

ADMINISTRATIVE PROCEDURE #409

ANAPHYLAXIS

BACKGROUND

Anaphylaxis is the term used to describe a sudden, severe, life-threatening allergic reaction which can be fatal and requires immediate medical emergency measures. Common causes are food, latex, insect stings, medication, and exercise. While it is impossible to create a risk-free environment, school staff and parent(s) and/or guardian(s) can design and implement procedures to ensure that students in the Burnaby School District who are at risk are identified, strategies are in place to minimize the risk of exposure, and staff are trained to respond in an emergency situation.

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 attack to attack in the same person.

Common symptoms and signs of anaphylactic reaction may be a combination of any of the following:

- 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
- Other – anxiety, feeling of “impending doom”, headache, uterine cramps in females

PROCEDURES

Information and Awareness

Parent(s) and/or guardian(s) have the primary responsibility of informing school personnel regarding their child's severe allergy. The physician must diagnose the child with anaphylaxis and prescribe the specific treatment protocol. Safety measures a school can reasonably expect to implement are outlined below.

1. The parent(s) and/or guardian(s) will inform the principal of the student's anaphylactic condition and have the family doctor complete the Anaphylaxis Emergency Action Plan form. The Anaphylaxis Emergency Action Plan form, completed and signed by the physician, should be kept along with other relevant medical information. The information will be reviewed annually and the form updated when there are changes to medication or dosages of medication.
2. The parent(s) and/or guardian(s) of students with anaphylactic allergy must meet with the principal prior to the student's first day in a school or any time there is a change in the medical condition. The principal will consult with the child's parent(s) and/or guardian(s) to identify care needs.
3. A meeting with the student's teacher(s) will be arranged the first week of school. The student's teacher(s) must receive additional pertinent medical information to this specific medical condition about the child from the parent(s) and/or guardian(s). The teacher(s) and parent(s) and/or guardian(s) must maintain open lines of communication.
4. The school principal will develop guidelines to reflect the circumstances of the school and will include procedures and avoidance strategies to be followed by staff and students. Each principal must develop an emergency procedure plan, which includes an Anaphylaxis Emergency Action Plan form and development of safeguards for field trips and special events. The child-specific Anaphylaxis Emergency Action Plan form must include a description of the allergy, potential allergens and potential signs and symptoms, as well as a physician-prescribed emergency treatment plan. This information must be in the School Health Resource Binder "Medical Alert" section.
5. Student medical information will be entered into MyEd and noted as an Alert (Life Threatening Heart symbol).
6. After obtaining consent from the parent(s) and/or guardian(s), medical alert posters with information and up-to-date photographs shall be posted in the office, classroom, medical room and any other room which is used on a regular basis by the child. Please ensure the medical alert and an explanation of the emergency response procedures is included in the teacher's day planner and in the replacement staff (i.e., Teacher's & EA's) binders upon signing into the office.
7. All staff (teaching and non-teaching) must be made aware of and be able to visually identify students who have potentially life-threatening allergies. This may include: custodians, supervisors, bus drivers, substitute teachers, first aid attendants, parent volunteers, coaches, and food services personnel.
8. The students with anaphylactic allergy and their parent(s) and/or guardian(s) should be encouraged to use the Medic-Alert identification.
9. There needs to be recognition by all concerned of the increased danger when changes to the routine occur, especially field trips, Sports Days, extracurricular outings, and on treat days and cultural celebrations.

10. There needs to be recognition by all concerned of the increased danger in eating areas, Food Studies classes, and in other food service areas.
11. An up-to-date supply of two single dose Epinephrine Auto-Injectors (such as EpiPen® or Twinject™) provided by the parent(s) and/or guardian(s) must be stored in a covered, secure, unlocked area for quick access. All staff shall be informed and aware of the threat of anaphylactic shock and know the location of the autoinjectors. Identified staff will receive training which will include instruction on the administration of the child-specific Anaphylaxis Emergency Action Plan and may include training in how to use an Epinephrine Auto-Injector.
12. When deemed competent, the student should carry an Epinephrine Auto-Injector with them at all times. If possible, the parent(s) and/or guardian(s) should provide the school with a second Epinephrine Auto-Injector which will be stored in a safe, accessible location. Parent(s) and/or guardian(s) shall inform the school when they deem the child competent to carry their own medication(s), and it is their duty to ensure their child understands they must carry their medication on their person at all times.
13. An annual training session for all staff regarding the administration of medication and Epinephrine Auto-Injector (in consultation with the parent(s)/ guardian(s) and/or expert resource) must be held and reviewed mid-year. Training encompasses information relating to:
 - a. signs and symptoms of anaphylaxis;
 - b. common allergens;
 - c. avoidance strategies;
 - d. emergency protocols;
 - e. use of Epinephrine Auto-Injector;
 - f. identification of at-risk students (as outlined in the individual Anaphylaxis Emergency Action Plan);
 - g. emergency plans; and,
 - h. method of communication with and strategies to educate and raise awareness of parent(s) and/or guardian(s), students, employees, and volunteers about anaphylaxis.
14. The Public Health School Nurse is available to act, in a consultative capacity, to review student medical information.
15. The principal shall report all anaphylactic incidents to the Superintendent or designate.

Avoidance of the Allergen/Prevention

The parent(s) and/or guardian(s) and the child have primary responsibility for avoiding the allergen. It is not possible to achieve a completely allergen-free school, as there can be hidden or accidentally introduced sources. The principal must attempt to reduce the student's exposure to allergic foods within the school setting.

1. Trading and sharing of foods, food utensils and food containers in the allergic child's classroom is to be discouraged.

2. All food allergic children shall only eat lunches and snacks that have been prepared at home.
3. Handwashing is encouraged before and after eating for all children in the classroom of an anaphylactic child.
4. Surfaces such as tables in the areas where students eat, and that the child frequents shall be washed clean of contaminating foods.
5. The use of foods in crafts, cooking classes and special celebrations may need to be restricted depending upon the allergies of the student(s).
6. The allergic child's classroom shall be checked for other sources of the allergen, such as in playdough, bean bags, stuffed toys – peanut shells are sometimes used.
7. Other allergens:
 - a. Reactions to medication, exercise, latex and unknown causes are rare in school settings.
 - b. Care of children with these allergies should be individualized based on collaboration with the parent(s) and/or guardian(s), physician and school.

Emergency Response Procedures

1. **Give Epinephrine Auto-Injector** at the first sign of a reaction occurring in conjunction with a known or suspected contact with allergen. Provide a second dose 5 minutes after the first dose if the reaction continues or worsens. Epinephrine can be given 5 minutes between doses, up to a maximum of 3 doses, to help control the symptoms of anaphylaxis.
2. **Call 911** and tell them someone is having a life-threatening allergic reaction. Indicate the age of the child to the operator. Ask them to send an ambulance immediately.
3. **Go to the nearest hospital**, even if symptoms are mild or have stopped. Stay in the hospital for an appropriate period of observation, generally 4 hours, but at the discretion of the emergency room physician. The reaction could return.
4. **Call contact person.**
5. People with asthma are often at greater risk. If a person is having a reaction and has difficulty breathing, the Epinephrine Auto-Injector should be given before asthma medication.
6. **When in doubt, DO USE the Epinephrine Auto-Injector.**

For more detailed information, consult: [British Columbia Anaphylactic and Child Safety Framework](#) Published by the Ministry of Education.

.....

Date Adopted: 2000-03
Date(s) Revised: 2012-12
Converted from Policy 5.13: 2025-06
Date(s) Revised:

Cross References: