.

Involvement of Health Professionals

The school personnel may request the involvement of the doctor and/or the public health nurse/private nursing agency:

- (a) to provide an in-service for school personnel on anaphylaxis;
- (b) in collaboration with parent/guardian and school, the nurse will develop an Individual Health Care Plan/Emergency Response Plan for the child with anaphylaxis;
- (c) to review the student plan for the child with anaphylaxis;
- (d) to provide training in the use of the auto-injector, and/or other procedures, as required.

Emergency Response

In co-operation with parents, the child’s physician and the public health nurse, schools should establish a separate emergency plan for each student, including:

- (a) A rapid response procedure to:
 - administer epinephrine;
 - call Ambulance (911) or drive the child to the hospital;
 - include a familiar and trusted adult to accompany the child;
 - contact the hospital; and
 - contact the student’s parents;
- (b) An easily accessible, up-to-date supply of auto-injectors.

Reference: Anaphylaxis: A Handbook for School Boards (Health Canada)